A PHENOMENOLOGICAL APPROACH
TO THE EXPERIENCE OF
SCHIZOPHRENIC PERSONS

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ABSTRACT OF THESIS

The generating problem of the thesis concerns how clinicians may conceive of the diseased state of schizophrenic psychoses without a concomitant view of the schizophrenic person as one who is alien or inferior to other people. In response to this problem, a phenomenological description of subjectivity is presented, based upon the transcendental ego theory of Edmund Husserl; Husserl's pure phenomenology is interpreted by means of various writers in the tradition of existential and hermeneutical phenomenology. The result is a conceptual approach to the experience of schizophrenic persons in which the idea of "being" is considered primary to any notions of "function". Comparisons and contrasts are made between the transcendental ego as the constituting source for a world and the psychological ego as the reality-testing part of the mind.

In the Introduction, the discussion of ego theory is set within a philosophical context; the three themes of understanding, accepting and valuing the other as a mutual being are established as central to the phenomenological approach; emphasis is placed upon the development of a charitable and humane attitude to those who suffer from schizophrenia. Chapter One consists of an interpretation of various ideas from Husserl's methodology and ecology, and provides an ideological background to subsequent discussions. Chapter Two is also of an explanatory nature: first, a clinical definition of Schizophrenia is given; second, Freudian psychoanalysis is presented as the traditional clinical theory to be used in conjunction with the phenomenological one, when referring to the meaning of subjectivity; third, the issue is raised of the suitability of psychotherapy as a mode of treatment for schizophrenic patients. Chapter Three focuses upon four aspects of Husserlian phenomenology—the correlation of transcendental and psychological subjectivity, phenomenological epoché, eidetic intuition and transcendental reduction; these reflective shifts of attention are used to advance a non-alienating readjustment of viewpoint when considering the subjective experience of schizophrenic patients. Chapter Four is concerned with the concept of the person which is maintained by the clinician when thinking about the repressed schizophrenic patient: the narcissistic origins of the psychological ego are discussed from phenomenological and psychoanalytic vantage points, and then the transcendental ego is offered as a preferred ontological notion because it denotes an ultimate sense to the other, even in reference to those patients who are repressed, hallucinated and deluded. Chapter Five progresses from earlier discussions of the life of the singular ego to an emphasis on intersubjectivity: in the first part, the relationship potential between the clinician and the schizophrenic person is described, with a detailed analysis of the nature of joint tenancy in the life-world, the practice of empathy, and the act of identifying with the schizophrenic person; in the second part, attention turns to the function of discourse—ideas which emerge from phenomenological theory are used to evaluate appropriate ways for the clinician to talk and listen to the patient. In the Conclusion, theological conceptions of the person, which have been implicated in the thesis as a whole, are drawn together: the doctrine of the "Imago Dei" is translated into the language of phenomenology, and the conceptual approach which has been brought forward is characterized as complementary with the view of Christian humanism.

The thesis is cross-disciplinary in scope. In reflecting upon the psychological maladaptiveness of schizophrenic psychoses, a philosophical defence of the human rights and dignity of the patient is made, with final appeal and justification for this conception of the person being advanced on theological grounds.
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to Jeanette,
with love
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Phenomenology is "a manner or style of thinking" about experience which aims to re-awaken a "direct and primitive contact with the world" while "endowing that contact with a philosophical status." The idea of a "phenomenological approach" is meant to convey the sense of a thoroughly-articulated, coherent conceptual system with specific tenets, traditions and applications in various fields of knowledge. As a general rule, in phenomenology, scientific analyses which predicate causal explanations are set aside as second-order expressions. The primary desire is for description of what is basic to experience as lived, rather than rationale for why or how a phenomenon has occurred.

In this work, a phenomenological approach to the experience of schizophrenic persons is presented. In the International Classification of Diseases, indication is given in the opening lines of description of schizophrenic psychoses of the profundity of this mental disorder; schizophrenia is defined as a group of psychoses in which there is a fundamental disturbance of personality, a characteristic distortion of thinking, often a sense of being controlled by alien forces, delusions which may be bizarre, disturbed perception, abnormal affect out of keeping with the real situation, and autism. Nevertheless, clear consciousness and intellectual capacity are usually maintained. The disturbance of personality involves its most basic functions which give the normal person his feeling of individuality, uniqueness and self-direction.

Millon and Millon succinctly state how the schizophrenic decompensation is "characterized by withdrawal behaviours and emotional and cognitive disorganization." The very nature of the illness makes an active, involved knowledge of the patient's experience, on the part of the clinician, difficult to attain. Theories are available (e.g. in psychiatry, psychology, sociology and biology) which analyze and explain the schizophrenic state. As a complement to these studies, a phenomenological description is utilized in order to explore the pre-theoretical, core condition of the

clinician and schizophrenic patient as beings together, prior to considerations of function, status or inheritance.

Phenomenological writers already have made significant contributions in studies of abnormal psychology and personality theory. It has not been unusual for there to be a direct application of ideas derived from phenomenological philosophy to the study of mental, emotional or behavioural disorders, and this is a practice continued in the following study of schizophrenia. L. Binswanger, M. Boss, J. Buytendijk, H. Ellenberger, K. Jaspers, P. Koestenbaum, R. Laing, R. May, M. Merleau-Ponty, E. Minkowski, E. Straus and H. Speigelberg may be cited as important writers who have made such applications. Writers like G. Allport, A. Maslow and C. Rogers are often thought of as significant phenomenological psychologists, but they do not comply specifically with the mainstream phenomenological movement under consideration, which has historical roots in early twentieth century Europe. Three seminal figures in phenomenological philosophy who have had a direct impact on schools of phenomenological psychiatry and psychology are Edmund Husserl, Martin Heidegger and Jean-Paul Sartre; (these three are considered originators of systematic phenomenological ontologies). Although there is diversity and even lack of methodical argumentation between certain phenomenologies, the fact remains that many renowned, creative thinkers have shared a common principle of enquiry into the human condition, based upon the premise that theories ought to fit the experience and not that experience should be re-fashioned, conceptually, to fit a predetermined theory; and who have in this manner amassed a wealth of material from which the present phenomenological approach to schizophrenia may be based.

—I do not mean to imply too radical a dissonance in the phenomenological movement at the level of philosophical formulation. There has been much inner dialogue among the ontologies as Heidegger and Sartre branched out from Husserl. Binswanger, who by and large applied Heidegger's ontological studies to psychiatric descriptions, evaluates the central position of Husserl for subsequent phenomenological and existential analyses in the following manner: "Today, we must strictly differentiate between Husserl's pure or eidetic phenomenology as a transcendental discipline, and the phenomenological interpretation of human forms of an existence as an empirical discipline. But understanding the latter is not possible without knowledge of the former." L. Binswanger, "The Existential Analysis School of Thought," Existence, ed. R. May, et al (New York: Basic Books, Inc., Publishers) 1958, p. 192. In the present study, I will return to Husserl and base the primary argument upon transcendental phenomenology, but then expand the scope of the study with the aid of existential phenomenology and hermeneutical phenomenology; hence, many of the writers cited in defence of the thesis will be more concerned with philosophical anthropology than Husserl was in his pure phenomenology.
A. A phenomenological emphasis on singular experience

Included in various phases of a clinician's work with a psychiatric patient are efforts to understand what world experience means to the one suffering from mental disturbances. In all attempts to understand the experience of another individual, an unavoidable, initial phase of understanding is one marked by the second-person point of view. Furthermore, the initial phase does not, indeed, can not fade away so that one understands completely as the other experiences, or what the other experiences. The second-person (e.g. the clinician) can only come close to comprehension of another's experience (e.g. the schizophrenic patient's) because experience, even when shared, retains a distinctly singular sense.

However, there are alternatives to remaining at this initial phase of understanding the meaning the world has for another person. One can turn to third-person points of view, as is often done in clinical enquiries, either to secure collaboration on certain impressions one already has, or to heighten awareness by noting differences of opinion, or to uncover discrepancies from one's own view, all of which might provide more information and thus lead to more understanding. It is not assured, however, that adding other third-person points of view will increase an understanding of what the experience means to the particular individual in question. Alternatively, one may strive to discover the sense of the first-person point of view, to imagine how the other thinks about the world, to gain empathy for the other's feelings and concerns, to process the experiential data received according to the other's expressed standards, perspectives and perceptions.

In phenomenological reflection, where disclosure of the primal sense of being a subject in the world is a primary goal, a combination of second, third and first person accounts will be needed to achieve the overall understanding which the clinician desires. However, as a matter of course, a phenomenological approach is oriented to the first-person point of view. The most immediate and fundamental experiential level has to do with the particular individual's percepts and concepts. Merleau-Ponty explains the phenomenological emphasis on the distinctly singular sense of experience in these words:

All my knowledge of the world, even my scientific knowledge, is gained from my own particular point of view, or from some experience of the world without which the symbols of science would be meaningless...I am the absolute source, my existence does not stem from my antecedents, from my physical and social environment;
instead it moves out toward them and sustains them, for I alone bring into being for myself (and therefore into being in the only sense that the word can have for me) the tradition which I elect to carry on, or the horizon whose distance from me would be abolished—since that distance is not one of its properties—if I were not there to scan it with my gaze. 1

This theme can be misunderstood, of course, until phenomenology is equated with egocentricism and an unsophisticated, anti-scientific perspective. Whereas, in fact, phenomenology, by being committed to rigorous philosophical method and in providing descriptions of a basic level of experience, is able to supply scientific studies with data which are rich, vital and to the point of existence as lived.

Because of this first-person emphasis, clarifications also must be made to distinguish methods of introspective psychology from those of phenomenological psychology. Introspection is a method whereby one focuses more exclusively upon what may be called "internal" psychological experience and, thus, can easily degenerate into (or establish no more understanding than) subjectivism; the tacit implication of introspective methods is that the experienced world is predominated by a sense of what is "mine alone". In introspective psychology, subjective experience is inspected by the clinician as an individual gives a report on what is experienced, noting simultaneous and successive perceptions. In order to make the information more scientific, the clinician has felt the need to refer the meaning of this subjective report to another explanatory scheme—perhaps according to a categorical system of references in physiology (e.g. processes in the nervous system) or according to a notion of psychological causality (e.g. unconscious representations, instincts and dispositions). Otherwise, the information received from traditional introspective methods has been viewed as limited and biased, with no observable structure from which to advance a methodological, scientific study.

In phenomenological method, a concentration upon "effective presence" replaces any tendency toward subjectivism. An understanding of "effective presence" begins with one's perceptual field of here and now experiences, moving outwardly to a "field of proximity" which includes direct bodily experience, to a "marginal field" of things not clearly perceived, to a "field of distance" which contains things completely unknown to the individual. 2 From another angle, beginning with the Husserlian concept of

1M. Merleau-Ponty, "What is Phenomenology?," op. cit., p. 15.
Lebenswelt ("life-world") as the encompassing term, Binswanger describes three, simultaneous, inter-related spheres which affect the first-person mode of being; these are the Umwelt (the natural, environmental world "around" the individual—needs, drives, instincts), the Mitwelt (the realm of relationships, of those significantly "with" the individual) and the Eigentum (the mode of being characterized by self-awareness, or self-relation, that which is more specifically one's "own" world and is the basis on which the individual relates to others and the world in general). The phenomenological procedure is to describe "internal" and "external" frames of reference and not to make a fundamental distinction between the two spheres of experience since both depend upon phenomena of consciousness. Phenomenological psychology still has relied upon the communication given by the patient as a reflection of his phenomenal reality, and data which represent the individual's portrayal of experience remain a primary source for understanding the other's world. But, instead of viewing one's identity as locked up within a psyche, careful attention is given to the experience of oneself as opening into the world of others. A holistic view is pursued, taking into account the full context of the phenomenal field. The position is that a fundamental level of meaning is given straightforwardly, that description can be directed immediately toward experienced phenomena. Rather than alluding to another categorical system to explain phenomena, or otherwise, remaining with a structureless subjective report, the phenomenological procedure is to propose "an inner essential structure by which significations are clarified;" if, for example, the subjective report is of a feeling—"I am happy"—then the interest is in what this happiness signifies in the world, where and how it is experienced, and there is no satisfaction in an analysis which merely indicates conditions necessary to produce the phenomenon of happiness; a feeling is not only "within me" but likewise is in reference to world-experience.

Following such guidelines, previous phenomenological descriptions have been applied to psychological problems in order to improve the understanding of individual experience, without allowing the understanding to be reduced to an anecdote. In these studies, the patient has been

understood not on the basis of a mechanistic, biologic, or intrapsychic theory, but in terms of an elucidation of the existence as it is lived. What, then, might the clinician expect the phenomenological understanding to lead to? Commonly, in the phenomenological orientation, less concern is given to interpreting causes, managing behaviours, or removing symptoms of pathology and more concern is placed upon encouraging the patient to develop a constructive and confident image of the self. There is in this regard a tradition of humanistic psychology to which phenomenological studies have made significant contributions. McLean refers to the "corrective" nature of phenomenological theories because they have represented a "rehumanization of man" in clinical literature. Smith observes that the phenomenological approach has "come to be something of a rallying cry to a number of psychologists who share the 'tender-minded' bias that psychology must, after all, come to terms with human experience."

Nonetheless, it would be a mistake to consider the function of phenomenological understanding to be the promotion of sentimental notions of the psychiatric patient. It is reasonable, in view of the movement as a whole, to consider phenomenological understanding as leading to acceptance of the other person's world. Thus, phenomenology aids, not only in the comprehension of the distinctly singular experience, but also in showing how "you" and "I" are within the same experiential field. Three outstanding clinicians who have pioneered phenomenological approaches to the experience of psychotic patients illustrate major trends within the historical development of phenomenological studies of abnormal psychology which have tended to stimulate intimate comprehension on the clinician's part: (i) In the first years of the twentieth century, Karl Jaspers interviewed a large number of psychotic patients with a view of gaining a subjective sense of these person's world of experience, and then by comparing such expressions with the same or other patient's reports after remission of symptoms, he hoped to comprehend not only what theorists had said about psychopathology, but also what the patients were saying, in order to empathize as closely as possible with the experience that had occurred. (ii) A few years later, Eugene Minowski took the data from first-person reports given by his patients and noted essential connections and interrelations between the phenomena described, which otherwise would have appeared to be


senseless and randomly organized; his method was to discern a genetic structure, or gestalt, to the experience of mental illness, by which clinician and patient could conceive of the disturbance in a personal, but coherent, manner. (iii) Ludwig Binswanger, a student of Freud and Heidegger, attempted to reconstruct the inner world of his patients with the help of a conceptual framework which accounted for the individualistic sense of key structures of human existence, like temporality, spatiality, materiality and causality; his was a stylized attempt to structure psychotic experience from the way the person was living it, but through categories that others could understand.  

It will be observed that all of these phenomenological approaches, while being oriented to the individual sense of experience, also, are methods of imparting a communal sense to bizarre and isolated thoughts and feelings. Subjective phenomena are not rendered insular, but are set within an intersubjective frame of reference. Thus, by implication, the clinician has not appeared radically removed from the patient. The psychotic experience has been accepted as valid and meaningful. The mode of understanding being employed structures mentally-ill phenomena according to the same categories and with the same unbiased approach used in any other study of human existence. The phenomenologist has sought to understand particular psychoses as a human being's crisis situation, as a disruption in that person's existence, and not merely as a deviation from norms.

At this point, then, phenomenological approaches have been related to an emphasis on singular experience, but not in a solipsistic way. Two basic stances have been noted: phenomenological understanding has been seen to lead to an unbiased accepting of the other's experience; a heightened consciousness of the first-person perspective has traditionally promoted an unprejudiced, genuine, attuned relationship between clinician and patient.

Furthermore, in the course of this work, I place great emphasis on what may be considered a third phase of the phenomenological approach. It is that of valuing, in this case, valuing the schizophrenic person as

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Binswanger's school of psychiatric thought is a development from phenomenology known as "existential analysis". As he observes, "existential analysis stands on phenomenological grounds and works with phenomenological methods." Vide L. Binswanger, "The Case of Ellen West," Existence, op. cit., p. 318. Ellenberger clarifies some differences between phenomenological psychology and existential analysis, and also makes some helpful distinctions between Binswanger's school and existentialist philosophy and existentialist psychotherapy. Vide H. Ellenberger, "A Clinical Introduction to Psychiatric Phenomenology and Existential Analysis," Existence, op. cit., especially pp. 117-121.
the "absolute source" of being. The sense in which I propose the stance of valuing indicates a reverence for being. Thus it is in the act of valuing the schizophrenic person that a specifically theological conception can be added to my own phenomenological approach. Valuing takes understanding and acceptance to their logical conclusion. It is both the culmination and the integral part of the conceptual orientation taken by the clinician. Understanding is a statement of what the clinician aspires to do; the accepting is an act which allows for sharing of that understanding; and the valuing connects the entire empathic effort by revealing an irreducible dimension of worth to the other.

From within the phenomenological movement as described herein, I will be focusing upon the meaning of subjectivity and certain implicit and explicit effects which the clinician's notion of subjectivity has on understanding, accepting and valuing the schizophrenic person. Phenomenological reflection has provided an account of the ego unique from that which is generally described in clinical literature. That idea is the central theoretical concern of the thesis. Therefore, in the immediate context, it is necessary to consider accepted clinical definitions of the ego, to observe the relevance of these ideas to an understanding of schizophrenia, and to suggest a more appropriate phenomenological idea of the ego—all of which will serve as introduction to the body of the thesis.

B. A phenomenological response to definitions of the ego

The precise meaning of the term "ego" is not straightforward or without difficulty. It is reasonable to ask if there is an actual referent for the word "ego", and if so, what the logical status of the term might be. A simple dictionary definition of the ego is "the 'I' or self." From that point obstacles to comprehension arise. Since one cannot point to the "ego" and say "that is it!", determining a meaning for the "ego" involves particular interpretations and connotations.

In everyday, non-technical language, the "ego" is a popular word. In conversation it is often used to denote a person who is overconfident, pompous or self-centred: phrases like "Amos is on an ego-trip" or "that fool has an over-inflated ego" reveal this sense. Other times, it seems to refer to some "thing" which is relatively central and vulnerable, with

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1Cf. M. Merleau-Ponty's statement, pp. 3-4 in text.
statements like "that was a blow to my ego." The "ego" has become, in fact, one of those words which is used readily, and somewhat loosely. A person may have a feeling for the meaning of the term even though it may be difficult to tell someone else exactly what it is that is felt.

In a more academic sense, one which clinicians tend to use, the meaning of "ego" has been derived largely from the influence of schools of psychoanalysis and ego psychology. Distinctions also have been made between such related terms as "ego", "self" and "personality". Natanson notes that psychologists often consider the "ego as subject" and the "self as object of thought." In designating a particular individual as subject and object of thought, the meaning is not that of two separate entities, of course. Jaspers has distinguished four formal characteristics, or modes, in which the ego becomes aware of its own self. These are through a feeling of activity, an awareness of unity, a consciousness of identity, and a realization that the self is distinct from the outer world and all that is not the self. Indeed, it is while "I" (ego) develop an awareness of "me" (self) that another level of reference is being evinced of "my way or style" (personality). The term "ego" is the prime designation, logically, from which notions of "self" and "personality" derive. All the terms are representative of various levels of reference when one speaks of the more generic term of "subjectivity".

Despite the logic of viewing the ego as the prime designation of subjectivity, developmentally the ego can not be conceived as a fundamental referent for subjectivity. The psychological ego is not fully developed at birth and its subsequent function is conditioned by the individual's historical experience. Harper gives a summary definition of the ego, from the psychoanalytic tradition, as "that part of the psyche which is the executant for the drives, the mediator between the id and the external environment." From a psychodynamic, developmental point of view, the id would be considered a more original referent of subjectivity. Chaplin and Krawiec describe the ego as the "logical ordered aspect of personality," drawing attention to the fact that the ego must be this "if it is to deal effectively with reality." In discussing the developmental process of

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the psyche, Wolman describes three functions—"perception, voluntary motility, and control of tensions"—as descriptive of the ego, noting that the ego is "the part of the mind that adjusts the organism to the external world" and whose "main task" is "self-preservation.". ¹

The problem of stating, definitively, "what the ego is" has not disappeared, however, even though there are these specific academic references. Allport has discussed eight conceptions of the ego found in the most important psychological literature. Summarily, these are the ego (i) as knower, (ii) as object of knowledge, (iii) as primitive selfishness, (iv) as dominance-drive, (v) as a passive organization of mental processes, (vi) as a "fighter for ends", or a purposive, dynamic, teleological self, (vii) as a "behavioural system", or a subsystem within the person that is aroused whenever the person interacts with the environment, and (viii) as "the subjective organization of culture" or the social part of man.² Harris has commented, the ego "means many things to many people. Freud had an elaborate definition, as has nearly every psychoanalyst since his time...there is not even agreement by theoreticians as to what ego means;"³ with this lack of agreement in mind, Harris has been involved in a movement (cf. Berne) which has tried to coin easier, more suitable analytic concepts, for instance, moving from a strict psychoanalysis to a systems or communication analysis, with the transliteration of "id-ego-super ego" into "child-adult-parent". Laing's solution to determining an appropriate sense to the ego has involved a radical analysis of pre-suppositions surrounding its definitions; he describes the need to "desegregate it, de-personalize it, de-extrapolate it, de-abstract, de-objectify, de-reify" until "we get back to you and me, to our particular idioms or styles of relating to each other in social context."⁴

Thus, according to descriptions found in clinical literature, it would appear that the ego may be accounted for in various ways. Moreover, the various ways of defining the ego seem to have corresponding levels of meaning, application and validity. Indeed, in making the previous point that too much can be assumed and too much left unsaid about the ego, I

³T. Harris, I'm OK--You're OK (London: Jonathan Cape Ltd) 1967, preface xiv.
may well be accused of overstating the case. As noted, there are plenty of definitions of the ego within psychological writings, but, as a matter of fact, textbooks often present similar definitions of the terms. In addition, operational definitions are available which serve to draw together these different conceptions of the psychological ego. In fact, I have posed the problem of definition, not to suggest a state of confusion in clinical literature, but to suggest the feasibility of questions about traditional clinical meanings and to suggest the possibility of interpretation and alternate expression. The general psychological meaning of ego which has a measure of consensus and which is most commonly referred to in the present work is that developmental notion of the ego as a cohesive, reality-testing function of the psyche; this is the meaning of ego expressed specifically within the psychoanalytic tradition.¹

Nevertheless, even if complete agreement would be realized within psychological studies, when it comes finally to identifying the "ego", one must acknowledge, as Habermas says, that "a paradoxical relation" is being expressed: "as a person in general the ego is like all other persons, but as an individual he is utterly different from all other individuals."² Not only does the pronoun "I" change its reference with every change of speaker, but with the same speaker, the "I" is experienced as source and function, as integral and subsidiary. "I" know "myself" to have a general meaning, but that is not what "my self experience" means "to me" on an immediate, active level of existence as lived. When speaking of the ego, not as an area of objective analysis, but in a first-person, subjective manner, taking into consideration what logically and ontologically antecedes the developed, public self, then the idea of a vital, unique principle of being aligns itself with the definition of "ego". Accordingly, in phenomenological thought, the identity of the ego extends from a psychological to an ontological level; both levels are recognized as appropriate, but a definite statement is made as to the more basic existential notion. May concludes, while the ego is generally described as the individual's capacity to assess and integrate reality, with the ego set against the world, a preferred conception, or more fundamental view of the ego is that

¹ Note also, in psychoanalytic theory, there are progressive stages of understanding what the psyche (and thus the ego as "part") means; likewise, there are Freudian, neo-Freudian and paleo-Freudian interpretations of the theory to be considered before one can say "this is what psychoanalysis maintains". Cf. Chapter Two, Section II, of this work.

which is called in German "an ur phenomenon, original and not derived, having its source on the level of experience which is prior to the dichotomy of subject and object."\(^1\) In the context of what phrases are suitable in theological discourse of persons, Ramsey describes this more ultimate sense of ego in a concise manner when he refers to the "tautology which expresses the subjective response: 'I'm I'."\(^2\) Ramsey notes the manner in which "I'm I" expresses something "emphatic and final" about being oneself;\(^3\) its epistemological status is that of a "logical stop-card";\(^4\) that is, "'I'm I' discloses a final option."\(^5\)

Although too much can be made of the difference, it is not unusual to observe such strong contrasts between psychological definitions of the ego as a secondary function of subjectivity which is conditioned by developmental processes and philosophical and theological definitions of the ego as an essential and central principle of being. Given the divergent levels of conceptualization, the clinician who is attempting to account for a proper conceptual approach to the patient may be expected to observe the basic differences in what the meaning of "ego" is: the clinician needs the psychological concept in order to comprehend the functioning of the psyche, and needs the philosophical (and possibly theological) concept in order to comprehend a theory of persons. A key psychological interest is to determine normative and deviant forms of (e.g.) thinking, feeling, remembering, desiring, acting; an understanding of "who I am" is tied up with these actual factors. A key philosophical and theological interest is to articulate the condition of being human, to understand essentially what the meaning of this existence is; an understanding of "who I am" comes through exploring the nature of these basic factors. Yet, "the desiring one", for example, is "the one who has the potential for desire"—the function is interrelated with the basic factor. What criterion, then, can be used to determine at what conceptual level a statement of identity should be expressed? In response to these issues, phenomenological reflection has made allowance for the "paradoxical relation" of the ego with itself,

\(^{3}\) Ibid., p. 63.
\(^{4}\) Ibid., p. 63.
\(^{5}\) Ibid., p. 110.
without picturing the levels of meaning as mutually exclusive. Phenomenology refers, in a systematic manner, to the structure of subjectivity as an "empirical ego" and a "transcendental ego".

To be sure, essentialistic, or as Allport described it, "teleological" views of the self are presented in psychological theories as proper terms for the life of the ego. A relevant example of such, which brings together ideas from ego psychology and psychoanalytic theory, comes from Horney, a neo-Freudian, who refers to William James' concept of the "real self" (i.e. "what I really feel, what I really want, what I really believe, what I really decide") as the "psychic centre to which the appeal is made in analytical work."\(^1\) Using optimistic language which predicts a human being's potential to grow and to attain self-realization, Horney calls this "real self" the "central, inner force, common to all human being and yet unique in each which is the deep source of growth."\(^2\) Associated with such a view of subjectivity is the belief that individuals have the ability to achieve more psychological well-being. It is a vital positive account of human nature which relies upon spontaneous feelings, interests and energies. As Horney continues, once realized, this "real self" "leads to genuine integration...Not merely are body and mind, deed and thought or feeling, consonant and harmonious, but they function without serious inner conflict."\(^3\) It would follow, apparently, from this account of the essential nature of subjectivity that the "real self" lies dormant, distorted or unexpressed during times of grave mental disturbance, when spontaneity or growth have become impaired or impossible. This, then, would not be an equivalent idea to Ramsey's account of the "logical stop-card" which is expressed by "I'm I", because Horney's idea of the "real self" is contingent upon the individual achieving a relative state of self-realization in function and status.

By noting the conceptual disparagement of levels for the ego, I am not suggesting that an impasse should exist between psychological definitions of the "real self" and philosophical and theological descriptions of an "essential ego". Even though the referential schemes are different, complementary senses can be imagined. However, it is necessary to observe

\(^3\)Ibid., p. 157.
the tendency in psychology not to favour the view of the ego as an ur phenomenon or "final option".

James provides a historical precedence for observing the different conceptual levels of ego and for discrediting the more ontological notion of ego, in his psychological study of the constituents of the "phenomenal" (empirical, real) self and the "transcendental" (pure ego) self. In James' work, the phenomenal self includes the "material", "social" and "spiritual" aspects of individual being (by "spiritual" he means one's intimate nucleus of feelings, desires and ambitions). James considered the transcendental self to be a mere abstract numerical principle of identity with little relevance for psychology. As a renowned psychological theorist, his criticisms of the pure ego are significant. His major point of reference is Kant's description of the synthetic condition of consciousness as a "transcendental unity of apperception". ¹ He mentions Kant's description of the "Subject" as "the necessary correlate of the Object is all knowledge," the "ego-form of our consciousness" and makes the point that such a view of the subject conveys next to nothing about the actual existent—"not how we appear, not how we inwardly are, but only that we are."² His point is similar to one of Ayer's criticisms of statements which run small risk of error while offering even smaller gains in knowledge: "Complete security is attained only by statements like 'I exist' which function as gesticulations. But the price which they pay for it is the sacrifice of descriptive content."³ James' conclusion is that the pure, transcendental ego is "as ineffectual and windy an abortion as Philosophy can show."⁴

To recapitulate the foregoing discussion on definitions of the ego:
Up to this point, distinctions have been made concerning the use of the term "ego" (and related concepts like "self", "personality" and "subjectivity"). Popular and academic usages have been noted. Within the academia of clinical psychiatry and psychology, different emphases which are placed upon the meaning and function of "ego" have been presented, although the general view of the ego as a developed part of the psyche has been

¹ Vide I. Kant, Critique of Pure Reason (London: MacMillan and Co., Limited) 1927, pp. 136ff, for an introduction to the meaning of "transcendental unity of apperception."
proposed as a conventional, acceptable concept shared by clinicians. Also, a distinction between two conceptual levels of the ego—the "empirical" and the "transcendental"—has been made. Phenomenology has been cited as a discipline which seeks to express a comprehensive notion of the ego as empirical and transcendental. Psychological definitions have been distinguished from philosophical and theological descriptions according to this bi-polar, paradoxical understanding of ego, but likewise, it has been suggested that no absolute line of demarcation should be set between developmental and ontological ideas of the ego. In favour of the view of a transcendental concept is the articulation of what is essential and basic to being. In opposition to the view of a transcendental concept is the question of its expressiveness—that is, if it actually does convey more of a meaning than a gesticulation. The problem now arises concerning what all these different accounts of "ego" have to do with the clinician's conceptual approach to the schizophrenic patient.

A summary glance by Scharfetter identifies the areas of severe disturbance in the schizophrenic illness to be "of personality and thinking, of perception and reality sense, as well as changes in affectivity." All of these disturbed areas relate to the various psychological definitions of the ego. In schizophrenia, the executive, organized aspect of the psyche (ego) loses its cohesiveness (ego structure) and its ability to mediate between instincts and environment, along with its ability to test reality adequately (ego function). Some typical disorders of the psychological ego in schizophrenia are (a) depersonalization, when thoughts, feelings and behaviours seem foreign and automatic, (b) derealization, wherein objectively real phenomena appear estranged, different and dead, (c) the occurrence of autochthonous ideas, where it seems another (delusional) figure forcefully acts to overcome the patient's will and a compulsion to act is thrust upon the individual, (d) a discontinuous sense of self, when it appears there is no continuity of identity from one period to the next, (e) the disappearance or limitation of the boundary of the self's sphere, so that the ego and non-ego appear to be merged, or, so that intrapsychic representations become detached from the patient's internal world and come to be regarded as belonging to the external world. According to possible

interpretations from psychoanalytic psychology, the ego is considered to be fragmented, atrophied or vanished during such extreme decompensated schizophrenic states. Unconscious forces (id and super ego) appear to be inhibiting the proper performance of consciousness (ego) in the real world. Regression to earlier developmental stages often accompanies the withdrawal from objective reality. Indeed, when the mental life becomes so dysfunctional and developmentally impaired, there is no descriptive base for the psychological ego. Function and development are the psychological frames of reference for the ego.

What, then, can be said of the conceptual approach of clinician to patient? To use Buber's paradigm, the clinician is "I" but can the schizophrenic patient be conceptualized as "Thou", as another "I"?

To provide a cogent answer to this key question, I have turned to the ideas expressed in phenomenological studies, and in particular, the philosophical descriptions of subjectivity given by Edmund Husserl. Husserl begins definition of the ego from a transcendent, a priori base, describing an ego which is pervasive and permanent, always present in experience as lived. His studies represent an exemplary attempt in phenomenology to awaken the primal sense of the subject in the world.

But before making an application of Husserl's ideas on the ego to an understanding of the experience of schizophrenic persons, it is helpful to make a distinction between the transcendental ego and the bio-chemical processes which go to comprise the psycho-physical self. Classically, the distinction is made in philosophy between concepts of "consciousness" and "thing" or between concepts of "spirit" and "matter" (although without clarification, these terms can be quite ambiguous). Popper addresses this issue in making a distinction between "the self and its brain"; his points of clarification will prove useful in expressing the conceptual shift which is needed when one takes a phenomenological approach. Popper notes that the "liaison" between the self and its brain is close, semantically, but that "there are a number of very important facts to be remembered which speak against too close and too mechanical a relationship":

the brain is owned by the self, rather than the other way around.
The self is almost always active...it is the executant whose instrument is the brain. The mind is, as Plato said, the pilot. It is not, as David Hume and William James suggested, the sum total, or the bundle, or the stream of its experiences: this suggests passivity...Like a pilot [the self] observes and takes action at the

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same time. It is acting and suffering, recalling the past and planning and programming the future; expecting and disposing. 1

The distinction between "executant" and "instrument" expresses a part of what I understand Husserl to be saying when he refers to the transcendental ego as the primal subject, within the material world, living through the body (with its complex brain), but primarily defining (constituting) the world as phenomenon, rather than being just a product of it. Moreover, as "executant", the transcendental ego, in Husserl's manner of speaking, is not simply mediating between instincts and environment. The transcendental ego is understood to be the central self-symbolization for any individual as they are being-in-the-world, whether rational or not. Husserl also makes another conceptual shift from the "self" as functional to the "ego" as being, which emphasizes even more the understanding of persons as "consciousness" rather than just "thing". Thus, when following a Husserlian approach, even if a schizophrenic person is considered to have an impaired brain, the person is not considered to be an impaired self. The phenomenological concept of persons begins with an understanding of the transcendental ego as fundamental, i.e., the consciousness of self, of others, of the world, of death.

In addition, a phenomenological approach is not concerned with facts alone, but of the meaning of facts for the individual in question. As a device of method, therefore, those phenomena which are believed to be certain, factual or normative are suspended, in order better to grasp the meaning of the phenomena for the particular transcendental ego. By looking beyond the facts to the meaning of phenomena, the phenomenologist is prepared to accept as valid even those meanings which are post-schizophrenic decompensation, inasmuch as these meanings are just as indicative of the unfolding of the life of the transcendental ego as would be sane and rational thoughts. In psychological studies, the function of the organism is typically used to define the ego: the organism tests reality adequately, therefore, the individual has an ego. In phenomenology, the being of the organism defines the transcendental ego. Thus, to achieve the conceptual

1K. Popper and J. Eccles, The Self and Its Brain (London: Springer International) 1977, pp. 118-120. Popper also argues against a "pure ego" but of the Kantian or Cartesian variety, which, as will be seen in subsequent arguments, does not apply to the phenomenological notion, where the "pure ego" is not thought of as free from the "contamination" of experience, but as a necessary ground for experience, and where the "pure ego" is oriented to its past, social context and phylogenetic heritage, as understood through a hermeneutical phenomenology.
shift to transcendental being, phenomenological method provides that "reality be suspended" (ontologically) before consideration be given to how "reality is tested" (psychologically).

The transcendental ego is studied, therefore, according to "evincing correlations of 'meaningfulness'." This kind of study can apply either to the mentally-healthy or the mentally-disturbed, without an overt discriminatory line being drawn between normal or abnormal, acceptable or unacceptable. Furthermore, in going beyond physical and psychical facts, transcendental phenomenology must still be understood as concerned with a dynamic concept of being, not a placid or abortive philosophical proposition about idealistic being. Rather than being devoid of descriptive content, in phenomenology, the aim is to have a valid beginning point for description of a functioning subjectivity. Van Peursen describes the transcendental ego as the "invariable structure, the intentionality, the 'look', making such actual experiences (perceiving, thinking, suspecting, experiencing of values, etc.) possible." Natanson adds:

this transcendental ego is the pure possibility which metaphysically underlies and attends the actualization of any empirical ego in the world...The transcendental ego...is the condition of my being able to find out, through the performance of my life, who I am." 3

As was suggested previously, on first inspection the metalogical presupposition or transcendental datum of "I'm I" does not appear to reveal much about subjectivity, other than to set firmly the declaration of being. It may then appear, to some, to be nothing more than an ineffectual gestulation. In Husserl's thought, however, the fuller context of the meaning of the transcendental ego comes through the exploration of "ego-logical structures" of time consciousness, the experience of one's body, the constitution of a private world of significance, or the establishment of a social context. 4 Thus, it is, by filling out the meaning of the "logical stop-card", the declaration of "I'm I", that Husserl's phenomenology provides the clinician with a thorough basis for an appropriate conceptual approach to experience.

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2. Ibid., p. 34.
4. I discuss Husserl's elaborate definition of the ego in a more thorough context in Chapter One.

In fact, rather than being an unnecessary concept, it can be postulated that the bare tautological declaration of "I'm I" is exactly what is required at the heart of the conceptual approach to the schizophrenic person, if the desire for empathic, intimate comprehension is to be matched with the constancy of an ontological condition. By that I mean the schizophrenic person may or may not appeal to himself as the fundament of sense and meaning—but the clinician must. Self-descriptions from psychotic patients will often reveal that basic functions of personality are disturbed. One such patient, whose feelings of individuality were skewed, is quoted as saying, "I was another, and I hated, I despised the other; he was perfectly odious to me; it was certainly another who had taken my form and assumed my functions; another patient, in a moment of psychotic panic, described herself as "the rat" and asked her physician to "bury the little rat"; and yet another speaks of being "non-existent", or of "swirling" and doing things "out of non-being." Since there is not a viable notion of the psychological ego which might frame the conceptual approach of "I" to "Thou" during such times of extreme psychotic duress, and since the schizophrenic patient may tend to disavow or distort his own condition of being, the transcendental idea serves as a rock-bed, a constant factor, from which to orient contact with the patient.

Instead of just representing a simple change of terminology, the clinician's recognition of the ego as an \textit{un} phenomenon redefines the manner in which the relationship is comprehended. Description of this change is a subject of central import throughout the thesis. Truly, it would not seem feasible for the clinician to respond to one of the above-mentioned patients with a comment like, "No! You are the transcendental ego!"; doubtless, communication would not be facilitated. But certainly, in the clinician's conceptualization of the patient, having this basic notion of ego as "I'm I" (even when one is deluded and hallucinated) is the "logical stop-card" for the dialogical situation between the two. In the end, the clinician must be able to conceive of the patient, not as "I who am another", not as "I who am a rat" and not even as "I who am id". In phenomenology, these self-descriptions (and an infinite range of other identifications) are considered acts in which the transcendental ego's meaning is being evinced as identical; they may be considered to be, thereby, derivations of the unconditional sense of "I'm I".

\footnote{Quoted by W. James, \textit{The Principles of Psychology}, Volume I, pp. 378-379.}
\footnote{Quoted by K. Jaspers, \textit{General Psychopathology}, p. 122.}
C. A rationale and overview of the present phenomenological approach

Once the previously mentioned stances of understanding, accepting and valuing are added to a view of the transcendental ego as foundational, then the central features of the phenomenological approach which I am advocating takes shape. In regards to the purpose of this work, it would be unfortunate if such discussions echoed the illusive ideal rather than the practical application. Such is a common, sometimes justifiable, point of criticism for any philosophical analysis of a clinical problem. Moreover, it is obvious that the particular idea of "ego" which the clinician has will not be the only determining factor in whether the schizophrenic person is accepted as fully human and intrinsically valuable. These kind and humane judgments have been made by many clinicians from different theoretical orientations without the aid of transcendental ego theory. Many variables, including the clinician's professional ethic, cultural upbringing, personality structure, and environmental context influence the way the patient is conceived and treated. The phenomenological response to definitions of the " ego", however, penetrates through theories which might rest content with a view of the schizophrenic person as ego-less, even while in practice clinicians may already have been operating on the basis of viable "I" to "I" relationships with their schizophrenic patients. Transcendental ego theory provides that the expression of the idea of the patient is congruent with the involved, caring acts of the clinician.

Philosophy—and, in a related manner, theology—should serve to define an ontology for the social sciences. Hesse notes that "the criterion of success in natural science is success in prediction and control;" in studying the laws of human behaviour and the workings of the mind, the clinician is a scientist is this regard. Whereas, Hesse continues, assertions from philosophical and theological studies are more specifically, and quite validly, in the areas of meaning and value-judgment; the criterion of success is understanding, and as such, the ontological notion of the person is central to any conceptual approach the clinician might follow. Too often a gulf has been set up between the scientific enterprise and the ontological analysis, as if Naturwissenschaften and Geisteswissenschaften do not jointly refer to the phenomenon of man. The

1M. Hesse, Revolutions and Reconstructions in the Philosophy of Science (Brighton: Harvester Press) 1980, p. 245.

2Ibid., p. 253.
clinician, in being involved in social events of relationship and discourse, must wear the cap of the scientist and the ontologist. Speaking as a clinician, Jaspers observes the proper interrelation, in saying, "not only does unprejudiced empiricism bring us to the real boundary where philosophy begins but conversely only philosophical clarity can make reliable empirical research possible."\(^1\) Hesse adds that empirical, hermeneutic and critical analyses, with the methodologies appropriate to each, are "three necessary elements in how we come to know anything."\(^2\)

The advantage of phenomenological philosophy is to be found in the way in which all of these elements can be held together. Phenomenology is not intended as allusive illumination or as an idiographic analysis. A phenomenology of the ego requires a methodological study of subjectivity as "spirit" and "nature".

