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Subjectivity, phenomenology, and psychotherapy of schizophrenia

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Cognitive-Behavioral Therapy for Schizophrenia: A Critical Evaluation of Its Theoretical Framework from a Clinical-Phenomenological Perspective

B. Škodlar, M.G. Henriksen, L.A. Sass, B. Nelson, J. Parnas

A.J. Frances & T. Widiger

Psychiatric Diagnosis: Lessons from the DSM-IV Past and Cautions for the DSM-5 Future

Annu. Rev. Clin. Psychol, 2012; 8:109–130

"A gaping disconnect exists between the brilliant discoveries informing genetics and neuroscience and their almost complete failure to elucidate the causes (and guide the treatment) of mental illness"

Some concerns

Explosion of research publications, scales and interview schedules

Proliferation of diagnostic entities

Proliferation of’ co-morbidity’

No evidence of improved reliability and accuracy of clinical diagnoses

No etiological or therapeutic break-through

Mainly technology-driven development

Academic ’ anti-psychiatry’

Questionable credibility of psychiatry as a profession

Additional response: revival of psychopathology

Phenomenological manifestations are constitutive of the definition of mental disorders

Therefore, the psychopathological distinctions have to be "faithful" to mental reality, in order to be used in research or therapy

Disorders of *rationality*, *intersubjectivity*, *identity*, etc., appear in a phenomenal space that does not completely coincide with the space of neuro-cognitive functions

A need of phenomenology: A) systematic investigation of subjectivity and its structures in mental disorders, B) adequate concepts and C) adequate epistemology, i.e., tailored to the nature of the study-object

CLASSIC METAPHORS OF SCHIZOPHRENIA

” Le syndrome de discordance” (Chaslin)

Disunity of consciousness (Kraepelin)

Intrapsychic ataxia (Stransky)

Autism/Spaltung (Eugen and Manfred Bleuler)

Perte du contact vital (Minkowski)

Crisis of ”common sense” (Blankenburg)

Schizophrene Grundstimmung: Ich-Störung (Gruhle; Berze)

Features of schizophrenic autim:

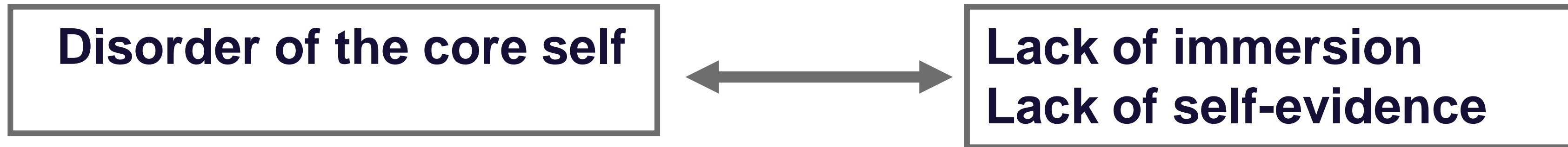
Lack of attunement
Isolation (”growing from within”)
Dislocation from social matrix

Perplexity, lack of meaning, loss of self-evidentness, loss of ”natural self-evidence”, lack of immersion, hyperreflexivity

In phenomenological terms: disorder of pre-reflective intentionality, lack of optimal grip

THE QUESTION OF THE SUBJECT and SUBJECTIVITY STRUCTURE?

Subjectivity structure in schizophrenia ”Autism” as generative disorder



Pre-reflective, pre-conceptual level of experience

Instability of ’ intentional arc’

Kurt Schneider: diagnostic weight attached to self-disorders:

Among the basic characteristics of experience, certain disturbances of self-experience show the greatest degree of schizophrenic specificity; here we refer to those disturbances of **first-personal givenness** (***Ich-heit***) or quality of **mineness** (***Meinhaftigkeit***) which consist of one's own acts and states not being experienced as one's own (…)"

KINDS OF SELF

1. Transcendental prefix (Kant)

2. No self-doctrines

3. Experiential (phenomenological entity)

4. Narrative self

Self

Minimal (core) self-awareness a first-person perspectival givenness of experience (mineness; me-ness; ipseity): a basic, elementary, structural configuration of experience.