More specifically, criticisms have been raised against phenomenological approaches to understanding psychiatric conditions along the lines that phenomenology sounds of "good drama" but it functions as a drama with "high-sounding phrases" which do not give "working knowledge of things such as motivations, defence mechanisms, or other necessary things used in psychiatric therapy"; in raising this objection, McLean senses a danger in allowing existential concepts to infiltrate psychiatry, where the intent may have been to supplement usual psychiatric procedures but the outcome may be to allow these concepts to be substituted for more technological, clinical ones.\(^3\) Certainly, it would only be reasonable to conclude that phenomenological descriptions have limited application in the over-all process of communication and treatment between clinician and patient. However, the vital function and impact of phenomenological description is missed by consigning it to the sphere of theatrical overture. For example, one important function of phenomenology, which may be useful in different stages of the clinician-patient interaction, is the translation of formal, mechanical language into more personal, experiential language. Laing's rephrasing of the traditional notion of an unconscious process of dissociation into terms which depict the way a schizophrenic person experiences

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\(^{1}\) K. Jaspers, General Psychopathology, p. 46.


self-division and feelings of "engulfment", "implosion" and "petrification" is a case in point, it is indicative that "working knowledge" of the patient's world may, indeed, have come through phenomenological description. Furthermore, some criticisms of phenomenological analyses have been misplaced because the function of a particular analysis has been misread. When reading classical studies in phenomenological psychiatry and psychology, it is often necessary to determine the purpose of the writing. Rather than assuming the work is for direct application to psychotherapy, one must sometimes reckon with a wider application. Binswanger's famous case study of "Ellen West", in which he chronicles her suicide in intricate, high-literary style, has been criticized as evidence of a link between poorly administered, non-commital therapy and phenomenologically-oriented approaches.

To counter this objection, May makes the following point:

In this case, Binswanger, like so many of his European psychiatric and psychological colleagues, discusses a case for the purpose of delving into the understanding of some problem about human beings rather than for the purpose of illustrating how the case should or should not be managed therapeutically... if it had been Binswanger's purpose to discuss techniques of therapy, he would not have taken a case from the archives of four and a half decades ago in his sanatorium. He seeks, rather, to ask this most profound of all questions: Does the human being have needs and values that transcend its own survival, and are there not situations when the existence in order to fulfill itself needs to destroy itself? The implication of this question is the most radical way to question simple adaptation, length of life, and survival as ultimate goals.

The expression of these hesitations and rejoinders as to the place of a phenomenological approach in a clinical setting occasions the explicit statement of the purpose of the following study.

My main interest in describing a conceptual approach is to promote a phenomenological attitude which, upon adoption, might facilitate the clinician's capacity to understand the schizophrenic patient. "Attitude" may be defined as "a learned readiness to perceive and react in a particular way to a person, object or situation." All clinicians have certain attitudes about the patient, and it can be assumed that these attitudes are implicated in the clinician's particular theory of subjectivity.

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3T. Millon and R. Millon, Abnormal Behaviour and Personality, p. 473.
My interest in attitudes complies with the general purpose of many other phenomenological studies of clinical problems (although my own specific adaptation of transcendental ego theory in this regard is more unique). May describes principles of phenomenological psychiatry and psychology in this manner: they are not intended to be "a system of therapy but an attitude toward therapy, not a set of new techniques but a concern with the understanding of the structure of human being and his experience that must underlie all techniques."¹

Be that as it may, the difficult question concerns the evidence that any attitude which might be advocated is or is not (potentially) corrective or appropriate in the treatment of schizophrenic patients. Although one might refer to isolated, personal examples where certain phenomenological attitudes seemed effective, no conclusive proof can be given in reference to the effectiveness of this phenomenological approach until a measuring rod and controlled statistical studies could be derived which would test the theory; that, it itself, would be hard to do, since as May has noted of phenomenological approaches in general, my own approach is not a "system of therapy". Nevertheless, there are two general alternatives to a lack of immediate experimentation which are suitable in this kind of study. They are (i) previous empirical research and clinical opinion which have established what attitudes are effective in working with psychotic patients and (ii) the use of logic to express a coherent and correspondent theory of persons and relationships, given the empirical data, and especially in drawing implications of what attitudes might effectively counter the schizophrenic person's withdrawn and disorganized state.

Concerning other psychiatric and psychological research and opinion, one can refer to studies from various theoretical orientations which define preferable traits for clinicians when they do try to communicate with psychotic patients; for example, Ellis recommends the clinician "should be kindly, warm, affectionate, sympathetic, altruistic, friendly;"²

case studies can be cited to support this view; stating such attitudes is not a simple matter of opinion or common sense, however; there are many fine points to be observed in determining what attitudes apply specifically to what psychotic patient; thus, while it is advocated that the clinician "should be permissive, non-judgmental, accepting, understanding, forgiving" for other specific therapeutic reasons the clinician must also be able to set "kindly disciplinary limits" to the patient's behaviour. Concerning the use of logic, one can indicate conditions which might reasonably be expected to promote contact with the patient. For example, if the clinician's attitude is typified by the stances—"I am trying to understand you. I fully intend to accept you. I am committed to valuing you."—then it is feasible to expect a comprehension of the patient's existence which is more intimate and attuned than its converse; in addition, if, as the clinical evidence suggests, schizophrenic patients' lives are characterized by relationships where reality is distorted, where feelings of rejection are exaggerated, and where an experience of extreme devaluation occurs, then a logical counter-balance is a relational pattern of clinician with patient which is the opposite of these unhealthy patterns, i.e., a relationship distinguished by patterns of understanding, accepting and valuing; the logic of this counter-balance is irrespective of the cause of the schizophrenic maladaptive state, whether the cause is basically biological, psychological, social, or a combination of factors.

Therefore, while mentioning a wide range of clinical studies and recommendations of what attitudes tend to be better in relating with schizophrenic patients, I also will be defending a major change in perspective.


brought about by phenomenological methodology. It concerns the patient's status as "alien". True enough, as M. Bleuler writes, "the concept of psychosis arises on the basis of the personal experience which healthy individuals have of themselves and their fellow men."\(^1\) Hence, with much justification, schizophrenic speech, memory, thinking, judgment and perception are viewed, on the basis of scientific and social criterion, to be "alien"—these means of subjective expression are all often seriously distorted, confused and other than the healthy individual's wakeful expressions. Not only do healthy individuals judge the disorders to be "alien" but, likewise, in many cases, the schizophrenic person is quite aware of the a-typical, abnormal and uncanny nature of his own experience. Phenomenological understanding, however, provides the clinician with an image of the schizophrenic person as one who is essentially "like me" and as one who is "with me" on the basis of this shared, fundamental, ontological condition of being transcendental ego. "I'm I" despite feelings of oddness, splitting, or distancing of the self; indeed, "I'm I" through these experiences. Empirically, schizophrenic behaviour is "other than" what one considers to be normal, but phenomenologically, after certain judgments and suppositions have been lifted, the schizophrenic person is seen to be simply "other", "Thou", a fellow human being who shares world experience with the clinician.

Furthermore, it is important to recognize that this emphasis is made, not to deny the actual dehumanizing aspects of the illness, not to pretend the disorganization of personality is other than shattering and profound, not to make a hero out of one who experiences such turmoil, and not to introduce a soft, undisciplined view of the psychiatric patient; but rather, to advance a basic theory concerning persons which endorses the irreducible condition of the patient's worth as a fellow human being, while yet remaining consistent with empirical, descriptive accounts of the mental illness. The approach I am taking is not posed as an alternative to other well-established treatment strategies which a clinician might practice. The approach itself is contingent upon scientific psycho-social formulations of the problem, diagnostic categories and procedures of clinical management of the patient. However, by directing the clinician's basic conceptualization of the patient to an infra-level of

experience, a primary point of view emerges of the schizophrenic person as a significant being, an "ego", with an experiential structure to that existence which can be articulated in a manner not radically dissimilar from the clinician's, even though the patient has disadvantages of extreme functional and genetic disturbance. Thus, the phenomenological view of subjectivity serves as a guide to interaction even though the patient's subjective expressions are abnormal. What the following phenomenological approach entails is a readjustment of viewpoint, one which relies upon strict clinical observation of the illness, but one which likewise suspends judgment of the patient's alien phenomena until the life of the ultimate ego is fully appreciated.

Summarily stated, the thesis is a defence of a transcendental phenomenological interpretation of subjectivity in reference to schizophrenic psychoses. It is an appraisal of the patient revolved around views which are best described as humane, religious and ontological; the implication of the study is that these three concerns can be mutual and reciprocal. Accordingly, the work is intended to contribute to the methodological spheres of psychiatry, psychology, theology and philosophy and to suggest certain interfaces and common concerns which these disciplines have as regards ego theory. In the final analysis, the rationale for considering transcendental phenomenology within the area of clinical management of schizophrenic persons consists of its philosophical defence of the human rights and dignity of the psychotic patient.
Chapter One

An Interpretation of Husserl's Phenomenology of the Ego

Phenomenology is an articulation of human experience according to a structure of "consciousness of world". In philosophical writings, two demands are made upon the phenomenologist: first, to depart from an intra-mundane acceptance of the world in which an individual is living, but then, second, to return to that very "life-world" with a vivid and systematic emphasis on "being-in-the-world". Thus, a work is said to be phenomenological when it tries "to extract from lived experiences the essential meanings and structures" of that existence.¹

Edmund Husserl (1859-1938) can be considered the founder of contemporary phenomenology, with direct influence upon other seminal twentieth century philosophers like Martin Heidegger, Jean-Paul Sartre, Maurice Merleau-Ponty, Paul Ricoeur, and others. The formulation of "consciousness of world" seems to have remained as one unifying factor within the phenomenological tradition, with various interpretations and emphases on the formulation’s meaning (including the meaning of its negation or alternatives).

Husserl's particular emphasis in phenomenology has been to establish "philosophy as a rigorous science,"² by detailing the possibility of a constitutive act of consciousness achieving, what he calls, "knowledge-act, knowledge-objectivity and knowledge-significance."³ Speaking initially as an epistemologist, then, Husserl has endeavoured to depict a fundamental philosophical framework upon which the sciences and humanities might be based. His philosophical understanding emerges at the beginning of the twentieth century amidst the contrasting ideologies of empiricism and idealism. Influence on the development of his epistemology can be seen in the classical works of Descartes and Kant, and most directly from his teacher Brentano. Husserl also saw his own writings as addressing

¹P. Ricoeur, in "From Existentialism to the Philosophy of Language," Philosophy Today, 1973, 17: 89-90, characterizes his own phenomenological studies in the manner quoted.


issues raised outside of Continental philosophy, for instance, thinking of philosophical problems in the British tradition, as represented by Locke, Berkeley and Hume. He felt the need to advance an epistemology which avoids the excesses of positivistic rationalism, skepticism and irrationalism. He opposed a dualistic way of doing philosophy. He tried to lay the foundations for a philosophic Weltanschauung which would touch upon the realms of experience with which the realist, idealist, personalist and pragmatist are concerned, but to do so in an inclusive, methodological manner. After Husserl, his phenomenology has served as the epistemological foundation for certain expressions of existentialism, and has been used in systematic dialogue with other philosophical approaches as diverse as linguistic analysis, behaviouristic philosophy and Marxism. Husserlian phenomenology has been applied widely, not only in philosophical studies, but in areas like psychology, theology and sociology.

Husserl characterizes his phenomenology as "transcendental", noting that its development came about as an actual method for grasping the fundamental essence of the spirit in its intentionalities, and for constructing from these an analysis of the spirit that is consistent in infinitum...2

In other terms, objectivity is evaluated in relation to a subjective, egological foundation; i.e., experience is not simply "there", but it is "there for someone". His monism--indeed, his entire phenomenological approach--is contingent upon the following premise:

Here the spirit is not in or alongside nature; rather nature is itself drawn into the spiritual sphere. 3

Already, however, with these few introductory comments on Husserl's phenomenology, problems of interpretation have arisen. Of the terms used so far--e.g. consciousness of, life-world, transcendental, monism, intentionality, spirit, and so on--basic misunderstandings and potential, consequent philosophical quandaries may have emerged. For instance, in literature concerned with the notion of subjectivity, "consciousness" or the "Cogito" has often been discussed as if there were no unconscious realm, or as if there were a conscious entity in control of the world.

2 Ibid., p. 298.
3 Ibid., p. 298.
This is not Husserl's understanding of consciousness. Husserl's idea of consciousness is different from other notable thinkers, such as, Plato, Descartes, Leibniz or Kant, although certain similarities do remain with these and other spokesmen in Western thought. With Husserl, consciousness is centrally related to an understanding of the ego, but in a very qualified sense. If, as I have indicated, phenomenology truly returns to experience as lived, surely then, whenever Husserl mentions the drawing in of "nature" into the sphere of "spirit", he is not introducing a solipsistic view of the world, where egos never meet intersubjectively and where one consciousness is all there is. In fact, in later portions of the thesis, I intend to demonstrate how Husserl's notion of the transcendental ego can be applied to understanding and valuing the schizophrenic person. Accordingly, Husserl's transcendental philosophy of the ego must be treated within the realm of relationship between clinician and patient, which is a realm of give-and-take, unconscious motivation, bodily communication and incertitude, as well as that which can be characterized as conscious, perceptive and marked by attentive control. But, as this sampling of Husserl's thought suggests, from the outset, before application of the transcendental ego idea can come about, it is necessary to interpret significant terms, methods and tenets in transcendental phenomenology.

The phase of Husserl's phenomenology upon which I rely in establishing the argument of the thesis concerns the meaning he gives to the ego. In this description of Husserl's philosophy, selective attention is given to three of his works—Ideas: General Introduction to Pure Phenomenology,1 Cartesian Meditations,2 and The Crisis of European Sciences and Transcendental Phenomenology.3 These works are representative of important developmental stages in Husserl's phenomenology of the ego. However, although it is correct to discern an "early Husserl" and a "latter Husserl", his views on transcendental subjectivity are continually developed throughout his writing, not replaced. Kockelman has noted the false impression that Merleau-Ponty's publications often times have given that

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3 Op. cit. As will be observed, I, along with Husserl, defend a certain continuity in the development of transcendental phenomenology from Ideas onward.
The Crisis of European Sciences and Transcendental Phenomenology is somewhat of a retraction, and replaces Husserl's original studies concerning transcendental subjectivity; on the contrary, "Husserl's study of the life-world," which takes place in this late work, "is but one of four different approaches used to reveal the constituting activity of transcendental subjectivity." Mall comments that "the moment we lose sight of the inner consistency and continuity" of Husserl's phenomenology "we artificially divide his philosophy into different periods with no inner harmony or purpose;" he also makes the valid point that it is "truer that the later works of Husserl are indispensable to a clear understanding of his earlier works (not vice versa)." In The Crisis of European Sciences and Transcendental Phenomenology, Husserl argues that the "pregivenness of the life-world" can be understood in its own right only by a "total change of the natural attitude" (i.e. through the transcendental reduction) and speaks of the philosopher's need to free himself "through the epoche" so that the life-world becomes a "phenomenon" of meaning for the ego.

Transcendental subjectivity is still considered a "world-constituting accomplishment," and study of the life-world is conceived as "a new way to the reduction, as contrasted with the 'Cartesian way'" which Husserl considered to be his earlier "short cut"7 to transcendental subjectivity, as evidenced by Ideas and Cartesian Meditations.

My interpretation of a phenomenological account of the ego leans heavily on Husserl's understanding, without serious criticism of his position, even though I do carry out extensive adaptation of his ideas.


3 Ibid., p. 9.


5 Ibid., p. 152.

6 Ibid., p. 113.

7 Ibid., p. 154.
Husserl speaks, for instance, of subjectivity as "absolute" and, when doing so, for purposes of radical philosophical enquiry, he will tend at times to consider it impossible to imagine the ego as dying or not being. As I see it, such grandiose statements concerning the ego begin to reflect more of a psychological state of narcissism than they do a methodological orientation which Husserl is generally calling for with a phenomenology of the ego. However, it is easier to criticize Husserl on extreme statements than it is to stay with the general thrust of his writing and to derive a satisfactory understanding of his overall meaning. The major deviations from Husserl's phenomenology of the ego, which I will take, come about in drawing theological implications and psychotherapeutic applications of his account of subjectivity. In addition, although I may favour Husserl's general understanding of the ego and of phenomenological method, as opposed to his critics, I do not see that it is feasible to read only Husserl's works, without amplification and clarification of certain themes from other commentators within the phenomenological tradition, which are both pro and con Husserl's position. For example, I do not refer extensively to the philosophical conceptualizations of Martin Heidegger and Jean-Paul Sartre, but their phenomenologies remain in the background of any appropriate interpretation of Husserl's phenomenology, partly as a support and partly as a counter-proposal. Nevertheless, in order to expand, clarify and challenge Husserl's phenomenology of the ego, I have turned most often and most directly to Paul Ricoeur, Maurice Merleau-Ponty and Peter Koestenbaum.

In order to realize a two-fold task of explaining terminology and of preparing the way for the argument of the thesis, I will discuss Husserl's phenomenology according to the following format: first, an hypothesis on the concept of identity; second, an elaboration of the intentionality of experience; third, the results of the transcendental methodology; and fourth, an evocation of transcendental subjectivity. Through the last three stages of the format, I will indicate Husserl's central position, plus any possible challenge to his position from subsequent phenomenologists which I might support, or, my own adaptation of his tenets (mainly in a theological context). In the first stage of the presentation, the references to Husserl's actual writings are minimal, as preparatory statements are required in order to denote the particular meaning I intend to emphasize in reference to Husserl's teaching on transcendental subjectivity.
A. An hypothesis on the concept of identity

The concept of identity is one that concerns disciplines like sociology, psychology, theology and philosophy. Often, in establishing the concept, an understanding of "I" is linked to such questions as who, what, how and why am "I". If one discipline says "I am a biological organism" and another says "I am the child of God" and yet another says "I am the product of my environment" the one factor which holds together these diverse postulates is that notion of "I". Even when identity is defined strictly in terms of "we" (e.g. in sociology) the idea of a singular "I" must be taken into account if the statement concerning identity is to be thoroughly expressed. It is in terms of a philosophical and theological meaning of "I" that this hypothesis is intended. Philosophy and theology try to provide fundamental descriptions and assertions about one's identity. This being so, an underlying concept of person is being suggested in the following interpretation of Husserl's teaching on the ego.

(i) ontological and theological considerations of identity

In a discussion on the function of religious language, Gilkey has related ontological and theological thinking according to the common feature of explicating or disclosing "the fundamental convictions and viewpoints about reality which it represents" rather than establishing a proof about a discerned object.\(^1\) He writes that "the ultimate and sacred, that to which the symbol 'God' refers, cannot be proved, lest this symbol contradict its own intention, its own meaning and function in the language game of religious discourse."\(^2\) Obviously, Gilkey is not saying that religious language is not "initially about things" but he is saying that the reference to a "thing" manifests "a dimension of ultimacy beyond and in" the thing.\(^3\) Buber addresses the same issue when he speaks of "meeting with God" as "realization" and opposes this mode of awareness to that of "reflection".\(^4\) Buber notes that realization lets the "gift" of Thou "work itself out"\(^5\) and, thereby, involves an "inclusion" of the Thou, rather than a possession or objectification of a thing.\(^6\) The issue I wish to

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\(^2\) Ibid., p. 441.
\(^3\) Ibid., p. 281, fn. 23.
\(^4\) M. Buber, I and Thou (Edinburgh: T & T Clark) 1958, p. 115.
\(^5\) Ibid., p. 116.
\(^6\) Ibid., p. 132.
raise in relation to a concept of identity is whether the notion of "I" does not, in a similar fashion, indicate that which is ultimate and sacred to being a person.

If, theologically, the symbol "I" is to represent human being in the "image of God", then it may be surmised that, in determining the sense of a person's identity, "reflection" will once again be required to press beyond itself to the point of "realization", so that "I" may also be said to participate in a similar ultimate and sacred sense. Husserl's description of transcendental subjectivity does not directly suggest this supra-reflective gesture, in that his effort is to make intelligible "the most intimate and originally intuitional essence" of the "I". But, at the same time, when Husserl suggests that "this original intuitional essence lies in a 'constituting' of meaning-formations in modes of existential validity, which is perpetually new and incessantly organizing itself afresh," a creating and holistic sense of ego identity appears. As a philosopher, Husserl has emphasized that peculiarly human factor of reflection upon lived experience as the means whereby one establishes identity (accurately and inaccurately, rationally and irrationally) only to recognize that reflection cannot keep up with life, and that one can say "I am" already, even as the "meaning-formations" are being constituted. Thus, reflection on "who I am", in Husserlian phenomenology, is consistent with what has just been described as realization that "I am". Koestenbaum sums up the ultimate, subtlety and difficulty in seizing upon the "I" at its base level of meaning, stating that, "by its very definition, the transcendental ego is impervious to any so-called public approach, description or verification...metaphysically, ontologically and axiologically: it is at the root of reality itself." Accordingly, whenever I refer to the "I" or "transcendental ego" as a symbol, the reference is to the double meaning of identity as achieved through reflection and that signification which can be achieved only through realization. This is to follow Ricoeur's definition of "symbol" as "any structure of signification in which a direct, primary, literal meaning designates, in addition, another meaning which is indirect, secondary and figurative and which can be apprehended only through the first."
Saying what the "I" is, then, with this ubiquitous, image-like connotation, introduces the "I" as a questioning signification, an oblique meaning, or better, a hope in a meaning that can be realized. Thus, in a certain manner of speaking, the pure subjectivity of consciousness presupposes a layer of being where research must be terminated. The domain of research, even intuitive research, precisely consists of any sphere which can be called objective, whereas, the transcendental dimension is known only as an ultimate root of being—a pure subjectivity or spirit. The interesting component from Husserl's perspective in this regard is that an orientation of pure subjectivity is invoked in order to appreciate the nature of objectivity. By no means then am I beginning this discussion on the numinous element of subjectivity by calling for a non-empirical approach to phenomenology; that would be a grave misuse of Husserl's philosophy. However, when pure subjectivity is a matter of realization, one is at a conceptual level where the ego can be distinguished from objectivity. In addition, theologically, the human being is often thought of as spirit and body, and not merely body alone. A pure subjectivity which is not constituted but simply realized can be a symbol for this original, singular spirit. Therefore, as reflection pursues the root of reality, from a theological point of view, the source or ground of being which is realized can be seen as given by God.

However, two possible objections suggest themselves immediately. The two objections arise from opposite sides of a belief in spiritual being, the one which would explain theological assertions as a defence mechanism, and the other which would hold to the validity of theological statements but would question such a bold declaration concerning the "I". The first objection can be derived from the psychoanalytic view of religion, itself, as a problem of paranoia and projection. Paranoia is a defence mechanism which protects a weak psyche and tends to project mental processes outward into external reality, and hence is thought to lead to the belief in "spirit"—either of a polytheistic or monotheistic nature. Secondary elaboration, i.e. rationalization, usually follows the initial unconscious defence so that the projection is revised until it becomes somewhat consistent with the individual's conscious, more rational view of reality.¹ The strength of the religious illusion of "spirit" lies, according to some who hold this view, in the fact of a wish being fulfilled intra-psychically and condoned socially. Hence it might be argued that the

understanding of the transcendental ego which I am suggesting is no more than an identification with a culturally accepted projection—e.g. "I" am like "God", "I" share in the omnipotence of my wish-fulfillment.

The second area of possible disagreement comes from within the theological discipline itself. It could be summarized along these lines: the most serious objection to the transcendental ego being represented as the "root of reality" is that such a view tends to go past a belief in the human being having been created in the image of God and begins to replace "God" as the ultimate symbol with that of "I". Accordingly, the ultimacy of the transcendental ego, in order to be acceptable within a theological discourse, must give credence to a definite dependence upon God's continual creation of "I". Ego identity must not be only the human subject's essential, creating sense, but this sense must be secondary to the creative, sustaining act of God.

I think the critical psychoanalytic and the cautious theological objections to the "I" being a symbol of spirit are of merit as corrective statements to a notion of pure subjectivity. But they do not rule out the validity of the notion. The psychoanalytic objection, especially, tends to say positively what it precisely cannot say with certitude, simply because humans find themselves in an existence which they are compelled to understand by looking beyond their own concrete existences. The theological objection, when seen as a corrective, recognizes the human being's participation in a world which is more than that which can be explained by any one individual's own meaning as psychological and physical, and thus can endorse a philosophical version of the "I" as spirit; in this regard, I too would support the view that the transcendental ego, as the root of reality, must also mean that the "I" is dependent upon God for final sense and verification.

The resolution of either the psychoanalytic or theological objections to an ultimate "I" can be prepared, as I see it, in no other way than by positing the validity of a certain faith in being, a faith in being as representing an irreducible aspect of identity and as representing more than that which can be achieved through a knowledge act. Not only must the image of God be shaped around such a non-objectified concept of being, but also the Being of God must be conceptualized in a similar manner. Then, whereas projection is an externalized, visual-image invoking act, which places spirit "out there" in or beyond the world, a truer version of being would return to the irreducible, first-order act of ex-isting,
or standing-out in a primordial manner, the act of receiving creation and participating in God as the source of human being. On the other hand, for theology, the transcendental ego as spirit would, likewise claim that the image of God is not to be envisioned in anthropomorphic, objective terms, but that God and human subjects share in the most integral, fundamental sense of being personal and alive. As may be noted, the resolution of the aforementioned objections suggests that being is best and first described in an antecedent form rather than in a psycho-physical form. Hence, "faith", as the term is being used in this context, involves an acceptance of an infra-structure to the reality in which persons move, hear, feel and see. The peculiarly religious side of that faith relates the infra-structure of being to a caring, involved act of God.¹

(ii) an ontological and developmental view of identity

An ontological and theological view of identity, then, is at the heart of my hypothesis of what the transcendental ego, as symbol, can represent. However, the idea of ego cannot remain at such an embryonic level of description and yet express very much about "spirit" which can be used as an underlying concept for the sciences and humanities (or in particular, an underlying concept in understanding schizophrenic experience). One feature of this view of identity which requires emphasis is the relationship of ego identity to ontogenesis, or development. A basic philosophical position which will be supported in this thesis is that spirit is forming, in a non-static, self-completing manner. The spirit forms, not outside the body or away from the world, but in interaction with the natural sphere. Ontologically, the structure of the ego is a potentia activa, to be distinguished from a mechanical analogue in that it does not consist of inalterable parts moved by an agent, but can be seen as a living image which can change itself while its essence remains unchanged in the moving from potency to act.

Gadamer clarifies what is meant by the statement "spirit is forming", being what it is intrinsically, but also developing and changing. One word whose meaning he traces to express such a functioning of subjectivity is Bildung. The concept of Bildung arises from ancient mystical traditions, according to which the human subject is said to carry "in his soul the

¹Cf. the "Conclusion" of this work where the concept of the "imago Dei" is discussed, and these and other objections are considered more fully.
image of God after whom he is fashioned" but an image which he must also "cultivate" "in himself". ¹ A central meaning of the term Bildung can be seen in its Latin equivalent, formatio, or in its English derivative of "forming", if, as Gadamer observes, the idea of form is separated completely from its "technical meaning" and understood in "a purely dynamic and natural way."² Even so, Bildung may be more representative than the idea of "forming" for what I am saying of the transcendental ego (as compared with Husserl, perhaps, who would aim for a more rigorous sense) because the "idea of 'form' lacks the mysterious ambiguity of Bild, which can mean both Nachbild ('image' or 'copy') and Vorbild ('model')."³ Hence, borrowing from Gadamer's explanation of Bildung I will be speaking of the transcendental ego as symbol in two major ways, one being as the "image" of God and the other as an "I-model" for understanding subjective experience. Both meanings are intended to capture a creative, intrinsic and valuable core to the experience of being human subjectivity. Likewise, if the transcendental ego can be thought of in this dual manner, it can be a useful device in relating theological and psychological concepts. Furthermore, this hypothesis of being created by God, when taken to be an ontological statement of formation, is compatible with a proposal that sets forth an "autonomous", distinct ego which cultivates itself in the world. By "autonomous", I do not mean an ego who is the master of fate, but a singular, unique and whole subject. I also take an "autonomous ego" to be an ego within the world and influenced by the world as development occurs. Thus, spirit's formation is not meant in the sense of a "soul entity" which somehow is fitted into a body, and into the world which remains unfamiliar with the relationship of spirit to world and to others. Habermas, from the perspective of critical social theory, gives descriptive clarification to the nature of such autonomous ego development by describing a dialectical concept of ego identity with sociological action theory. He speaks of a unique ego, but he also intends to counter the "false positivity" which often lies within the "ontological recourse" to ego identity.⁴ It is for this reason that Habermas has sought "the unity

² Ibid., p. 12.
³ Ibid., p. 12.
of the formative process in an inter-connection of three fundamental dialectical patterns", those being, "in the relation between symbolic representation, labor, and interaction." Reflecting on Habermas' work, McCarthy notes that the ontogenesis of the ego cannot be a development separable from the interdependent processes of linguistic, cognitive and interactive development since the forming of the ego "runs complementary" to these other social phenomena. Of particular interest from a Husserlian point of view, with an idea of formatio, where "I" and "World" are in dialectic, an autonomous ego finds itself in a world that it does not control, so that the designation of "spirit" is not of a content-oriented, intra-psychic affair, which would be to commit what Husserl calls the "psychologistic error". The ontological meaning of spirit or of an autonomous ego is realized only in the meaning-formations which are derived from interaction with the world and others.

It might be argued that various social sciences have already successfully conceived of this idea of the spirit in formation, or Bildung, within various theoretical frameworks, all concerned with problems of development grouped around the concept of ego identity. Analytic ego psychology (cf. Sullivan, Erikson), cognitive developmental psychology (cf. Piaget, Kohlberg) and symbolic interactionist theory of action (cf. Mead, Blumer, Goffman) may be cited as three representative theoretical approaches which do not speak of a spirit forming, per se, but do convey a similar idea of an I-World relation, and do so in language which is more customary in scientific description. Erikson provides a suitable summary description of ego identity which indicates a characteristic psychological and sociological understanding of ego development. He writes:

The feeling of ego identity is the accumulated confidence that corresponding to the unity and continuity which one has in the eyes of others, there is an ability to sustain an inner unity and continuity. Phrases to note from Erikson's description are that ego identity is a "feeling" or an "accumulated confidence", largely bestowed upon the individual through the "eyes of others"—in short, identity is related to the

4. Vide J. Habermas, Communication and the Evolution of Society, p. 220 fn. 7 for a selected bibliography of various writers within these traditions.
organism's "ability to sustain" an integrated ego. Habermas has developed a schema to demonstrate stages of ego development as delineated by the social sciences, in one of which the individual is said to move through a phase of "natural identity" during the stage of pre-operational thought in infancy, to that of "role identity" during the stage of concrete-operational thought in childhood, to that of "ego identity" once the stage of formal-operational thought has been achieved.  

1 Obviously, then, the social sciences, according to various descriptive patterns, all tend to maintain an hypothesis of ego identity that occurs after I-World interaction. Rather than being an account of pure subjectivity, constituting a world, identity is objectified through natural-role-and-psychological ego characteristics.

In speaking of Husserl's phenomenology of the ego, I mean to draw a contrast with these developmental views of identity. The contrast is by no means a refutation of the idea of psycho-social development and interaction—quite the contrary.  

2 Likewise, the contrast avoids the "false positivity" of traditional "ontological recourses" by endowing the ego with an unfinished, formative sense and by recognizing that the ego is not a proof, but a discovery. The contrast reflects a paradoxical relation that is expressed in the identity of the ego: the ego is formed through developmental stages, being influenced by the other, while simultaneously, the ego forms, utterly unique and distinct from other egos and from influencing interactions. The contrast I am emphasizing within this paradox is that, in understanding identity fully, it is necessary to distinguish between the spirit's ability and the spirit's gift. That is, the ego is, at once, to be considered according to identity-development and identity-source. From a theological point of view, in the creative act wherein God grants being to a person, not only is there that fundamental image of God (i.e. a source of individual life who creates a place in the world) but also, as Merleau-Ponty states, "we are inextricably and confusedly bound up with the world and with others."  

3 However, in directing the hypothesis of identity towards an essential image, I am aware that remnants of a Platonic-like, universal subject may

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1J. Habermas, Communication and the Evolution of Society, p. 83.

2Husserl makes it clear that the acquisition of an ego identity is not the opposite of the presupposed ego identity. He calls the capacity to secure this identity "true being": "This true being is not something he already has with the self-evidence of the 'I am', but something he only has and can have in the form of the struggle for his truth, his struggles to make himself true." Vide The Crisis of European Sciences and Transcendental Phenomenology, p. 13.

3M. Merleau-Ponty, Sense and Non-Sense (Evanston: Northwestern University Press) 1964, p. 36.
be revived. From its early inception in Greek thinking, any idea of an essential subject has been radically separated from an existential subject. According to the Platonic tradition, the "I" upon which one reflects is a static form to be kept apart from the "I" which is lived. This, of course, is other than what I have described about the transcendental ego in relating it to the concept of Bildung. But, more clarification may be needed on this matter, because another traditional way of complying with the early Greeks in their notion of essence separated from existence has been to divorce transcendental subjectivity from historical subjectivity. One of Dilthey's contributions to philosophical thinking on this issue has been to stress that there is no such thing as a universal subject, but only historical individuals. That is, there is no validity to a statement about a formal image other than that actual image which is created by living. The emergence of an actual individual is due to "life itself that unfolds and forms itself in intelligible unities;" the "continuity of life as it appears to the individual" is "created through the significance of particular experiences"; it is around these experiences, "as around an organizing centre" that "the unity of a life is created."  

Speaking of this structure of individuality, Gadamer observes: "Something becomes fixed here to form a unique figure, independently of the system of cause and effect. This is what Dilthey has meant by 'structural continuity' and what, with Husserl, he now calls 'significance'."

While agreeing wholeheartedly with Dilthey that it is necessary to discard the old Platonic idea of an essential form to subjectivity in favour of an historical subject, the question still remains as to the sense of the "organizing centre" around which life is created. Saying what this sense is, is what transcendental subjectivity is about. Husserlian phenomenology asks: how does significance gain articulation?, or, according to what egological structure is experience to be analyzed? When one is speaking of a human being, it is to be noted that, along with living, there occurs reflecting and a natural, continual act of understanding. The two can only be separated methodologically. As early as 1918, in a letter to Natorp, Husserl adamantly avowed that he had overcome "the stage of static Platonism more than ten years ago and established the idea

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1 Quoted by Gadamer, Truth and Method, p. 197.
2 Ibid., p. 199.
of transcendental genesis as the main subject of phenomenology."¹ In a
manner similar to Dilthey, Husserl argues for consciousness as an essential
coordination of life's activities, but Husserl retains the notion of tran¬
scendental or essential subjectivity in reference to this coordination; he
says that he does so in a non-Platonic, non-static way. In order to
maintain Husserl's position on this matter, the idea of essence must
remain linked to the idea of source—Husserl's "genesis"—otherwise, the
notion of essential subjectivity removes itself from existence into a life¬
less, unrelated sphere of imaginary being. Merleau-Ponty describes Hu¬
serl's philosophy well when he observes the connection of subjective form
and function as "both an analytics of essences and an analytics of exis¬
tences."²

Thus, the stage at which this hypothesis of identity has arrived indi¬
cates an "egological foundation"³ which predicates a unity to life-experi¬
ence that is anterior to the discreteness of experiences, and essentially
necessary to these lived experiences. When Husserl refers all world ex¬
erience to the egological foundation, then ego development in that world is
contingent upon the ego source. The spirit's ability relies upon the
spirit's gift. Husserl's main way of describing this sense of ego is to
note the "'constitution' of objectivity as referred to its subjective
source."⁴ In Husserl's phenomenology of the ego, "a nucleus of primordial
experience is presupposed" which is "the ego's living self-presence."⁵
Beyond the nucleus extends an horizon of that which is, properly speaking,
experienced only remotely, and that which is necessarily co-experienced
by other subjective sources. In addition, I take Husserl's phenomenologi¬
cal account a step further, a step beyond its own methodology, in making
a theological postulate that the creation of human life is not only the
continuation of the species within the natural sphere, according to the
biologics of the life-cycle, but that creation involves the designation
of an utterly unique subjective source. The transcendental ego serves
as symbol for this source of identity.

¹Quoted by Gadamer, ibid., p. 521, fn. 130.
²M. Merleau-Ponty, Sense and Non-Sense (Evanston: Northwestern Uni¬
P. 23.
⁴E. Husserl, Ideas, p. 234.
⁵P. Ricoeur, in Freud and Philosophy, p. 377, notes that as a "reflective discipline" phenomenology could not proceed with its methodological
enquiry without the presupposition of a "nucleus of primordial experience."
B. An elaboration of the intentionality of experience

In order to appreciate how an essential notion of consciousness or subjectivity is relevant to the historical existence as lived, it is necessary to look at the structure of consciousness and its relationship to experience of the life-world.

(i) the phenomenological understanding of experience

Experience, in its phenomenological sense, involves a unity of meaning. To consider something to be an experience is to round its meaning into a significant whole. One experience is distinguishable from another experience, while each experience is a part of a whole experiential field. That is, an experience does not simply come and go, but it is meant as a unity and thereby attains a new mode of being. Gadamer also draws attention to the fact that the experiential act of one human being consists in the experience of the life-process; in describing experience, he writes: "Every act, as an element of life, remains connected with the infinity of life that manifests itself in it. Everything finite is an expression, a representative of the infinite."^1

Experience has a "condensing, intensifying meaning."^2 The impact of an experience is immediate and eludes a definitive grasp of opinion or knowledge as to the fulness of its meaning. Experience is like a revelation to the life of consciousness, but "everything that is experienced is experienced by oneself, and it is part of its meaning that it belongs to the unity of this self and thus contains an inalienable and irreplaceable relation to the whole of this one life."^3

The entire force of a phenomenological concept of experience is meant to entail a vivid contrast between life and mere concept, so that any reduction of meaning of transcendental consciousness to that of an abstract point of identity or a mere epistemic subject is misconceived. Husserl says of transcendental phenomenology that it does not treat "experiences as so much dead material, as 'systems of content', which simply are, but mean nothing;" but rather, for Husserl, transcendental phenomenology masters its "own intrinsically peculiar group of problems which present

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^1 H. Gadamer, Truth and Method, p. 58.

^2 Ibid., p. 60.

^3 Ibid., p. 60.
experiences as intentional, and that purely through its eidetic essence as consciousness-of.”¹ An experience is not contained within an individual psyche, as "I", which would entail a completely solipsistic view of the ego. But there is a dialectic of life between "I" and "World" or "I" and "Others". I have previously mentioned the creative aspect of the transcendental ego, but the creation (or "constitution") of the transcendental ego is not ex nihilo. Lived experience "manifests itself" and the "intending regard" that participates in this experiential becoming "does not create" this experience in a primary sense, "but merely looks thereon."² Every experience, in its enduring, flowing, ever changing sense "is what it is within an original engendering (Erzeugung) of an essential type that never changes," there is "a constant flow of retentions and protentions mediated by a primordial phase which is itself in flux, in which the living now of the experience comes to consciousness contrasting with its 'before' and 'after'."³

(ii) intentionality as the central structure of lived experience

In Husserl's phenomenology, discovering an "original engendering" in the midst of a flow of experience suggests a structure of intentionality in that experience. In Ideas, intentionality is presented as "the main phenomenological theme" in that "all experiences in one way or another participate in intentionality."⁴ By the time Husserl had written The Crisis of European Sciences and Transcendental Phenomenology, his emphasis had moved away from a thematic notion of intentionality (as represented by an attentive ray of consciousness and a perceived object of manifold perspectives) to an implicit notion of intentionality that takes into account the non-perceived and the horizontal sphere of experience. In both works, however, intentionality retains a clear and consistent descriptive basis for characterizing consciousness. Throughout his philosophical works, Husserl understands the concept of intentionality to suggest "the unique peculiarity of experiences to be the consciousness of something,"⁵ even if that "something" is the world as faraway, non-attended horizon.

¹E. Husserl, Ideas, p. 253.
³E. Husserl, Ideas, p. 220.
⁴Ibid., p. 241.
⁵Ibid., p. 242.
"Intentionality is a discovery about the nature of consciousness," that it is directional and that it is given in experience as an outward-moving vector. The movement of consciousness has a source, a focus and a background, all of which are discernable because of this intentional structure. In a very general sense, as Koestenbaum suggests, within the history of ideas, intentionality has been described or explained with such complementary terms as, e.g., duree, élan vital, vital impulse, will to live, thrust, power, constitution, or even libido. It is with these complementary senses of the concept of intentionality that the nature of consciousness can be described as the force of human life; this world-acquiring energy of life, theologically, is characterized as the spirit which is given by God. It is that animals are said to have a situation (e.g. instinctual responses to stimulation) but that only human beings are thought to have a world (e.g. where meaning is designated and values, responsibilities and freedoms are shared, which includes and goes beyond mere instinctual response). Merleau-Ponty observes that "we must grant man a very special way of being--intentional being--which consists in being oriented towards all things but not residing in any." Of course, as Merleau-Ponty goes on to clarify, man is not intentionality all by itself; the discovery of the intentional structure to consciousness does not rule out man's "corporal and social ties with the world." In fact, it is through these "ties" that intentionality is realized.

Intentionality suggests self-presence and sometimes indicates self-possession or self-awareness, but by all means, intentionality does not at first know itself as intending. The nature of the intentional vector is to be engrossed in the other or in the object. When consciousness bursts forth in the world, an unreflected--e.g. preconscious or even unconscious--meaning is attached to its function. But reflection on the nature of intentionality indicates that "a meaning in act always precedes the reflective movement and can never be overtaken by it." Phenomenology, therefore, as a reflective discipline, is required to admit that intentionality is operative prior to being described and that it is unreflected.

2 P. Koestenbaum, The Vitality of Death, pp. 517-518.
3 M. Merleau-Ponty, Sense and Non-Sense, p. 72.
4 Ibid., p. 72.
5 P. Ricoeur, Freud and Philosophy, p. 378.
prior to being reflected upon. That is why intentionality, in Husserl's philosophy (especially by the time of The Crisis of European Sciences and Transcendental Phenomenology) can be characterized as life in act, as representative of a continually functioning subjectivity. In either phase of Husserl's developing ideas on "intentionality", experience is not conceived as being characterized by a neutral observation of indifferent objects in the world: why would phenomenological methodology be necessary if experience was neutral already, if intentionality was not beyond itself already?

Husserl expresses this comprehensive function of intentionality by saying that "we...are constantly active on the basis of our passive having of the world."¹ Experience, when characterized by intentionality, will be evaluated as to its more nuclear, "here" aspects, but also, and maybe even more so, according to its horizontal, "there" aspects. An experience—say, a perception which actively seizes upon a particular object with all intentional earnestness—will be comprised of expectancies of things other than what is ordinarily conceived of as immediate in the perception; likewise, in perceiving the object, associations with past events will be influencing the meaning the object now has; and if it were not for the background horizon in which the intentional vector operates, then it would not even be possible to clarify the perceived object since it would not have any field from which to be distinguished.² Thus, intentionality, as active awareness, requires intentionality, as unawareness, in order to focus upon the object of awareness. In a somewhat paradoxical sense, the notion of intentionality is a fundamental description of consciousness just because of those experiences which are not directly conscious, contrived or controlled. That fact, however, does not refute the centrality of intentionality as the predominant structure of being-in-the-world. Buytendijk, in response to the theory that human pain is quite free from intentionality has argued that there is "no pain without a preceding, original attitude toward our existence as a physical-being-in-the-world."³ He goes on to say that in a well-balanced life it is easy to forget the intentional character of bodily existence:

¹E. Husserl, The Crisis of European Sciences and Transcendental Phenomenology, p. 108.
but the simple fact of being painless in fighting or in hysteria
reminds us that the condition of undergoing the sensation of pain
is to be with ourselves...Pain is not a feeling (act) but an emo-
tional sensation only possible in the intentional experience of
existence. 1

According to two extremes, intentionality encounters resistances or bar-
riers to the act of bursting forth, which thereby demonstrates a person's
limitations; or otherwise, intentionality encounters no resistances in its
outward movement, and thereby signifies the expansion of that particular
consciousness.

(iii) a descriptive account of consciousness

In Husserlian phenomenology, then, consciousness, when characterized
by intentionality, is not equivalent to the psyche. Consciousness repres-
ents the establishment of a meaning, and indeed, consciousness acts as
the source for what comprises a meaning as a life is lived. Husserl writes:

Consciousness is not a title-name for 'psychical complexes', for
fused 'contents', for 'bundles', or streams of 'sensations', which
meaningless in themselves, could give forth no 'meaning'...But it
is consciousness which is the source of all reason and unreason, all
right and wrong, all reality and illusion, all value and disvalue,
all deed and misdeed. 2

Consciousness is seen to be functioning in logic, in ethics, in psychology,
in aesthetics and in every behaviour, but it is not restricted to a func-
tion in any one of these spheres.

Consciousness is an interdependent phenomenon of being. Consciousness
effects an organizational synthesis in its "forward-moving (i.e. tran-
scending) oscillation and tension of the subjective and objective poles
in the unity of experience-being." 3 Consciousness, therefore, is very much
like an endowment in that it arises through subject-object interaction and
also, it characterizes the life-force or spirit, in that, through consti-
tutive activity, the act of consciousness involves a bestowal of meaning.
There is an active participation of consciousness in the structuring of
an experience, and inasmuch as consciousness does effect a constitution
for a particular subject, each designation of consciousness is likewise
designation of ego. The ego, in Husserl's phenomenological sense, is
a way of saying "here" is consciousness and the transcendence which is

1Ibid., p. 164.
2E. Husserl, Ideas, p. 251.
effected through consciousness of the world is not that of an "it" but of an "I". With consciousness as theme for the being of the ego, the ego is constantly being demonstrated whenever the human subject interacts with object, and in so doing, consciousness is suggestive of an irrefutable unity to the life of the ego.

However, consciousness, in setting forth the unity of a singular ego, cannot be said to act as a powerful vector that thoroughly constitutes, in a natural sense, the totality of experience. Only when the "totality" of experience refers to the totality of a singular ego's experience would this be so. Indicated also in the constitutive act of consciousness is that which is never completely constituted; and for each singular consciousness, there is a world of other singular consciousness, from whom meanings are borrowed, interchanged and instituted. Merleau-Ponty argues against a view of consciousness that would depict the thetic, specific, autonomous sense and not recognize the fact that consciousness functions within a pre-established, immense world. He writes:

There must be beings for us which are not yet kept in being by the centrifugal activity of consciousness: significations it does not spontaneously confer upon contents which participate obliquely in a meaning in the sense that they indicate a meaning which remains a distant meaning and which is not yet legible in them as the monogram or stamp of thetic consciousness. 1

It is at this qualification of thetic consciousness that one distinction can be made, on theological grounds, between consciousness as the image of God, or a consciousness that would be imagined to be God-like. In a proper phenomenological sense, when consciousness "keeps" something "in being" through a constitutive act, it is less of a begetting of that something than it is a discovering. Only in the sense that the world which a singular consciousness penetrates is for-itself and in-itself to that ego can it be said to be absolutely of that consciousness; that is, within the sphere of meaning for the particular ego. I would take an act of God's consciousness to include a sphere of meaning for every ego and even then that inclusion would only be a small part of God's "thetic consciousness". However, in reference to the community of human beings, the other contrast to be made concerning thetic consciousness is that there are as many universes of meaning as there are singular consciousnesses, with each effecting an organizational synthesis, and furthermore, with each one participating in an intersubjectivity in which and from which the singular consciousness is oriented.

1M. Merleau-Ponty, Signs, p. 165.
In describing consciousness as an interdependent transcendence, which takes under consideration the singularity of consciousness but likewise takes into account the multiplicity of other egos and the fundamental "thereness" of the world, I mean to represent the validity of phenomenological analysis as both "noetic" and "noematic" reflection. Husserl has introduced the "noetic: noematic correlate" as a structure of consciousness of the world and suggested that phenomenology should entail a study of both aspects of consciousness in act. A "noetic" analysis emphasizes the synthesizing activity of the subject, whereas a "noematic" analysis focuses upon the fundamental unity of the object. Consciousness, in being consciousness of something, consists of these two "sides". The "noema" is the meant object and the "noesis" is the mode of positing that meaning. Both structures are inextricable aspects of object awareness (with the widest possible sense being attributed to "object" and to "awareness"). Hence, the "noesis" and "noema" are always correlated and only separated for purposes of phenomenological analysis or description. The aim is to uncover the phenomena as meant and to find their meaning formation in a systematic manner within a constituting intentionality.¹ Understanding consciousness means understanding the intending and the intended. For example, the intending regard of a cup of water may include a perception, appraisal and desire, while the intended object of the cup allows for that variation. The unity of the cup and the diversity of the awareness are intertwined in the experience of the cup of water. As Macann notes:

Without the noematic unity the Erlebnisse would revert to a pure flux, the very antithesis of intentional consciousness, since there would be nothing to be consciousness 'of'. Without the noetic diversity, the noema could not even make its appearance, for the noema is not a formal significative unity (as is a number for example) but a unity that relates a diversity in a single significative structure of experience. ²

As I will describe later in discussing methodology, the noetic analysis has been the more critical, or earlier phase of phenomenology, which has led to Husserl's understanding of the pure ego, because not only does Husserl bracket the noematically intended world as meant object, but he also brackets the noetically intending mode of awareness of that world,

¹E. Husserl, Cartesian Meditations, p. 86.
while still envisioning an ego that is distinct from either noesis or noema.\(^1\) Whenever Husserl suggests a reflective distance from the meant object, however, it must be remembered that the general interest of the phenomenologist is empirical (without being constricted by empiricist pre-suppositions and hence without any tendency to bias in closing off enquiry into tangential, or unclearly presented phenomena). Noetic and noematic aspects of consciousness are distinguished in order to achieve radical clarity. In Husserl's philosophy, the unity of the noema and the variety of the noesis are synthesized in the organizational function of consciousness.

C. The results of the transcendental methodology

Husserl has prepared the way for understanding the nature of transcendental subjectivity by means of a methodology consisting of epoche and reduction. Zaner describes the two related concepts of epoche and reduction as a "resolve and preparedness to take nothing for granted."\(^2\) The terms, themselves, designate "various shifts of attention and the reflective attitude or orientation maintained in order systematically to study whatever is thereby found."\(^3\) Epoche sets a limitation on the phenomena to be studied, and in this manner corresponds with the activity of consciousness, only making that activity thematic and rigorous. As Ricoeur says, "consciousness implies negation—both in the process of 'achieving insight' into its own hidden richness and the 'recognition' of what is real."\(^4\) Wherever consciousness expands, whether through internal awareness of the self or through the external awareness of the world and others, the area which is known separates itself, experientially, from what is not-known or not-attended to. Transcendental phenomenology emphasizes this point through its methodological requirements of epoche and reduction. Husserl sees it as "a unique sort of philosophical solitude" which is fundamental for radical enquiry into phenomena which are experienced.\(^5\)


\(^3\) Ibid., p. 139.

\(^4\) P. Ricoeur, Freud and Philosophy, p. 317.

\(^5\) E. Husserl, The Crisis of European Sciences and Transcendental Phenomenology, p. 184.
In its formal fashion in Husserlian phenomenology, epoche has been used to eliminate theoretical constructions, inferences and assumptions about a given phenomenon, and the reduction has followed by exploring in detail what is left of the phenomenon for presentation after the pre-suppositions have been suspended. Koestenbaum has selected out of Husserl's writings five significant aspects of experiencing the world with correlatively ensuing reductions; the ones he mentions are (a) the philosophical reduction which attempts to detach hidden or implicit philosophical theories which would distort one's conception of data, (b) the scientific reduction, which does the same for the scientific outlook which is understood in many quotidian experiences and scientific perceptions, (c) the phenomenological reduction, which brackets the belief in the existence of the phenomena under consideration, (d) the eidetic reduction, which focuses upon the general form of the phenomena under investigation rather than particularizing elements of the object in question and (e) the transcendental reduction, in which literally everything of the transcendental reality is bracketed so that all that remains is the pure ego. But this sampling of five reductions should only be taken as a guideline or as a representative of the phenomenological methodology, not as a complete statement of the applicability of epoche or reduction. As related to the peculiar nature of the intentionality of experience, the aim of any reduction is, as Macann describes it, "to break the link between consciousness and its object, so that the subject becomes aware of the intentional structures that contribute to the constitution of the object." In remembering the vector-like activity of consciousness—i.e., its transcending or bursting-forth nature—the various brackets, with accompanying reductions, which are "placed" upon the ray of intentionality suggest a regressive enquiry away from the world phenomenon to a grounding in a pure, transcendental subjectivity.

(i) moving from the natural attitude to the transcendental attitude

Hence, phenomenological methodology is always revealing something about what is meant by transcendental subjectivity. One of the more

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1P. Koestenbaum "Introduction," to E. Husserl, The Paris Lectures, LVII.
2Ibid., LVII-LVIV. The phenomenological, eidetic and transcendental reductions will be examined in greater detail in Chapter Three of this work. There, the prevailing question concerns what these reductions indicate about the ego, and how this understanding can facilitate a philosophic appreciation of schizophrenic experience.
significant features of epoche and reduction, which has a bearing on the phenomenology of the ego, involves the transition from the natural attitude to the transcendental attitude. This aspect of the methodology is emphasized in Ideas and continues throughout the different phases of development of Husserl's thought.

In Ideas, concerning the formulation "consciousness of world", epoche involves "a certain refraining from judgment" of the world. Thus, the noematic object—i.e. the world as meant and accepted—and the noetic stance—i.e. the ongoing natural belief, judgment and reliance upon the certitude of that world—is suspended. To doubt the existence of the world, as Descartes attempted to do, would not be to refrain from judgment in the phenomenological sense, for doubting, itself, is a form of judging. In refraining, the natural thesis of world acceptance is neither denied nor abandoned,

and yet the thesis undergoes a modification—whilst remaining in itself what it is, we set it as it were 'out of action', we 'disconnect it', 'bracket it'. It still remains there like the bracketed in the bracket, like the disconnected outside the connexional system. 2

Husserl maintains that what transpires after the disconnection is a "unique form of consciousness" which "clamps on to" the world-thesis and then "transvalues it". 3 The reason for this disconnecting is to achieve "full freedom" of analysis, for transvaluing "is opposed to all cognitive attitudes that would set themselves up as co-ordinate with the thesis." 4

The "universality" of the phenomenological epoche is limited to the essence of the natural world as "there for us" strictly as a "fact-world" 5 which is free from all theory, and the link between "I" and "World" has "now no validity" for "it must be set in brackets", at which stage the experience of the world is "untested indeed but also uncontested." 6 At this point of the methodology, then, the requirements of bracketing have been so extreme as to have disconnected the world-thesis and left only a unique form of transvaluing consciousness. In his early writings, in disconnecting

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2Ibid., p. 108.
3Ibid., p. 109.
5Ibid., p. 110.
6Ibid., p. 111.
the world-thesis, Husserl seems to be guided by the question 'Why is there a world for the ego?', whereas, in later writings, the question has been rephrased to 'how is the world there for the ego?'

A simple example of the disconnecting procedure which Husserl gives may be useful in demonstrating key facets of the transformation from a natural to a transcendental viewpoint. Husserl mentions "looking with pleasure in a garden at a blossoming apple-tree." From the natural standpoint, the apple-tree is "something that exists in the transcendent reality of space" whereas the perception and the pleasure are "a psychical state which we enjoy as real human beings." In Husserl's phenomenology, there is no doubt that real relations subsist between perceiving and perceived, i.e., that the apple-tree may be really there in the world, although its meaning is realized in ideal terms. But under certain conditions of experience, Husserl notes that the perception of the garden, for instance, may be a "mere hallucination" and the apple-tree may not exist in the "real" objective world, so that the "real relation" between perception and apple-tree is now disturbed. In those particular natural occurences "nothing remains but the perception; there is nothing real out there to which it relates." In passing over to the phenomenological standpoint, the "transcendent world enters its 'bracket';" in respect of its real being, the disconnecting ephoche is employed. The "real subsistence of the objective relation between perception and perceived is suspended." The question, initially, is not whether the apple-tree of perception corresponds with the apple-tree of the real world. The question is that of essence: "What is the 'perceived as such'? What essential phases does it harbour in itself in its capacity as noema?" The answer comes as "we wait, in pure surrender, on what is essentially given." Description follows of "that which appears as such." In pursuit of the meaning of an experience for the ego, remaining in the transcendental attitude is remaining in a refraining, transvaluing, patiently inquisitive attitude for the givenness of that experience as it appears to consciousness.

(ii) the impossibility of a complete reduction and the approximation of "spirit"

Husserl equates the natural standpoint with a naïve, unreflective experiencing of the world, wherein one is "living in" and "carrying out"

\[\text{Tbid.}, \text{pp. 258-260.}\]
theses in a pre-supposed manner. From the phenomenological standpoint, one carries out acts of reflections directed towards the theses which are "tied up" in a bracket.¹ Then, after the phenomenological epoche, theoretical enquiry can turn to the resulting sphere of being which is uncovered through its methodology: that is, "pure consciousness in its own absolute Being. It is this which remains over as the 'phenomenological residuum'."² Pure consciousness, therefore, is not synonymous with immediate, naive consciousness, although after the reduction, pure consciousness can be said to be inclusive of immediate consciousness. Through reflective procedure, the world is suspended, but "we have literally lost nothing" but rather have "won the whole of Absolute Being, which, properly understood, conceals in itself all transcendencies, 'constituting' them within itself."³ Transcendental phenomenology, as a philosophy, is descriptive of the way consciousness knows itself, the process of which is ontologically grounded in absolute, transcendental subjectivity. Thus, after the suspension of the world-thesis, the ego "posits himself as the acceptance-basis of all Objective acceptances and bases."⁴ It is this sense of ego which I am postulating as a symbol for "spirit" or "identity-source" in that "the reduced Ego is not a piece of the world...neither the world nor any worldly Object is a piece of my Ego."⁵

The symbol for spirit may not be completely convincing, however, when envisioned at the end of a methodology like the transcendental reduction, even though the symbol may be among the best designations achieved through an exercise in epistemology. Thus, the symbol of transcendental ego can only be an approximation for spirit. One important consideration, in this regard, is that both epoche and reduction require their alternatives in order to be meaningful. The bracketing of phenomena always suggests the unfathomable extent of that which is not bracketed. The reduction of the natural world to its intentional structures within transcendental subjectivity always suggests the overwhelming presence of the world. The reduction is a retreat from the world in order to gain clarity about world

¹Ibid., p. 155.
²Ibid., p. 154.
³Ibid., pp. 154-155.
⁵Ibid., p. 26.

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experience: without a return to the non-ideational "stuff" of the real world, the retreat is meaningless. In order for transcendental consciousness to have a meaning, there must be a world for dialectic and for possible negation.

Merleau-Ponty has made a statement concerning Husserl's methodology, which since has been regarded, by some, as minimizing the importance of the reductive procedure. He writes:

'in order to see the world and grasp it as paradoxical, we must break with our familiar acceptance of it...[however] from this break we can learn nothing but the unmotivated upsurge of the world. The most important lesson which the reduction teaches us is the impossibility of a complete reduction.'

I agree with the sentiment Merleau-Ponty expresses here, because it affirms that the transcendental ego, as essential meaning, cannot be totally separated from the person, as living existent. It does not seem feasible, due to the "impossibility of a complete reduction", thereby to reject the entire procedure of reduction; Merleau-Ponty certainly does not do so outright: "Far from being, as has been thought, a procedure of idealistic philosophy, phenomenological reduction belongs to existential philosophy: Heidegger's 'being-in-the-world' appears only against the background of the phenomenological reduction." In keeping with the reductive procedures, while recognizing the continual emergence of oneself and others in the natural world, it is feasible to argue that the individual cannot grasp the self utterly as spirit, and can do so only as a point of orientation, or realization; spirit, thus, is the individual's possibility, but recognition of spirit should never rule against recognition of the actuality of being, fundamentally, "tied" to one's body, the earth, others and death—a "tie" which may be disconnected by epoche, but never dissolved. In order for spirit finally to be realized as more than an approximation, God, who would not be daunted by the "unmotivated upsurge of the world", would need to bring the spirit to completion or fulfillment, which introduces considerations of an eschatological frame of reference. But, in regards to Husserl's phenomenology of the ego, to deny the completeness of the transcendental reduction is not to deny the value of an approximation of spirit and an orientation to the transcendental ego as identity-source.

2Ibid., p. 22.
However, the primary concern of phenomenological method is to focus upon the meaning of phenomena as experienced. The technical question of the possibility or impossibility of a complete reduction may tend to distract from the basic purpose of the reduction. Reduction has always been employed in order to achieve more understanding, not to introduce obscurity. It is interesting to note, with Ricoeur, that phenomenological analysis, in achieving its rigorous enquiry, expresses a faith in revelation; I have just implied that an appreciation of essence, or spirit, requires a certain faith at the end of the phenomenological procedure, a faith which methodologically is expressed by approximation and orientation of a source to individual being; Ricoeur, on the other hand, observes this faith in revelation at the beginning of the methodology itself. He sees the imprint of a faith in revelation through the phenomenologist's care or concern for the object as given; it is a concern which "presents itself as a 'neutral' wish to describe and not to reduce."¹ Hence it is important to distinguish between the meaning of phenomenological reduction and other forms of reducing, by emphasizing the descriptive posture of the phenomenologist as attention is given to phenomena. As Ricoeur summarizes:

One reduces by explaining through causes (psychological, social, etc.) through genesis (individual, historical, etc.) through function (affec-tive, ideological, etc.). One describes by disengaging the (noetic) intention and its (noematic) correlate—the something intended. ² Phenomenological description, therefore, tries to attend to the phenomenon that is present, whereas other reductionistic explanations tend to look away from or beyond the given phenomenon.

In addition to the phenomenological faith in and concern for the object, philosophical understanding is increased by a reserved attitude concerning the validity claims associated with awareness of the object. Habermas relates Husserl's bracketing procedure to a general rule in effective communication. To achieve "discourse", the listener must announce with respect to the "objects of communicative action" a "reservation" concerning their actual existence from a viewpoint of their possible existence; "facts are transformed into states of affairs which may or may not be the case, and norms are transformed into recommendations

¹P. Ricoeur, *Freud and Philosophy*, p. 28.
²Ibid., p. 28.
and warnings which may be correct or appropriate but also incorrect or inappropriate.\textsuperscript{1} The phenomenological methodology, with its neutral attitude, involves a postponement of the question of truth, while at once, the postponement allows the truth of the object to be reaching fulfillment. Concerning discourse, Ricoeur observes that there is a "truth" to the meaning of an expression, that in the Husserlian epoche means merely allowing for the fulfillment of the signifying intention.\textsuperscript{2}

In sum, epoche and reduction have value as methods of achieving philosophical insight. First of all, the procedures are applicable in achieving understanding of the self in its essential structure of intentionality. Second, the methodology is applicable in achieving communication with another as it allows the communicated object to reach fulfillment. The transcendental method, thereby, applies not only to the understanding of one's own life but also to an unbiased understanding of another's life. The process of reflecting upon experience—including the reflective act and the reflected object—leads to a suspense, and in this phenomenological suspension, the theme of a mediating, expansive consciousness is inaugurated. The consciousness which meets the world accommodates the meaning of world experience into its own being. The phenomenological method indicates the spirit's method of understanding itself as being-in-the-world. The result of the procedure is a depiction of ego that stands for the understanding which is achieved.

D. An evocation of transcendental subjectivity

Using the phenomenological method to attain philosophical clarity may be less difficult to accept than is the accompanying notion of what the method implies about subjectivity. Transcendental subjectivity is not an easy concept to accept. I have already said that its validity is more akin to that of a symbol and an approximation, and certainly not that of a construct. The additional problem with the concept is that, on the one hand, it seems so simple to say that transcendental subjectivity represents a dimension of existence which is one's "ground of being" or "identity-source" or "root of reality", which, as symbols, convey an intrinsic sense of value and worth to the human existent; on the other

\textsuperscript{1}J. Habermas, Theory and Practice, pp. 18-19.
\textsuperscript{2}P. Ricoeur, Freud and Philosophy, p. 30.
hand, when terms are coined to express more fully what the concept entails, the description tends to be a false account of what the subjectivity is meant to express. If nothing else, the description begins to resemble old philosophic ideas of an entity or an "inner man", rather than representing the intangible description of subjectivity in its purity.

Perhaps this is one reason why the thought of "faith in being" has continually lingered in the preceding discussion on the phenomenology of the ego. It is as if phenomenological understanding triumphantly attends to its subject matter—the ego—only to be stopped at a point where the symbol which is expressed is asked to say more of the experiential dimension that is represented than the words are capable of expressing. Husserl's desire to draw nature into the spirit may remain a desire. In fact, I do not see reason for despair at enquiring into subjectivity with these limitations. Phenomenological methodology, first of all, enables us to understand the world in which we live; whereas, only by implication does the phenomenological methodology reveal a notion of what spirit means. It may be that an extreme gulf separates reflection on life from realization of the spirit. But is is a gulf with compelling connotations. If, indeed, the human subject does possess a sense of spirit which can be said to be in the image of God, description of that subjectivity should involve a mixture of "believing in order to understand, and understanding in order to believe." Therefore, although I will be attempting to avoid obscurities, because of a desire for the clarity which ought to characterize philosophical reflection, the evocation of transcendental subjectivity which I am making includes an underlying sense of the ambiguous and mysterious.

(i) pure or absolute subjectivity

In looking at human experience through the phenomenological epoche, Husserl maintains that, even after epoche has been used to disconnect the question of existence, there is the form of the cogito and the "pure" subject of the act which are not disconnected. Every experience, whether of a passive or an active nature, has "this of necessity wrapped in its very essence, that it is just something 'from the Ego', or in the reverse direction 'to the Ego'; and this Ego is the pure Ego, and no reduction can get any grip on it."¹ Throughout his career, Husserl never departed

¹E. Husserl, Ideas, p. 233.
from the tenet that this pure ego is "immediate and present" in all human experience. As late as his "Author's Preface to the English Edition" in Ideas, Husserl writes of the ego as "a basis of original experience" which is always "already presupposed" in self-knowledge of the "human Ego who experiences, thinks, and acts naturally in the world."  

(a) the pure ego is not suspended by epoche

Once again, to be able to follow Husserl with any degree of conviction concerning his thought on the pure ego, I think it is necessary to have agreed to assume his orientation with the ego as identity-source. When such an orientation is achieved (which, in Husserl's terms, also means to regard the world as an "acceptance-phenomenon") the phenomenologically pure ego is the last possibility to be presented to pure consciousness as a transcendent object. After noting how man as a natural being and how society as a setting for that being are suspended, Husserl asks: "Is even the phenomenological Ego which finds things presented to it brought through the phenomenological reduction to pure consciousness?" The answer he gives to his question is a qualified "no". The pure ego is never discovered as an experience among other experiences. The ego remains "self-identical" and "necessary in principle" for every real and possible experience; the ego plays an "immediately essential part" in every act of pure consciousness and therefore the phenomenologist is not free to suspend it. The ego is never presented as an object, hence the notion of "pure subjectivity". If the pure ego's transcendence is to be described, it can only be described as a "quite peculiar transcendence", a "non-constituted transcendence", a "transcendence-in-immanence". As I interpret Husserl, by refusing to disconnect the ego from consciousness at its most reduced level, a profound declaration on the nature of human being is achieved. Consciousness is being described as essentially personal. Thus, for Husserl, identity is always in reference to ego.

The further development from an ego that cannot be disconnected concerns the description of this non-constituted, immanent being. For the ego, Husserl observes that those phenomena which can be objectified as

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1 Ibid., p. 19.
2 Ibid., p. 16.
3 Ibid., p. 172.
4 Ibid., p. 173.
5 Ibid., p. 173. Husserl writes that the pure ego is "given together with pure consciousness, whereas all theories concerning it which reach out beyond these limits should be disconnected."
transcendent objects have "the possibility of non-Being."¹ This includes every experience possible in the spatio-temporal world. From the orientation of transcendental phenomenology, therefore, the being-sense (or meaning) of the world is a being for consciousness; the spatio-temporal world (including the particular human subject in that world) is "according to its own meaning mere intentional Being."² Consciousness, in its "purity" is reckoned, thereby, as "a self-contained system of Being, as a system of Absolute Being, into which nothing can penetrate, and from which nothing can escape; which has no spatio-temporal exterior, and can be inside no spatio-temporal system."³ Husserl argues further that the real world, when taken phenomenologically, is not in itself something absolute, for it has the essentiality of something which in principle is merely intentional, and presented only as an appearance. As is quite obvious, then, "the meaning which 'Being' bears in common speech is precisely inverted."⁴

(b) transcendence-in-immanence as a description of spirit

The extremity of Husserl's position on the absolute being of the pure ego is troubling, without a careful reading of what he is saying. His position brings to mind classical philosophies which have often resorted to an absolute spirit in order to explain the inherence of the self in the world while still striving to give the self a spiritual origin. But phenomenology is supposed to be a philosophy which is concerned precisely with the permeation of the subject in the world and in others. It is difficult to see how Husserl could remain consistent with the over-all aims of phenomenology and at the same time hold to his position on absolute being. However, with interpretation, I do not believe that his statements on transcendence-in-immanence are untenable. Is not Husserl saying that consciousness' task is to acquire meaning, and that this meaning is different from sensual data, that it is more like spirit? Is it not this "meaning" which is "self-contained" in the ego?

At first sight, especially in Ideas and Cartesian Meditations, it may appear that Husserl is searching for a "resting place" for the spirit,
much as other classical philosophies have done; whereas, Merleau-Ponty affirms that in phenomenology "the spirit is that which can have no resting place—not in any proof, not in any pre-established destiny, not in any pharisaism." However, with my interpretation of Husserl's phenomenology, just the opposite of "proof" and "pharisaism" arise in reference to the spirit, although something of a destiny, or better, the possibility of a destiny remains. This interpretation appears to be true to the direction of Husserl's philosophy even in Ideas. That is, when Husserl writes of immanent being, stating that it is not of the spatio-temporal sphere, he already has removed any notion of a "resting place" for the spirit. That which is absolute in Husserl's description of the ego is that which has no content, that is, it is no-thing. Hence, if a destiny is to be realized, it is realized in a world, which ultimately and dialectically, can only achieve meaning by reference back to this original basis in the ego: the no-thing. It is precisely here that Husserl does not have a proof; Husserl describes the pure ego as self-evident or necessary, but not in the way of being an axiom; one might just as accurately describe the positing of pure ego as an act of faith. But with orienting his understanding of being-in-the-world with pure subjectivity, and thereby analyzing the world as intentional, Husserl makes this faith-statement outrageous, because the world is taken as contingent upon the functioning subjectivity, but, in so doing, he also makes the statement rigorous and forceful, because there is no way to rule out the ego and still claim a meaning. However, phenomenological philosophy, as I see it, at this point of departure, must go beyond its boundaries as a method and approach something akin to a phenomenological theology—which is something Husserl never did systematically. But, whenever subjectivity becomes a key to interpreting the being-sense of the world, it seems to me that a Subjectivity "greater than" a human's subjectivity is a possible, and reasonable, next step.

In interpreting Husserl's account of a pure ego, I think of two interpretations which are acceptable at the level of understanding its "absolute" sense. The first alternative is to say, as Merleau-Ponty does, that in existence the human subject can never attain "absolutes" of any sort, but can only set "limits" which recognize the contingency of the self cast into the world. This, basically, is the decision I have made

1M. Merleau-Ponty, Sense and Non-Sense, p. 75.
2Ibid., pp. 37-38.
by speaking of the transcendental ego as an approximation of spirit. 

Spirit is a "limit" set within nature. The second alternative is to go a step further than Merleau-Ponty and to affirm "absolute subjectivity" in the form of a faith gesture, or a theological hope, which awaits verification. Accordingly, "I am not God" but, as spirit, "I am in the image of God." That basically is the meaning I have intended when referring to the transcendental ego as "source" of identity and "root" of being. One caution to be noted in making such a faith-statement is that when one conceives of absolute subjectivity it is by no means equivalent to guaranteeing the validity of the concept. A no-thing like the pure ego must remain a symbol. Another caution is that when one conceives of absolute subjectivity there might be the tendency to ignore the human subject who is involved in a world of others, and thus to ignore the situation which provides the transcendent material for one's immanent meaning, and thus to ignore the other human subject who make possible the conception of the pure ego by being its ontological other.

(c) absolute subjectivity as an orientation

Finally, the so-called "absoluteness" of the ego must be envisaged as an "orientation" to the world. It is a statement of how indispensable the ego is, and says nothing of the ego's power or control over the world. In Ideas, after maintaining that experience of the world is understandable either as something "to" the ego or "from" the ego, Husserl refers to the "remaining experiences which are possible as supplying a "general milieu", which although they "certainly lack the marked relation to the Ego" yet "they too have their part in the pure Ego and the latter in them;" Husserl adds that the milieu "belongs" as a "background of consciousness", the ego's "field of freedom".\(^1\) By the time The Crisis of European Sciences and Transcendental Phenomenology had been prepared, Husserl puts more emphasis upon the "horizons" for this absolute ego, wherein "every worldly datum is a datum within the how of a horizon, that, in horizons, further horizons are implied, and finally, that anything at all that is given in a worldly manner brings the world-horizon with it and becomes an object of world-consciousness;" but, even with this later writing, Husserl is still arguing for an orientation to the ego, stating that "if world-consciousness is freed from its anonymity, then the breakthrough into the

\(^1\)E. Husserl, Ideas, p. 233.
transcendental is accomplished." Whenever absolute subjectivity is mentioned, Husserl is speaking of an "original sphere of primordiality" with a "network" of "intentional syntheses" and maintaining the horizons "only as my experiences" so that it is possible to attain "the essential structures of an original life." In order to summarize my interpretation of Husserl's idea of pure and absolute subjectivity as an orientation, two further qualifications are needed, which also ought to set the stage for later statements in the thesis. First, it is important to remember that the ego's intentional syntheses may be, as an horizon, "automatic, passive, unconscious, and anonymous." The ego's constitution of the world is a "passive genesis" as well as an active one. This philosophical premise is critical for later statements to be made, when an understanding of schizophrenic experience is made from a phenomenological perspective. Husserl is aware that the ego is the centre of reference for all experience even if the experience is unconscious, irrational or hallucinatory. Phenomenologically, the ego lives through what psychoanalysis has called an "unconscious system". This is one way of characterizing the absoluteness of the ego. Husserl proposes a function of intentionality even for those experiences "that proceed from the background of actual consciousness, such as 'stirrings' of pleasure, the early shapings of judgment, incipient wishes, and so forth"; there may be "different depths of background" or "farness from or nearness to the Ego" but "the pure Ego as it lives, wakeful, in the passing thought is the centre of reference." Whether taking an active or inactive part, "fulfilment" of the experiences that are "astir" in the "background" of consciousness cannot come about without the structure of intentionality, and without what is phenomenologically understood to be the ego. In a phenomenological account of the ego, while there is a surplus of meaning for the original life, with ever unravelling horizons, there still is an intentional structure and an orientation with the ego.

Second, in his phenomenology of the ego, Husserl was determined to establish a field of research that was intuitable, strictly, within a

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1 E. Husserl, The Crisis of European Sciences and Transcendental Phenomenology, p. 264.
2 Ibid., p. 259.
5 Ibid., p. 244.
field of pure consciousness, with no reference outside of the ego. This meant description of the ego without reference to God. If one considers the Being of God to be Wholly Other than the being of the human subject, so that the human subject is in the image of God but is yet distinct from God (and this in a non-pantheistic manner), then it is only reasonable for the phenomenologist to suspend considerations of God acting upon the human subject, at the initial stages of the investigation, as a methodological procedure, whenever the field of pure consciousness is being envisioned. This is what Husserl has done. Husserlian phenomenology, at this point, endorses neither a version of the pure ego as being dependent upon God nor the idea of consciousness participating in the constitutive act of God whenever an ego finds it possible to constitute its own phenomenological world. That is a suggestion which I have made. However, for Husserl, at this point, phenomenology is not anti-theological, but merely a-theological. Husserl does not speculate about an ontological connection between God and human subjects. Concerning the relation between an "Absolute God" and an "absolute ego", Husserl does assert that "the existence of a 'divine' Being beyond the world" should not only "transcend the world, but obviously also the 'absolute' Consciousness" of the ego; God "would thus be an 'Absolute' in a totally different sense from the Absolute Consciousness."\(^1\) It is worth noting that when Husserl made this passing comment to the Absolute Being of God, he had not yet elaborated a theory of intersubjectivity. In the Conclusion of this thesis, I will take this issue further, in following the theological assertion that God creates the ego of the human subject—the ego standing for a valuable centre of reference—and that the ego can participate and relate to God as "I" to "Thou", only not the "Thou" which is out there in a faraway space and time, but "Thou" who is the very Ground of the ego as a ground of being.

(2) transcendental distinguished from psychological subjectivity

Despite the qualifications and explanations already given concerning the meaning of the transcendental ego, I am aware that it remains a difficult concept, one to be realized in an arduous manner. Rather than being an easy recourse to an ontological positivity, Husserl has stated that it is "a long and thorny way" which leads to the "essential connexions which make the transcendental relations intelligible a priori.\(^2\) Although there

\(^1\)Ibid., p. 174.
\(^2\)Ibid., p. 256.
might be philosophical merit in a concept which is painstakingly understood, one of the gravest problems with a transcendental phenomenology is that it may be difficult to apply the concept in everyday life. Unless the transcendental approach can be retrieved from a conceptual stratosphere to an earthly level where life is experienced, it is far too rarified a concept to be of much use whenever the time comes to apply Husserl's phenomenology of the ego to a working understanding of schizophrenic experience. Even so, I especially do not want to reject the notion of transcendental ego, because, when compared with what one generally conceptualizes about psychological subjectivity, the transcendental idea conveys a much firmer sense of value, indubitability and essentiality to oneself and to the other. The shorthand terms I have already used of "source", "Bildung", "experiential centre", and so forth, have been meant in a sense which affirms ultimate merit to the egological foundation which the transcendental dimension represents.

Much of the subsequent thesis is concerned with this distinction between a psychological understanding of schizophrenic experience and a transcendental account. As an introductory statement of Husserl's understanding of transcendental subjectivity, I want merely to suggest some more guidelines and qualifications for determining what the "transcendental" means in Husserl's phenomenology of the ego, and then to draw a contrast between a transcendental approach to subjectivity and a psychological one. Without sacrificing too much of the philosophic effort which Husserl has put in to explaining what the transcendental dimension represents, I will be striving, mainly, for an awareness of the transcendental ego as a symbol for an ego which is valuable and irreducible. In Husserlian phenomenology, the transcendental and psychological are thought of as correlates. Certainly, then, the psychological realm is not an antithesis of the transcendental, even though the psychological is not meant to represent an ultimate, foundational sense to "I". Whenever one makes reference to the psychological, the connotation is that of a mental function. The transcendental, on the other hand, refers to an ontological condition, and therefore, more readily can convey notions of one's worth as an existent prior to one's performance in the world. Both psychological and transcendental ideas of subjectivity are required in order to describe the person as a subjective being, experiencing the common world.

(a) the a priori sense of the transcendental

Generally speaking, the transcendental dimension refers to the identification and analysis of a priori conditions of experience. In Western
philosophy, experience has tended to be analyzed, primarily, according to the way in which "knowledge" is achieved. The first point of clarification to be made, in view of the tradition in Western philosophy, is that Husserl's description of the transcendental does not restrict the a priori sense of transcendental subjectivity to a formal epistemological condition. Without a doubt, in Husserl's phenomenology, the transcendental idea does emerge and receive extensive treatment in reference to the knowledge-act, wherein the "mutual relationship between the one identical thing and the manifold acts in which it appears" becomes a theme, with the transcendental dimension representing the necessary condition for the concordance, harmony and continuation of perceiving and perceived; and, in addition, it is reasonable to interpret Husserl's description of the transcendental dimension as suggesting that the human subject's fundamental manner or condition of being-in-the-world is that of "understanding". But, Husserl's account of transcendental subjectivity as functioning, primal source cannot be designated narrowly as an epistemic subject alone. Habermas notes that the Kantian idea of transcendental defines the subject in a linear, epistemological manner, according to a constitution of experience; in contrast with this, Habermas recommends a transcendental model oriented to processes of understanding which are conceived according to another model, "perhaps the model of deep and surface structure." In more simple language, the contrast may be drawn between an epistemology of the subject (Kant) where, in constitution of experience, one is said to know what he thinks he knows, or in a hermeneutic of the subject (Habermas) where one expresses, through living, more and other than what he thinks he knows. In Husserl's phenomenology, the transcendental subject is characterized as passive and active in genesis; therefore, the ego knows and is known, acts and is acted upon; meanings are rational and irrational—in short, the transcendental subject constitutes a world which is already instituted. With Husserl, constitution of experience is not pictured as one-dimensional, or linear, but with varying degrees of I-World interaction. It is after the procedures of epoche and reduction, where the meaning of a phenomenon is bracketed and noted for intentional structure to and from the ego, that an interpretive function (i.e. a hermeneutic of the subject) can come about as a subsequent procedure. At the initial stage of phenomenological enquiry, any experience

1 J. Kockelman, Edmund Husserl's Phenomenological Psychology, p. 194.
is bracketed and is neither said to be true nor to be false, but is understood simply as an acceptance-phenomenon for the subject. A transcendental subject, in Husserl's philosophy, is realized by the essential structures of lived experience, with a suspension of certitude as to the complete meaning of a phenomenon. Thus, the transcendental subject does go beyond the epistemological subject of Kantian philosophy and can accommodate Habermas' suggestion of a hermeneutical subject; the transcendental ego is an orientation of meaning that applies to depth and to surface phenomena, a centre of reference for the immediately known and the dimly perceived.

In appreciating Husserl's transcendental framework, it is important to realize, therefore, that experience of the world does refer to an a priori condition, but it is in the more encompassing terms of "being" rather than "knowing".

A second point of clarification concerns the personal dimension in Husserl's understanding of the transcendental a priori. The experiential core is "I". For example, a house, when perceived, is not animated, but when one experiences a house, its meaning is in reference to the experiencing agent, in whatever mode the experience is conducted. By explaining shades of meaning to certain Husserlian terms, the way in which Husserl considers experience to be of the ego--for-itself and in-itself--may become clearer: the World (i.e. objectifiable phenomenon) is considered "transcendent" to the pure ego (the irreducible centre of reference). In experience of the world, there is a "transcendence" of the ego, a going forth or expression of intentionality in which the ego lives out its life.

Through the "transcendental reduction", the transcending ego and the transcendent world are systematically envisioned together, according to an intentional structure, which, properly speaking, is the "transcendental dimension". The "transcendental ego", then, includes one's entire experiential structure; thus, the transcendental ego is descriptive of one's primordial "now" and "here" sphere (which can never be objectified) and the living ego's past and future, as well as the life-world's "there" sphere (which have become objectified, transcendent phenomena for and in the pure ego). Accordingly, in Husserl's phenomenology, the transcendental dimension stands for a "readjustment of viewpoint"¹, where all of world experience is oriented to the ego experiencing that world. Whenever an orientation of meaning is called for, as in Husserl's philosophy, "being"

¹E. Husserl, Ideas, p. 11.
can be regarded as "being-sense". Surely, experience must be organized in the world, a priori, before the transcendental reduction; but, for Husserl, the proper transcendental sense is that of the life of the ego—"that ego which, from the standpoint of cognition, precedes the being of the world."1 Hence, I have referred to the transcendental ego as an orientation where the world, or life-experience, is understood from an egological perspective. In describing experience, there is nothing outside of the transcendental realm, neither subjectivity nor objectivity. Phenomenologically, there is no deriving of a meaningful world from meaningless sense data. The world of experience is always for the ego. From a transcendental perspective, there is not a world of things-in-themselves. Transcendental phenomenology is a "systematic egological science of any meaning of being which makes sense to me, the ego."2

Two ontological and theological conclusions can be drawn from the foregoing explication of the a priori sense to the transcendental.