Extended-narrative-personal self-awareness: self-awareness as a **person—** with individuated features and dispositions, mediated by language and narrative, representations and reflection (psychological terms: self-image, self-esteem)

Specificity for schizophrenia spectrum is linked to disorders of minimal self

SCHEMATIC ILLUSTRATION OF EXPERIENCE

Reflection and its own elusive subject

ELUSIVE subject

Sense of self; ”self-presence”

”First person perspective”
Perspectival ”mineness” of experience, ”me-ness”

PHENOMENAL CONTENT

PHENOMENALITY
CONSCIOUSNESS-AS-MEDIUM

Anomalous self-experience

Unstable self-presence, distortions of first person perspective, feeling ephemeral, loss of privacy of one' s immanence

Varieties of disembodiment

Anonymity and spatialization of experience

Perplexity, lack of common sense, lack of immersion

Solipsism

Psychopathology

Manual

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EASE: Examination of Anomalous Self-Experience

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List of empirical and theoretical publications

Pathology of self in schizophrenia: phenomenality

Unstable, insufficient phenomenality of experience.

Complaints

Insufficient distinction (awareness) of intentional modes
Feelings of internal block, barrier, heaviness, opaqueness
”Everything feels hazy”
”I am not fully conscious”
”I am only 50% conscious”
”Nothing is clear or vivid anymore” (perception unaffected)
”It feels as if I have a constant fog in my head”

Hyperreflexive transformation of consciousness

Disorder of perspective

Total obliteration of point of view

Instability of point of view (trembling, displacing)

The first episode of prodromal anomalous self-experience at age 8

Elyn Saks (2007)
"The center cannot hold", London, Vagro

Consciousness gradually loses its coherence.
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 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.

p. 12

Disturbed ”mineness” and écart between experience and self

- My feeling of experience *as my experience* only appears a split-second delayed
- I have “slightly strange experiences of a lacking relation between myself and what I am thinking”
- “Thoughts appear as strange and irrelevant, as if they were not mine”
- **Spatialization** of experience: e.g. sensed as inner thingly objects

Écart between experience and self: "simultaneous introspection"

“My first-person perspective is replaced by a third-person perspective” (explained by the patient that he constantly witnesses his own experiencing).

- I constantly inspect myself: e.g. during a conversation, I observe myself to the point of having difficulty in grasping what others are talking about.

”I live mainly in my head”

Disorder of self-presence

- It is as if I am not a part of this world; I have a strange ghostly feeling as if I was from another planet. I am almost non-existent.

I have a feeling ‘as if’ *it is not me* who is experiencing the world; it feels *as if* another person were here instead of me

- I feel that my “inner nucleus”, innermost identity, has disappeared.
- A feeling of total emptiness frequently overwhelms me, ‘as if I ceased to exist’.
- I do not really feel as a human subject, as a person with a soul; I feel like a dispensable thing, like e.g. a refrigerator.

I feel like a time-traveller.

- c.f. mirror-phenomena.

Pathology of self in schizophrenia

Perspective
Self—content distance
Anonymity of experience
SPATIALIZATION
PERCEPTUALIZATION
Dis-embodiment
Motivational problems