First of all, it is significant that Husserl names the a priori "ego". In phenomenological terms, there are other ways to conceive of experience or consciousness of the world which do not show so much confidence in, or claim so much ultimacy for, the ego. For instance, Sartre's phenomenology does not equate the ego with an a priori sense. In Sartre's early work, The Transcendence of the Ego3 (which is an argument against Husserl's transcendental ego philosophy) and following through with some of the same themes in Being and Nothingness,4 the transcendental consciousness which Husserl considers to be egological, is viewed by Sartre as a hole in the fabric of being: it is a nothingness, "it" not "I".5 With Sartre, the total realization of being subjectivity is to be found in the events in which intentionality is found. As Sartre writes, "consciousness does not have by itself any sufficiency of being as an absolute subjectivity; from the start it refers to the thing."6 With Sartre, the person's a priori consists of the lack of being. There is no concept of identity until the

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5 Ibid., p. 617.
6 Ibid., p. 618.
situation and others make it happen; even then, there is an emptiness to
being-itself which is concealed by the event, an emptiness which extends
from the centre of the individual's being. As will be recalled, I have
previously argued that the transcendental ego is a "no-thing", in that it is
pure subjectivity, or "spirit". But, in Husserl's thought, this is quite
different from saying that being-itself is not a fulness, or, that one has
to wait for the individual to receive identity from the world and others
before saying that "I am". Husserl's philosophical reflection, like Sartre's,
recognizes a basic sense of "coming to be" in existence, but unlike Sartre's,
Husserl's portrayal of existence is not that which emerges out of a vacuum,
but out of being-itself. With Husserl, being-for-itself is always in re-
ference to being-itself. With any phenomenology, it is accurate to hold
that consciousness is an "emptiness" compared to the "plenitude" of things.¹
But, with a Husserlian phenomenology of the ego, it is the emptiness of
being spirit in the midst of nature. Husserl's declaration of identity
describes that emptiness as possibility, as the precondition for actuality,
and, therefore, suggests a fulness of being, characterized by an egological
structure. It is in this way that I see Husserl's phenomenology of the
ego as providing a descriptive basis for the following theological affir-
mation: God does not create a person as nothingness; God creates being-
itself.

Second, the a priori sense of the transcendental dimension is not
established through a "pretentious act" of "positing itself", but it "appears
as already posited in being."² Discovery of the a priori comes through
crrect concrete reflection in which life objectifies itself, only to approach the
meaning of the ego's life as subject. As Ricoeur says, such reflection
is the "appropriation of our effort to exist and of our desire to be,
through the works which bear witness to that effort and desire."³ Thus
the transcendental is the continual, accompanying framework of "I" for
every lived experience. Concrete reflection recaptures the ego in the
mirror of its acts, objects, desires (etc.), only to realize that the ego
engenders and holds sway already in the constitution of those experiences.
Discovery of the a priori indicates that the ego is the foundation for the

¹M. Merleau-Ponty, in Sense and Non-Sense, p. 73, observes: "After Des-
cartes, it was impossible to deny that existence as consciousness is rad-
ically different from existence as thing and the relationship of the two
is that of emptiness to plenitude."
³Ibid., p. 253.
origin of meaning. The transcendental ego, in this way, can be a symbol that stands for an existence which is significant. An individual is not only raised above the level of animal sensation with the unity of self-consciousness, as in the Kantian idea of transcendental, but a person's very essential being stands for, at once, a primordial and an acquired meaning. Husserl's idea of the transcendental is a dispossession of immediate, non-reflective consciousness, only to regain through reflection the sense of that consciousness in its immediacy in the world. In this regard, Ricoeur designates "the transcendental home of signification" by "the vague term the 'sacred'."\(^1\) The transcendental orientation, by continually formulating the question of the being-sense of the world for the ego, faithfully subscribes to the supposition that existence is worthwhile. Transcendental phenomenology, simultaneously, shows a neutral interest in the ego's field of being, and, also, by implication, suggests that this life matters. I take theology, in its references to human being, to be a discipline which emphasizes exactly the same question of sense and meaning for an individual life; only, in theology, the issue of being-sense is evaluated according to a structure of responsiveness to God; the individual is significant because God cares for human being. Thus, I take the transcendental ego to be a useful concept—a pre-understanding—for describing a sacred, meaningful, ultimate dimension to subjectivity.

In line with such thoughts, another shorthand description of the transcendental ego can be expressed by joining the notion of "being-itself" with that of "significance". The combination of the two concepts might be expressed as "I am meaningful". Qualifying the \textit{a priori} nature of subjectivity in such a manner indicates that transcendental subjectivity is concerned with the condition of being. It also should be recalled that, although the transcendental does not refer to a mental function, but involves all of an individual's sense of being, the \textit{a priori} condition does represent a functioning, living subjectivity. That is, the condition of transcendental subjectivity is not to be conceptualized as if there were a subject serving as a static essence or an abstract entity which somehow is lodged within oneself. The transcendental is realized as life is experienced, when one exists and a meaning is established.

(b) the non-mundane sense of the transcendental

In establishing a meaning for the ego, experience is achieved psychologically, physically, socially and in many other ways. The psychological

\(^1\)P. Ricoeur, \textit{Freud and Philosophy}, p. 55.
sphere is of particular interest, in the context of this thesis, because it is in terms of the psyche that an understanding of "ego" is usually developed. The psychological dimension is understood by Husserl to be a part of natural self-experience, and therefore, as a matter of method, the psychological dimension is bracketed and suspended. In Ideas, where Husserl is adamantly intent to separate transcendental from psychological phenomenology, he writes that, after epoche,

no longer am I the man who, in natural self-experience finds himself as a man and who, with the abstractive restriction to the pure contents of 'internal' or purely psychological self-experience, finds his own pure 'mens sive animus sive intellectus'; nor am I the separately considered psyche itself. 1

In making yet another extreme statement--"no longer am I the man...who finds himself as a man"--it must be remembered that Husserl, without doubting the existence of the world, is taking the world solely as an "acceptance-phenomenon". Accordingly,

the Ego himself, who bears within him the world as an acceptance sense and who, in turn, is necessarily presupposed by this sense, is legitimately called transcendental in the phenomenological sense. 2

I take Husserl's reason for describing the transcendental ego in this manner, not to be a pretence that "being" is not "in-the-world", but to be a declaration that the intrinsic life of the ego is not fundamentally an "externality". Husserl maintains that, from a realistic perspective, in acceptance of the ego as natural or psychological, there goes unnoticed a "sense-moment pertaining to externality," 3 that is, the ego is taken to be there in objective space and time, as if the ego is not an original source. In the natural attitude, the subject, thereby, tends to be determined in the same way as an object would be. However, with non-involvement and mere methodological noticing of the acceptance of the realistic stratum, the entire stream of natural subject-object involvement is seen as belonging to the "inside" of the transcendental ego, as to its being-sense. One of Husserl's motives for going beyond the natural sense of subjectivity, then, is that subjectivity is being-itself before it is a theme for objective and positive sciences. 4

1 E. Husserl, Ideas, p. 25.
4 E. Husserl, Ideas, p. 25.
the world" then the ego's original, foundational sense as constituting source is misconceived. The ego, in transcendental phenomenological terms, is not only "over there" in the real world, resembling an object that can be tested (which would be the ego's psychological sense) but the ego is already involved in the experiencing and knowing of itself (which suggests the continual transcendental framework). Hence the comparison of psychological ego to transcendental ego is not that of real versus unreal, but is that of real to "irreal" (to use Husserl's term). I take the "irreal" sense of the ego merely to mean an orientation in which it is recognized that subjectivity is fundamentally subjectivity, prior to being objectified. This is a feature of Husserl's effort to draw nature into the spirit. The philosophic move is just the opposite of being non-empirical; in Husserl's phenomenology, the naturalistic thesis is not abandoned, but the phenomenologist is "reflectively-concerned" with natural experience. In The Crisis of European Sciences and Transcendental Phenomenology, in a context where Husserl is interested in showing a correlation between the transcendental and psychological, he observes that the human being can legitimately be a "theme" for psychology, but that the "transcendental theme" is a "new and higher dimension." The transcendental is "new and higher" than the psychological in a manner already mentioned, i.e., as Mall describes the transcendental, it "does not stand for a faculty-consciousness" but "is just the name of our act-consciousness which refrains from using the mundane level of our empirical experience." However, one must be careful in stating what the "refraining" entails, because, all too easily, whenever the empirical experience is considered "mundane" two possible fallacies occur: the first is to be non-empirical and to ignore the evidences of lived experience, and the second is to be a-empirical and to

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1 E. Husserl, Formal and Transcendental Logic, p. 227. Husserl's objection to the realistic bias of the ego being only a "bit of the world" is in response to Descartes' attempt to begin with the ego in the world as the foundation for world experience. He criticizes the Cartesian beginning as a "partial discovery" of transcendental subjectivity, in that the ego's ultimacy was observed, but it remains a concept doomed to failure, because the ego was spoken of as indubitable in a naturalistic manner. This is yet another example of what I see as Husserl trying to be true, descriptively, to the essence of the ego as "spirit".

2 E. Husserl, Ideas, p. 104.

3 E. Husserl, The Crisis of European Sciences and Transcendental Phenomenology, p. 205.

4 R. Mall, Experience and Reason, p. 39.
pretend that the mundane experience does not matter. In transcendental phenomenology, the "act-consciousness which refrains" is equivalent to the reflective distancing which is required in order to realize the meaning of the empirical, mundane experience. Zaner’s description of the transcendental ego clarifies the continuity between the empirical function of the subject and the reflexive turn to the transcendental ego:

I find myself as a being who is an object in the world, and also I find myself as a subject for whom all objects are objects. But included in the latter is myself: I find that is, that dual status itself. I am reflexively aware of my being both an object in and for the world. That reflexivity itself reveals a more fundamental status of my being: my being as a transcendental ego. 1

In describing "reflexivity" as revealing "a more fundamental status", another qualification to be drawn is that "I am the transcendental ego whether I describe myself as such, or not."2 It is not Husserl’s contention that one must exert great intellectual prowess in attaining a synthetic overview of world experience, and then be able to maintain this outlook with extreme diligence in order to be the transcendental ego. This would be to imagine falsely that reflection can totally embrace the constituting sense of the ego. Once again, transcendental subjectivity is a declaration that knowing enquires into being but does not acquire being.

The contrast to be set, therefore, is that the psychological ego is "made worldly in the spatiotemporal world" but the transcendental ego concerns the original sense of the "ego-life and its accomplishments."3 As Husserl expresses it, psychologically, the task is that "of knowing myself as the ego already made part of the world, objectified with a particular real meaning, mundane, so to speak..." whereas, transcendently, "I am the ultimate ego-pole, and I can pursue" the ego’s "intentional structure of meaning and validity."4 In commenting on Husserl’s position, Merleau-Ponty concludes that the "psychologist always tends to make consciousness into just such an object of observation" (for example, according to

2 Husserl writes: "in my naive self-consciousness as a human being knowing himself to be living in the world...I am blind to the immense transcendental dimension of problems. This dimension is in a hidden realm of anonymity. In truth, of course, I am a transcendental ego, but I am not conscious of this; being...in the natural attitude, I am completely given over to the object-poles...I can, however, carry out the transcendental recreation...and then I understand the one-sided, closed, natural attitude as a particular transcendental attitude..." E. Husserl, The Crisis of European Sciences and Transcendental Phenomenology, p. 205.
3 Ibid., p. 205.
4 Ibid., p. 206.
the way a person works out responses to certain situations and stimuli;¹ but for a Husserlian phenomenologist, consciousness is first and foremost to do with the first-person expression of meaning as exemplified in actual observing, acting, feeling and so on.

Nevertheless, in saying that the transcendental dimension is a higher, non-mundane level of ego reference, I do not mean to lower the estimation of what the psychological function is about; and neither does Husserl. Transcendental subjectivity is simply another way of looking at life-experience—a way which endorses a view of the ego's ultimacy. It is a particularly good way of conceiving of subjectivity in reference to a mentally ill person because, whether rational or irrational, accurately perceptive or hallucinated, active or passive, the fulness of being "I" is envisioned. Transcendental phenomenology encourages a purview of experience from the side of the subject experiencing the world and accredits fundamental being-sense to the ego's point of view. It also is crucial to a proper understanding of Husserl's phenomenology of the ego to realize that transcendental and psychological subjectivity are not opposing realms of being, even though they may be distinguished from one another. The transcendental ego is as close to the psychological function as the constituting source is to its most intimate constituted region. Phenomenology does not deny the natural man, but seeks to understand one's place, sense, or meaning in the world.

(c) transcendentally, being is one

Transcendental phenomenology operates with the awareness that each person already has the task of facing reality. There are not two faces to reality, the internal and the external. Reality is one unified experience. Phenomenological brackets around real experience enable a more encompassing view of what is real, but do not change the experiences status as real. In this view, such phenomena as delusions, mistaken judgments, phantasies, hallucinations, forgetfulness, and so on, are part of the real situation in which the human subject experiences being. That which is "unreal" psychologically, in the natural world, after phenomenological reduction, is considered to be a facet of the "real" (which is suspended). In addition, all events acquire a signification or meaning for the ego; some of them are concealed, others are shown in part, most are merely a.

part of the ego's horizon. It is the sense of being-there, being-with and
being-in the world that makes the being-here of the transcendental ego a
valid concept. For all of reality, there is a pivotal ground of being, an
egological centre. It is the transcendental ego which is unavoidably related
to the natural experience of being-in-the-world, as foundation and source.

Descriptively, it is accurate to refer to different levels of being--
for example, being refers to being-here, or the being-sense of a pheno-
mon, or being experienced by another being or being-there, or being God.
Only in the latter case, in being God, is it correct to say that one region
of being is wholly other than another region of being; and even in the case
of the being of God, it is reasonable to assume that through creation,
through revelation, through salvation, through continual sustenance of life,
and even through other human beings, the being of God is extended to, shared
with, or supportive of the being of human subjects. The same unity holds
true when speaking of transcendental and psychological being. Although
the two refer to different expressions of being, and the transcendental
sense encompasses the meaning of the psychological (inasmuch as the tran-
scendental is the correlate of all aspects of being-in-the-world) in it
all, being is one.

An accurate phenomenological description of the ego separates essence
(meaning) from existence (act), but the separation is methodological, not
ontological. Prior to writing Ideas, Husserl apparently was not clear about
the unity of being, in a proper phenomenological sense. As Merleau-Ponty
has observed, Husserl's earliest efforts, in his first philosophical work,
Philosophy of Arithmetic, tended to describe consciousness only as a psy-
chological act. Subsequently, Husserl rejected the position he took in
this early work because it led to a metaphysical position of psychologism.
As a reaction to this early statement on the nature of consciousness,
Merleau-Ponty believes that Husserl tended to over-reaction, in that he
opposed consciousness as one region of being to the world as an other
region of being. I would not disagree with Merleau-Ponty on this point.

Merleau-Ponty's comment is:

Later on he saw that this consciousness, on which the operations of
logic are founded, is not merely a part of being but the source from
which all being can receive its sense and its value of being for us.
It is, in fact, the correlate of all being, whatever it may be. 1

It is in this sense of being a "source" and "correlate" for the being of

1Ibid., p. 55.
the world that I think the transcendental ego should be understood. Thus, transcendental methodology does not indicate that experience of the external world is brought back to an ego that is another, separate kind of being. That is impossible if being is one. To quote Merleau-Ponty again: after the reduction, "I attempt rather to reveal and to make explicit in me the pure source of all the meanings which constitute the world around me and my empirical self."\(^1\)

(d) the transcendental as inter-related with the natural

As mentioned earlier, Husserl speaks of the transcendental understanding of "being" as the inverse of the natural understanding of "being". The debate among phenomenologists is whether the "transcendental" is consumed by the "natural" or vice versa. Although the transcendental ego may be said to constitute its own psyche (although, as well, the development of the psyche is most certainly conditioned by world experience and biochemistry) can it be said that the ego constitutes the entire world? I do not believe this to be a troubling question given the aforementioned phenomenological position on the unity of being, coupled with my previous statements on choosing an orientation of personal meaning from which to do phenomenology. It is true that the natural attitude in which one lives (as opposed to a philosophy of naturalism) is "this side of any thesis."\(^2\) It is just as true that in living through the experience of the natural world, the human subject accepts the natural world, in some manner, and thus, simultaneously, makes the world a "thesis". One cannot even say that experience of the world is "this side of a thesis" without, paradoxically, making a statement of a world-thesis.

It is as if the transcendental and the natural are two foci in an ellipse of meaning. Merleau-Ponty argues that the transcendental is always natural\(^3\) and Husserl argues that the natural is already the transcendental.\(^4\) The decision must be made whether one begins with the object-poles or the ego-pole when studying phenomena. "I" and "World" are the two polarities. Husserl's procedure of beginning with the ego allows an orientation to world-experience in which the ultimacy of individual being is recognized—rather than denying natural being or others, is the radical beginning point for philosophic conception of the object-pole.

\(^1\) Ibid., p. 56.
\(^2\) M. Merleau-Ponty, Signs, p. 163.
\(^3\) Ibid., p. 164.
\(^4\) Cf. above p. 72 fn 2.
Chapter Two

Clarifications Concerning the Concept of Schizophrenia

Transcendental phenomenology provides an underlying ontological concept of the person which endorses one's perennial value. With this thought in mind, I intend to develop a conceptual approach to the experience of schizophrenic persons which is guided by a philosophical conception of subjectivity. This requires a basic phenomenological re-orientation to experience, because often times, the ego is seen to be merely a product of the world, instead of also an original, constituting source of a world. By relating Husserl's phenomenology of the ego to a theological concern (i.e. a world-view and value-form, based upon belief in God, and characterized by charity for one's fellow, an awareness of a common bond between all persons, and a respect for the dignity of each person) I hope to have a good descriptive base for the clinician's emphasis of "moral care" which already has increased the proper humanity of the doctor-patient relationship. The philosophical and theological understanding of subjectivity should provide clinicians with a sound conceptual framework for relating to schizophrenic persons in a humanitarian fashion.

But, before transcendental phenomenology can be applied to an understanding of schizophrenia, it is necessary to examine the meaning of these particular psychoses in scientific terms. In this chapter, therefore, I have the following objectives in mind: first, to present an adequate definition of schizophrenia and to designate diagnostic criteria; second, to indicate the manner in which psychoanalytic theory will be used as a traditional interpretive key with which to compare the phenomenological approach in understanding the experience of schizophrenic persons; and third, to discern the suitability of a psychotherapeutic mode of intervention with schizophrenic patients and then to determine what the limitations of psychotherapy suggest about the relationship potential between the clinician and patient. It is my contention that an appropriate conceptual approach to the schizophrenic person is one in which the clinician is willing to relate and to participate with the patient, and one in which the clinician is prepared to decipher a meaningful expression from the patient. This is no easy task, as any clinician knows. In a phenomenological approach, where the passion is for an unbiased, first-person description of experience, it is all the more necessary to understand medical and psychological analyses of the mental illness, in order to increase the chances of intimate comprehension of the experience of schizophrenic persons.
Section I: A Survey of Classifications of Schizophrenia

A. The clinical definition of Schizophrenia

Currently, efforts are being made by clinicians, statisticians and research workers to standardise the concept of schizophrenia internationally. In this work, the concept of schizophrenic psychoses which is adopted follows the usage in contemporary psychiatric literature. Schizophrenia is considered the "most common psychosis all over the world," being depicted as having a "universal species vulnerability" since it occurs in every segment of the world population "regardless of social, economic or cultural status." Such prevalence may suggest an underlying psychotic tendency in predisposed persons, in that certain individuals appear more prone to this type of disintegration of the personality than do others.

It is sometimes difficult to define the onset of the first schizophrenic episode, with certain patients; in childhood and older patients, diagnoses are often less assured of accuracy. Rutter observes characteristics of autism (sometimes called "childhood schizophrenia", although the childhood condition is not akin to adult schizophrenia) to be an unusual degree of fearfulness, vulnerability to threat, erratic behaviour patterns and basic cognitive confusions. In the elderly, schizophrenia is also rare. "All statistical studies agree that, in from a third to a half of all cases, the onset of the illness is in the third decade of life. The onset is much more often acute than gradual." Approximately one third of those who fall ill with schizophrenia do not demonstrate distinctive premorbid personality features prior to the first psychotic break, whereas the other two-thirds show marked, often pathological personality traits (such as, a rigid personality structure, a dearth of emotional or intellectual contact with others, an incongruous, prolific, inappropriately expressed imaginative life, an impulsive nature or an abnormal degree of ambivalence).

5 Ibid., p. 485.
Criteria used to define schizophrenia and emphases placed upon treatment procedures have occasionally differed according to certain theoretical orientations which predominate in a particular country or region of the world. It is not that researchers from various places do not share an adequately detailed view of cardinal symptoms of schizophrenia, or a common idea of prognosis, or much information related to environmental, familial and bio-chemical factors. The areas in which consensus is lacking relate to diagnostic criteria, and what exactly causes the illness. For example, in the United States, while all but a few researchers consider the schizophrenic process to involve a biological dimension, nevertheless heavy emphasis is placed on particular psychological and sociological conditions effecting the expression of the illness; the view that external events may be decisive for the outcome of schizophrenic disorder holds sway, therefore, in many clinical settings; likewise, in the United States, the diagnosis of schizophrenia is more readily made than elsewhere and major therapeutic effort is aimed at what is assumed to be (at least, in part) a psychogenic problem. Whereas, in contrast, many researchers in Europe and Japan view schizophrenia, in its basic manifestation, as being more exclusively of somatic origin; the main goal of research has been to uncover a toxic origin associated with pathological changes in the brain or to discover a metabolic disturbance which might cause the disorder; moreover, the tendency in these areas is to apply the diagnosis of schizophrenia in a more limited extent. These and related issues have led to the recent move toward international standardisation of the disease.

It is not feasible to go into more complete detail in the present context in stating the various controversies surrounding the proper diagnosis of schizophrenia. As Leonhard judges the issue, an international "understanding of schizophrenic disorders has nowadays become so uncertain that it is not possible to communicate firm knowledge but only to weigh a wide range of scientific standpoints one against another." However, despite Leonhard's observation, there are internationally-accepted documents (such as the World Health Organization's International Classification of Diseases, Ninth Revision, or the American Psychiatric Association's Diagnostic Statistics Manual, III) which do reflect a great measure of consensus on required diagnostic criteria for schizophrenia. Furthermore, it is reasonable to expect "scientific standpoints", once they have become

more exact and definitive, to be shared by researchers regardless of differing orientations to the condition. While every researcher may not reach full agreement with every other researcher concerning the minutae of diagnosis, and while theoretical orientations will continue to influence interpretations of causal factors, and while cultural differences will effect the way certain schizophrenic patients express aspects of this mental disorder, it is still possible to proceed with the confidence that a clinical survey of classifications of schizophrenia bears clear marks of scientific agreement.

In order to indicate an appropriate clinical definition of schizophrenia for use in this thesis, I will discuss, first of all, a condensed account of general, categorical descriptions of the mental illness (including such matters as diagnostic terms and typical symptomatology) and then, secondly, I will suggest two preferred diagnostic guides—(i) the nature of schizophrenic thinking and (ii) the nature of relationships which schizophrenic patients have with other people—while citing some recent empirical studies to exemplify these points.¹

In 1898 Kraeplin delineated dementia praecox according to three types: the hebephrenic, the paranoid and the catatonic. In terms of symptomatological description of schizophrenia, little has changed since Kraeplin distinguished these three forms, according to whether the predominant features were hallucinatory and delusional, psycho-motor disturbance or affective blunting. Later, following Bleuler’s advice, Kraeplin included a fourth category, the simple form of schizophrenia (simplex) in which the affective disturbance is likewise prominent. The term "dementia praecox" as synonymous with "schizophrenia" has been given up; Kraeplin meant for the concept to be used to designate an endogenous disease with an unfavourable outcome. It was in 1911 that Bleuler introduced the word "schizophrenia" ("schizo" meaning to divide; "phrenia" meaning the mind) in order to describe a formal mechanism which Bleuler maintained was underlying all the other symptoms; this he described as a "loosening of associations" (for

¹Saying what schizophrenia is has involved a great amount of literature from many different advantages. Therefore, much selectivity is required, in this context, to determine an agreed upon definition. I will discuss briefly the historical emergence of regulated study of schizophrenic symptoms and then draw most of the descriptive dimension of this disorder from empirically controlled studies; e.g. the British Journal of Social and Clinical Psychology (Cambridge: The University Press).
example, the "loosening" is said to be the cause of elisions, blocking
and logical errors). Early classification of symptomatology consisted
of "hallucinations, delusions, incongruous emotivity, impairment of at¬
tention, negativism, stereotyped behaviour and progressive delapidation
in the presence of relatively intact sensorium." In schizophrenia, there is
a disturbance of perception of reality
and concept formation, marked by a tendency to withdraw from personal con¬
tact with others. Psychological functions deteriorate as regressive ten¬
dencies increase. As the early classifications suggested, hallucinations
and delusions are typical occurrences with schizophrenic patients, although
these disturbances are not always present. If they are, hallucinations
may be "commanding" (e.g. voices giving orders to the individual) or "ac¬
companying" (e.g. a running commentary on what the person is doing). Delu¬
sional patterns are often of self-reference, of persecution and of grandi¬
osity. Hallucinations and delusions come to the fore "particularly if
the person has the feeling of losing his grip on reality." Self-concepts
are characterized by descriptions of nothingness. In psychodynamic terms,
this break with reality is commonly held to be characterized by unconscious
mechanisms of denial, splitting, projection and introjection: topographi¬
cally, the unconscious system over-rules the functions of the conscious,
psychological ego, i.e. the defensive, synthesizing, cognitive, perceptive,
reality-testing and regulative activity of the mind. Although the criteria for diagnosing schizophrenia is not straight¬
forward, the importance of discerning symptoms is not disputed. In a study

1 A. Radley, in "Schizophrenic Thought Disorder and the Nature of Per¬
sonal Constructs," British Journal of Social and Clinical Psychology, 1974,
13: 320, notes that a loosening of associations between constructs is in¬
sufficient to provide a basis for schizophrenic thought disorder, unless
there are also measures of "intensity" and "consistency". For instance,
some schizophrenics apply their constructs in a tight but inconsistent way.
(p. 317) On the other hand, whatever ordering of constructs which
does occur, they may be more profitably evaluated by assuming that the
schizophrenic person is attempting to maintain a consistent understanding
of the events he construes. (p. 320)

2 S. Arieti, "Schizophrenia: The Manifest Symptomatology, The Psychody¬
namic and Formal Mechanisms," American Handbook of Psychiatry, Volume One,

3 J. Flokker, Artistic Self-Expression in Mental Disease: The Shattered

4 J. Rubins, "Self-Awareness and Body Image, Self Concept and Identity,"
conducted in Britain, Brown and co-authors list seven symptoms which suggest "probable schizophrenia". They are:

(a) Patient says that thoughts are read, spoken aloud, put into his head, repeated, commented on, etc.
(b) Delusional elaboration of (a), e.g. patient says that he is being hypnotized or experimented upon by telepathy or under the control of some other person
(c) Persisting incoherence of speech
(d) Catatonic motor symptoms
(e) Delusions of persecution or reference not thought to be deserved
(f) Mannerisms, hoarding and markedly odd behaviour.

The authors of this study add that the list, from (a) to (g), is in order of significance for diagnostic reliability, and mention that the dependability of diagnosis on the basis of items (e), (f) and (g) is altered if long lasting states of depression or elation are discovered. Also, some of these seven symptoms may occur in organic illnesses, apart from schizophrenia, and therefore, neurological examination in certain cases may determine that the illness is not schizophrenic. The same study is critical of the diagnosis of schizophrenia, varying in different parts of the country, based on symptoms such as "vagueness of thought, lack of spontaneity, blunting of affect, social withdrawal and perplexity."  

Scharfetter gives a good summary account of fundamental symptoms upon which a diagnosis of schizophrenia depends, according to six categories. First, with "disturbances of personality", e.g. the patient may feel changed or unreal (depersonalization), or may lose his sense of being a unitary person (ego-splitting), or may feel that others read his thoughts or deprive him of them (thought-withdrawal). Second, with "thought disorder", thinking becomes distorted and imprecise, so that, e.g. ideas may be linked by associations which do not appear to belong together (contamination), or familiar concepts may be given inappropriate meanings (substitution), or there may be jumps in thinking (the "Knight's move"), or there may be incoherent, evasive, stereotyped repetitions in speech (verbigeration). Third, the "reality sense" may change, so that objects and situations are laden with a peculiar significance (delusional mood), e.g. with derealization of varying degrees and forms, where the patient may feel influenced by an uncanny force, or persecuted by an intangible being; consequently, the patient may draw away from reality into himself (autism). Fourth,

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2 Ibid., p. 200.
in "perception", external events may appear obtrusive, so that hallucinations may occur in all sensory modalities, or the body may appear to the patient to be in an altered state (coenaesthetic hallucination). Fifth, concerning "affectivity", there may be fragmentation and inconsistency of moods, with a simultaneous influence of emotions, or the patient's affect may be paradoxical, rigid or deficient (affective blankness). Sixth, "psychomotor disorders" are characteristic of catatonic schizophrenics, where, e.g. the patient may remain motionless or dumb (mutism) or the stuporous state may be succeeded by alternating states of excitement, rage and aggression towards the self or other persons.1

A further issue that needs to be raised, in terms of the classification of the illness, concerns what Herron calls "a two-dimensional frame of reference for schizophrenia."2 A number of terms have been used in clinical literature to indicate these two syndromes: malignant-benign, chronic-episodic or chronic-acute, true schizophrenia-schizophreniform, typical-atypical, dementia praecox-schizophrenia, or (perhaps most preferable) process-reactive. The process syndrome is the more endogenous, involving a long-term progressive deterioration of the patient's adjustment, whereas the reactive syndrome is the more exogenous, with a tendency towards remission (or at least more of a chance for recovery from overt symptoms), the diagnosis being based on a history of generally adequate social development with notable stress having precipitated the psychosis.3 Life-history and prognosis are thus the key considerations for determining the two classifications of schizophrenia.4 Brackbill and Fine have suggested that process schizophrenics suffer from an organic impairment not present in the reactive syndrome.5 However, other research indicates an organic-psychological distinction between process and reactive schizophrenics (respectively) does not correspond with the data in that no clear

aetiological differences between the sub-groupings can be established: Becker, for example, sees the process and reactive syndromes as end points on a continuum of levels of personality organization, the one being primitively undifferentiated and the other being more highly organized. Presently, both groups of the schizophrenias generally receive psychotropic medication, and with improved medical techniques and psycho-social care, only those persons suffering from the most severe, continuous endogenous form of the psychosis require prolonged institutionalization, while other schizophrenic patients have either chronic but subdued symptoms, or periodic episodes where symptoms are more exaggerated.

In determining a general diagnosis of schizophrenia and in preparing for effective treatment of a schizophrenic patient, it is expedient to give particular attention to the way the person thinks and the way he relates to others. Both "thought" and "relationship" also indicate much about the individual's self-concept. Inasmuch as the notion of subjectivity is central to this thesis, more definitive statement and detail as to what these particular aspects of the schizophrenic disturbance entail should prove useful at the present stage of discussion.

As mentioned previously, schizophrenic thinking is a disturbance of logical and associational function, but not a drastic disruption of intelligence. Logically, the schizophrenic person's thinking is not senseless, but it is often akin to the reasoning process found in dreams, of other forms of autistic thinking, and is even said to resemble primitive man's way of drawing conclusions. "Paleologic", as a certain form of distorted schizophrenic thinking is sometimes called, is a way of reasoning in which identity is based upon "identical predicates" rather than "identical subjects". For example, a common predicate--a man in authority--may lead

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3S. Kay and M. Singh, in "A developmental approach to delineate components of cognitive dysfunction in schizophrenia," British Journal of Social and Clinical Psychology, 1975, 14: 398, draw the conclusion from their research that there is a "great primitiveness of cognitive processes... in a sizeable proportion of schizophrenia. In some the cognitive style was characteristic of the stages antedating the development of verbal language."

to the avowed identification of the patient's father and his doctor. Also, those identifications which the patient makes between persons may be partial, condensed or disturbed. In addition, "not only are external objects perceived as interchangeable" in some cases, but "the differentiation of self-and-object representations" may be "in an embryonic stage, if, indeed, it appears at all." Associations, schizophrenic thinking is often damaged to the degree that ideas—even simple ones—may not interrelate properly in terms of contiguity and similarity. A "loosening" of associations may be what occurs, but the manifestation of this associational disorder occurs along a "continuum", ranging from "pathologically tight to pathologically loose construing." Intellectually, any deficit that follows a schizophrenic break appears to be related to the initial impact of the illness, with studies suggesting that the early impairment does not necessarily eventuate in a progressive deterioration. Even in the most severe and chronic schizophrenias (those with so-called "dementia" characteristics) there may be preserved a vivid, inner life; the poverty of ideas, memories and intellectual production shown by the patient with organic psychosis is lacking in the chronic schizophrenic.

A few examples from schizophrenic patients who have experienced thought disorders will show the profound effect of the disturbances. One patient exhibits "passivity thinking":

Some artificial influence plays on me; the feeling suggests that somebody has attached himself to my mind and feeling, just as in a game of cards someone looking over one's shoulder may interfere in the game...

Another patient's thoughts are experienced like an inspiration, an "implanted thought":

I have never read nor heard them; they come unasked; I don't dare to think I am the source but I am happy to know of them without thinking them. They come at any moment like a gift and I do not dare impart them as if they were my own.

6. Ibid., p. 123.
Another patient, experiencing "thought-withdrawal", describes herself in the third person—"she":

When she wants to think about something—a business matter for instance—all her thoughts are suddenly withdrawn, just like a curtain. The more she tries the more painful it is—a string seems pulling away from her head. Still she succeeds in holding on to them or regaining them. 1

Or another patient feels as if his thoughts are "exposed":

I believe I can no longer hide anything; I have experienced this over the last few years; all my thoughts have been guessed. I realize I can no longer keep my thoughts to myself. 2

"Asyndetic thinking" occurs when relevant ideas are grouped together with no attempt to make a logical connection between the ideas; in answer to the question "What causes the wind to blow?", one patient responded:

Due to velocity, due to loss of air, evaporation of water... the contact of trees, of air in the trees. 3

"Metonymic distortions" occur when a patient fails to make a precise choice of terms to express himself, thus a patient says he "has menu three times a day" or was "born a male sense." 4 Neologisms are also common, for example, one patient thought he had special powers due to "stagnatic electricity". 5

The assessment of the presence of thought disorder is a useful way of discerning whether or not a particular person is schizophrenic, but marked thought disorder does not occur in all schizophrenic patients. One survey indicates that only "about half" of those diagnosed as schizophrenic exhibit the classical thought disturbances (especially if systematic delusions are not counted as thought disordered phenomenon). 6 Another descriptive criterion for schizophrenic thinking, which is more certain (and less extensive) than other criteria is that of "over-inclusive thinking"—defined by Cameron as the inability to preserve conceptual boundaries, resulting in the incorporation of irrelevant ideas; this is said to occur "in no other psychotic or neurotic group." 7 Whether only some schizophrenics are classically thought disordered, or whether over-inclusiveness is the most accurate frame of reference for the conceptual disturbance, some

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1Ibid., p. 123.
2Ibid., p. 127.
4Ibid., pp. 334-335.
5Ibid., p. 335.

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dysfunction is present in most schizophrenic person's thinking, especially if the disorder is subdivided into thought-process and thought-content. As indicated above, blatant contradictions may often arise, where physical and psychological worlds become confused, where wish-fulfillment or strivings for immediate satisfactions may be directive, and even where an animistic conception of the world may predominate.

There appears to be an interesting connection between schizophrenic thought disorder and schizophrenic interpersonal contacts, for instance, between over-inclusive thinking and guarded, narrow relationships. "Withdrawal" (often represented in regressive forms) is a central feature of schizophrenic relationships. That does not mean, however, that every schizophrenic person exhibits autistic behaviour. Withdrawal occurs equally with the quiet, somber, non-involved schizophrenic patient and the noisy, aggressive, bizarrely-involved one. Either polarity of withdrawal goes circularly, not horizontally, so that the two extremes meet at the point of distorting or avoiding relationships with others.

Venables views schizophrenic withdrawal as combining elements of personality "deterioration", "lack of interests", "motor inability to take part in social activities" and "active avoidance". The importance of the relational factor to this withdrawal can be substantiated. For example, evidence has accumulated that a schizophrenic person's performance deteriorates "when presented with psychomotor, cognitive or perceptual tasks that have interpersonal content, particularly when these have negative affective components." Or, schizophrenic patients with thought-process disorder, "when construing people, are less disordered when doing so according to objective (physical) criteria than to psychological criteria."

Tests have shown that the complexity of information does not produce a greater deficit among schizophrenic patients than non-schizophrenic people, unless conditions become emotionally pressured. "Schizophrenic breakdown in data-processing, over and above the perceptual deficit, occurs when

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the pressure to respond appropriately exceeds an optimum level."¹ Among other variables, feeling the increasing need to respond to the examiner suggests the examiner's predominance as the "other".

Kelvin observes that between any two people "power is an attribute of the relationship" which occurs, noting further that when "laws and norms" of relationships are absent, then "the individual is simply not vulnerable to the power of others;" the indication of Kelvin's observation is that the socio-psychological privacy achieved by the schizophrenic patient limits the other's power to interfere with individual wishes or activities and stops others from exerting normative pressures.² The schizophrenic person's withdrawal, even his abnormal way of thinking which contradicts the laws of logic, may be evaluated in terms of the impinging presence of another person. Studies of visual interaction between schizophrenic patients and others have compelling connotations in this regard; of two consecutive experiments with a schizophrenic population, the first noted that eye-to-eye contact with the interviewer was reduced, indicating a behavioural aspect of withdrawal, and the second clarified that the duration of the looks was briefer than another sub-group of patients, but not the frequency,³ suggesting the intriguing influence of the examiner, as "other", on the schizophrenic person. William's findings specify that schizophrenic "gaze-avoidance" corresponds more closely to "person-avoidance" than to "stimulus-avoidance".⁴ In a hypothesis tracing paranoid development and delusional formation, Heilburn maintains that the schizophrenic person, in an overly-sensitive manner, engages in a "constant interpersonal frame of reference in which his meaning to others is at issue."⁵ It is then plain to see how "doubt, uncertainty and mistrust" have come to be viewed as characterizing the schizophrenic person's relationships.⁶

Reciprocity is often lacking. Upon first encountering a schizophrenic person there is sometimes that "unpleasant feeling of being confronted by an emptiness, by something very strange," which goes to show how the relational factor, itself, is a central and obvious concern in understanding the experience of schizophrenia.

B. A phenomenological response to clinical classifications of Schizophrenia

In view of the clinical classifications of schizophrenic psychoses, it can be expected that, on a personal and experiential level, those who suffer from this particular form of mental illness will especially cease to have any deep sense of self-affirmation, inner worth or personal value. The descriptions concerning thought disorder, disturbed affect, inadequate interpersonal skills and hypothesized bio-chemical dysfunction of the schizophrenic patient must take their toll on a singular individual. In following the philosophical approach of a phenomenology of the ego, the concern shifts from classifications of the diseased state, as such, to a personal interest in the one who is suffering in this particular way. A phenomenological study is useful, therefore, as an augment to the scientific study of schizophrenic psychoses, by enquiring into the schizophrenic patient's experiences of basic uncertainties of self-boundary and self-validity, and trying to do so in a way that encourages intimate comprehension. The scientific analyses are channeled into an intersubjective frame of reference, which is to emphasize the use of the classifications of the diseased state in a caring and humanitarian fashion.

There is always a need to relate such experiences as thought disorder or psychological and social withdrawal to the actual, living, singular individual who (to a great extent) is constituting a world-horizon. Objective analyses of schizophrenic decompensation can not be the final consideration. When (say) the schizophrenic person exhibits a jump in the thinking process (i.e. the "Knight's move") the phenomenon can be noted and classified by the clinician. The further truth of the "Knight's move" is realized, however, once an empathic effort is made to understand what the confusion and frustration is like from the experiencing one's point of view. If the schizophrenic person actually is trying to convey a meaningful thought to the clinician, but the expression of it comes out jumbled and incoherent, distracting or even annoying to the average listener,

\[1\] J. Plokker, Artistic Self-Expression in Mental Disease, p. 18.
and if this state of incoherence is confounded for the patient due to any emotionally charged, threatening aspect of the encounter, then the sense of the patient's expression needs to be considered, not only objectively, but also in a corresponding subjective frame of reference.

To gain full understanding of the patient's subjective frame of reference it may be necessary, at times, to suspend clinical judgment in favour of a more empathic understanding. But, to practise phenomenological suspension, is not the same as discrediting or overlooking the objective approach to classification. No contradiction between it and the phenomenological viewpoint need arise: careful scrutiny of observable manifestations of the schizophrenic disorder (i.e. symptomatology and diagnosis) remains fundamental to any effective treatment of the patient, and it is necessary to classify the schizophrenic psychoses if research and communication among clinicians is to be maintained. Only if classifications are used as devices for dehumanizing labelling of patients, rather than being used responsibly in clinical science, should their applicability be called into question; it is the misuse of classifications that must be deplored.

While the two concerns of empirical science and ontological understanding need to be reciprocally related, they must remain quite distinct in purpose. But that is not to say that being humanitarian and empathic with the schizophrenic person calls for scientific imprecision. Phenomenological suspension allows for a direct approach, on the clinician's part, to the schizophrenic person, as "I" to "Thou" (rather than primarily as diagnostician to object of enquiry), and therefore does appear necessary to any effort to achieve empathic understanding. Each person's understanding of self is influenced through the reflections gained through the other's experience of that person. If the clinician conceives of the schizophrenic person as an ultimate, transcendental ego (although the psychological ego, in disease, is dysfunctional and suspended) then, at a level which antecedes diagnosis and clinical judgment, the clinician is constantly giving to the patient a reflection which has the potential for enhancing the patient's search for a sense of being which is affirmed and meaningful.

At the same time as the empirical classificatory sciences are acknowledged, the phenomenological clinician accepts the schizophrenic person as an ontological other. There needs to be an equal opposing significance to an objective assessment of symptoms and maladaptiveness, and a subjective willingness to interact with the patient as a fellow human being of worth and dignity. It is with a dual understanding of persons suffering from schizophrenia—the clinical objective classification and the
philosophical subjective appreciation—that this thesis is advanced. In the actual work of the clinician, the hope is that knowledge by observation and experimentation will be matched with knowledge by acquaintance and participation.
Section II: The Use of Psychoanalytic Theory in Understanding Schizophrenia

Transcendental phenomenology is a systematic approach to understanding human experience, in its own right, just as psychoanalysis is, in its own right. In determining what the clinician might be meaning when he conceptualizes the schizophrenic person as "subject", I will most often be referring to Sigmund Freud's metapsychological account of subjectivity, for the sake of comparison with this phenomenological understanding. Therefore, it is necessary to clarify, in an introductory manner, how I intend to use the theory of psychoanalysis.

Psychoanalysis has developed a well-known idea of the psychological life, in which the ego is a predominant theme. Generally speaking, in psychoanalysis, the ego is that part of the psychic apparatus which mediates between instinctual impulses and external stimuli; its prime function is perception of and adaptation to reality. However, because Freudian thought is a well-known approach to understanding subjectivity, by no means does it follow that psychoanalysis is a plainly stated, universally accepted, sacrosanct depiction of human experience. Freud moved through various stages in his explication of theory concerning subjectivity; he, particularly, tended to swing back and forth in speaking of the psychic apparatus in pure physicalistic terms, or otherwise, in more mentalistic terms. In addition, not only is there the Freudian approach, but also, there are different orientations to psychoanalytic theory according to a neo-Freudian and a paleo-Freudian understanding of the psyche. To a certain degree, then, it is a matter of selecting from central and later statements within psychoanalysis in determining what the more complete Freudian understanding of subjectivity is.

Historically, psychoanalytic theory has emerged from Freud's treatment of particular neuroses; since then, psychoanalytic insight has been applied to a wide range of mental illnesses and developmental problems, as well as being applied to understanding such phenomenon as religious experience, literature, and culture as a whole. The application of psychoanalytic insight in individual and societal settings has been widespread, concerning not only maladaptive formations, but also making an impact on what contemporary man conceives of when he thinks about life. As Ricoeur has observed, psychoanalysis has made "interpretation into a
movement of culture; it changes the world by interpreting it.\(^1\) Nonetheless, a psychoanalytically-oriented interpretation may not be acceptable, useful or helpful, irrespective of the problem.

I make these cautious statements concerning the proper function of psychoanalysis in order to suggest its limitations. Specifically, because I will be referring to the psychoanalytic tradition's understanding of subjectivity in many portions of the thesis, a misleading notion might be had: that, when communication with a schizophrenic person is possible, then some sort of psychoanalytic interpretation is in order. There is little room to argue against the fact that psychoanalysis has contributed greatly to an understanding of the mental and emotional life. But, I am not willing to assume that psychoanalytically-oriented treatment is preferable or applicable to the diverse population of schizophrenic patients. The relevance of psychoanalysis as a treatment modality is an issue that is part of a larger question as to whether schizophrenic patients can benefit from any psychotherapeutic approach.\(^2\)

In recent years, Fromm-Reichmann may be cited as an excellent representative from the ranks of psychoanalysts who have successfully adapted neo-Freudian techniques and theory in the psychotherapy of the schizophrenias.\(^3\) Even so, many psychoanalysts continue to debate the efficacy of using this communicative mode in treating schizophrenic patients. Traditionally, a decisive factor in determining whether or not psychoanalysis should be attempted with a given patient has had to do with the presence or lack of a "reasonable ego" structure.\(^4\) The position which emerged from Freud, concerning the analyst-ana
yl relationship, was that the analyst required the analysand's ego to be capable of discharging certain


2. See the next section of this chapter where I discuss the feasibility of the psychotherapy of the schizophrenias.


functions of rational judgment, differentiation and perspective. Only when the analysand's psychological ego had some measure of strength, effectiveness and delineation could the analyst make an alliance that would allow for a therapeutic working through of disturbances. Freud, of course, did not consider psychotic patients suited for psychoanalytic treatment. However, Sullivan, and many others, have gone a long way in refuting Freud's particular biases and reasons for not applying psychoanalysis to psychotic patients.¹

My main interest in using psychoanalytic theory in this phenomenological account of schizophrenia is to compare the two conceptual approaches in an effort to achieve a more complete understanding of subjectivity. The psychoanalytic approach has been illustrative for other clinical approaches to the patient, and also has been the stimulus for raising various issues as to what ought to be transpiring whenever a dialogue occurs between clinician and patient. For instance, there is much to be said in favour of a psychoanalytic approach to psychiatric patients (including the schizophrenic person) if for no other reason than the manner in which a psychoanalytic practitioner makes an effort to understand and to interpret the confusing dynamics of the inner life as revealed by the patient. In terms of a listening, receptive approach to the patient's expression of experience, the practice of psychoanalysis (above and beyond any pessimistic account of human nature) suggests a high regard or interest in the individual's personal thoughts and feelings. Whether one agrees or disagrees with psychoanalytic theory, whether one would consider psychoanalysis too passive, or too subtle, or too non-objective, the Freudian system has had an exemplary bearing on what understanding many clinicians have of the workings of the mind. In particular reference to understanding schizophrenia, psychoanalysis has also been an influential theory in removing any clear demarcation between schizophrenia and other mental illnesses; as psychoanalytic theories of neurosis have been carried over into the explanation of schizophrenia, the outbreak of schizophrenia in the course of a life has been attributed to psychological events in early childhood. Such an understanding of aetiology has been foundational in conceiving of the illness as something more or other than a residual defect-state.²


It is a major contention of mine throughout the argument of the thesis that phenomenology brings to psychoanalysis a subjective framework which psychoanalytic theory requires in order to be a more complete and consistent description of lived experience. Especially is this true in reference to schizophrenic experience, where psychological disturbance is so extreme that what psychoanalysis would describe as "ego" can no longer be depicted as a centre of reference. As mentioned in the "Introduction", according to psychoanalytic theory, unconscious forces (topographically known as id and super ego) can overwhelm the ego in times of severe psychosis. Thus, in psychoanalysis, there is no solid egological structure to speak of in reference to a schizophrenic person. This idea of a vulnerable ego which can be destroyed by mental illness provides a clinically well-known concept of the ego from which the phenomenological understanding can be distinguished.

In phenomenology, the a priori, transcendental ego is necessarily the centre of reference and is not over-rulled by unconscious forces. Phenomenologically, there is an egological structure in all experience, including hallucinated, confused, or delusional experience.

As has been argued, the transcendental ego is a much more profound description of what it means to be ego than is any notion of the ego which is derived from psychoanalysis; but, at the same time, it would not be wise to advocate removing the psychoanalytic topography from the clinician's conceptualization of subjectivity. It is precisely with each respective system of ego theory that I attempt to weld aspects of Freudian psychoanalysis to Husserlian phenomenology. What I want to do by relating a phenomenological account of the ego with a psychoanalytic version of the ego is to describe an egological structure which is more fundamental than the psychological ego's function of mediating between instinctual impulses and external stimuli. As I am applying Husserl's philosophy, a phenomenological approach to the experience of schizophrenic persons operates on the premise that "I" (as clinician) and "Thou" (as patient) are antecedent to the being-sense of the world, and therefore, a phenomenological approach indicates that acceptance of the patient's sphere of subjectivity is principal. Phenomenologically, the schizophrenic person's ego is a legitimate domain with which the clinician is in contact, whether the patient is rational or irrational.

In order to introduce possible interfaces of psychoanalysis and phenomenology, in connection with each discipline's view of subjectivity, I will begin by suggesting areas of marked difference in Freudian and
Husserlian understandings. However, in the end, my aim will be to align various aspects of the two systems in a complementary fashion, with psychoanalytic concepts being rephrased in a phenomenological structure. This brief introductory statement on the two conceptual approaches should serve as clarification of the manner in which psychoanalysis is used, in more detail, and with more specificity in an understanding of schizophrenia, in subsequent portions of the thesis.

Admittedly, at first sight, any attempt to relate Husserlian phenomenology and Freudian psychoanalysis appears to be an exercise in contrasts. Phenomenology endorses a view of "absolute consciousness" as opposed to psychoanalysis' emphasis on the "unconscious system"; or the former describes the transcendental ego as the experiential centre, while the latter accounts for the ego as a mere, derived component of psychological subjectivity; or the one points to the ego as an "ultimate egological foundation", while the other conceives of an ego which is capable of dysfunction and disintegration when an individual undergoes extreme stress. The glaring differences in description cannot, and should not, be dismissed. However, upon closer examination, many of the contrasts emerge, not as refutations of the other, but as counter-proposals which widen the understanding of subjectivity. As Ellenberger states, "phenomenological and psychoanalytic studies may be mutually enriching because of the stereoscopic effect as it were, of focusing from two different points of view."¹ The chief manner in which I associate the two conceptual approaches comes by orienting each psychoanalytic concept to transcendental egology and by re-focusing on experience as lived.

First, one area of concern in relating phenomenological and psychoanalytic understanding has to do with respective methodologies. Psychoanalytic theory tends to interpret human experience with a great measure of assumption, whereas phenomenological theory does so by restricting its plan of enquiry to description.

Concerning methods such as free association and dream interpretation, Freud has written, in a late work:

We have discovered technical methods of filling up the gaps in the phenomena of our consciousness, and we make use of those methods just as a physicist makes use of experiment. In this manner, we deduce a number of processes which are in themselves 'unknowable' and insert them among the processes of which we are conscious. ²


In contrast, as Straus explains it, phenomenological analysis respects the phenomena as they appear, accepts them at face value, and resists the temptation to take them for coded signs which reveal their true meaning only after an intricate process of deciphering. 1

Psychoanalysis is a method for letting the individual know of that subjective experience which is beyond awareness. As Freud would justify its procedure, "psychoanalysis makes a basic assumption" (concerning unconscious phenomena) "the discussion of which falls within the sphere of philosophical thought, but the justification of which lies in its results." 2 Thus, the Freudian conceptualization, although assumptive, is not utterly removed from experience as lived. It is this empirical factor which allows for an interweaving of methods between psychoanalysis and phenomenology. As I see it, phenomenological analysis, rather than staying with a superficial impression of a given phenomenon, always presses beyond the first intuition in order to achieve a fuller descriptive outline. When description continues to be more exacting, it simultaneously begins to approach the "deeper levels" of an interpretive function, only, in phenomenology, without leaping from the "known" to the "unknowable". Moreover, as Straus concludes, "descriptive phenomena are the only ones directly accessible to us," so that whatever assumptions are made psychoanalytically, they must be indicated by whatever slight evidences are given in immediate experience, inasmuch as "the validity of dynamic hypotheses depends on the accuracy of descriptive observation." 3

Even though opposed to "filling up gaps" in given phenomenon or to "deducing" as methodological procedures, in phenomenology, like in psychoanalysis, subjectivity is considered to be an open realm of enquiry. Instead of adopting a positivistic stance, this open-ended approach to understanding is expressed, in phenomenology, by an enquiry which "ceases to be an exact knowledge, a pure regard on pure objects; it is, says Husserl, 'what is sought'..." 4 An interesting twist, in this regard, is that psychoanalytic tenets, although derived in an admittedly assumptive manner, often tend to be more explicitly laid down, as if the certainty of

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3 E. Straus, Phenomenological Psychology, p. 236.
the insight was beyond reproach or criticism. Ricoeur notes the irony, in his comment that "no one since has contributed as much as Freud to breaking the charm of facts and opening up the empire of meaning. Yet Freud continues to include all of his discoveries in the same positivistic framework which they destroy."

In contrast, the phenomenological procedure, while being more careful in staying with the phenomenon of immediate experience, also allows for a broader, more consistent plan of enquiry into subjectivity, in that the question of certitude is suspended while descriptive detail is being gathered. In speaking with a patient, the phenomenological clinician, then, would strive not to assume, prematurely, what is in-depth or what is surface phenomenon, what is historical and what is fictional, what is superficial and what is relevant. Phenomenology, thereby, is less prone to be abortive in interpretation of phenomenon, which conveys the sense of not putting the patient into a pre-determined niche. The manner in which the patient interprets the world is critical, or primary. In phenomenology, all experience, whether conscious or unconscious, is transcendent. That is, as Merleau-Ponty observes,

when I say that things are transcendent this means that I do not possess them; they are transcendent to the extent that I am ignorant of what they are, and blindly assert their bare existence. 2

If everything the patient expresses is considered as transcendent, then the doctor is able to attend more carefully and thoroughly to the expression before interpretation comes about. This method also respects the other as the source of a world and is consistent with the view that exploration of subjectivity is an open-ended venture.

The other side of the issue is that psychoanalysis, by assumption, has uncovered dynamic relations within the subjective realm that phenomenology most likely would never have considered. The Freudian system has made immense advance in "filling up the gaps" in consciousness—not only with Freud but in later advances in communication and family systems analysis, for example. All phenomenology can accomplish is a corrective of procedure for these discoveries, so that psychoanalytic method is not lost in the "gaps" but returns to an intentional, egological structure. The phenomenological reminder is that phenomena can be experienced "only

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provided that their project is borne" and discovered within oneself. In phenomenology, the transcendental ego is thought of as co-extensive with its field of experience. If psychoanalytic interpretation is able to reveal more of an individual's life and meaning to oneself, then realization of the transcendental ego's domain, at once, has been extended, as another experiential horizon has been opened.

It is my position that psychoanalytic assumptions are more suitably employed as a secondary procedure to phenomenological description. The clinician must begin with the immediate phenomenal world of the patient if he intends to move from theory to practice and to be dealing, specifically, with what the patient has expressed. As Buytendijk states, "the world is given to us directly and shows itself in itself, in its meaning." Accordingly, the schizophrenic person is already expressing the life of the transcendental ego to the clinician, with whatever incoherence or indirection and with whatever limitation the expression is revealed. "The question whether the phenomenon is real or not is disregarded." The clinician, first and foremost, is intent to understand what experience is being expressed by the patient. "The only interest of the phenomenologist is directed toward the essential structure, the intrinsic connections, and the self-revelation of the significance in the full context of the phenomenal field." As a fellow human being, the schizophrenic person is revealing a life of meaning through self-transcendence and world-constitution. Description of that world, on the part of the clinician, is a first step toward understanding. Afterwards, interpretation, according to depth psychology, may be appropriate, depending on various principles which are indicated on the basis of psychoanalytic research.

Second, psychoanalytic theory has supplied the means by which the clinician may gain insight into that part of the subjectivity which is "unconscious". But, unless the psychoanalytic view of an unconscious system is subordinated to the phenomenological orientation of the "now-halo"
of consciousness, the clinician's understanding of subjectivity is taken away from experience as lived. In Husserlian thought, the "now-halo" is considered to be an ever-present, immediacy, in which is included, or gathered together, what has past and what may come. The contrast between an "unconscious" and a "conscious" self is valid and vivid, but the unconscious must always be in reference to consciousness, otherwise, the unconscious loses its sense. Since, in psychoanalytic theory, the schizophrenic person is thought to be overwhelmed by unconscious forces, the cross-validation between psychoanalysis and phenomenological theory is central at this point.

Van Dusen has taken the position that "there is no unconscious" to be perceived in an analysis of existence as lived; he makes the important observation that the psychoanalytic emphasis on supposed, unconscious factors removes an understanding of subjectivity from "human ken". In psychoanalytic theory, the id hardly resembles that which could be considered of the person. In a statement which is sound from a phenomenological point of view, Van Dusen has argued that that which is unconscious and removed, according to psychoanalytic theory, is defined more accurately as "present though as yet undifferentiated." Such an argument is of consequence particularly when deriving an appropriate conceptual approach to the schizophrenic patient. Unfortunately, psychoanalytic theory has tended to promote a view of the schizophrenic person as one who is so prone to unconscious forces that he does not begin and end with the same immediate experiential base of life as lived, as do other more deliberately aware and rational beings. In order for psychoanalytic theory to be applicable in a phenomenological approach to schizophrenia, the unconscious system must be conceived from a transcendental egological perspective. Then it is that the schizophrenic person is conceptualized as a self-transcending companion, not an alien being consisting largely of the unknowable, or being conceived as of another sort.

An emphasis on the schizophrenic person as being of "human ken" is a crucial consideration. Yet, instead of saying there is "no unconscious", a more careful phenomenological statement is that, while consciousness is consciousness of an object, the object of consciousness no longer can be considered to be "an object that is what it is, exactly adjusted to acts of consciousness." Phenomenologists like Ricoeur and Merleau-Ponty

2 Ibid., p. 37.
take this point of view and likewise maintain a reference to human ken and lived experience, by describing the Freudian unconscious as an archaic and primordial consciousness, which takes off from Husserl's description of the "continuous retentional modification" of phenomenon which becomes "sedimented in the 'inconspicuous substratum' of intentional genesis." Husserl thus notes that "unconsciousness" is an "horizon" which "accompanies every living present and shows its own continuously changing sense" when "awakened".

Ricoeur writes:

every mode of being conscious is for subjectivity a mode of being unconscious, just as every mode of appearing is correlative to a nonappearing or even a disappearing, both signified together, co-signified, in the presumption of the thing itself. 3

Merleau-Ponty writes that phenomenology and psychoanalysis "are both aiming toward the same latency" although not in a parallel fashion. 4 The advantage that phenomenology has over psychoanalysis is that it has begun enquiry from a firm subjective orientation. By not losing sight of the ego that lives through all experience of the world, phenomenology has a centre of reference with "I" and description can descend with methodological rigour into the substratum of lived experience, while also realizing that consciousness cannot control its origins or models. 5

Psychoanalysis requires a phenomenological egology which defines an intentional structure amidst the flux of experience. The unconscious has no meaning if it is not a meaning for and in the transcendental ego. When psychoanalysis and phenomenology thus intertwine, not only does unconsciousness become an "oriented constitution" but, as well, consciousness

2 Ibid., p. 319.
5 Ibid., pp. 86-87.
6 E. Husserl, Cartesian Meditations (The Hague: Martinus Nijhoff) 1960, pp. 133-134. Husserl describes the intentional structure according to the following principle: "Constitution of 'worlds' of any kind whatever, beginning with one's own stream of subjective processes, with its openly endless multiplicities, and continuing up through the Objective world...is subject to the law of 'oriented constitution,' a constitution that presupposes at various levels, but within the extension of a sense conceived with maximal breadth, something 'primordially' and something 'secondarily' constituted. At each of the levels in question, the primordial enters, with a new stratum of sense, into the secondarily constituted world, and this occurs in such a fashion that the primordial becomes the central member in accordance with orientational modes of givenness."
becomes conceptualized as "the 'soul of Heraclitus' and Being, which is around it rather than in front of it, is a Being of dreams, by definition hidden..."¹ Yet with the transcendental ego as the a priori centre of individual being, all that is disclosed is disclosed for "I". In this manner, the unconsciousness of the schizophrenic person may well be more pronounced and troubling than the unconsciousness of the clinician, but there is not a difference in kind between doctor and patient, in that all persons are engaged in the act of setting forth an intentional structure in the "flow" or "hiddenness" of experience.

Third, in order to relate phenomenology and psychoanalysis as conceptual approaches to the schizophrenic person, the manner in which psychoanalytic theory describes relationships must be revised. In classical psychoanalysis, the tendency is to rely upon a theoretical construct of "transference" in order for an effective psychotherapeutic relationship to be had. In phenomenology, the emphasis is that "intersubjectivity" is already the given factor in existence. Husserl notes, although each person has an irreducible, monadological centre, that the individual experiences the world, not as a "private synthetic formation" but as a world "actually there for everyone", with various objects in the world which are accessible to everyone.² In terms of communicating with a schizophrenic patient, the primary question is not "can I or can I not relate to this person?" but "how may I improve the relationship which already exists between us by virtue of one another's 'ontic mode of givenness'?":³

In earlier formulations, when psychoanalysis was being applied more narrowly to understanding particular neuroses, the patient's ability to establish transference with the analyst was considered an indispensable condition for treatment. Transference is the displacement of affect from one object to another, and specifically, "the process whereby a patient shifts feelings applicable to another person (often a parent) onto the psychoanalyst."⁴ In Sullivanian terms, the phenomenon of transference is emphasized as a distortion of the interpersonal relation between the clinician and patient, because, when transferring feelings, the patient is

²E. Husserl, Cartesian Meditations, p. 91.
³Ibid., p. 90.
reacting to a personification which exists at least partly in phantasy, and is not reacting totally in terms of reality with the clinician. In consideration of "counter-transference", where the analyst's own feelings from childhood experiences are stirred and the analyst carries out his own displacement of early attitudes toward a significant person onto the analyzing, it would appear that a certain measure of phantasy or distortion is acceptable, even necessary or inevitable, in the traditional psychoanalytic procedure.

In classical psychoanalysis, the key issue is that the patient must also have enough of a reality-testing ego function to see some of the distortions and to learn from them (i.e. "correct" the distortions). Freud writes: "If the patient's ego is to be a useful ally...it must have retained a certain degree of coherence, a fragment at least of understanding for the demands of reality. But this is not to be expected from the ego of a psychotic." As concerns a schizophrenic person, with whom the affect may be blunted or instable, and with whom narcissistic pre-occupation may create a strong resistance to any degree of positive transference, the central ingredients which go to make up a successful psychotherapeutic relationship, in traditional psychoanalytic theory, are missing. The schizophrenic person is prone to displace more than affect upon another or upon an object; as one patient said, "Sometimes I cannot tell myself from other people. I just cannot understand it--sometimes she was my sister and sometimes I was the doctor." With such a patient, the suitable egological structure, upon which traditional psychoanalytic theory relies, has vanished. It has been left to other researchers, who have either adapted or departed from early psychoanalytic theory (e.g. Searles, Fromm-Reichmann, Sullivan) to proceed with the relationship between clinician and schizophrenic person while not relying primarily upon rational function and appropriate transference. Why say that a steadily-controlled distortion of the present relation between doctor and patient is necessary before therapeutic communication can take place?

It is not accurate to say that psychoanalysis has been wrong about a schizophrenic patient's inability to establish the kind of transference which would allow for traditional psychoanalytic treatment. Such actual phenomena as a blunted affect or narcissistic pre-occupation often are part of the patient's mentally-disturbed condition which do make it very

1S. Freud, An Outline of Psycho-Analysis, p. 35.
difficult to work through problems in a psychoanalytic manner and to achieve a successful psychotherapeutic outcome. In opposition to the Freudian theory of transference, Burton has argued that the early psychoanalytic approach supposed that barriers like narcissism, or thought disorder, or major disturbances in reality-testing, would necessarily thwart any effort the analyst might make to communicate with a schizophrenic patient; he goes on to contend that it has now been determined that a major step toward overcoming these "impenetrable barriers" and establishing a meaningful contact with the schizophrenic patient is the clinician's "willingness" to relate to the other person, adding that the lack of communication between the doctor and patient is not only due to the mental disorder of the patient, but is partly tied up with the "need of the therapist to keep his personal distance from the schizophrenic."\(^1\) Burton's remark, no doubt, is an overstatement, in that it can be taken to imply that the doctor confers a part of the relational disorder upon the patient. In fact, as psychoanalysis has been applied more in recent years to psychotic patients, the degree to which analysts have been willing, patiently, even masochistically, to attend to schizophrenic communication (without necessarily observing any major change in the patient's condition) has been remarkable.

Willingness, then, is not the only ingredient in the clinician's approach to the relationship with the schizophrenic person which will lead to meaningful dialogue, although it is an important factor. The truth is that it is difficult to communicate with many schizophrenic patients, with any degree of what might be considered a successful therapeutic occurrence, due to the nature of the patient's psychological disturbance. However, if, for example, narcissistic pre-occupation is to be therapeutically managed through the relationship, then the clinician's willingness to relate to the patient will be a much more helpful facet of the conceptual approach than would be his hesitation due to a pre-supposed view of transference requirements.

Therefore, it does make sense to go beyond viewing transference and counter-transference of a certain degree as sine qua non for communicating with the schizophrenic person in an effort to establish a more sane view of experience. Another implication from Burton's comment on "willingness" as helping to overcome seemingly "impenetrable barriers" is that as long as the schizophrenic person is conceptualized as an alien—a creature with incomprehensible, confused and frightened utterances—the clinician's own

self-doubts and fears may be stirred, due to his own transitory identification with the patient, on the basis of his own instabilities. If this is the case, the doctor of the mind may have need for more preparation of his own conceptual approach than does, say, a doctor of the body, but the lesson to be learned is generally the same; e.g. whereas the surgeon can not allow a flow of blood or a dismembered part of the body to drive him away from an attempt to mend the injury, likewise, the psychiatric worker can not allow narcissism and irrationality to prohibit him from working for therapeutic communication and an improved relationship with the schizophrenic patient.

It is due to these kind of issues, where the clinician's own mind, personality and attitudes are important tools in the treatment process, that a conceptual approach to the patient is of consequence. The schizophrenic patient presents certain aspects of mental disorder to the clinician; these do not vanish by the clinician deriving another concept. However, two respective subjectivities do have an influence or impact upon each other when they are within each other's sphere—that is, when they establish an intersubjective dimension. If the clinician, for instance, changes from being a "non-involved spectator" to being a "participant observer", the phenomenon of that which is "in between" the clinician and the patient also changes. Sullivan's deviation from traditional psychoanalysis is a good case in point. He learned, as had earlier psychoanalysts, that various methods and techniques, like free association (which relies upon suitable transference) do not often work well with schizophrenic patients whose associations may well be loosely construed anyway; thus Sullivan began to concentrate on the communication process itself, and the forces that impede the transmission of meaning between people. When the clinician's approach changes, with a subsequent change of the "in between", it is only reasonable to expect that the patient too will be influenced in some manner.

The particular advance in the conceptual approach, which I am advocating according to transcendental phenomenology, is to expand upon the notion of ego, so that whatever manner of intervention the clinician chooses to take, the patient is seen to be, already, within the intersubjective field, as "Thou". On the basis of Husserl's understanding of the ego, it is my contention that valuing the other person as a fully realized subjectivity—the "I" beyond the disturbed psyche—allows for

\[^1\text{R. Harper, Psychoanalysis and Psychotherapy, p. 70.}\]
a steadfast acceptance of the schizophrenic person, an inalterable acceptance which is needed in order to help the patient with such difficult problems as low self-esteem, narcissistic pre-occupation, or irrational phantasizing. The doctor cannot honestly help the patient achieve more assurance of self worth, unless the doctor maintains, without wavering, that such is the patient's basic state of being. The psychoanalytic doctrine of transference suggests that the patient must do or must have a capacity for something before a therapeutic relationship or meaningful communication occurs. Such a theoretical construct interferes with a more fundamental concept of intersubjectivity, which is a prior ontological condition of any two persons who come together. The prior therapeutic factor is to consider the other as worthwhile, and then to proceed, through whatever empirical means, to achieve the kind of relationship which might add to improved mental health.

The contrasts between a phenomenological and a psychoanalytical approach to the patient are significant. But an inter-relation between the two is neither impossible nor unproductive. Beyond the contrasts, the two can serve as joint enterprises in achieving more understanding of lived experience. Both phenomenology and psychoanalysis pose a dialectic between the reflected and the unreflected self, with phenomenology providing the more thorough egological structure. As concerns the clinician-patient relationship, in phenomenological and psychoanalytic understanding, this dialectic calls for communication, so that the patient might achieve more stability, adjustment and awareness of the unreflected dimensions of the self which have been troubling.

Habermas treats psychoanalysis as "an analysis of language aiming at reflection about oneself." Psychoanalytic method makes possible a direct critique of the processes of systematically distorted communication and thereby provokes insight into unrecognized relations which the individual has acquired throughout his life. In Habermas' thinking, psychoanalysis is a "depth-hermeneutic" which can be used to "decipher privatized forms of communication through 'scenic understanding'." In psychoanalysis, early original conflict-situations are reconstructed through discourse, during which time a patient is introduced to a form of reflection in

2 Ibid., p. 9.
which he can "resymbolize those areas in his life-history that have been kept semantically empty."¹ Psychoanalysis, thus, fits into the phenomenological approach, wherein "reflecting experience is precisely an experiencing experiencing of" such and such a phenomenon.² Self-reflection is given a technique in psychoanalysis by which the individual may revisit and reframe lived experience which since has become distorted.

Ricoeur considers the Freudian system to be a "semantics of desire" with the following nuclear theme: "as a man of desires I go forth in disguise—larvatus prodeo."³ Bleicher has concluded that the starting point for Ricoeur's own phenomenological investigations is a similar insight—"that man is not transparent to himself."⁴ Thus, phenomenology and psychoanalysis are alike in their move to bring to light that which can allow a person to begin to take possession of the unreflected self, or better, to recognize a self-relation of one's own existence. The difficulty in relating the two approaches comes about only when psychoanalytic theory is used to avoid or to disregard lived experience and life-history. In psychoanalysis, the meaning of the symbols which express one's desires too easily can be reduced by explaining the phenomenon strictly in terms of unconscious factors, which seem so far removed from the actual existence. Ricoeur argues for an "opposing hermeneutic" through phenomenology which "moves toward the recovery of the original meaning of the symbol."⁵ Ricoeur's insistence is that "dynamics—or energetics, or even hydraulics—is articulated only in a semantics: the 'vicissitudes of instincts', to use one of Freud's expressions, can be attained only in the vicissitudes of meaning."⁶

Psychoanalysis and phenomenology can be related, however, when psychoanalytic theory accommodates an idea of the transcendental ego as the centre of reference. Ricoeur writes that the Husserlian epoche is a reduction to consciousness" whereas the Freudian epoche is an "epoche in

¹Ibid., p. 160.
²E. Husserl, Cartesian Meditations, p. 34.
³P. Ricoeur, Freud and Philosophy, p. 7.
⁴J. Bleicher, Contemporary Hermeneutics, p. 228.
⁶P. Ricoeur, Freud and Philosophy, p. 6.
reverse", i.e. "a reduction of consciousness." The epoche in reverse can be sensible, and can be related to experience as lived, if the primary epoche (i.e. that epoche introduced by Husserl) is not revoked, if the reduction to consciousness as an a priori condition is not lost. In a psychoanalysis before phenomenological clarification, the epoche in reverse posits instinct as the fundamental concept, which prompts one to conceive no longer of the primacy of experience as lived. The instinctual life is a structure prior to the phenomenal relation of subject-object; accordingly the "subject" becomes the "object" for instinctual aims. In Husserl's reduction to consciousness, the subject-object relation is suspended, but the ontological condition of being "I", as a primal ground, remains. Freud's reduction of consciousness goes beneath the surface of the subject-object correlation in the external world, in an attempt to find a hidden object which is internal to the natural subject, without first securing an experiential centre of reference with an a priori subject. The tendency then is to lose sight, not only of the subject as pole of reference, but also to lose sight of the object as the guide for investigation. To be sure, in transcendental phenomenology, the subject is not primarily that psychological function which can be overwhelmed by instinctual drives. As Ricoeur expresses it, the Husserlian epoche establishes an orientation which also loses "the object as the vis-à-vis of consciousness and the subject as consciousness" but only "in order to recapture the object as the transcendental guide and the subject as the reflective and mediating I." Experience, even the experience of instinctual drives, is an experience of and for the transcendental ego.

What these theoretical points have to do with a practical understanding and treatment of an actual person suffering from schizophrenia may not always be obvious. A conceptual approach is necessarily restricted to ideas, but hopefully, the ideas can be translated into practice. If (to take an extreme example) the clinician's primary conceptualization of the

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1 Ibid., p. 121.
2 Ibid., pp. 132-133.
3 Ibid., p. 122 fn. 16.
4 Cf. Chapter Four, Section II of this work, where I return to the "problematic of the primal" in ego theory, which in transcendental phenomenology is a question of the ground of being and in psychoanalysis is a question of what comes first in the development of the psyche and what forces come into play to distort this development. This discussion is related more specifically to the concept of the person which the clinician might have when thinking of the schizophrenic patient.
schizophrenic person is that of a "deviant form of protoplasm", then it is likely that the schizophrenic person would be treated like an inanimate object and would not be accepted in as humanitarian a manner as possible; obviously, clinicians do not conceive of other humans in this manner, at all often, and it does appear that many of those who choose to work with schizophrenic patients take the stance and ethic of "caring professionals". The point is that the concept affects the relationship potential and that a very positive and accurate account of subjectivity induces an accepting regard of the patient as a fellow being. Working with schizophrenic patients can be an exacting and difficult task, one which benefits from a carefully developed, even gracious, understanding of subjectivity. This is something psychoanalysis has not provided. In addition, a conceptual approach often performs more of a task than the one who maintains the approach always realizes. The clinician's idea of the other will often convey more impact than may be noticed at any given time. In the midst of that which is not transparent in the relationship with the patient, the conceptual approach stands steadfast, like an anchor, for subsequent developments and interactions with the patient. If the clinician relates to the patient as basically an instinctual unit, or otherwise as basically "I", or as fundamentally "alien" or otherwise as fundamentally "alike", the idea remains and influences the actual encounter.

I consider phenomenology to be (as Bleicher says of Ricoeur's work) "a sophisticated re-affirmation of the 'subject' in the context of an anti-historic and anti-humanist Weltanschauung" which too often prevails within naturalistic understandings of subjectivity. In the complementary terms I have used, psychoanalysis may be considered as an expansion of the transcendental ego's horizon: that is, psychoanalysis reveals a consciousness which has been displaced, hidden, distorted and sedimented, and then recaptures, through reflection, the intentional structure of lived experiences which might otherwise remain unreflected. Psychoanalysis has described past experience in an individual, familial and cultural sense, in an effort to discern the roots of maladaptive psychological conditions. As such, psychoanalysis can be a facet of the phenomenological approach, wherein the past is understood by an orientation to the transcendental ego: hence, not only concerned with the past, but oriented in the present and projected into future transcendences.

1 J. Bleicher, Contemporary Hermeneutics, p. 227.
Phenomenology clarifies interpretations of human behaviour, motives, functions and conditions by always beginning and ending with the understanding of life as lived. In understanding a schizophrenic person as subjectivity, a phenomenologically interpreted psychoanalysis provides a conceptual approach to the human process which preserves the meaning and validity of the person's total experience.

With transcendental phenomenology as the final theoretical framework for understanding the experience of schizophrenia (that toward which psychoanalysis is fitted in) a unified concept of subjectivity emerges. As Findlay writes, in transcendental phenomenology,

one does not examine one's notions piecemeal, as revealed, e.g. in ordinary or extra-ordinary language...but...one uses them projectively, i.e. one sees the world in terms of them. Thus one considers, e.g., the whole pattern of bodies in space and time as a complete notional picture, in which details fall into place in a fairly simple, uniform scheme. ¹

Thus, experience which otherwise is known as irrational, bizarre, flowing and confused conforms to a well-structured I-model, according to the phenomenological understanding. As Ricoeur has concluded in his phenomenological re-thinking of psychoanalysis:

it is not a matter of reformulating the theory, that is, of translating it into another system of reference, but of approaching the fundamental concepts of analytic experience through another experience that is deliberately philosophical and reflective. ²

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² P. Ricoeur, *Freud and Philosophy*, p. 376.
Section III: Qualifications on the Applicability of Psychotherapy with the Schizophrenic Patient

A. Questioning the suitability of psychotherapy with schizophrenic patients

The psychotherapy of the schizophrenias is not at all often the primary treatment of choice, and in many cases, psychotherapy is not even advisable as an adjunct to other forms of therapy—e.g. chemotherapy or milieu therapy. "Psychotherapy" is defined as "the use of any psychological technique in the treatment of mental disorder or social and emotional maladjustment."¹ The aims of psychotherapy are, as Lowrey writes,

to remove or reduce symptoms of malfunction or disease; to lead to the development by the patient of insight into the real nature and cause of his difficulties; to bring about personality integration or reintegration, as the case may be; to enable the person to base judgments and behaviour on present realities, rather than to have them distorted by the intrusion of unresolved emotional conflicts and complexes. ²

Psychotherapy is generally thought of in terms of an office visit by the patient, where doctor and patient discuss personal problems the patient might be having, share in the immediate relationship which occurs between them, and the patient makes an effort to learn more adaptive means of contending with stress or conflict-situations. In this regard, it is important that the patient learn to accept responsibility for behavioural responses and to gain insight into destructive emotional reactions.

In its formal fashion, then, there are apparent reasons why psychotherapy might be limited in applicability with a severely disturbed, psychotic individual; for example, the idea of a schizophrenic person who obsessively paces in a haunting, agitated, stereotyped manner and who, by and large, thinks concretely about situations, coming to discuss in a deliberate fashion the stresses he endures, may be too threatening or too incidental for the patient, to make psychotherapy a customary, or practical mode of intervention. The role of psychotherapy is designed to illuminate personal and social problems by creating a climate whereby the individual can come into closer touch with himself and with reality. Whereas, for certain schizophrenic persons, a setting where problems are discussed in too intense a manner may prove impossible to bear.

Of the controversy concerning the proper clinical management of schizophrenic patients, a key distinction is frequently made between reactive and process schizophrenia. The deterioration experienced in some cases of process schizophrenia makes a psychotherapeutic effort, which is marked by counselling and problem-solving, appear extrinsic. Redlich goes so far as to say of all "dereistic regression" that

if and when future research should prove that such regression is organically determined, at least in some cases, the psychotherapist will appear like a fire fighter who tries to pour water on a fire which is fed by an ever-flowing stream of oil. ¹

Reactive schizophrenia can be more closely related to particular events and intra-psychic conditions. It too probably has its bio-chemical makeup, but the disintegration of personality function which results does not seem so prolonged, or fixed, as do the more nuclear forms of schizophrenia. There is more of a chance for change, and thus, for psychotherapeutic hope. Therefore, it is reasonable to see psychotherapy as one possible intervention modality for the reactive, non-organic schizophrenic person (in addition to other medical treatments). The clinician, for example, may help the patient learn how to manage certain stresses and certain environments which are bearing upon a weak disposition, or the clinician may be able to encourage the realignment of certain bonds within the family system which previously have led to confusion and instability, or there may be an opportunity to facilitate ego strengthening by conveying to the patient a reasonable sense of worth and ability, or by clarifying messages from others, or by supporting the patient in the establishment of other, healthier relationships.

All good therapeutic intentions are conditioned by a patient's ability. The appropriate clinical management of the process schizophrenic patient may—in the most extreme cases—be reduced to custodial, institutionalized service as the least restrictive and most humane alternative; especially might this be so when full consideration is given to the individual's family dynamics and societal structures, and supposing that the institution is suitably managed, equipped and staffed. Obviously, the means and goals of treatment must be adjusted to fit the individual patient. But, while formal psychotherapy has its limits in reference to the schizophrenias, in order to achieve proper, humane treatment of the psychiatric patient, the primacy of care must remain inextricably related to the hope

for change, for improvement of conditions. In this regard, even the organic schizophrenic patient can be said to have personal horizons and possibilities, as do others with critical limitations of ability, for instance, those who are severely mentally-retarded or those who have suffered brain damage from a physical injury.

In order to achieve a more empirical view of the utility of psychotherapy with schizophrenic patients, it is important to look at the data which has been collected, to see if psychotherapy does, typically, alter the course of schizophrenia. A major means of establishing the efficacy of psychotherapy is to compare this mode of treatment with psychotropic drug therapy. An interesting point emerges, concerning the mode of certainty with which these two treatment plans are considered: Davis and Chang conclude:

There is ample evidence that antipsychotic drugs do benefit schizophrenia... 1

They also opine:

There is a widespread belief among psychiatrists that psychotherapy is very useful in the treatment of schizophrenia. 2

I think the use of phraseology—"ample evidence" and "widespread belief"—is an important clue to understanding what is a matter of clinical experience in the treatment of schizophrenic patients. It is as if the objective data leans heavily towards supporting the view that drug therapy is effective, but, for whatever reasons, the subjective impression from doing psychotherapy with certain schizophrenic patients has often indicated that some therapeutic good is achieved. Rather than being wishful thinking or a-scientific stubbornness, I think it is reasonable to evaluate the "widespread belief" in the efficacy of psychotherapy, with those schizophrenic patients who can participate in this treatment modality, by reference to its negation or alternatives: What if psychotherapy is not conducted? What other suitable courses should the clinician pursue in an effort to facilitate reform of the interpersonal deficit in schizophrenia?

After examining the relevant research, Davis and Chang advance the hypothesis that "drugs can differentially affect one aspect of schizophrenic disorder (symptoms) and that psychotherapy can differentially affect another problem seen in these patients, namely, poor social functioning.


2Ibid., p. 605.
The assumption is that psychotropic drugs suppress "a possible bio-chemical abnormality in schizophrenia" and thereby diminish symptoms, while psychotherapy induces "the learning of new adaptive behaviour patterns." The general conclusion is that psychotherapy can be "very effective in a certain type of schizophrenia, but relatively ineffective in a different type of schizophrenia."

Some clinicians who are interested in psychotherapy with schizophrenic patients have objected to phenothiazine treatment, due to the belief that such drug intervention will block the patient's involvement in psychotherapy, although a study by Grinspoon, et al., demonstrates just the opposite effect. In reference to chronic schizophrenic patients, drug-treated groups tended to display more emotional involvement than non-drug-treated groups. Another issue raised concerning the proper management of schizophrenic patients appertains to the ever-present risk of side-effects with the administration of drugs; the argument goes that even when neuroleptics inhibit the return of symptoms a cure is not reached (e.g. personality is not reorganized) and when the patient is under the influence of such potent medication, there may be an adverse impact on the patient's readjustment to community life; and finally (so the argument goes) the psychotropic drugs sometimes have little or no effect on the over-all course of the illness. However, in looking at the statistics, especially in those cases where a more selective basis for administering the medication has been required, there is much concurrence as to the utility of drugs in the treatment of schizophrenic psychoses. A very critical point to consider in favour of psychotropic medication as an intervention modality is suggested by the studies which indicate that "withholding drug treatment may result in patient's having a markedly worse natural course during the subsequent three to five years" especially when the drugs have been denied the patient during a serious acute episode.

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1Tbid., p. 597.
2Tbid., p. 597.
3Tbid., p. 598.
6Tbid. Both studies agree in the benefit from alliance of a biologic and psycho-social treatment strategy.
7J. Davis and S. Chang, 'A Look at the Data', op. cit., p. 612.