Disorders of minimal self

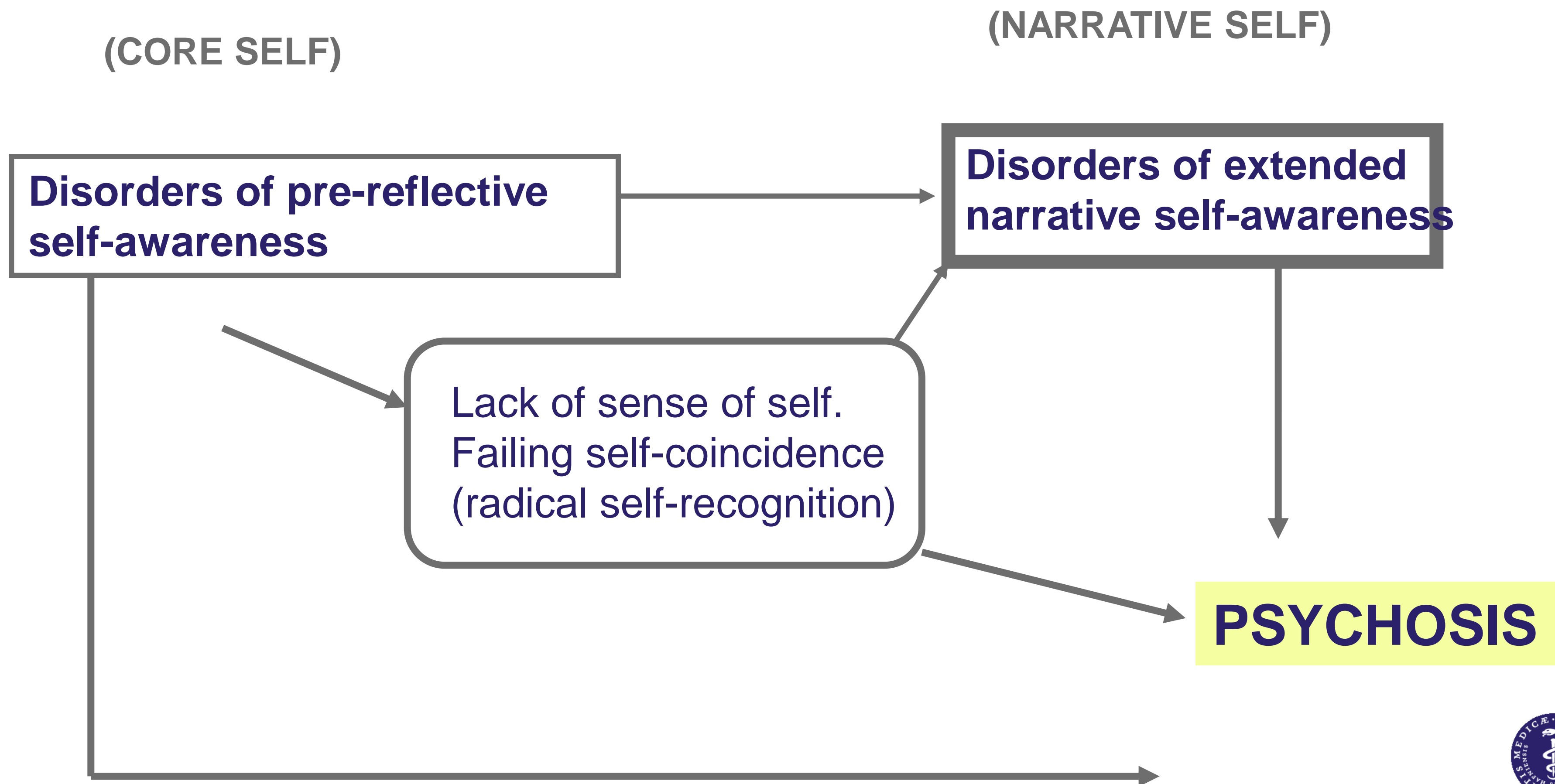
Solipsism
Lack of ego-boundaries

[ineffable] sense of self-transformation

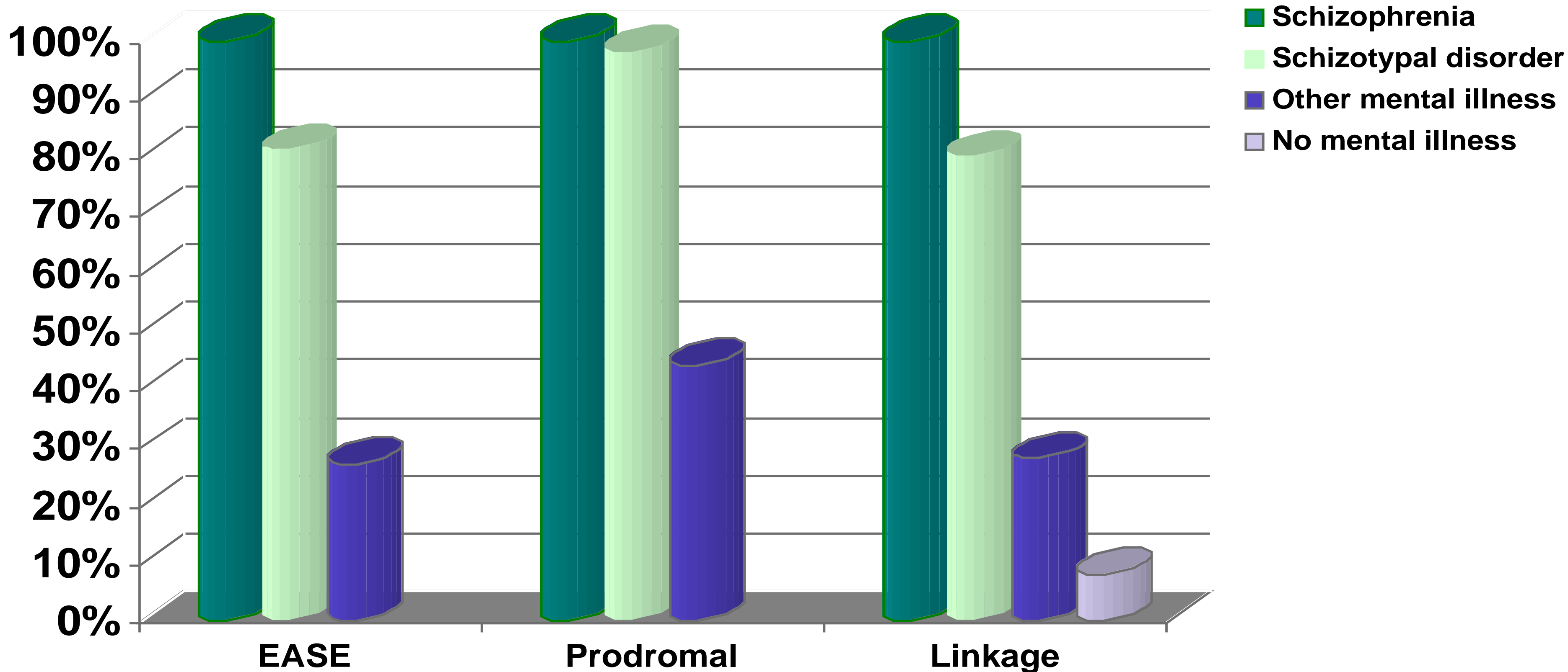
Lack of immediate self-coincidence (radical self-recognition)