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As mentioned previously, the effectiveness of psychotherapy alone is not so certain. It has been set forth, in a classic study by Greenblatt, et al., that psychological intervention has proven to be a necessary component of the clinical management of schizophrenic patients in terms of precipitating discharge from institutions and in terms of facilitating successful reintegration into the community.\(^1\) The major contrast to be drawn between drug treatment and psychological treatment is that a drug cannot provide new social learning.\(^2\) Psychotherapy is also said to have "a modest effect on the prevention of relapse and the reduction of symptomatology of schizophrenia;"\(^3\) empirically, however, when psychotherapy is given with drugs, patients generally do about as well as with drugs alone.\(^4\)

The mobilizing effect and re-learning potential are, perhaps, the strongest points in favour of this therapeutic procedure with schizophrenic patients. Nevertheless, even at this strong point, a cautionary note must be made. As Davis and Chang observe:

> It may be that permanent harm results from an environment high in social expectations. If the patient is asked to improve psychologically when his schizophrenic incapacity is too great, then this failure to meet expectations can be such a blow to his self-esteem that he is not amenable to therapy initiated earlier.\(^5\)

From the foregoing discussion, it should be obvious that I consider schizophrenia to be appropriately discerned as a "disease", a very profound mental illness, one which requires clinical management through the combined efforts of medical and psychological treatment. However, the idea of "mental illness" is a peculiar notion, in that, when speaking of the "mind", one is not only referring to a disease which "come upon" an individual, but in a certain manner of speaking, the mental illness, itself, must be considered to be a style of or progression from the life that is lived. In a very real sense, mental aberrations (of varying degrees) are an aspect of each person's experience of the world. Whatever causes the

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\(^2\) J. Davis and S. Chang, 'A Look at the Data', *op. cit.*, p. 619.


\(^5\) *Ibid.*, pp. 607-608. The authors refer to the study by Greenblatt, et al., *op. cit.*, to substantiate this point.
disease, whether bio-chemical, intra-psychic, or a combination of the
two, a key manifestation of the illness concerns its social ramifications,
i.e. what happens between the schizophrenic person and others. Therefore,
in order to appreciate the full value of the psychotherapy of the schizo-
phrenias, it is mandatory that one view schizophrenia as not simply a
disease, but also as an expression of the individual's life-history (past
and present). As Will writes, schizophrenia must be seen to be
an expression of the vicissitudes of a person's development, a reflec-
tion of his society and culture, and a caricature of the problems of
existence with which all of us must come to terms, one way or another,
in our growing up. 1

If this is so, then the "human relationship" must be seen to be a primary
factor in each person's life: there is no development, no growing up, no
existence without others. Psychotherapy, proper, is a form of "human rela-
tionship" where these expressions of the life-history can be examined in
detail.

But, notably, psychotherapy is not the only occurrence of "human rela-
tionship" which can transpire between the clinician and the schizophrenic
patient. Indeed, there are "many therapies in psychiatry, such as group,
milieu, encounter, drug, shock, and so on; each of these involves, to some
extent, a form of the human relationship." 2 Psychotherapy is a very con-
centrated form of human relationship; due to its intensity and specificity,
psychotherapy may even be considered an "artificial" form, e.g. in that
the setting is relatively safe for experimentation compared with an every-
day social setting, and in that the major concern is only for the patient's
growth, not the clinician's.

In a wider frame of reference, the entire clinical sphere is like a
 crucible in which the patient may acquire the potential for satisfactory
and meaningful relationships. As such, the clinician is in a unique and
important position in the life of the schizophrenic person. Perhaps most
specifically when doing psychotherapy, but actually at any time of inter-
action with the patient, the clinician has an "ever present and unavoid-
able influence" as "the observer on the field in which he acts, even as
he attempts to see and comprehend." 3 Will continues this line of reason-
ing by concluding that the relational factor is primary in a person's

1 O. Will, Jr., 'Responsiveness of the Schizophrenic to the Planned Use
of the Human Relationship,' in Chapter 14 "Does Psychotherapy Alter the
2 Ibid., p. 629.
3 Ibid., p. 622.
life, not only in reference to one's past development, but also in view of future development:

We are to a large extent created by these relationships, and the course of our lives is not only altered by them, but dependent upon them...A person, by virtue of being schizophrenic, has not somehow become immune to the personal influence of other human beings.

Judging from the evidences of research, the psychotherapeutic relationship certainly cannot achieve every desired treatment goal in the management of the schizophrenic disorder. Psychotherapy is, however, a valid, albeit partial, concern with certain schizophrenic patients. Perhaps the "widespread belief" among clinicians as to the value of psychotherapy (which I mentioned earlier) is also due to perceptible, even if modest, changes that are observed in schizophrenic patients who are able to participate in psychotherapy sessions. Accordingly, psychotherapy would need to be evaluated as a means of qualitatively improving the existence of the patient, even if the illness is not therein eradicated. A cure of schizophrenia, with no later return of symptoms, is still unusual. It may even be hardly definable, as questions often linger in the observer's mind if symptoms are not merely masked, or if the inner life of the patient is still largely in turmoil. At this historical stage in the clinical management of the schizophrenic patient, it is feasible to think of "small steps" rather than "giant strides" in the progress of each individual patient, and to monitor the patient's treatment goals in a graduated manner. Meanwhile, research for more effective means of psychotherapy and drug therapy must continue. In the present time, if a person who suffers from this illness can be helped, e.g., to understand aspects of the disorder, to share with another person the uncanny experience of psychosis, or feelings of anger, or unexpressed ambitions, without fear of rejection from the other person, to adjust to major emotional and mental problems even in a slight way and to feel accepted by someone in the midst of extremely disagreeable psychological disturbances, then therapeutic good has been achieved. Steps have been taken in the right direction for the proper clinical management of the schizophrenic psychoses.

B. The central place of participation, through dialogue, with schizophrenic persons

With these points of clarification as to the efficacy of the psychotherapy of schizophrenia, I now want to direct attention further to an

\footnote{Ibid., p. 623.}
aspect of all clinical management, upon which this phenomenological approach has a bearing. The dialogical aspect of the clinician-patient relationship is characteristic in every form of therapy of the psychotic person. Dialogue, certainly, is a key phenomenon in psychotherapy, but also dialogue is featured in the many forms of clinical interaction between staff and patients. The phenomenological approach to dialogue is one that is based upon participation with the patient and one in which the clinician is prepared to decipher a meaningful expression from the patient, including the nuclear, apparently non-responsive schizophrenic person, who might never be a suitable candidate for psychotherapy, proper.

"Hermeneutics" is an important term to designate the particular function I have in mind, in reference to the phenomenological approach and its use in the relationship between the clinician and the patient. Ricoeur identifies hermeneutics with "the art of deciphering indirect meanings."\(^1\) Traditionally, hermeneutics has been concerned with reflecting on texts or events in a past time and culture and bringing out an understanding which is existentially meaningful in the present situation. In its classical sense, hermeneutics has dealt with the rules to be observed in Biblical exegesis or literary criticism.\(^2\) Today the term enjoys a wider reference, being not only applied to an understanding of history and historical documents, but also in reference to language events which occur in an immediate social context. Ricoeur has been an influential figure in bringing hermeneutics into the sphere of the social sciences; in an essay concerned with the action-form of speech events, he writes that human sciences may be said to be hermeneutical (1) inasmuch as their object displays some of the features constitutive of a text as text, and (2) inasmuch as their methodology develops the same kind of procedures of those of Auslegung or text-interpretation.\(^3\)

Deciphering the utterances and actions of the schizophrenic person may be taken in this sense.

When given a broader currency, hermeneutics entails considerations of a philosophy of significance or a theory of meaning, directed to personal and interpersonal events. In phenomenological terminology,

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\(^1\)P. Ricoeur, "From Existentialism to the Philosophy of Language," Philosophy Today, 1973, 17: 91.


Hermeneutics is an attempt to illuminate the meaning of the life-world for respective egos. Hermeneutical enquiry becomes advisable when a "gulf" exists (classically, between the early Christian community's way of understanding the world and the view of the Church in the present time, after history has taken its toll on modern man's world-view). The hermeneutical effort is to establish a semantic "arch" so that comprehension spans the gulf between one and the other.

In clinical interactions, the practice of hermeneutics allows for a testing of ego boundaries (i.e. for the patient) through the other person (i.e. the clinician). The dialogue, itself, serves as an arch across the gulf which exists between the schizophrenic person's world-view and the clinician's. Thereby, the aim is that a more complete Gestalt be realized, or as I prefer to express it, that the life of the transcendental ego be experienced in a more congruent and unified manner through the dialogical testing which has transpired. Hermeneutics, then, as evidenced in the relationship, involves a gradual, but consistent reframing of cognitive, affective and behavioural processes. The egological structure becomes redefined through the interaction and influence of the two in dialogue. Merleau-Ponty describes "structure" as organizing "its constituent parts according to an internal principle: it is meaning. But this meaning it bears is, so to speak, a clumsy meaning."¹ When the structure of an individual life has "broken down" as extensively as it does in schizophrenia, the reframing process may be expected to be slow, because not only is there the clumsy meaning to contend with, but also, the incongruous, disturbed meaning; nevertheless, reframing is accomplished by "moving back and forth between experience" and "construction or reconstruction" of one's thinking, feeling and acting in the world.² The whole, the structure, is already "there", but through the clinician's willingness to participate in clarifying the meaning of that structure, more congruence may be realized. In concentrating on a particular expression of subjectivity, say an intractable delusion, when the reframing process does not result in the patient's attainment of a more congruent and realistic view of the objective state of affairs, it is also important to observe the following "traditional hermeneutical rule":

It concerns the circular relation between the whole and its parts, the anticipated meaning of a whole is understood through the parts,

¹M. Merleau-Ponty, Signs (Evanston: Northwestern University Press) 1964, p. 117.
²Ibid., p. 119.
but it is in light of the whole that the parts take on their illuminating function. 1

The "whole", according to the phenomenological understanding of the self, is the transcendental ego. Accordingly, although the "parts" may be dysfunctional, the patient's value, indubitability and presence are the terms which define the over-all, fundamental structure, and, it is in view of the transcendental ego that a philosophy of significance is basically determined.

In keeping with such a definition of "hermeneutics", it is helpful to sub-divide the process according to what is meant by "communication", "understanding" and "rapport". These three components of dialogue are important features of the phenomenological approach which I am advocating that the clinician take when relating to a schizophrenic person. In this context, I want merely to suggest how the hermeneutical act can be an integral part of the clinician's work, since I will follow up in greater detail in later portions of the thesis.

First, communication is a necessary phase of establishing a hermeneutical arch, of bridging the gulf between one and the other. Humans are, by nature, linguistic, expressive beings. In phenomenology, language may be understood as the nonobjectified voice of being, and "language" in this sense, should also be taken to mean bodily movement--e.g. what is being said (consciously or unconsciously) through one's actions. Language, therefore, is "operative in all forms of the implicit and co-intended, in all human experience at all levels."2

In a statement which underscores my position that dialogue is a valid concern either in or out of psychotherapy, proper, Reusch maintains that "therapeutic communication takes place anywhere"3 in a clinical setting. He observes further that communication takes various forms, i.e. "whenever communication fails on a higher level of symbolization, the patient attempts to reestablish human contact by means of more primitive methods."4 Thus, it is necessary that the clinician realize that the schizophrenic person, even when withdrawn or regressed, is in the act of communicating.

1H. Gadamer, "The Problem of Historical Consciousness," Interpretive Social Science: A Reader, op. cit., p. 146.
2P. Ricoeur, Freud and Philosophy, p. 385.
4Ibid., p. 45.
Perhaps the patient is not actively "attempting" to reach someone else through a communicative gesture (e.g. a catatonic stupor), especially when the patient's volitional ability is disturbed, or when the patient is utterly distrusting of human contact. However, there is still a message being communicated to others whenever a person expresses, verbally or not, that "I want to be left alone" or "I am unable to talk to you." Furthermore, Reusch's point is an important one in terms of achieving a good therapeutic outcome with the patient, because he is alerting the clinician to whatever "language" the patient employs. For instance, if the clinician observes a patient babbling incoherently and then decides to disregard or to ignore the patient, then the patient's communicative effort may well be stopped. "Ignoring" may prove to be a valid technique, in terms of behavioural modification, wherein the incoherent behaviour is not reinforced, but in such cases the ignoring is used responsibly as an active communication (the appropriateness of which can only be established through empirical testing). Yet, no matter by what means the clinician chooses to respond to the patient's communication, in order for dialogue to transpire, the clinician must observe that the schizophrenic person's expression is meaningful—even if its meaning is the sense of non-sense. On the basis of his own research and clinical experience as a psychiatrist, Reusch concludes that such phenomenon as regression implies the use of a language the emotional impact of which is universally understood. Once people have established contact on this basis, the foundations have been laid for later return to a more rational form of communication. 1

Reusch then adds the following caveat, which emphasizes the need for the hermeneutical effort: "if the patient is left to his own devices and is cut off from communication with others, his behaviour will become more and more disorganized."2

Gadamer writes that "language is a central point where 'I' and world meet or, rather, manifest their original unity."3 For a schizophrenic person, who has withdrawn from world involvement, the act of communication is a means whereby being-in-the-world may be given more definitive outline. Ricoeur observes that, in a phenomenological account of language, the

1Tbid., p. 46.
2Tbid., p. 46.
"important thing is to question back from the uttered meaning to meaning in operation;" in this sense, then, "man is language" but not in an abstract frame of reference alone. Beyond any speculative metaphysics of language, through speaking, writing, and acting out, meaning becomes operational.

Second, the art of hermeneutical enquiry involves a movement toward "understanding". Whenever persons communicate with one another, if they want to participate in a process whereby mutual understanding may be reached, then there must be certain "validity claims". As explained by Habermas, to perform a speech action in which the meaning can be vindicated, the speaker must claim to be

a. Uttering something understandably;
b. Giving (the hearer) something to understand;
c. Making himself thereby understandable; and
d. Coming to an understanding with another person. 2

Of these four validity-claims, not a single item is necessarily part of the isolated schizophrenic person's speech action. Sometimes, communication seems to be directed to no one, with no comprehensible representation of facts in mind. For example, a twenty-year old schizophrenic man, who tried to express his thoughts and feelings in a diary, during a two week period of deep psychological disturbance, wrote:

product of held 2 screwplate on chair. Chromcraft Corporation St. Louis 20, Mo.

Work with retarded kids is one thing I feel very emotion or alot of love toward them. And feel this is what God want me to do at this time. Don't overlook pearl's in swine. Don't swallow a nat and eat a whale. Science is a slave. science is an emotion drive... 3

Part of what the schizophrenic man has written is understandable right away (e.g. his professed desire to help intellectually deficient children) but other parts are very private (e.g. references to the screwplate on a chair and its significance for the diary) or confused (e.g. "science is an emotion drive"). In achieving understanding of this person's written communication, there certainly is a "gulf" to be bridged; but this is precisely why the need for hermeneutics arises. As Gadamer remarks, "the effort of understanding is found whenever there is no immediate understanding,

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i.e. whenever the possibility of misunderstanding has to be reckoned with.\(^1\)

Therefore, I am not saying that, through a phenomenological approach, understanding will come as a matter of course. Often, with a schizophrenic person, the "understandable" comes, if at all, only after much effort of understanding. What is required in order for understanding to reach a fulfillment is the movement from the patient's internal, expressive attitude to an external, interactive relation. This is the way understanding is established for anyone. The schizophrenic patient, particularly, requires more assistance in achieving this end. Habermas' last "validity claim"—"coming to an understanding with another person"—may prove to be the most critical factor in vindicating the claims of the other person.

It is one thing for the clinician to remain distanced from the schizophrenic person's communication and to explain the condition according to causes, symptoms or statistics. It is quite another matter for the clinician to seek understanding in an hermeneutical, phenomenological manner. Understanding comes only with joint tenancy of the life-world. Habermas discusses the "participatory relation" which is needed for proper, interactive analysis of the other's communication in a clinical setting:

In place of controlled observation, which guarantees the anonymity (exchangeability) of the observing subject and thus of the reproductibility of the observation, there arises a participatory relation of the understanding subject to the subject confronting him (alter ego). The paradigm is no longer the observation but the dialogue—thus, a communication in which the understanding subject must invest a part of his subjectivity, no matter in what manner this may be controllable, in order to be able to meet confronting subjects at all on the intersubjective level which makes understanding possible. \(^2\)

Observation is not sufficient if understanding is to be realized. Even in terms of understanding literature, or of a historical text, Gadamer admonishes that it is "worthless to observe more closely, to study a tradition more thoroughly, if there is not a trained receptivity towards the 'otherness' of the work of art or of the past."\(^3\) Participation and receptivity play that much more a part of understanding when the hermeneutical effort is directed to a present person's message. It is this attunement to the other that a phenomenology of the ego is meant to enliven.

\(^1\)H. Gadamer, *Truth and Method*, p. 157.


\(^3\)H. Gadamer, *Truth and Method*, p. 17.
It becomes apparent when the hermeneutical task is extended to the "significant conversation", when receptivity is fully awakened to the other's meaning, that an "alienness is inextricably given with the individuality of the 'Thou',"1 whether the other is schizophrenic or not. But, it is not the "alienness" of another kind, not a solipsistic monad, not a being unlike oneself. The enquirer's receptivity of the other must also take into account the other's mode of receptivity to the enquirer as other. True understanding takes notice of the gulf between individuals and does not assume knowledge of the other prematurely. However, when unilateral expressions reach the other and become bi-lateral, then there is a syntax (however obscure, when the expression comes from a highly disturbed schizophrenic patient) which is more than an intra-psychic affair. Indeed, when the patient's expression opens into the world of the other (in this case, the clinician's world) the syntax has already been altered from an isolated consciousness of self to consciousness of the other and of the shared event.

The "object" of the hermeneutic in clinical dialogue is jointly the "here-being" and "there-being" of the patient and of the clinician. In arriving at the meaning of an experience, the movement is from the singular to the shared: monologue to dialogue. "Here-being" is the a priori condition of being ego in the situation (the transcendental ego) and "there-being" is the forestructure of understanding in which an anonymous creation of meaning forms the ground of all experience (the life-world). Two alien others (clinician and schizophrenic patient) influence each others "here-being" by "there-being". My particular concern in the thesis is elucidation of a model for "here-being". However, subjectivity does not remain enclosed within itself, but through being communicated finds itself as having already been present to the other. In the clinician's approach to the patient, the phenomenological emphasis, as derived from Husserl, would depict an intentionality which opens up into the world of intersubjectivity, so that it is with the sense of "here" and "there" that a complete hermeneutical understanding is concerned.

Furthermore, hermeneutics in clinical interaction has to do with the relation of understanding and "history". In terms of the particular conceptual approach to the individual, the clinician's effort to comprehend the patient "is never subjective behaviour toward a given 'object',

1Ibid., p. 157.
but towards an 'effective history'. ¹ When the schizophrenic person shares his effective history, the clinician may be of assistance in "reading over" the autobiography more accurately. Clarification of the meaning is inseverable, however, from the event of the two seeking to arrive at an understanding together. The dialogue concerning the life-history is an action-form. As Gadamer writes:

Historical knowledge cannot be described according to the model of an objectivist knowledge because it is itself a process which has all the characteristics of an historical event. Understanding must be comprehended in the sense of an existential act, and is therefore a 'thrown project'. Objectivism is an illusion. ²

Thus, when I speak of understanding the life of the transcendental ego, I am referring to the meaning of one's effective history. In this regard, there is no "inner man" to be grasped: the dialogue between the clinician and patient should define the boundaries of the ego better, inasmuch as the patient gains more delineation and definition of his "thrown project" through being understood and responded to.

Third, hermeneutics, when applied to clinical dialogue, requires rapport. If the hermeneutical effort was extended to an inanimate object, say a historical text, then the enquirer would need to be stimulated, to have interest, to possess an urge to participate; but, that which he sought to understand is life-less and non-responsive, in principle. However, when the hermeneutical effort is directed to another human being, rapport needs to be featured as well. The ideal state of rapport in psychotherapy is defined as "a reciprocally comfortable and unconstrained relationship" between the clinician and patient during times of discourse. ³ Certainly, rapport does not come easily with many schizophrenic persons who are distrustful or not used to reciprocal relationships of a healthy nature. But, by working towards an experiential, working relationship with the patient, the clinician will be better prepared to understand and to influence the patient in a therapeutic manner. When the clinician is prepared to decipher the meaning of the other's message in the intersubjective situation in which they find themselves, then the moment of possible rapport is initiated. When the significance of an utterance is lifted out from the

¹Ibid., foreword to the second edition, xix.
obscurities of the intra-psychic life and brought more fully into the light of the dialogue, consonance becomes a more firmly established part of the relationship, which, thus, allows the patient to test out a wider range of feelings and behaviours.

Every time speech acts are exchanged between the clinician and the schizophrenic person, an underlying consensus is being formed which includes reciprocal recognition of each other, in some way. That is one reason why I have insisted upon of a view of the transcendental ego which endorses the other's value: valuing allows for the expression of rapport. The transcendental ego is not an entity for the clinician to try to reach or manipulate. It is through language, the communicative action, the effective history of the moment, "that spirit is not conceived as something internal, but as a medium which is neither internal nor external. In this, spirit is the logos of a world and not a solitary self-consciousness."

Rapport, therefore, in phenomenological terms, is not accurately conceived of as a probe into the other's psyche. In fact, the movement is just the opposite from this, inasmuch as through rapport the other is encouraged to set a personal boundary within the shared world. In communication, the schizophrenic person is tentatively moving from solitary consciousness to interactive consciousness; a measure of rapport is realized when the threat to the schizophrenic person's sense of self is eased. With "entry", or awareness of being in an intersubjective world which is safe, rather than hostile and rejecting, then the patient has a better chance to demarcate his presence in the world.

Habermas describes the fundamental demarcations which can be achieved through communicative action, as the ego being distinguished

(1) from an environment that he objectifies in the third-person attitude of an observer; (2) from an environment that he conforms to or deviates from in the ego-alter attitude of a participant; (3) from his own subjectivity that he expresses or conceals in a first-person attitude; and finally (4) from the medium of language itself.

The aim of rapport is not to force a way through into the "inside" view of the schizophrenic person's world. It is to allow the "inside" to come "outside" and be distinguished. As Gadamer says of comprehending the sense of a text:

it is not a matter of penetrating the spiritual activities of the author; it is simply a question of grasping the meaning, significance and aim of what is transmitted to us.

The meaning of hermeneutical inquiry is to disclose the miracle of understanding texts or utterances and not the mysterious communication of souls. 1

Moreover, rapport is not sought, simply in order for the clinician to know what the schizophrenic person means, i.e. what he is "all about". Understanding is meant to terminate in the "intersubjective mutuality of reciprocal understanding, shared knowledge, mutual trust and accord with one another." 2 Right understanding between the clinician and patient is a process which is contingent upon the two interchanging in a productive and congenial manner, where the patient realizes that his integrity is not at stake, that his right to be an expressive being in the world is safeguarded, and that his presence as a mutual ego is being established by means of the discourse.

In dialogue with a schizophrenic patient, whether in psychotherapy proper or in various other clinical settings, communication, understanding and rapport are features of the hermeneutical effort. In comprehension of the patient, there are two distinctive, although not totally separate viewpoints: one has to do with the technical control of the patient and the other has to do with intersubjective communication. In the former, the comprehension is concerned with an "empirical analytic" (i.e. in the form of causal explanations and conditional predictions) and in the latter, the comprehension lends itself more to what I have been calling "hermeneutical knowledge" (i.e. in the form of interpretations of complexes of meaning for the participants). Habermas describes this dual framework for comprehending the other person, accordingly:

In the functional sphere of instrumental action we encounter objects of the type of moving bodies; here we experience things, events, and conditions which are, in principle, capable of being manipulated. In interactions (or at the level of possible intersubjective communication) we encounter objects of the type of speaking and acting subjects; here we experience persons, utterance and conditions which in principle are structured and to be understood symbolically. 3

The question concerning the direction of this phenomenological approach to understanding schizophrenic experience is not "which is better, the

instrumental or interactive mode of comprehension?" but "which is to be more centrally thematic?". The emphasis I will be giving in this study is to the interactive, participatory, non-manipulative use of comprehension. My particular point of interest is to develop a structure of experience which complies with the description of the ego in transcendental phenomenology. Thus, the clinician will have an I-model from which to conceptualize meaningful expressions from the patient, and from which to conceptualize the meeting and dialogue between the two as "I" to "Thou", either in psychotherapy or in other forms of clinical interaction. It is in order to gain a clear, empathic and consistently structured view of the transcendental ego, which would be descriptive of the appropriate phenomenological conception of the schizophrenic patient, that the rest of the thesis is directed.
The phenomenological idea of "being" provides the conceptual means for setting clinical data and theoretical assessments of the patient into a more immediate and personal frame of reference. A general survey of the method of the natural sciences suggests the tendency to analyze human experience in an external, compartmental and technological manner. Phenomenology represents a readjustment of this kind of conceptual survey, the implication being that some correction is needed. The issue of "readjustment" concerns a reaction against the domination of technical views of the patient and a movement towards an experiential view of the presence of the other person.

While trying to articulate the primal level of lived-experience, phenomenologists have often noticed how the more fundamental dimension of "being" is somehow lost, minimized or distorted in the language and thought of the sciences. The fact that "being" can be disregarded is a compelling commentary on western civilization's approach to knowledge acts. It is an epistemological problem which has been manifested at various levels of applied human sciences, including traditional clinical views of subjectivity. Bettis notes how the scientific effort to construct "more adequate organizational structures for data" can be the cause of a "reductionism" which loses sight of the original experiential basis of the phenomena in question; he writes:

Reductionism identifies the scientifically observable causes of an event with the meaning or significance of the event. In its extreme forms the scientific mentality becomes a criterion of what kind of data can be entertained rather than a method of approaching the data that present themselves. Reductionism assumes that the only important data are those that fit its pre-conceived criteria of significance—usually those of quantitative evaluation...Data which could not be quantified is dismissed as 'subjective'.

There can be little doubt that reductionistic analyses play a valuable part in technological advance. And phenomenology certainly is not opposed to skillful, industrial methods of handling data. Husserl has warned, however, of the imminent crisis of mastering "nature" at the expense of an appreciation of the "spirit" which accomplishes the mastery.


2. This is the theme throughout E. Husserl, The Crisis of European Sciences and Transcendental Phenomenology (Evanston: Northwestern University Press) 1970.
When the "data" in question is the irreplaceable individual and the life being lived by that individual, then the purely subjective element must not be rooted out, but rather, must be made the central issue of investigation. For example, the behaviour of a particular individual will inevitably consist of basic patterns of stimulus and then response. These patterns can be conceived without making fundamental reference to the individual undergoing the experience, and the meaning of the experience in the terms of the individual. The error is not in discerning the stimulus-response pattern. The approach becomes reductionistic only when the stimulus and response are considered apart from (and prior to) the "being" for and in whom psychological and physical realities are experiential phenomena. The "organizational structure" in phenomenological analysis is always in direct reference to the constituting ego. Husserl maintains that true objectivity comes by a radical and direct understanding of continually active subjectivity (and intersubjectivity).

One presupposition behind the kind of reasoning which has led to a data-oriented, mechanistic image of persons is the minimal consideration of man as a mere object in nature. Phenomenology, on the other hand, seeks to restore the relevance of enquiry into the unique meaning of an event for an irreplaceable, individual subject. Buber remarks: "We have in common with all existing beings that we can be made objects of observation"; but he then hastens to add, "it is my privilege as man, that by the hidden activity of my being I can establish an impassable barrier to objectification."¹ Husserlian phenomenologists understand the essential element of being human to be "spirit"—a spirit which finds itself being in the world as subject and object, but one which is ultimately not reducible to a material basis. Spirit connotes energy, the elan vital of being, the energy of a particular existence. As Scheler says, "Spirit is the only being incapable of becoming an object. It is pure actuality. It has being only in and through the execution of its acts."² Man the object in nature is also the subject constituting a world. The force of the phenomenological orientation to "being" is to understand human experience without reducing man to nature, or vice versa, reducing nature to the reasoning man.

²M. Scheler, Man's Place in Nature (Boston: Beacon) 1961, p. 47.
Hence, phenomenological understanding cannot be achieved if persons are studied from the same vantage point as inanimate objects might be. A life of consciousness establishing a meaning in the world of others is the distinguishing mark of human being. That does not mean that human being is totally different from the being of other things and animals in nature, but that there is yet the essence of being "I" which cannot be turned into an object of scrutiny without losing its true sense. Ramsey argues for this same premise when he writes:

Plainly "I" is in part tractable in observational language—what "I" refers to is not something entirely independent of our public behaviour. On the other hand, it can be argued, and all those who (like Hume himself) find Hume's "object" theory of themselves inadequate will certainly argue that "I" can never be exhausted by such language.1

Previously, I have argued for a reciprocal, inclusive relationship between scientific analyses and phenomenological reflection on schizophrenic psychoses. It now must be re-emphasized that "being" needs to be the guiding idea for understanding schizophrenic experience in order for the scientific viewpoints to be in an order which takes account of the vital principle of lived-experience. Objective knowledge about the patient (e.g. clinical data in the form of a personality inventory) is neither wrong nor misconceived: to say so would involve a confusing, contradictory use of words. The implication behind the phenomenological readjustment of viewpoint is that knowledge must take its shape and significance according to the living presence of the person for whom these specific objects of knowledge are expressions. There are two different levels of conceptualization. As May has concluded, "the grasping of the being of the other person occurs on a quite different level from our knowledge of specific things about him."2

It is among Husserl’s unique contributions to the study of human experience to have delineated methodological stages for grasping such a primary sense of "being". In Husserl’s analysis of the problem, the observer’s orientation to human experience becomes a matter of central importance. The readjustment, then, rather than being an abandonment of objective knowledge indicates another look at the same "things".

One reason Husserl’s approach to human experience is exemplary and applicable to the clinician’s conceptual approach to the patient is that he sees no need to denigrate scientific analyses but simply to insist upon a proper orientation to the knowledge act. This approach stands in contrast


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to certain other "humanitarian" analyses of the interpersonal situation. Rogers, for example, while demonstrating a keen sensitivity to "being" in his client-centred approach, and while drawing the right conclusions about the other person as an "effective presence" appears to go too far in his alleged rejection of scientific understanding when relating to the other person; he writes in one instance: "I enter the relationship not as a scientist, not as a physician who can accurately diagnose and cure, but as a person entering into a personal relationship."\(^1\) However, Rogers' next statement—"Insofar as I see him only as an object, the client will tend to become only an object"—\(^2\) is consistent with the phenomenological approach I am taking. With Husserl, only if the lived-experience is conceptualized in an "ancillary" or "partial" manner must the phenomenologist separate himself from the scientific viewpoint: "If science becomes a problem in this way, then we must withdraw from the operation of it and take up a standpoint about it..."\(^3\)

The orientation to human experience of the natural sciences is from the "outside". By this I mean, the observer starts investigation with the tractable "I", having little concern for the constituting activity of the spirit. From this orientation, the clinician has two major thought constructs from which to evaluate and to make sense of the patient's experience—both of which may be thought of prior to the activity of the constituting ego. These are generally conceived in terms of a psychological: physiological dichotomy (although the clinician may consider the inter-relation of mind and body, as well). Theories which concern the "mind" are developed from the same external perspective as those which concern the "body". The ground of observation is the objective world. The subjectivity is not thought of as an egological foundation. Often, exacting efforts are made from this "outside" orientation to discern what is "inside" the patient. And, the very pragmatic reason for staying with this orientation is that, to a significant degree, the goals of impartial scientific analysis can be reached from the "outside". That is, "how the psyche works" can be examined rather adequately without due consideration being given to a constituting ego.

Unfortunately, when spirit is ignored because of an externalized orientation, the mental or physical functions, themselves, tend to be the

\(^2\) Ibid.
\(^3\) E. Husserl, The Crisis of European Sciences and Transcendental Phenomenology, p. 122.
The final notion of what subjectivity is. "How" the organism functions begins to replace other philosophically sound issues, such as, "what is the essence of human being?" and "how is meaning achieved for the particular existent?". Moreover, as long as the observer stays true to the objectifying, natural orientation, there is little impetus to see beyond the function. The consequences of the externalized, functional analysis of the psyche can be seen most vividly in those cases (such as in schizophrenia of the severe type) where the organism is, by and large, non-functional.

A shift of reflective orientation is needed in order to appreciate what Husserl calls the "being-sense" of subjectivity. Without this reflective shift, along with the achievements of the scientific process of objectification comes a grave shortcoming in the over-all conception of the person. Indeed, from a phenomenological perspective, one of the chief reasons for the loss or subjugation of "being" in scientific studies has been the way in which technological analyses have stopped short of a concept of existence, and have disguised this more fundamental dimension with a concept of function.

The solution of transcendental phenomenology is to change the orientation. The beginning point becomes spirit, not nature. The scientific objectifying viewpoint is "turned around", or "turned inside-out". In phenomenological reflection, the psyche, rather than being conceived as the end conclusion of subjectivity is described as a constituted region. The mental function is considered to be a direct experience of and for the transcendental ego. The transcendental ego, as constituting source, becomes the prior consideration to that imposed by a natural schema of subject-object. The aim in Husserlian thought is to break through the restrictions of a constituted: instituted reflective model, because of the tendency within this natural reflective model to disregard the activity of the spirit. In transcendental phenomenology, the reflective gaze is meant to disclose the following primal progression from "I" to "World": the transcendental ego is described in line with its constituting-constituted-instituted activity, and in that order.

To achieve this Husserlian orientation to the I-World relation, and to apply the orientation to an understanding of the experience of schizophrenic persons, it is necessary, first, to consider the special correlation between the constituting source and constituted region of the ego, and then, second, to back away conceptually from the instituted sphere of human experience, by means of phenomenological reductions. By reflecting upon various steps in Husserl's methodological grasping of "being",
my aim is to present an image of the person (an I-model) according to which schizophrenic experience may be evaluated in a non-reductionistic (i.e. rehumanizing, non-minimizing) manner. Phenomenological reductions, thus, are directly opposite from reductionistic analyses. The phenomenological readjustments of viewpoint, as corrective measures, are meant to re-establish, first and foremost, the concept of "being" in schizophrenic experience, inasmuch as the reductions which occur are "to", not "away from" being.
Section I: The Method of Correlating Transcendental and Psychological Subjectivity

A. The polarization of the pure ego and the empirical self

Phenomenology is well known for its insistence that the one who is experiencing life should not be abstracted from the experiential field. Supporting this tenet, Kockelman refers to the attempts of the practitioner of the "old psychology" to "denude" the psychical situation of all its contextual meaning. He observes, the psyche can be treated as an abstract "fact", but "to the phenomenologist... to cut the fact loose from its meaning means... to reduce this fact to incoherence." Kockelman is concerned that the psyche be understood in terms of the person's relation to the Lebenswelt—that is, that understanding of psychologically "internal" experience be not isolated to its principles of function but be related to a wider sphere of intersubjective experience. Doing so provides a better appreciation of the experience of "there-being"; ideally a total perspective is given.

From the other side of phenomenological reflection, once the psyche as a fact is cut off from its transcendental base, the ego loses a sense of its particularity. "Here-being" fails to become a vital concern. Thus, the psyche can be examined as if it were a deadened, mechanized Eigenwelt. Straus observes how technological studies of man have "replaced" a sense of "particularity with a multitude of details" and, as such, how a conception of the individual as intentional being has been overshadowed; he notes further how, in phenomenological reflection, "existence itself" is seen to be perspectival—"i.e. from our centre, our today, and our home we articulate times and spaces..." In Husserlian terms, the final expression of this particularity is conceptualized as transcendental, singular and without qualification. It is the idea of source. Binswanger recognizes the sense of this ultimate dimension of subjectivity when he refers to "the solidity of the transcendental structure preceding or underlying, a priori, all psychic structures as the very condition of this possibility."
Thus, it may be surmised that the proper phenomenological orientation to being is one in which the psychic function is framed according to "there-being" and "here-being". That is, the psyche is conceived and examined as a phenomenon within the existent's total experiential field, and as an intimate expression of a particular, vital being who establishes a meaning in the world.

I am using the term "here-being" to refer to that singular, intimate sense of being the transcendental ego. In Husserlian phenomenology, a close conceptual relation is said to prevail between the transcendental and psychic structures; Binswanger has the right idea when he says that the transcendental structure is "the very condition" of psychological functions. In phenomenological terms, persons are beyond themselves in transcendence and intentional being, caught up by the flow of experience. The psychological sphere of human existence is an example of a special case of such an act of transcending because within this sphere the pure ego constitutes a most immediate sense of correlation and identification. During the course of being beyond oneself in world experience, a unique personality has been developing, patterns of behaviour in response to external stimuli have been established, and various mental functions have been regularly conducted. The pure ego and empirical, psychological self exhibit such a one-to-one correspondence that the normal course of living can be carried on without pausing to discern the distinction expressed by the ego's paradoxical relation as transcendental and psychological. Indeed, if the primal experience of transcendence is misconceived so that intentional being is treated only externally as a result, rather than phenomenologically as a condition, then the pure ego may remain hidden by the psychological state.

Ricoeur notes how the correlation and identification of pure ego and empirical self is often misconstrued. He writes, "psychology does not know what the pure ego is—the constitutor of all reality, that for which and in which things, animals and men are;" and because of this restricted understanding, Ricoeur draws the further conclusion, "psychology cannot know what the psyche is, a constituted region woven into the surrounding world of the pure ego."¹ A logical application of Ricoeur's premise would be to consider, for example, the psychoanalyst's triad of id, ego and super ego as a well elaborated hull, a constituted region which is

misconceived because there is no relation noted between it and a constituting source. Behavioural analyses, which tend to discredit descriptions of "internal, psychological experience" altogether, would be, at least, more honest or consistent in the expression of the objectifying, natural perspective of conventional psychological studies. In either psychoanalytic or behavioural accounts, however, by failing to discern an infrastructure to the I-model a minimal image of the person is promoted: the existent is pictured either as one of conscious and unconscious proportions locked within a psyche, or as a mere behaving organism of stimulus and response locked within a deterministic experiential field.

Koestenbaum describes the transcendental realm as "a boundary with only one side; the inside as it were." Accordingly, the transcendental phenomenologist is committed to a study of the "within" of subjectivity as a stepping-stone to the "without". As argued previously, this orientation does not involve the setting up of a dichotomous schema of internal and external experience; both of these levels of experience are phenomena for and of the transcendental consciousness. The mind and the body are both constituted regions ("without") for the constituting source of pure ego ("within"). Koestenbaum adds, therefore, while the transcendental realm is pictured as "within", it is "always beyond the immediate reach of the empirical or psychological ego."

The combination of these two factors—the conceptual closeness but distinctness of the pure ego and empirical self—is expressed in Husserlian phenomenology by reference to an "ego-pole" (Ichpol). Description of the ego-pole is a way of firmly stating one's intent, as an observer of human experience, to stay oriented to "here-being". Whereas the sciences tend to analyze the I-World relation with the "I" as the product of the "World", Husserlian reflection is representative of an attempt to break away from this natural attitude and to structure the primal sense of the ego constituting the world. In a very qualified manner of speaking, the "World" (as a unit of meaning for the pure ego) is viewed as a product of the "I". This readjustment of viewpoint enables a systematic beginning.

2 Ibid., p. 535.
3 In Husserl's philosophy, the "ego-pole" always refers to the primacy of transcendental subjectivity. The "ego-pole" is thus considered to be "ultimate" with an "intentional structure of meaning and validity". E. Husserl, The Crisis of European Sciences and Transcendental Phenomenology, p. 206.
of enquiry into human experience according to the particular human subject in question. The ego-pole serves like a blueprint for structuring experience once this break from the objective world occurs. As a conceptual vehicle for emphasizing particularity, the ego-pole is not a symbolic reference to a "pole" (like a "totem-pole") upon which various images of the person, or thought-constructs, might be stacked. Even though the language used in phenomenology of "underlying" or "constitutive base" can be misperceived thus, to envision the "pole" in this manner indicates already an externalization of the view. Husserl's idea is more connotative of a "polarity", a centre of reference, a grounding of the image of the person to a particular, spiritual being, and a "polarization" between the pure ego and the empirical self, a parallel between the transcendent and the psycho-physical realm.

With the notion of a "parallel", the phenomenologist is aware that a diseased psychological state is but one level of subjectivity, complemented by a more fundamental ego sense. But, furthermore, the phenomenologist is committed to the proposition that the psychological realm is not just one constituted "thing" among and like so many other "things" in the world. The psyche (id, ego and super ego) is conceived as the same subjectivity even though these dimensions of mental function are not considered to be the ground or inception of being "I". Phenomenologically, the psyche is described as interwoven with the physical self, in the real world of actions and passions. This strict phenomenological account of a parallel is useful in understanding those occasions when a schizophrenic person seems to be abstaining from psychological involvement in the real world and withdraws from existential commitments. The idea of an ego-pole provides the structure which may be used to stir empathic understanding of what is paradoxical for the schizophrenic person: the patient, on the one hand, may profess that the existential self is of no concern; it may be said not to exist or to be of no consequence; while, on the other hand, this existential self (e.g. its delusional persecution) may remain of utmost, consuming concern for the patient.

Moreover, by distinguishing a parallel between the pure ego and the empirical self, the clinician is able to avoid a conceptual abandonment of the essence of "here-being". Laing captures this sense of ego in his remark concerning one of his depersonalized patients: "She's an I looking for a me." After the phenomenological readjustment of viewpoint, for

every person, what follows is a philosophical astonishment. The sense of wonder is that "I" am corresponded to "me"—outside, there, in the real, common world, with my body, feelings and thoughts. If the clinician is accustomed to appreciating experience in this manner, then he will be able to identify more specifically with the schizophrenic person's uncanny experience of a divided self. Unfortunately, when the schizophrenic person undergoes such disjuncture, the astonishment of being paralleled in the world is often overshadowed by an avowed rejection of the existence. With a schizophrenic person, the parallel of constitutive base to constituted region may entail the denial of the human existence just as much as it can denote an acceptance. For the clinician, understanding the parallel of pure ego to empirical self is significant in the development of an attitude which promotes acceptance of the schizophrenic person at an ego-level more fundamental than psychological disruption, while still focusing upon the actual existential experience.

In addition to the parallel structure of the transcendental and psychophysical realms, the ego-pole is also indicative of a "distance" between the pure ego and the empirical self. Admittedly, the use of the word "distance" in the present context is a difficult and somewhat awkward concept to articulate. Psychologists and philosophers have struggled to make sense of this phase of Husserlian phenomenology. Can there be a literal stepping-back from the psychological sphere into the realm of transcendental subjectivity? Would this not introduce a mythological self—a development completely contrary to the process of phenomenological description of experience? Certainly, in phenomenology, the transcendental ego should not be conceived as a "ghost in the machine".¹

Alternatively, how is the invariant sense of being present in the flow of experience to be expressed if other than to denote a distance between this immediate, non-objectifiable ego and the other senses which have already become objectified? Illustrations of distance come in everyday experience. If a person is crying and at the same time makes a reflective turn to consider the self which is crying then there is a conceptual distance to be observed; there is the separation of ideas, of an emotive state and the reflective turn. If a person is running a long distance, and there ensues a reflective shift of attention so that the moving body, the breathing and the physical environment appear distanced, with, however,

the invariant ego remaining as the centre for "there-being", there then is an experiential distance to be observed; there is the impression of being separate. In language which evokes an immediate, lived sense of "distance" for any person, Koestenbaum states, "the distance between my innermost ego and the world that I perceive is referred to as 'transcendental experience'...The perceiving and meaning-creating that reaches out is called referential...the self referential researching of our consciousness." \(^1\)

Husserlian phenomenology has been concerned with the "distance" between transcendental form and psychological content largely in an effort to clarify epistemological problems. Yet, the "distance" indicated by the ego-pole may also be applied to the clinician's conceptual account of the experience of the schizophrenic person, as a means of viewing the patient's withdrawn behaviour in a non-alienating manner. If there is a structure of "distance" between pure subjectivity and world-involved subjectivity for any person, then the schizophrenic person's experience of separation will not appear quite so alien or bizarre. To demonstrate how the concept of "distance" may be applicable to the clinician's I-model, I will extract statements from two highly articulate schizophrenic patients, both of whom have emphasized a motif of "separation" during times of psychotic disturbance. The first patient describes what may be conceived as the distance from "here-being" to "being-in-the-world", and the second patient describes what may be conceived as a stepping-back from psychological entanglements to transcendental detachment (i.e. from "having" a psyche to "being" the pure ego).

First of all, Lara Jefferson designates the separation of self from world. She writes: "Life for anyone is an individual thing. For one who is insane--it is a naked--and a lonely thing. I learned that in my days of raving." \(^2\) One of the lessons impressed upon Jefferson from her own schizophrenic experience had been that isolation and a radical distance from the objective world and other people is not only possible in theory, but painfully actual as well. In psychological terms, her self-report of experience is suggestive of intermittent states of derealization. She understood her naked loneliness, as far as that is possible, in terms of an ego sense

\(^{1}\) P. Koestenbaum *The Vitality of Death*, p. 264.

\(^{2}\) L. Jefferson, "I Am Crazy Wild This Minute, How Can I Learn to Think Straight," *The Inner World of Mental Illness*, op. cit., p. 5. This first-person account of derealization was written in various stages of the psychosis on scraps of paper during the patient's institutionalization in a state hospital.
other than that which is an embodiment and representative of world experience. She felt the need to be dissociated from her milieu. Along with an immediate impression of a naked individuality came the recognition of a "gulf" between her innermost ego and everyone and everything else: "We who have learned what madness is by going through it—(and you cannot have closer knowing than that)—are separated from all others by a gulf so wide that it cannot be bridged."¹ It is also noteworthy that Jefferson gained an affinity (i.e. "we") with other schizophrenic persons, who, likewise, had distinguished themselves from the normal person (i.e. "all others") in that these others have not undergone the experience, so it is assumed, of being separate from the world.

At the same time, from Jefferson's report, it is obvious that this distancing from the world is neither comfortable nor desirable. She speaks of herself in the third person as "the maniac" who has "come out of hell and has both the odor of smoke—and scorched flesh upon her."² Moreover, while an affinity may be achieved with other mentally-ill persons, a sense of rapport with these fellow sufferers is most always lacking. Thus, Jefferson would write, "I am willing to wager that you will not find madness so intriguing when you have to be a mad person yourself—and have only those of your like to live with you."³

The tragedy of the schizophrenic separation from the world is that the alleged attainment of a naked loneliness seldom results in any confidence in being "I (who am I)" and does not often prove conducive to a return from bare individuality to an intersubjective sphere of practical interchange and development.⁴ As Jefferson sadly comments:

¹Ibid., p. 6.
²Ibid., pp. 10-11.
³Ibid., p. 13.
⁴It is reasonable to conclude, as Laing does, that for some schizophrenic persons the inner journey of psychosis is conducive to subsequent stages of mental health, if the break from objective reality results in a reintegration of potential for use in the shared world. However, it would be incorrect to promote Laing's premise as a general rule for all schizophrenic patients; certainly it is not applicable to process schizophrenia. Note Laing's extreme position: "Sometimes having gone through the looking glass, through the eye of the needle, the territory is recognized as one's lost home, but most people now in inner space and time are, to begin with, in unfamiliar territory and confused." He then adds, "this voyage is not what we need to be cured of, but...is itself a natural way of healing our own appalling state of alienation called normality." R. Laing, The Politics of Experience and The Bird of Paradise (Middlesex: Penguin Books Ltd.) 1967, p. 104.
We cannot cope with life as we find it, nor can we escape it or adjust ourselves to it. So we are given the power to create some sort of world we can deal with. The worlds created are as varied as there are minds to create them. Each one is strictly private and cannot be shared by another. It is much more real than reality. 1

Koestenbaum makes a point which applies to the schizophrenic person's distancing from the world. He says if a person is able to hold painful experiences "at a distance" the experience "ceases to be painful, but you also cease to be a participating member in the world around you;" to participate in the world "means to have understood the nature of the self" (and by this he means the life of the transcendental ego) and "then have taken on a few aspects of existence, appropriated them and made them your own." 2

The second set of statements concerning the motif of separation reflect a distancing of the self from the self. The first-person account of this psychotic experience comes from a female in her early twenties, in the process of recovery from a schizo-affective disorder; her statements artistically reveal the subjective dilemma of the state of depersonalization. She writes:

It is as if everything that is done during the day is done automatically and, then, examined by the feeling that would have been put into the act, had it been committed in a reasonably normal way. Just as the Church was rent apart by schisms, the most sacred monument that is erected by the spirit, i.e. its ability to think and decide and will to do, is torn apart by itself. Finally, it is thrown out where it mingles with every other part of the day and judges what it has left behind. 3

For this person, that sense of self which is "rent apart" and experienced as "thrown out...with every other part of the day" is the thinking, feeling and doing empirical self. Moreover, this separation involves a "being torn apart by itself"; that is, the "human spirit" (the constitutive base, as Husserl would have it) which is accustomed to identifying with the "sacred monument" of psychological and physical proportions (or the special constituted regions of the pure ego) finds itself distanced from its own existential sense.

Then, the writer continues, with picturesque language, to describe a within-without structure (which may be understood phenomenologically in

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1L. Jefferson, "I Am Crazy Wild This Minute, How Can I 'Learn to Think Straight,'" op. cit., p. 18.
3E. Meyer and L. Covi, "The Experience of Depersonalization: A Written Report by a Patient," Psychiatry, 1960, 23: 215. The authors present this first-person account of the psychosis and say that these ideas were produced by this patient in less than ten minutes while someone else impatiently awaited the use of the typewriter.
reference to the ego-pole), noting the tragedy of a pure ego who cannot participate with the tangible self from which it is distanced.

All the constructive healing parts, that could be used healthily and slowly to mend an aching torment, have left, and the feeling that should dwell within a person is outside, longing to come back and yet having taken with it the power to return. 1

She, next, reaches a point of hesitation in her description and touches upon the very structural consideration between transcendental and natural subjectivity which Merleau-Ponty has suggested "see-saws"2 in each Husserlian, phenomenological reckoning of the ego-pole:

Out and in, are probably not good terms though, for they are too black and white and it is more like gray. It is like a constant sliding and shifting that slips away in a jelly-like fashion, leaving nothing substantial and yet enough to be tasted... 3

In fact, this see-sawing movement is not only a way of looking at the polarization of an essential and existential subjectivity, but also is descriptive of the manner in which the psychological realm, itself, becomes a constituted region. Ricoeur describes the "reification" of the ego as being when "the ego constitutes itself as psyche by this return from itself to the things."4

I realize, by arguing for an ego-pole from pure to empirical subjectivity for the schizophrenic person during states of derealization and depersonalization, a difficult problem arises. As Koestenbaum has proposed:

Access to transcendental experience can be equated with mental health and the resistance to that access or the inability of achieving access to transcendental experience can be equated with mental illness, especially of the severe types. The person who knows what it means to be alive...has full access to his transcendental dimension, to his inwardness; whereas the person who is inauthentic is lost in the world, is nothing but an object, is merely a thing. 5

He then adds:

to view the transcendental ego as lonely is not to have apprehended the very bottom of it.

Loneliness occurs when pure consciousness identifies itself with social reality or with a particular individual and is then frustrated.

1Ibid., p. 215.
2M. Merleau-Ponty, Signs (Evanston: Northwestern University Press) 1964, p. 164. "The truth is that the relationship between the natural and the transcendental are not simple, are not side by side or sequential, like the false or the apparent and the true. It is the natural attitude which, by reiterating its own procedures, seesaws in phenomenology."
4P. Ricoeur, Husserl: An Analysis of His Phenomenology, p. 52.
5F. Koestenbaum, The Vitality of Death, p. 265.
Loneliness is one particular mode of involvement in the world; it is not the result of genuine philosophical detachment. Loneliness is the experience of being there and being destroyed there. 1 Thus, in agreement with Koestenbaum, it would not be accurate to equate, for example, Lara Jefferson's "naked loneliness" with "pure consciousness". In addition, as Husserl reminds, "phenomenological experience of self is not psychologically 'inner' experience." 2

Nevertheless, there are further points to be made concerning the schizophrenic person's psychological withdrawal and the phenomenologist's philosophical structure of detachment as these relate to the clinician's conceptual approach to the experience of schizophrenic persons. In the first place, when a schizophrenic person denies the validity and actuality of world experience and withdraws from it, the normal manner of being-in-the-world is radically disrupted. The withdrawn schizophrenic person tends not to appropriate pragmatic and tangible identifications in "there-being". There are fewer ways in which the patient in a state of depersonalization and derealization appears tied to the shared world. With fewer appropriations in the real world, there are less means of identifying the subject as such. What is left? There is the physical self, possibly immobile, as in a catatonic stupor. There is the psychological self, usually deluded, possibly experiencing feelings of emptiness or persecution. What is fundamentally left is the transcendental background to world-experience, the "heeding", 3 the intentional base of being. Without a view of the pure ego, the clinician's conception of the schizophrenic person would be (as the depersonalized patient wrote) "nothing substantial".

Surely, the patient does not become pure ego alone, inasmuch as there is not a complete escape from the psyche or the world even though there may be a desire for such an escape. Indeed, it is impossible for anyone to achieve a complete reduction from the psycho-physical realm to the transcendental base (including the philosopher), except by approximation, as an ideal. In phenomenological terms, the detached schizophrenic patient would be conceived as still involved, even ensnared, in the inner and outer

1 Ibid., p. 541 and p. 520.
3 Vide E. Husserl, Ideas, pp. 121ff. "In every act some mode of heeding holds sway." (p. 123) The heeding may occur at various levels, "either cursorily or attentively", but in every act there is a "directedness"--"be it even in fancy" (p. 122)--which "springs forth" from the pure ego, "which can therefore never be absent." (p. 121)
experience of self and world which is being rejected. The similarity between such schizophrenic distancing and the phenomenological procedure of philosophical detachment, which helps to guide the clinician to an empathic point of view, is that, in both, the "personal" and the "real" are called into question; for the phenomenologist, these generally accepted phenomenal realms are open for philosophical wonder; for the schizophrenic person, they are phenomenal realms to be rejected and denied. By discerning an ego-pole in schizophrenic experiences of self-world and self-self separation—even if this approximates to the description of the pure ego—the phenomenological clinician will have gained an orientation to the schizophrenic person's experience from an invariant ground of individual being. Although the schizophrenic person's functional disintegration makes obvious the fact of an impaired access to the total range of experience (as Koestenbaum has suggested), the transcendental structure remains "the very condition" of whatever psycho-physical acts occur, even though these acts may be matters of self-denial or self-frustration, rather than self-realization.

In schizophrenic psychoses, individuals demonstrate how barren the existential self can become. At the same time, the transcendental phenomenologist emphasizes the need to return to an infra-level of ego experience which is prior to the psycho-physical sense, in order to gain more circumspection on world-involvement. The schizophrenic person's journey into self-alienation and the philosopher's orientation to achieve heightened awareness are both founded upon a barren sense of "here-being". The differences between the "disintegrative loneliness" of the schizophrenic person and the "creative seclusion" of the phenomenologist are significant; as Severin has observed, the former condition indicates a failure to obtain satisfaction with others or an inadequate discharge of the need for human intimacy, whereas the latter experience bears a constructive purpose and is not marked by hopelessness and futility.¹ With this same idea in mind, Buber writes:

There are two kinds of solitude, according to that from which they have turned. If we call it solitude to free oneself from intercourse of experiencing and using things, then it is always necessary, in order that the act of relation...may be reached. ²

But, if there is a prolonged absence of relation, as Buber continues,

²M. Buber, I and Thou (Edinburgh: T & T Clark) 1958, p. 103.
there is a "fall of the spirit"; the solitude turns into
the stronghold of isolation, where a man conducts a dialogue with him-
self—not in order to test and master himself for that which awaits
him but in the enjoyment of the confirmation of his soul. 1
It would seem, in the development of an empathic conceptual approach to
schizophrenic experience, that the way in which solitude is achieved would
need to be "transvalued", as is a phenomenological method, and that any
understanding of the patient's experience be gained by starting with the
idea of a pure ego which is "distanced" from normal intercourse in the
world. The legitimacy by which the patient has achieved "solitude" cannot
be the issue when a basic level of contact is the goal. An approach in
which expectations and requirements for relating are suspended applies
directly to schizophrenic experience because any encounter with the patient
which might ensue is going to be within the "stronghold of isolation", at
which time it will be the clinician's task to help the detached schizophrenic
person "to test and master himself for that which awaits."

The transcendental theme for any person, whether normal or schizophre-
ic, is an affirmation, as Buber writes, of bearing "within me the sense
of Self, that cannot be included in the world." 2 Thus a vision of trans-
cendental subjectivity is one in which no further "reduction" is possible
and the clinician is compelled to accept "simply the total status of the
I as I." 3 A conceptual approach which takes into account the polarization
of the pure ego and the empirical self is a way of pointing toward an
ultimate level of subjectivity even for states of depersonalization and
derealization and should positively influence the clinician's attitude of
acceptance.

B. Conceiving of transcendental subjectivity without the psychological
correlate

It is difficult to ascribe dimensions to an ego that is "more than"
the psychological. 4 What does "more than" mean in plain language? Van
Peursen, although in favour of Husserlian philosophy as a whole, has asked

1 Ibid., p. 103.
2 Ibid., p. 94.
3 Ibid., p. 94.
4 Distinguishing between psychological and transcendental dimensions of
subjectivity reappears as a theme throughout Husserl's writings. Vide E.
Husserl, The Crisis of European Sciences and Transcendental Phenomenology,
pp. 198-207, where Husserl discusses the "fateful separation", "alliance"
and "difference" between the two spheres.
if Husserl did not carry his method too far and reduce it to such a degree of purity that the entire cultural world loses its relevance; he remarks further, "Is his method not an attempt, to use an image analogous to Wittgenstein's, to climb the ladder of language and method and then to kick it from under one's feet?" Certainly, from the natural orientation, there is no ego without inner, psychological experience, but that does not mean the ego is just the sum of inner experiences. In addition to a self which is crystallized or actualized during the course of world-experience, there also is a very immediate sense of subjectivity at the level of, or in the form of, an effective presence. Even though this is a difficult level of ego experience to articulate, in order to maintain a phenomenology of the ego for the schizophrenic person during psychotic phases where the psychological ego is non-functional, it is necessary to go beyond the sense of a correlating psyche, and to enquire more exclusively into the last unities of subjectivity. Husserl, himself, warns, "when making certain of the transcendental ego, we are standing at an altogether dangerous point."

Some writers depict the transcendental region as a vague spirituality. The path of phenomenology is said to lead man "back from the world which in objectivism confronted him as a strange object, to himself" introducing for reflection "the region where consciousness and world merge inseparably;" moreover, "the truth which we find within this unity can never be possessed completely."

Sokolowski notes how the "deepest ingredient of consciousness" is the "primitive event that underlies all objects," a "sheer event" which tends to "escape words"; he adds, when thinking about the ego in its purest form, "we do not have any props"—"identity and difference have to be caught in their most primitive separation from one another." Husserl writes, "the ego is what it is from its own fundamental meaning" and "is in so far as it constitutes itself for itself as being." Ricoeur observes, "the pure ego does not appear at all; it does not show its face. It is without sides; it is absolute ipseity."

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2E. Husserl, Cartesian Meditations, p. 23.
4R. Sokolowski, Husserlian Meditations, p. 162.
5E. Husserl, "Syllabus of a Course of Four Lectures on 'Phenomenological Method and Phenomenological Philosophy'," op. cit., p. 22.
6P. Ricoeur, Husserl: An Analysis of His Phenomenology, p. 54.
As a matter of fact, descriptions of transcendental subjectivity can become quite maddening. Once having been led into the area of the ineffable, ego description quickly turns into non-description. Perhaps the clinician's conceptual approach to the patient is improved by such an unspoken realization of pure subjectivity because it does seem to convey a certain awe or reverence for the person who is conceived as a unique and self-contained being. The transcendental ego, thus, would be the symbol for this invaluable, intrinsic being. Furthermore, if description does approach a certain via negativa, then, at the very least, as Koestenbaum remarks, "a name must be given to the comprehensive background against which all experience occurs." But, if this was all description of transcendental subjectivity on its own (without the psychological correlate) had to offer, the awareness and the name would appear as little more than a mantra and would not be a serious contribution for use in expressing the basis for an empathic conceptual approach to the schizophrenic person. In short, if mystical overtones become too predominant, the clinician, as a social scientist, would be justified in thinking that the idea of transcendental ego is ill-conceived for his purposes.

Concerning the non-objectifiable nature of transcendental subjectivity, Husserl's approach to understanding the ego is also easily misinterpreted to say that the ego, in the form of an effective presence, is so caught up in the flow of experience as to prohibit the development of a clearly delineated I-model. May comments on the way Husserlian phenomenology "is often mistakenly applied to mean that the psychotherapist observes a patient without any concepts presupposed in the therapist's mind at all; " May concludes, quite rightly, that such a vacant approach is "impossible": "concepts are the orientation by which perception occurs; without some concepts presupposed the therapist would not see the patient who is there or anything about him." "Non-objectifiable", therefore, as I am using the term, is not equivalent to "vacant".

The problem for a transcendental-phenomenological conceptual approach is to set a frame of reference for the life of the pure ego which lapses neither into a rigid objectivism (transcendental or otherwise) nor an ill-defined subjectivism. Indeed, either of these alternatives would not be

true to the transcendental realm which is uncovered through a phenomenological reflection, which, as Merleau-Ponty puts it, "does not install us in a closed, transparent milieu" and does not "take us (at least not immediately) from 'objective' to 'subjective' but whose function "is rather to unveil a third dimension in which this distinction becomes problematic."¹

Understanding of transcendental subjectivity comes by distinguishing ego form and content. Phenomenological description is of an ego form which emerges from the diversity and chaos of each individual's life. The pure ego (as the most essential description of this form) is, thus, a principle of identity, but not in a life-less, abstract manner; it is realized during the manifold events of lived-experience. In distinguishing a phenomenological sense of ego-form, however, it is not accurate to conceive of a form without content; the ego as a symbol for "spirit" would thus tend to be "formless". As Sokolowski writes:

the ego is never presented by itself alone, any more than a judgment can be presented without some expression, or a dance without a performance. The only way of identifying the ego philosophically is to describe the manifolds that are appropriate to it, and in which it appears as an identity. ²

What phenomenological description is attempting, therefore, is to run a course between that sense of ego which escapes words and that which is primary for signification as the ego finds itself in the world. Sokolowski mentions a few of the manifolds in which the identical, self-same ego makes different appearances and is necessary for these experiences: such as, immediate self-awareness, explicit reflection, iterated reflection, memory, reflections in memory, phantasy, reflections in and on phantasy, spatial localization, kinesthetic and attentive capacities.³ As a moulder of the clinician's attitude towards the patient, this image of an identity within the manifold ought to promote a non-mechanistic view of the person, from moment-to-moment, as realization is gained of an ego living through the manifolds without being therein objectified.

With the normal person, one expects to find the same ego in all manifolds. There is no hint that one will run into another identity, another ego, at some other stage of life. With the schizophrenic person, however, the certainty of the self-same ego is challenged. Nevertheless, from the

³Ibid., p. 101.
transcendental phenomenological viewpoint, it is not the principle of identity which has changed for the schizophrenic person. It is the manifolds which have become abnormal. If, in hallucination, the experience of spatial localization is distorted, (say) things appear far away and non-substantial, phenomenologically it is to be expected that the objects of consciousness have various possible appearances, profiles, levels of being experienced.

Concerning "abnormal manifolds" for any person, there may be interference from things that affect the object we are concerned with, there may be modifications of the environment or the medium through which the object appears, there may be disturbances in the psychic state of the perceiver (his moods, his alertness), in his psycho-somatic state (his health, the condition of his senses, his age) and finally in his history (whether the object is new or familiar to him).

In addition to the distinction between the ego's identity and manifolds, in order to talk about the form of the transcendental ego in reference to the schizophrenic person, there are two other factors which need to be emphasized about the structure of pure subjectivity: these are the transcendental ego's persistence and unity. It is important to be explicit about these descriptions of the transcendental base to individual being, in view of the degree to which the schizophrenic person's psychological ego may be atrophied and fractured in diseased states.

Husserl's depiction of the pure ego is of a perennial subject who is present in an immediate sense throughout all world-involvement. The image is that of Ursein—being which is primary, not derived. He writes:

We shall never stumble across the pure Ego as an experience among others within the flux of manifold experiences...nor shall we meet it as a constitutive bit of experience appearing with the experiencing of which it is an integral part and again disappearing. The Ego appears to be permanently, even necessarily, there, and this permanence is obviously not that of a stolid, unshifting experience, of a 'fixed idea'. On the contrary, it belongs to every experience that comes and streams past...

Morag Coate's first-person account of her schizophrenic psychosis is a good example of a patient whose psychological condition became loose and disorganized. From a psychological point of view, it would be reasonable to state that her ego did not persist during the extreme times of psychotic disturbance. She described her mind to be "like a room lit by glaring lights which cannot be put out...A mind filled full of fantasies,

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1 Ibid., p. 101.
like a corked bottle buoyed up with air, floats on the human waves.\(^1\) While Coate did not possess a stable psychological identity, it is obvious that her existence was being lived in an intense, vivid and vital manner. According to her own account, the experience was one of "no rest and no respite."\(^2\) The primary sense of being (\textit{Urs\ö\={a}in}), even when caught up in confusion and disarray, was not absent. Unprotected by a feeling of being part of her cultural milieu, her lived-experience was extreme— but not only extremely alien, also, more so, extremely individual. Phenomenologically, the integral nature of this experience is indicative of transcendental subjectivity. No matter how diverse or bizarre the experiences are which "come and stream past", the pure ego remains as the centre of reference. Self-descriptions from schizophrenic persons often are examples of what Sokolowski would call a "manifold of reiterated reflections in phantasy"; one schizophrenic patient, for instance, has colourfully given this kind of self-description, by referring to "a mirror that shows me myself and something in myself in a merciless brilliant light," noting that "the sight at once sickens and maddens me."\(^3\) Other self-descriptions may demonstrate other manifolds.

How does this insistence on a permanent ego shape the clinician's attitude and approach to the patient? The phenomenological concept is that the pure ego "does not happen; rather all that happens happens to it."\(^4\) Accordingly, the clinician's idea of the schizophrenic person is that the ego is not gone during the psychosis, but rather is in the midst of its suffering. Irrespective of the number of identifications with phantasy selves which may occur in the manifolds of schizophrenic experience, the patient is approached as one who does not get away from the "I (who am I)" but, more or less, sinks into it. The approach is characterized by recognition of and acceptance of being. While there is no certainty that the pure ego will eventually be correlated with a stable psychological function, there is yet a faith and reliance in the schizophrenic person's validity as a fellow being. Occasionally, a schizophrenic person, even after previously denying the act of existence, will reveal this sense

\(^1\)M. Coate, \textit{Beyond All Reason} (London: Constable) 1964, p. 110.
\(^2\)Ibid., p. 110.
\(^3\)M. MacLane, "I Have in Me a Quite Unusual Intensity of Life," The Inner World of Mental Illness: A Series of First-Person Accounts of What It Was Like, \textit{op. cit.}, p. 276.
\(^4\)P. Ricoeur, \textit{Husserl: An Analysis of Phenomenology}, p. 54.
of a persistent ego. In session 411 with his psychotherapist, a patient called "Mr. X", who had, during the course of his psychosis, experienced paranoid delusions which challenged the very roots of his personal identity, poignantly captured the meaning of "Ursein" in his statement: "I'll tell you what my definition of the ego is: It is that which becomes apparent when a man faces overwhelming odds." ¹

The clinician cannot hope to approach the schizophrenic person adequately, and to experience dialogue in an intersubjective frame, if there is not a reliance upon this persistent ego. A view of a continual subjectivity is basic. If there is not a persistent ego towards which world events matter, or "happen", the schizophrenic person's pain, reactions, delusions and denials reflect no point of reference, no meaning, no telos.

The other aspect of Husserl's description to be emphasized concerns the ego as a unified sphere. This unity, of course, is discerned only after reflectively backing away from the subject-object dichotomy which holds sway in the natural attitude, and translating these planes of experience into phenomena for the ego. Thus, a concept of ego unity is gained only after taking a step back further from a view of the divided self typified in schizophrenic experience. In contrast to a view of the patient as disconnected and separate from others due to deluded and hallucinated states, the phenomenologically unified ego is descriptive of a level of subjectivity in which the person is connected within himself.

One of Jasper's schizophrenic patients, who experienced a mild form of alienation from the perceptual world and a prevailing sense of derealization, said:

Everything appears as through a veil; as if I heard everything through a wall...The voices of people seem to come from far away. Things do not look as before, they are somehow altered, they seem strange, two-dimensional. My own voice sounds strange...I feel as if I had a fur over me...I touch myself to convince myself that I exist. ²

For this person, then, psycho-physical functions had become inefficient and the self-experience appeared fractured. The patient was not sure of sight, touch, sound or emotion. After such psychological disorganization, the facticity of the existence being lived, itself, became questionable.

The contrast I wish to draw is between an analysis of these inefficient functions and a phenomenological view of a sufficiency of being. The former allows for accurate assessment of a divided self. The latter moves


beyond an image which would depict the patient as one essentially fractured, alien and dubitable and provides an image of the schizophrenic person as one who is singular and unique. How is this possible? Husserl notes that after certain procedures in phenomenological reflection, the life of the ego (anyone’s ego) appears "split": "the transcendental spectator places himself above himself, watches himself and sees himself also as the previously world-immersed ego."¹ Is not the schizophrenic person's "split" already in line with this phenomenological procedure? After Husserl's transcendental turn, the "fur" which covers the patient, or the "wall" which separates the patient's immediate sense of being from the objective world, does not disguise or block out an image of a unified ego. Phenomenologically, the "split" for any person is between "I" as effective presence and "World", or even between "I" and "me", but there is not a broken up identity inasmuch as the constituting, invariant ego is setting forth an underlying unity by "constituting itself for itself as being.

In order to break away from judging the ego according to its manifolds and to gain an understanding of pure identity, Husserl writes, "to myself I do not exist as a human being" but "through all this I have discovered my true self."²

Husserl's point is, by backing away from the I-World, I-me split, the transcendental phenomenological orientation revives a more primitive, fundamental notion of a "synthesis" which has been going on all along. Husserl notes, when the reality of the world is suspended and individual, transcendental being is apprehended, "all existence—with its fluctuations, its Heraclitean flux—is one universal synthetic unity."³ Husserlian phenomenology thus depicts an ego which is not a thing or object, gaining its unity by various, sane and stable appearances in the world. The transcendental ego's synthesis is more intrinsic than this. From the natural attitude, the ego is understood as a mundane being over and against other egos; this ego is a reflection of the individual's family, culture, environment, early significant relationships—in short, the ego's objectivities, an identity set within "nature". In order for the natural ego to be recognizable its content must remain intact and its world experience must remain reasonable. Whenever the form of the ego is considered, however,

there is not a reliance upon sane and stable objectivities in which the ego finds its identity. The "Heraclitean flux" is not the frame of reference for determining the ego's unity. Phenomenologically, it is the other way around. The Husserlian notion of synthesis suggests a living, vital "spirit", not a soul-entity fitted within a body, but an intangible, intentional spirit which permeates the entire psycho-physical realm in "there-being".\(^1\)

C. Preparatory statements on phenomenological methodology

Once the ego-pole is defined according to transcendental and natural dimensions, and a correlative sense has been marked out for these levels of subjectivity, the viewpoint has been readjusted suitably to allow further enquiry into the immediate experience of "here-being". As regards the status of the I-World relation, the orientation is with "I". Husserl writes: "Here there is no objectivity as such at all; here there are objectivity, things, world and world-science...only as my--the transcendental ego's phenomena."\(^2\) The basic layout for Husserlian phenomenology is a view of an ego opening into the world, but whose meaning is not solely reliant upon the objective sphere. The essential property of the ego is a constant system of intentionality with a never-ending horizon. Of particular interest for the clinician's perspective on schizophrenic experience, Husserl writes:

Each object that the ego ever means, thinks of, values, deals with; likewise each that he ever phantasies or can phantasy, indicates its correlative system and exists only as itself the correlate of its system.\(^3\)

\(^1\)Kockelman summarizes Husserl's position on the transcendental ego's synthesis, in this manner: "Starting from anything that announces itself as an object...we can reflect upon the lasting, self-identical ego which underlies these experiences. And this ego is the subject of all experiences, as well as the subject of all objects seen as the unitary pole of its own intentionalities." Although "we fail to find the self in the real stream of experiences, neither as experience, nor as real part of experience" in reflection it becomes clear that all experiences and objects refer to this "self-same ego...The most remarkable aspect of all this is that a universal synthesis is at work throughout the stream of experiences...On the basis of this synthesis the ego appears and reappears as identity-pole in regards to all that which appears as object." J. Kockelman, Edmund Husserl's Phenomenological Psychology, p. 225. Cf. E. Husserl, Cartesian Meditations, pp. 79-81 and pp. 99-121.

\(^2\)E. Husserl, The Crisis of European Sciences and Transcendental Phenomenology, p. 258.

\(^3\)E. Husserl, Cartesian Meditations, p. 65.
Thus, in Husserl's view, phantasy does not wash the ego away, but rather is noted as an activity which occurs within the context of an ego-pole, with the pure ego still conceived as the generating force and centre of individual being.

These indications from Husserlian thought should define clearly the preferred phenomenological orientation to individual being. It now becomes expedient to introduce more detail concerning various stages of Husserlian method for "grasping" being once this orientation has been secured.

In reference to methodology, Husserl speaks of the need to delimit the original sphere of subjectivity:

in egological self-reflection, I delimit my original sphere (the sphere of 'primordality') and reveal within its network intentional syntheses and implications in their strata of intentional modifications; withholding validity from all my empathies in a methodical way, through a sort of epoche within the epoche, and maintaining them only as my experiences, I attain the essential structures of an original life. 1

The reflective procedure is to consider the boundaries of an individual's consciousness of the world and to be consistent in reflecting on the direction of the "original life" (i.e. from the ego, to the world, so that the meaning of experience is considered specifically for the ego). Intentionality is the directedness of consciousness toward an object; in Husserlian phenomenology, it is necessary not to start at the world-involved end of the ray of intentionality, where the ego finds itself gaining identifications, but to begin at the beginning of intentionality, when the terminus is pure ego. World events, including psycho-physical actions and passions, are considered as pure phenomena for the ego. Kockelman notes that reducing natural phenomena to pure phenomena involves two separate steps: 1) A systematic and radical bracketing of any objectifying point of view in regard to every experience, and 2) a careful analysis and description of the very essence of that which now no longer appears as a thing but only as a 'unity of meaning'. 2

Husserl, throughout the course of his philosophical writings, has detailed many different reflective shifts of attention in meditating upon the ego-pole. The possible number and variety of phenomenological parentheses ("epoche within epoche") are not set. A general overview of Husserl's methodology, however, indicates three different phases in the use

1E. Husserl, The Crisis of European Sciences and Transcendental Phenomenology, p. 259.
2J. Kockelman, Edmund Husserl's Phenomenological Psychology, p. 95.
of phenomenological parentheses: these are the "static aspect" of the appearance of an experience, the "genetic aspect" of the unfolding of an experience, and the "hermeneutic aspect" of the meaning of an experience.  

In order to present these three aspects of Husserlian procedure, I will discuss what is called "phenomenological epoche", "eidetic intuition" and "transcendental reduction". These three methods are inter-related in Husserl's phenomenological approach, and although they are distinct philosophical operations, should be thought of as leading to an overall conception. I will emphasize, respectively, the spatial, temporal and essential dimensions of transcendental subjectivity which these procedures highlight. Moreover, there is a progression to be observed when consciousness of the world is considered in this order. Husserl speaks of these methodologies as "different steps" which "assume the character of a graded reduction." Each phase of the phenomenologist's reflective shift of attention leads closer and closer to a sense of subjectivity which is purely and irrevocably "I (who am I)". Koestenbaum writes:

The reductions are partially the anomalous attempt to invert the 'inevitable' vectorial 'look' that underlies all experience...we step back, gradually, cautiously, but persistently, hoping in this way to discover the source.  

My purpose in following this way of thinking is to provide a description of lived-experience which applies to schizophrenic persons, which gradually evokes the image of one who requires unreserved acceptance as an indubitable, essential ego. The descriptions are meant to influence the clinician's attitude by presenting views of individual experience which are not subject to the rubrics of mechanism, psychologism, or mathematization (three of the conceptual approaches Husserl sought to go beyond by means of phenomenological reflection). Thus, "being" is "grasped" in a manner diametrically opposed to dissecting analysis, causal interpretation or impersonal, numerical representation. Such a phenomenological view of subjectivity is indispensable for further implications to be drawn concerning the intersubjectivity of the clinician and patient.

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3 P. Koestenbaum, "Introduction" to E. Husserl's *The Paris Lectures*, op. cit., LVII.
Section II. Phenomenological Epoche

A. The world that "I have" and the world that "I am"

The phenomenological epoche is a bracket on the ego's acceptance of the world. The world-belief is suspended in order to turn exclusively to the whole of subjectivity. Before the epoche, subjectivity is understood "as a part in the world-whole. Now the world and its things are considered as a part constituted by consciousness."\(^1\) Husserl taught that to doubt the reality of the objective world is beside the point (i.e. it is philosophically tangential and contradictory to do so) because the world is always, already being accepted in some way. After the epoche, the realization is that "the world and world-belief are nested, respectively, within being and being-belief, and man is the being that has a world because being appears to him."\(^2\) The concern with being defines the person more fundamentally, in the phenomenological orientation, than does the having of the world.

The reflective shift brought about by the phenomenological epoche is from "the world that I have" in a psycho-physical sense to "the world that I am" in a transcendental sense. Hence, the "having", once bracketed, becomes thematic and is not conceived unconditionally. In demarcating "I have" (or what I will sometimes use synonymously, "I possess") from "I am", there is a philosophical detachment of consciousness from things. Accordingly, material things are not conceived as if they exhaust the concept of being. Causal connections are, thus, not thought of as producing being. Husserl's idea is to step back from the actual physical and psychical facts of having and possessing in the world and to observe the evincing correlations of meaning for the one who has and possesses; and hence to emphasize the ontological condition of being as a pre-requisite for acquisition of the world.

In the natural sciences, the psyche is known to develop according to the way in which the individual adjusts to (has, possesses) the world. The ego, which fits within this adjusting psyche, has been "traditionally conceived as a relatively weak, shadowy, passive and derived agent" which

\(^1\)R. Sokolowski, *Husserlian Meditations*, pp. 198-199.
\(^2\)Ibid., p. 204.
enlarges "its originally buffeted and frail realm chiefly by its negative, defensive functions" in the world. These defensive functions indicate a need to defend; the need is to establish one's sphere of self-boundary and self-validity within the world. A view expressed through various psychological and sociological theories is, while an individual passively and actively accepts the world, the objective world also has (determines, influences, shapes) the psyche. In the natural attitude, "I have the world" but, even more so, "the world has me". On psychological grounds, the mind can accumulate an identity by distinguishing a sense of self which is peculiarly its own, an Eigenwelt, by demarcating or establishing possession of a "me" which is experienced as other than that possessed by the world, as Mitwelt and Umwelt. Distinguishing "me" in the natural attitude, however, must remain a matter of relativity; to say "I have my own psycho-physical sphere", from an objective point of view, is still relative to understanding the self as part of the larger "world-whole".

Until the phenomenological epoche is carried out, the natural experience of being enmeshed in a normal "world-belief" and an objective "world-whole" tends to inhibit the prior consideration, which is to think of individual "being" and "being-belief". That is why an explicit procedure of disconnection is needed; Husserl speaks of "being entrenched in the natural standpoint." The phenomenological epoche is meant to change the over-ruling concern with the facticity of things, to call into question the place, or places, where consciousness finds itself and to emphasize that consciousness constitutes itself as being in a manner quite distinctive from accepting things which have been instituted in the world.

Freud demonstrates how psychoanalytic theorizing is firmly fashioned within the natural standpoint in his account of the psychological ego's disappearance during psychosis. He writes:

the id and the super-ego often make common cause against the hard-pressed ego, which, in order to retain its normal state, clings on to reality. But if the other two are too strong, they may succeed in loosening the organization of the ego and altering it so that its proper relation to reality is disturbed or even abolished...when

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2. R. Sokolowski, Husserlian Meditations, p. 203. Sokolowski notes: "Even though we may have to suspend our world-belief as a condition for thinking about man, we do not have to suspend something more basic, which we might call being-belief." Cf. E. Husserl, Ideas, pp. 112-114.
the ego is detached from the reality of the external world, then, under the influence of the internal world, it slips down into psychosis.  

The ego is defined by its "clinging on" to the real, natural, causal, material, external world. When the psychological ego "slips down into psychosis", it disappears because world-belief is the stratum of experience by which the ego is defined, not being-belief. The internal world into which the ego "disappears" is also characterized by the natural standpoint; id and super-ego may be thought of as names for the manner in which the Eigenwelt is had by the Umwelt (and Mitwelt), i.e. ways in which the psyche is determined by the environment, genetic inheritance, biological needs, drives and instincts, and parental influences on childhood development.

The validity of the performance of the phenomenological epoche rests upon the ontological difference between consciousness and thing, or, in other words, between spirit and nature. At the same time, the disconnecting bracket is not meant to reduce the natural world to epiphenomenon in the sense of the traditional idealist and does not result in an underestimation of the importance of biological determinism. The Husserlian procedure is an effort, however, to go further than, or to cut beneath, the "having-schema" of natural psychology in order to understand the ego according to a "being-schema". By restricting understanding of subjectivity only to one who "has a world" and is "had by the world", the idea of the being who has and is had by the world is all too readily minimized or forgotten. Alternatively, it is possible to understand the "having-schema" by means of that sphere of experience which is disconnected through the phenomenological epoche, and yet remain orientated, in an empathic manner, to individual being.

Typically, in the various schizophrenic psychoses, the patterns for "having the world" are bizarre, inauthentic and instable; they, thus, do not provide a suitable foundation from which to develop a proper image of the person. In order to denote how the schizophrenic person's "having of the world" can become extremely distorted, I will refer to a case study by Minkowski. Minkowski describes a man of sixty-six, with whom he lived day and night for two months, who presented symptoms of a depressive, schizophrenic psychosis, accompanied by delusions of persecution and outlandish interpretations of his own "guilt" and "ruin". The patient believed that

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for certain "crimes" (e.g. not paying taxes and not assuming French citizenship) a large nail would be driven into his head and all manner of garbage would be stuffed into his abdomen. As the context of his delusions became more extreme, he became obsessed with thoughts of such items as nail clippings, animal cadavers, burnt matches, pieces of clocks and empty bottles, on up to absolutely every object in the world which he encountered or imagined, being poured into him, at which time he believed he would be publicly displayed and covered with faeces. Minkowski notes how the patient was aware only of suffering and how he "constructed every relationship with the external world on the model of this phenomenon of sensory pain." Minkowski suggests further that this patient's feeling of ruin was "a distortion of the possession phenomenon, the phenomenon of that which is our own," a misconceived and confused "sense of property." Or, in the terms I have employed, there was an extensive distortion of the "world that I have".

On a day to day basis, Minkowski observed how "the patient's mind had lost the ability to stop and fix itself at each object's boundaries" but would glide rapidly "from the solitary object to infinity" until specific external objects were either "merged" with one another, or "decomposed" into "instruments of torture". The patient's mode of accepting the world became so unstable that the "boundaries" of the "possession-sphere" were said to have "disintegrated". He no longer appeared to have the ability to attribute the quality of some things as his own and other things as the world's because all things seemed to be potentially against him.