Disorders of narrative self-awareness

Pathology of self in schizophrenia: LINKING CORE AND NARRATIVE



Relative distribution of SDs (EASE and pre-EASE samples)



TOP study - Norway
Diagnostic distribution

Sch
63%

Bipolar
23%

Other Psy
14%

Haug al 2011

Bipolar versus Schizophrenia

		B	S.E.	p	OR	95%CI
Model	***EASE total***	***.368***	***.115***	***.001***	***1.445***	***1.153-1.813***
	PANSS positive	.356	.185	.055	1.427	.992-2.053
	PANSS negative	.163	.122	.181	1.117	.927-1.493
	PANSS general	.099	.103	.335	.906	.740-1.108
	YMRS total	.167	.138	.227	.846	.645-1.110
	CDSS total	.043	.111	.698	.958	.771-1.190

Bipolar vs Schizophrenia

		B	S.E.	p	OR	95%CI
	EASE total	***.310***	***.141***	***.028***	***1.363***	***1.033-1.799***
	PANSS positive	.229	.250	.359	1.258	.771-2.052
	PANSS negative	.089	.146	.543	1.093	.821-1.453
	PANSS general	.017	.131	.896	.983	.761-1.270
	YMRS total	.105	.173	.545	.901	.642-1.264
	CDSS total	.084	.139	.544	.919	.701-1.206
	Age	.053	.124	.670	1.054	.827-1.344
	Gender(1)	.963	1.436	.502	2.620	.157-43.739
	Ln DUP	.562	.514	.275	1.754	.640-4.805
	GAF function	.009	.103	.927	1.010	.825-1.235

Some conclusions

Psychiatry needs a conceptual axis around which it can *integrate* its own manifold (rather than stay with additive listing)

It needs phenomenology and hermeneutics to address the ”psychiatric object”, i.e. assist description & understanding of the phenomenal realm

Philosophical thinking is indispensable for ¨psychiatry and provides a link to its neighboring and overlapping disciplines

Phenomenological grasp needed for psychotherapy: a) understanding of the patient's ontological position, b) therapeutic alliance, c) modification of experience, d) coping)

COGNITIVE-BEHAVIORAL THERAPY IN SCHIZOPHRENIA-some issues

Cognitive-behavioral therapy (CBT) has the most important role in psychotherapy for schizophrenia since the 1990s.

Methodologically rigorous meta-analyses found modest effect-sizes of CBT treatment.

Questions emerge about *for what* and *for whom CBT actually works*.

The main assumption behind the CBT for schizophrenia is that neither the noxious events nor the experiences *per se* but rather the individual's appraisals of these events and experiences, are pathogenic and influence the development of schizophrenia.

The information processing of stimuli is biased, causing distortions of the individual's construction of experience. The distortions consist of cognitive errors (biases), dysfunctional beliefs, and maladaptive cognitive schemas.

Single symptom approach/"periodic table" of psychiatric symptoms

Atomization, reification

Two problematic assumptions of the single-symptom approach:

1) **symptoms are readily definable isolated elements, similar to basic chemical elements**
2) **symptoms are traceable like elements in chemical composites**

Delusions

conceptualized as *false* or *dysfunctional beliefs*, determined by distortions of information processing (of the so-called "theoretical rationality").

Three (main) sources of such distortions:

1) "jumping-to-conclusions" data-gathering bias

2) externalizing attributional (explanatory) style

3) "theory of mind" (ToM) deficit