Stein reveals another dimension to the problem in describing the aftermath of the disintegration of the possession-sphere. Dispossession often results in a sense of "being possessed". For the psychotic person, the experience of "being had by the world" may then become overwhelming and uncanny. Stein comments:

Dispossession is I, but it is not a personal 'I', rather it is a foreign 'it'. I, deanimated, become an 'it' that is possessed and is constituted solely by this possession or dispossession. The formerly unpossessed and possessing 'I' is now possessed by

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2 Ibid., p. 138.
3 Ibid., p. 136.
what is foreign to it and loses its possessions—that is, its self and its world...it is now only the 'I' possessed. 1

The extension of the boundaries of the possession-sphere, as Minkowski has noted, is closely related to the phenomenon of "desire".2 In the healthy individual, this desire is expressed in the future tense through ambition, acquisition and adjustment. In the psychotic individual, this desire is cut off from the future, and like in a dream, can become dominated by unrealistic wishes and fears, the fulfilment of which fails to satisfy and haunts the individual. For any person, "having" is never final and complete, with the constant possibility of frustration and discontent. Thus, Stein comments on how the "possessing I" has "the possibility of an infinite turning back on itself," noting how "it need not, and actually cannot completely realize this possibility because the possibility is infinite."3 Ryle's argument concerning the "systematic elusiveness of I" and the possibility of an "infinite regress" when one attempts to establish a claim of identity 4 is appropriate to the context of the "having-schema"; it is not, however, an argument to be held against Husserl's depiction of the ego as a "being-schema" (which is a claim of identity "in and for itself" at the "inception" of possibility).5

1W. Stein, "The Sense of Becoming Psychotic," Psychiatry, 1967, 30: 268-269. Stein is not speaking from within a Husserlian language system, and therefore, his use of the word "constituted" might be more aptly expressed in phenomenology by "determined"; likewise, his use of "I" does not designate the transcendental ego, but has a psychophysical point of reference.
4G. Ryle, The Concept of Mind (London: Hutchinson & Co. LTD) 1949, pp. 195-198. Ryle writes: "my commentary on my performances must always be silent about one performance, namely itself, and this performance can be the target only of another commentary. Self-commentary, self-ridicule and self-admonition are logically condemned to eternal penultimate." (p. 195)
5Vide E. Husserl, Formal and Transcendental Logic (The Hague: Martinus Nijhoff) 1969, p. 168. When Husserl speaks of the "infinity" of the ego it is not in terms of a regressive cycle; beginning from a transcendence-in-immanence, the infinity is from the ego as "an horizon of undetermined determinability." Cf. E. Husserl, Cartesian Meditations, p. 30. There does appear to be room for comparison between Ryle's idea of an elusive "I" and Husserl's idea of an invariant ego, with Husserl demonstrating a "being-belief" in the ego as a metalogical presuposition or transcendental datum. Ryle writes: "'I' is like my own shadow; I can never get away from it, as I can get away from your shadow. There is no mystery about this constancy, but I mention it because it seems to endow 'I' with a mystifying uniqueness and adhesiveness. 'Now' has something of the same besetting feeling." G. Ryle, The Concept of Mind, p. 198.
When the possession-sphere is subject to the destructiveness of schizophrenic phantasy, it becomes a matter of urgency for the clinician to place the phenomenological bracket around the "having-schema" in order not to lose a proper image of the patient as a fellow "being". In vain efforts of "having", the psyche has become deanimated and dispossessed. It is certain that the patient no longer can establish any sense of personal validity by means of the "possessing I"; the "possessing I" has become the victim of wild fears and insatiable wishes. If the phenomenological epoche is not employed, there is such a distorted picture present that the clinician will have difficulty in focusing upon a centre of being when approaching the patient in an empathic manner. If the epoche is in force, then the patient's sense of "being had by the world" can be understood as an intrusion upon the "I (who am I)". The phenomenological epoche, thereby, becomes a conceptual device for comprehending the vicious cycle of "having and being had", without allowing individual being, as the very ground of experience, to be lost from sight.

Summarily stated, the phenomenological epoche, by strictly distinguishing between "being" and "having" in an egological frame of reference, leads to a more ontologically sound concept of the person. I mean to recommend, for the sake of an improved attitude towards the schizophrenic person, that the clinician step back conceptually from the natural standpoint in which "world-belief" receives primary emphasis to a more intrinsic level of "being-belief". Rather than ignoring the "having-being had" cycle, I have suggested how, after the phenomenological shift of attention, the clinician can still retain a secondary focus on the schizophrenic person's "having-schema", for example, noting the manner in which the "having" becomes distorted, is over-extended into unrealistic desire and phantasy, disintegrates and results in a feeling of disposssession. But, at the same time, the "having-schema" needs to be removed from the centre of reference as a principle of identity; the dispossessed person requires contact from the clinician characterized by an attitude of regard for "I" rather than a deanimated "it". Just as the poor man and the rich man will have difficulty in achieving mutual discourse as long as the money the one or the other has or does not have is held up to show their disparity, or just as the white man and the black man will have difficulty relating to one another as long as the skin pigmentation the one or the other has is made the focus of attention, the clinician will have difficulty achieving
empathic dialogue with the schizophrenic person as long as "the world that I have" predominates, or stands in the way, of "the world that I am". When "having" of any sort is suspended, it is easier to appreciate the ontological condition of "being".

B. Translating objective-space into lived-space

In Sartre's writings, intentionality is described as bursting-forth into a world of "things" (in the widest sense of the term) and while doing so, certain "things" bundle together as an identity, a "me", thereby inhibiting or cluttering the pure, authentic urge of consciousness to experience the world unidentified. In view of Sartre's idea, Husserl's phenomenological epoche can be seen as a way of setting a bracket around the "things" which have disguised a purer sense of ego, and which thereby have caused the ego to resemble an object, rather than spirit. On the other hand, in Husserl's philosophy, when an identity or role in the world is established, when consciousness finds itself with the "things" of the world, it is not considered, necessarily, to be an inauthentic act; indeed no value judgment is made at all. The point of the phenomenological epoche, in fact, is to go back to the "things" in the world, but, then, to evaluate these "things" solely in reference to the engendering ego.

The world of "things" minus the experiencing ego is the world of objective space. Materiality and causality may also be considered to be sub-categories, so to speak, of objective space, in that "things" are caused and become material only within an objective spatial sphere. The phenomenological look is an attempt to translate the meaning of objective space into the idiom of a first-person, lived-space. Obviously, there are not two literal dimensions of space—"my space" and "your space". To say so would be non-sensical. But there are many ways of experiencing the same, shared spatial dimension. Husserl observes that "the momentary field of perception, always has the character for us of a sector 'of' the world' which 'exhibits itself to me in every case through a nucleus of 'original presence'." Accordingly, a phenomenological account of spatiality is meant to promote a more attuned understanding of the distinctly individual sense of the spatial dimension and is an especially helpful conceptual maneuver when considering the schizophrenic person's abnormal experience of spatiality.

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1 E. Husserl, The Crisis of European Sciences and Transcendental Phenomenology, p. 162.
Straus comments: "If we wish to represent the primary lived experience of space, then we must emancipate ourselves from the concepts of space prevailing in physics and mathematics."\(^1\) A phenomenological view of lived-space differs from a static view of objective space in much the same way as an understanding of the "familiar world of colours" differs from an understanding of the "concepts of physical optics."\(^2\) To imagine that a bracket could be positioned on the perimeters of the world of objective space, as if to surround it, is impossible. Husserl notes, "the world 'transcends' consciousness" in this respect, indeed, it "necessarily remains transcendent" but that "in no wise alters the fact that it is in conscious life alone, wherein everything transcendent becomes constituted, as something inseparable from consciousness."\(^3\) The bracket is meant to emphasize the correlation between experiential evidence of space and the objective world of space, and thus brings out more clearly the mode in which spatiality is being accepted by the ego.\(^4\) It is the orientation to spatial being, which is brought about by the phenomenological epoche, that is important. Although objective space is "bigger" than the individual's lived-space, from the natural standpoint, the phenomenological epoche is ideally set upon the only experience of space which occurs for an individual, that which is limited and personal, and also including that in which a "bigger" sense of space is constituted as a theoretical intersubjective construct.

Continual, infinite, objective space must be present to individual being in order for sensory processes to occur in an immediate, particular fashion. The phenomenological emphasis is on the way it is present for the ego. Objects in the world provide a point of focus for intentionality from which one can differentiate content-filled space from the universal-form of space; but while the object is set within the spatial dimension, space itself is not perceived in the same direct, one-sided manner as the object is perceived. Jaspers refers to space as "the side-by-side" of Being, or "extended Being".\(^5\) Space, thus, is an "homogenous manifold"

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\(^1\) Straus, Phenomenological Psychology, p. 4.
\(^2\) Ibid., p. 32.
\(^3\) E. Husserl, Cartesian Meditations, p. 62.
\(^4\) Ibid., p. 62.
\(^5\) K. Jaspers, General Psychopathology, p. 79.
but its ubiquity is experienced by individual being in a dynamic, estimated manner, as if there is an extent to space which begins from oneself as the centre of reference. Jaspers describes spatiality in a phenomenological manner as "the outer covering of events, with no significance but that which comes from our attitude toward them."  

In reference to clinical psychiatry and psychology, Ellenberger asserts that "one of the main findings in phenomenology has been that hallucination and delusion cannot be understood without the knowledge of the patient's spatial experience." Merleau-Ponty has argued that space perception is "comprehensible only within a perceptual field which contributes in its entirety to motivating the perception by suggesting to the subject a possible anchorage." When, for instance, the perceptual field is subject to night time conditions, and the outlines of objects are shrouded by darkness, lived-space appears altered and often assumes a different depth—and this for any person, as the foreground contracts and the background may seem to stretch endlessly, however filled and articulated it is. Rabil has commented on the phenomenological view of the changeability of the individual's spatial experience in reference to the "shrinkage of

1Ibid., p. 79.
3M. Merleau-Ponty, Phenomenology of Perception (London: Routledge & Kegan Paul) 1962, p. 280. Merleau-Ponty's phenomenology, as this quote demonstrates, is in reference to the noematic aspect of experience; Husserl's emphasis tends to be on noetic analyses, especially during the time in which he was developing the technique of phenomenological epoché. However, I see Merleau-Ponty's description of the perceptual field as an "anchorage" to be consistent with Husserl's over-all phenomenology. Husserl's point, in addition to going "back to the thing", is to consider the thing (i.e. the perceptual field) strictly as a "unity of meaning" for the ego. My interpretation of Husserlian phenomenology on this point relies upon the direction Husserl's philosophy had taken by the writing of The Crisis of European Sciences and Transcendental Phenomenology, in which more of a balanced perspective is established between noetic and noematic phenomenology. Hence I would disagree with the point Macaan makes: "Merleau-Ponty in his Phenomenology of Perception makes great use of the situational character of experience, but Husserl cannot take advantage of this feature of existence precisely because on the one hand transcendental consciousness is not situated, and on the other the whole concept of noetic-noematic structures requires that the object of consciousness should be explicitly posited as such." C. Macaan, "Genetic Production and the Transcendental Reduction," The Journal of the British Society for Phenomenology, 1971, 2: 31. Husserl's philosophy has to be evaluated according to later developments in his thinking, including the Lebenswelt philosophy and the implications of a hermeneutical function in phenomenology.

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possibilities" which transpires for certain schizophrenic persons. He notes the way in which spatiality becomes "contracted", and then goes on to draw an important conclusion in view of the clinician's conceptual approach to the patient:

But, though contracted, lived space is always present; it can never be removed. When space is viewed in an existential manner then there is no need to explain away or deny what is lived by the schizophrenic or by a mythical (primitive consciousness) or in dreams...Space perception, existentially conceived, therefore removes us from the dilemma of having to say either that everything is meaningful or that everything is absurd. We can say instead that meaning is always present, no matter what else may also be present. Space perception thus leads us back to the lived world in which meaning is anchored. 1

Furthermore, when considering lived-space as over against objective space, the "body" becomes a matter of special significance. 2 Sokolowski describes the Husserlian notion of the ego constituting the body as the way in which "consciousness makes room for itself as it brings itself about" 3 (a description which also applies to schizophrenic sensations of being bodiless, when the "constituting source" is unable to be identified with a well-defined physical "constituted region").

In phenomenological analysis, the experience of living through the body is critical in understanding spatiality. In a manner of speaking, "my body 'inhabits' a space of its own; it is not an object 'in' space as are other objects of which I make use." 4 A common problem in the schizophrenic person's disturbed spatial experience comes about when the body ceases to be projective. Of the three basic configurations of space which Jaspers mentions, two are in direct reference to the body, these being (a) the space perceived from the centre of one's body (e.g. left-right, up-down) and (b) the space through which one's body moves; the third configuration of space mentioned is theoretical space, which has a less direct

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2 Husserl distinguishes between "Körper und Leib", the physical body and living body. His phenomenological analysis concerns how the "consciousness originates through which my living body nevertheless acquires the ontic validity of one physical body among others, and how, on the other hand, certain physical bodies in my perceptual field come to count as living bodies..." E. Husserl, The Crisis of European Sciences and Transcendental Phenomenology, p. 107. Vide Chapter Five of this thesis for further discussion on the significance of the "living body" for a phenomenology of intersubjectivity.
3 R. Sokolowski, Husserlian Meditations, p. 95 fn. 11.
reference to the concept of one's body. Rabil puts it well in describing a common problem of psychotic patients, in saying "the 'intentional arc' through which consciousness aims at the cognitive, affective and perceptual life 'goes limp'." Yet, despite a certain loss of effectiveness in spatial physiognomy, the body remains as the special locus for lived-space. As one of Jasper's patients, in a state of derealization, is quoted as saying, "I stamp on the floor and still have a feeling of unreality."

In addition to the space of the body and the space of the world about it being key areas of focus in consideration of lived-space, in phenomenological analysis, spatiality is likewise studied according to the way in which it takes on an affective character. Space, is often experienced under the influence of an emotionally-coloured atmosphere. The blank, ever-extending sphere of objective space, when correlated with individual being, may, as one of Jaspers' patients described, be threatening:

I still saw the room. Space seemed to stretch and go on into infinity, completely empty. I felt lost, abandoned to the infinities of space, which in spite of my insignificance somehow threatened me. It seemed the complement of my own emptiness.

Lived-space, in the phenomenological way of speaking, is not, of course, simply to be thought of as a distinction between and separation of the mental and the physical. Lived-space is the intentional structure of both spheres of experience. Another of Jaspers' patients, in reflecting upon an hallucinatory perception, gives a description of the way in which lived-space may be experienced simultaneously as mental and physical:

Suddenly the landscape was removed from me by a strange power. In my mind's eye I thought I saw below the pale blue sky a black sky of horrible intensity. Everything became limitless, engulfing...I knew that the autumn landscape was pervaded by a second space, so fine, so invisible, though it was dark, empty and ghastly. Sometimes one space seemed to move, sometimes both got mixed up...

When the patient speaks of two spaces, sometimes "mixed up", the clinician's view of lived-space would include an over-arching sense of "the pale blue evening sky" and "the black sky of horrible intensity", a view of the actual "landscape" and of the "mind's eye" as these are intentional structures for the ego.

1 K. Jaspers, General Psychopathology, p. 80.
3 K. Jaspers, General Psychopathology, p. 63.
4 Ibid., p. 81.
5 Ibid., p. 81.
With the phenomenological epoche, spatiality (plus materiality and causality) are considered primarily for the ego, according to its percepts and concepts. Once this bracket has been established, Husserl introduces an "extraordinarily important thematic direction" for the phenomenologist to follow, "characterized by the phenomenon of the alteration of validity—for example, the alteration of being into illusion."¹ In the next section, I will draw further implications from this theme in view of temporality and eidetic intuition. Its significance also contributes to an understanding of lived-space as this applies to the schizophrenic person's perceptual field.

Husserl notes that "normally" a "thing is there for me in the straightforward ontic certainty of immediate presence."² But, on occasion, "a break in this harmony occurs,"³ the harmony being established by the certainty of the thing's mode of presentation. In schizophrenic psychoses, the "break" may be more severe than Husserl tended to account for since he did not study psychopathological conditions, but his general approach to the "thing" applies even more so when the "break" is so extreme. He notes, if the break is an illusion, or merely a mistaken judgment, it can be "undone through 'correction', through changing the sense in which the thing had been perceived."⁴ To illustrate, he mentions a "change in the expectation-horizon": "one saw a man, but then, upon touching him, had to reinterpret him as a mannequin (exhibiting itself visibly as a man)."⁵ One can imagine the more extensive break of schizophrenic psychoses, where reinterpretation is not readily available or where one sense modality does not correct the other, (say) a tactile hallucination of invisible hands touching the patient's body. In these cases, Husserl's method of phenomenological epoche is useful in moulding the clinician's attitude toward such bizarre phenomenon. In Husserlian method, the perceived thing, within a spatial field of other things, is considered, on one level of reflection, as a possible perception: there is "a phantom moment in the objects of each sense."⁶ Thus, the phenomenological analysis is of the

²Ibid., p. 161.
³Ibid., p. 162.
⁴Ibid., p. 162.
⁵Ibid., p. 162.
⁶R. Sokolowski, Husserlian Meditations, p. 95.
"thing" which is held by the epoche, but the "object of the sense is taken as a spatial phenomenon without casual connections", hence, without theoretical interpretation or the clinician's opinion concerning normality, until the mode in which the phenomenon of the "thing" occurs to the ego, is understood.

Up to this point, I have emphasized the manner in which lived-space appears radically individual. Yet while the orientation to the experience of space remains thus, the phenomenological view is not limited to "I myself" alone. Husserl writes:

in our continuously flowing world-perceiving we are not isolated but rather have, within it, contact with other human beings. Each one has his perceptions, his presentifications, his harmonious experiences, devaluation of his certainties into mere possibilities, doubts, questions, illusions. But in living with one another each one can take part in the life of the others...even what is straightforwardly perceptual is communalized. 2

It is this level of awareness of lived-space which finally justifies the clinician's use of phenomenological epoche as more than a device for noting elaborate descriptions of experience. Husserl continues:

In this communalization, too, there constantly occurs an alteration of validity through reciprocal correction. In reciprocal understanding, my experiences and experiential acquisitions enter into contact with those of others...and here again, for the most part, intersubjective harmony of validity occurs...here again, furthermore, intersubjective discrepancies show themselves often enough; but then, whether is is unspoken and even unnoticed, or is expressed through discussion and criticism, a unification is brought about or at least is certain in advance as possibly attainable by everyone. 3

Husserl sums up:

If one attends to the distinction between things as 'originally one's own' and as 'emphatized' from others, in respect to the how of the manners of appearance, and if one attends to the possibility of discrepancies between one's own and empathized views, then what one actually experiences originaliter as a perceptual thing is transformed, for each of us, into a mere 'representation of', 'appearance of' the one objectively existing thing. 4

The phenomenological epoche, by bringing to focus lived-space, likewise brings the focus to "co-subjects of experience," de-emphasizing

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1Ibid., p. 96.
2E. Husserl, The Crisis of European Sciences and Transcendental Phenomenology, p. 163.
3Ibid., p. 163.
4Ibid., p. 164.
lifeless estimations of objective space, and material things and causal connections within that objectivity, and drawing attention to "an openly endless horizon of human beings who are capable of meeting and then entering into actual contact."¹

¹Ibid., p. 164.
Section III: Eidetic Intuition

Phenomenological reflection is an effort to change the natural, world-directed focus of consciousness. With the phenomenological epoche, the "World" to which "I" am constantly related, is reflected upon in a manner where "I" am the integral experience, not conceived as a part of the "World" but the ground by which experience is realized.

'The' world is as fact-world always there; at the most it is at 'odd' points 'other' than I supposed, this or that, under such names as 'illusion', 'hallucination', and the like, must be struck out of it, so to speak; but the 'it' remains ever, in the sense of the general thesis, a world that has its being out there. Rather than remaining bound by the thesis of the natural standpoint, the phenomenological epoche, as a device of method, effects a bracket upon the experience of "the" world so that it is conceptualized strictly as "my" world. Husserl notes how the "bracketing image" is "better suited to the sphere of the object" and following this clue, I have emphasized the concept of spatiality as the major dimension in which one "has" or "accepts" the world.

Thereafter, the transcendental ego is understood as "this de facto ego, the one and only ego." However, transcendental ego theory does not end here. As the methodology stands, the de facto ego has been posited as the primal orientation of individual being, set over against the fact-world; the world of space can then be transposed to relate to the specifics of a particular existent; and the entire sphere of experience can then be envisioned exclusively as a synthetic ego-pole. Such a bracketing procedure is representative of a static phase of phenomenological reflection. It is applicable to the appearance of reality, as it is "there". I have made some effort, in this regard, to resist the circumstantial indices of the schizophrenic person's factual existence, to develop a conceptual approach in which the clinician, via epoche, hesitates before making judgments about the bearing of the objective world, until an unreserved acceptance of the pure ego as the indubitable basis for apprehension of the world has been achieved.

\[^1\] E. Husserl, Ideas, p. 106.
\[^2\] Ibid., p. 110.
\[^3\] E. Husserl, Cartesian Meditations, p. 69.
As examination of this pure ego and its structure of intentionality continues further, the self-constituting ego can be conceptualized not only in a static fashion, in tension with the world of objectivities, but also according to the ego's genesis. Eidetic intuition is a landmark development in Husserlian phenomenology for depicting the ego—not only as essential form but also as essentially forming.

The idea of the ego which results from the method of eidetic intuition consists of two inter-related features. The "eidos ego" may be characterized as (i) the "purely possible ego" and (ii) the ego as "all-inclusive temporality". By evaluating the ego under the influence of the method of eidetic intuition, the clinician is provided with a clearly delineated structure from which to comprehend a basic dimension of the schizophrenic person's lived experience.

A. The procedure of imaginative variation

In Husserlian phenomenology, eidetic intuition is "the process by which essences are brought to direct presentation or registration;" among other procedures, Husserl distinguishes between "the intuitive registration of an essence and the various ways it can be emptily and confusedly intended."¹ This latter procedure is called "free" or "imaginative variation". "The method of eidetic description," Husserl writes, "signifies a transfer of all empirical descriptions into a new and fundamental dimension."² Ricoeur calls this method "a victory over brute fact."³

As an imaginative exercise, free variation does not rely upon the object of awareness as being factual, and thus, free variation is performed as a follow-up on the phenomenological epoche, wherein the fact-world is viewed as contingent, in brackets. Husserl practiced imaginative variation, by and large, to articulate an epistemology of objects of consciousness, in a regional and hierarchical frame of reference; he attempted to intuit the essence of the object without recourse to the suppositions of other theoretical constructs. With the imagination given free rein, the phenomenologist starts with an object (actually perceived or merely imagined) and construes a series of variants, or instances, which are

¹ R. Sokolowski, Husserlian Meditations, p. 58.
² E. Husserl, Cartesian Meditations, p. 69.
³ P. Ricoeur, Husserl: An Analysis of His Phenomenology, p. 108.
similar to the original object of intentional regard. The variation may go beyond the restrictions of actual experience, quite legitimately, in Husserl's procedure, and because of the ad libitum character of our substitutions, the example with which we began the process loses its paradigmatic status, for we see that we might have begun with any other instance and could have run into our original example as just another of the infinite possibilities. 1

Whatever sense of the object remains throughout the process of free variation, in all the cases imagined, is seen to be the basis for the similarity of all the examples construed; the same eidos appears in all the examples imagined, not only in the paradigm, but in an infinite range of possibilities of the same eidos.

As a philosophical method, imaginative variation may be applied extensively in descriptive analysis of experience from the point of view of the individual being. In philosophical thinking, imagination is, as Warnock states, "the faculty of freely taking one object as an analogue of another, of regarding an object as showing the way beyond itself." 2

My interest in applying an imaginative procedure to an understanding of schizophrenic experience is limited to a general consideration. That is, what image of the person features when the relation between the ego and the fact-world is varied radically? Furthermore, can an appreciation of the method of imaginative variation lead the clinician to comprehend schizophrenic variations of normal experience in a less alienating manner? An illustration from a first-person account of a psychotic reaction will serve to introduce what I mean.

The following quotes are contained in the diary of a twenty-one year old university student, written in a "stream of consciousness" style, two weeks prior to his four month hospitalization. The name given to the writer is David F. and the diagnosis was acute undifferentiated schizophrenic reaction. In the midst of several psychological and social crises, David confined himself to his room and attempted, in a self-analytic fashion, to record his experience. During a time in which he was withdrawing from outside contacts, he delimited the area of concern to his "sphere of ownness", to the Eigenwelt, and in effect, due to extreme frustration and conflict with other people, he more or less placed a

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"bracket" around the world (especially the Mitwelt). One of his ways of describing this delimitation was: "I'm becoming a monomaniac its incredible it just doesn't stop there are moments when I can do no more than tear up matchbooks futile futile things..."¹ Later, when reflecting upon the hateful and vindictive nature of his thoughts about others, he noticed how his analysis was becoming even more narrow and delimited. "This little dispatch from hell is really turning in on itself like a seashell winding smaller and smaller."²

In a related context, David then described his inward journey into a loosely-construed phantasy and the subsequent manner in which he conceptualized world experience:

...you come through the bottom and out the other side and there's a world out there just waiting to be eaten played on worked for jumped up and down upon made love to sung about....³

Thus, in a psychotic manner, David's delimited sphere was subject to variation; the world became a sphere of non-factual possibilities as David's thinking became more disorganized.

It is interesting to observe themes common to David's self-analysis during this psychotic apperception of experience and Husserl's method of imaginative variation. In both there is a sense in which the objective world is "bracketed" and the intentional process is "varied". It would, of course, be a gross error to equate David's psychological retreat with Husserl's eidetic procedure, but there is an area of analogy concerning the free rein of imagination. What likens David's and Husserl's approach to experience is the manner in which the phenomenal field, previously seen and accepted as normal, no longer bears a singular, straightforward meaning. Husserl writes, "every fact can be thought of merely as exemplifying a pure possibility,"⁴ and David demonstrates a wide and phantasy-filled range of possibilities. Doubtless, it would be peculiar if Husserl, in demonstrating "free imaginableness", had been inclined to consider "eating the world" as one of his variations (as did David). Nevertheless, the image of an "eidos ego" which emerges, once the experience is purged

²Ibid., p. 351.
³Ibid., p. 353.
⁴E. Husserl, Cartesian Meditations, p. 71.

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of an objective commitment, in principle, is the same: "a purely possible ego, a pure possibility-variant of my de facto ego."¹

As with other phenomenological methods, imaginative variation involves a reflective shift which shapes the ensuing conceptual approach to experience. With free variation colouring the analysis, the phenomenologist's more cohesive awareness of the object as a fact is allowed to give way to imaginative abandonment. There follows a conceptual change-over from "the" fact-world to "my" imagined-world, wherein the definitiveness of objectivities no longer holds sway. The methodology allows for the correspondence between "my" world and "the" world to approach complete incoherence as the sense of what is unconditional is taken away from the object in the instituted world and attributed to the constituting ego. However, in Husserlian phenomenology, the yielding to unrestrained imagination is never advocated so that complete incoherence becomes a part of the methodology. "My" world and "the" world are not only disrupted by imaginative variation, but likewise, are reintegrated through the over-all procedure of eidetic intuition. As in other attempts to disclose a pure sense of individual being, this Husserlian procedure does not end up bound within a solipsistic sphere, but merely touches upon the possibility of pure subjectivity only subsequently to gain a renewed access to the objective actualities of the life-world.

Thus, according to the method of imaginative variation, while the clinician's and the patient's experience is conceived as that of the "purely possible ego", there is yet to be distinguished a movement away from variation to the actual eidos, from "what may be" to "what is". Accordingly, after achieving a certain level of attunement with the patient's variation on experience, the clinician must then clearly differentiate his own world-view from the schizophrenic person's irrational, loosely-construed conceptual pattern, if, indeed, the clinician hopes to serve as a guide to a more stable conceptualization of the world. Empathic receptivity and constructive dialogue are two indispensable elements of communication with a schizophrenic person. The phenomenological procedure of imaginative variation can be employed to promote a conceptual approach characterized by just such a dual potential for alliance and for encounter.

First, to detail a fuller context in which the potential for alliance is brought about by imaginative variation: eidetic description

¹Ibid., p. 71.
specifically signifies a transfer of facts into the realm of "as if". After free variation, "data given in transcendental experience of the ego have the significance merely of examples of pure possibilities."\(^1\) When the world is open for variation, and variation is only of the ego, then the image is of an ego who "no longer has a horizon that could lead beyond the sphere of his transcendental being and thus relativize him."\(^2\) According to this image, the communicative alliance with the schizophrenic person would not be based, initially, upon an agreement as to the meaning of the fact-world. Any alliance which would occur would be upon the basis of mutual "eidos egos" with recognition being given to the validity of the patient's "possibility-variants".

Ricoeur notes the manner in which the practitioner of eidetic method is cognizant of that which is "below what is already constituted and by that very act gives a sense to the 'already' which is perceived at the imaginary border of the 'not yet'."\(^3\) This idea suggests the phenomenologist's readiness to shift awareness away from the instituted world to the very beginning act of constituting a world. When set within the realm of discourse with the schizophrenic person, this readiness on the clinician's part is an important factor in facilitating any expression which the patient might make and for preparing to participate with the patient at the inception of a world-view. Moreover, for the clinician, once the perceptions, memories or affections (whether these be reality-based or delusional in content) of the patient are "shifted" into the "realm of non-actualities", they "float in the air, so to speak—in the atmosphere of pure phantasy."\(^4\) Thus, not only is the real world conceived as in the "realm of non-actualities" but so too is the patient's phantasy world. The continual questioning of facticity allows the clinician to out-phantasize the patient's phantasies, that is, to go beyond the psychotic phantasy into "pure phantasy." The patient's phantasies, then, would be received with an attitude of acceptance, but not untruthfully as if these phantasies were the final interpretation of experience. In effect, imaginative variation becomes a method whereby the clinician

\(^1\)Ibid., p. 73.
\(^2\)Ibid., p. 73.
\(^3\)P. Ricoeur, Husserl: An Analysis of His Phenomenology, p. 112.
\(^4\)E. Husserl, Cartesian Meditations, p. 70.
can affirm that the content of the patient's phantasy is not as important to the act of acceptance of the other as is the ego who produces the phantasy.

Grotjahn has reported on a technique used by a psychoanalyst with a female schizophrenic patient during the course of a series of interviews, which illustrate the achievement of an alliance with the patient through the use of the free rein of imagination. The patient was in the habit of hallucinating throughout the entire interview time. Since the analyst felt this was an unconscious effort on the analysand's part to distance herself from mutual discourse, the analyst joined with the patient in her hallucinatory activity. The effort was made to show the patient that whatever material she produced was not so different from that which the analyst could produce in phantasy, the implication being that the content of the "pure phantasiableness" was not as critical a factor as the "non-relativized eidos ego". Grotjahn states that by participating in "a world of hallucination together" the patient "listened for the first time", after which some basic, therapeutic communication transpired; he writes, thereafter, "a good relation to the outer world was established."1 The analyst appears to have conveyed to the patient that her hallucinatory variations were not so alienating as to prohibit mutual discourse.

Certainly, the particular technique to which Grotjahn refers could not be advocated as a carte blanche upon which mutual discourse with every schizophrenic person could be achieved; nor did he mean it in this way. It would be a dubious procedure, even damaging to the schizophrenic person's fragile psychic stability, if the patient felt the clinician wanted an even greater loosening of the associations. Another psychoanalyst, Chassell, demonstrates this point in reflecting on a mistake he made in the course of psychotherapy with a thought-disordered patient; he writes:

One, a schizophrenic, asked if what I really wanted was whatever came into her mind, and promptly launched into a word salad incomprehensible to herself and me—we decided to postpone free association for a few years. 2

In fact, the general rule would be to avoid any communicative effort which stirred more incoherence. As Millon and Millon note, in discussing techniques for use with schizophrenic patients at different stages of

2J. Chassel, "Psychoanalytic Therapy in a Mental Hospital," Psychiatry, 1940, 3: 182.
treatment, "analytic procedures such as free association, the detached attitude of the therapist or the focus on dreams may only foster the patient's tendency to autistic reveries and social withdrawal." 1

Thus, rather than instigating more reverie or more withdrawal from the schizophrenic patient and advocating more detachment from the clinician, what I mean to emphasize by reference to Grotjahn's illustration is the general maneuver—or better, general attitude—of putting the patient's phantasies aside (into the realm of "as if") in order to achieve empathy. By way of application of Husserl's imaginative variation, the clinician's way of viewing the schizophrenic person's experience would then involve a siding with the patient after the facticity of the world has been overthrown. This is very different from inducing an overthrow of the stable fact-world (e.g.) through free association. The phenomenological method of free variation would be conducive to an approach which is marked by an attitude of flexibility on the clinician's part in making judgments about what is real, valid or meaningful for the patient, which in the end may encourage more contact with an otherwise isolated individual.

Furthermore, it must be remembered that, in schizophrenic psychoses, "variation" already is going on. Hence it is not within the clinician's capacity to allow or not to allow the variation, while, to be sure, it is within the clinician's sphere of responsibility not to create more havoc or disorganization. A reactive schizophrenic patient, Seymour Krim, in describing his own psychotic experiences, captures the hyper-sensitive nature of the variations which the patient may perceive as thrust upon him in the everyday act of existing; he writes:

We live in what for the imaginative person are truly hallucinated times, because there is more life on every side—and the possibility of conceiving this surplus in a dizzying multitude of ways—than our inheritance and equipment enables us to deal with. 2

Following Husserl's ideas on variation, the image is of an ego which "always and necessarily exists" in the many cogitations which occur when the imagination is given free rein, whether the object is "visible—in awareness (if it is) or in phantasy (as if it were)—or non-visible, removed from the facts." 3 Variations do not escape the realm of the

2S. Krim, "The Insanity Bit," The Inner World of Mental Illness, op. cit., p. 72.
transcendental ego, "the universe of every subjective process". The "dizzying multitude of ways" of experiencing the world to which Krim made reference are not so "dizzying" that they can be conceived as going beyond the ego in which these variations occur.

According to this style of phenomenological thinking, the clinician, therefore, has two distinct images when considering the schizophrenic person's experience: there is the vast, potentially bizarre quandary of variations and there is the invariant ego. Such an image is useful in developing an attitude of tolerance and acceptance for the phantasizing patient. John Perceval's first-person report of his institutionalization in the nineteenth century illustrates how the schizophrenic person's variations can become extremely distracting both to the patient and to others around him. Perceval's memory of his psychotic experience included a recollection of how his attendants became noticeably intolerant with him as his "variations" occurred. Perceval, for instance, while experiencing auditory hallucinations, would receive a verbal directive, sometimes from an imagined voice, sometimes from the hospital staff. Since he was uncertain of the source of the voice, he felt his best choice was to make no response. If he did find it necessary to respond to the voice, he felt he had three options: he could do exactly what the voice said to do, he could take the voice to mean just the "contrary sense" or he could interpret the voice in an ironic manner. While deliberating on these options, his cogitations would whirl. He felt if he "disobeyed" the voice in order to "obey" its "real" intentions, then he would be accused of hypocrisy or belligerence. He also was aware, even if he did chose one option, that his chances of focusing on the objective of the order were quite slim, and in the end he would be mocked and derided by various shades of meaning and competing voices. Perceval's variations were thus not only multi-rayed, but also multi-mirrored. Given these options, he did not know how to perform satisfactorily. As the eidos ego lived through these variations, the patient became extremely disoriented, and some of those around him, according to his report, became very annoyed at his seeming insolence. Apparently, his incoherence was mistakenly conceived as if it were his condition of being. To be fair

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1 E. Husserl, Cartesian Meditations, p. 74.
2 J. Perceval, "Narrative of the Treatment Experienced by a Gentleman During a State of Mental Derangement," The Inner World of Mental Illness, op. cit., pp. 250ff.
to the alleged "intolerant" attendants, it would be very difficult to discern the cause of Perceval's stubbornness. However, in order to reinforce a ground-level positive regard for the patient in such cases where the patient misapprehends phenomenon and distorts appearances to the point of presenting a stubborn, even combative, posture, a consideration of the eidos ego as the ego within and beyond the variations ought to encourage an attitude of patience as the clinician works toward an alliance with the schizophrenic person.

Second, the clinician's practice of imaginative variation must also allow for a differentiation from the patient's variations of phantasy, if the clinician is to lead the patient to more coherent relations in the world. Husserl's procedure of imaginative variation may be likened, for empathic purposes, to the whirling cogitations of the schizophrenic person, but obviously, Husserl's method is not the same as the variations which transpire in psychotic episodes. Because it is not the same, the phenomenological procedure of imaginative variation must allow for the differentiation which is necessary in discourse with the patient, after an alliance has been made. It would seem desirable to meet with the patient in an alliance, but then, as well, to keep alive the possibility of distinctions and corrections of the schizophrenic person's variations, and to make this possibility an integral part of the non-alienating meeting.

Imaginative variation is a deliberate procedure in phenomenology, applied with the aim of ascertaining what really is the case. Kaufmann notes that the phenomenologist, "by way of increasingly 'free variations'" remoulds given data in the imagination; the data pass from "actual appearances" to "real possibilities" to "ideal possibilities", with the aim being to attain "a free, yet controlled and controllable intuition of a general essence."¹ Schizophrenic phantasy is, from all evidences, characterized by a non-discerning imagining. Schizophrenic variations are representative of the manner in which the imaginative act can destroy the very conceptual freedom which it also represents. Nimmo mentions that psychotic phantasies illustrate how "we can enslave ourselves by means of our imagination."² With the imaginative act being, as Sartre describes

it, "the reverse of reality" its destructive capacity is tied in with its possible advantage. Psychotic phantasies appear to colour this reversal by, as Nimmo adds, alienating, cushioning and saving the individual from certain pains which are suffered when facing reality.

In phenomenological imaginative variation, these particular barriers to clear apperception of the object of awareness do not arise (at least, in theory). After appreciating the "reversal of reality" brought about by the patient's imaginative acts, and after striving to understand what barriers have prompted this reversal, the clinician's communicative efforts need to be geared to reasessing "what may be" in the light of "what is".

In Husserlian methodology, the end result of an actual registering of the eidos of an object comes about through conceptual dissociation.

I have been comparing the method of imaginative variation to a schizophrenic person's variations more on the basis of an associative thinking. In discussing Husserl's eventual intuition of the eidos of an object, Sokolowski comments: "We cannot jump from sheer perception or from associative judging to eidos." There are many stages of reflection between experience of the raw data of an object in the world and the final eidetic intuition. The final intuition of an eidos involves a moving forward in thinking, a "pull" in which the effort is made not to remain submerged in the non-reflective experience of the object. One of the significant pulling motions in eidetic intuition is from mere sensibility to more precise judgment. Imaginative variation of the object of consciousness can be applied at the undifferentiated, impressionistic level, or at the other extreme of a highly differentiated idea, as phenomenological

1 J. Sartre, The Psychology of Imagination (New York: Washington Square Press, Inc.) 1966, p. 236. Sartre's full quote goes: "...the imaginative act is the reverse of reality. If I want to imagine the hidden arabesques, I direct my attention upon them and I isolate them, just as I isolate on a foundation of an undifferentiated universe the thing I now see. I cease to grasp them in a vacuum as constituting the sense of the perceived reality, I present them to myself, in themselves, but precisely as I cease to envision them from the beginning of a present, in order to grasp them by themselves, I grasp them as absent, they appear to me as empty data. Of course, they really exist yonder under the chair and it is yonder that I envision them but precisely as I envision them where they are not given to me I grasp them as a nothing for me. Thus the imaginative act is at once constituting, isolating and annihilating."


3 R. Sokolowski, Husserlian Meditations, p. 64.

4 Ibid., p. 64.
thinking proceeds from the bare concrete phenomenon to the abstract universal. The way in which thinking becomes more orderly is by moving from "sheer perception" and "associative judging" to "dissociative judging", or from sense impression to logical analysis. According to phenomenological reflection, however, there is not to be observed an impassable gulf between sensibility and judgment, but rather a link between the two levels of consciousness.¹

The loosening of associations which is apparent in many thought-disordered schizophrenic patients may be evaluated as a cross-over of the vague line between sensibility and judgment. When acts are more exclusively based upon sensibility, responses are pre-logical and related more directly to external stimulation, whereas the judgments which occur tending to be united by associative thinking, not logical connection.² More "primitive"³ ways of thinking appear to be based upon sense impressions, in which the verbal form of more dissociative ways of thinking is retained, but without such clear and distinct applications as occur in normal thinking. Binswanger notes how autistic thinking in schizophrenic persons is "'directed' by strivings", that "thinking occurs in terms of the strivings without consideration of logic and reality."⁴ The diary writer, David F. (cited above) is a prime example of associative thinking at the inception of a schizophrenic psychoses, sometimes apparently insightful and other times simply hollow sounding and disturbed. In schizophrenic psychoses, "reality"—say, real events or actual relationships—tend to vary more intensely according to sense reactions (for example, a fearful reaction

¹E. Husserl, Experience and Judgment, pp. 371-376.
²Cf. S. Arieti, "Special Logic of Schizophrenic and Other Types of Autistic Thought," Psychiatry, 1948, 11: 325-338. I am referring in this context to the so-called "concrete thinking" of some schizophrenic persons. In discussing the reduction of connotative and denotative ability in the schizophrenic population, Arieti describes the primitive paleologic mechanism which hinders or distorts a high process of abstraction; connotative power, for example, can be so reduced that "verbal symbols cease to be representative of a group or a class, but only of the specific objects under discussion" (p. 330); and "this tightness to the denotation prevents the schizophrenic from using figurative or metaphorical language, contrary to what it may seem at first impression." (p. 331)
³I am using the word "primitive" in a phylogenetic sense, not in the phenomenological sense of a "primal" awareness.
to an external stimuli which has been psychologically internalized) or an emotional interpretation (for example, a narcissistic self-identification may determine the individual's judgment of the world). This kind of associative judging, or variation, when relied upon exclusively, may bar more conceptually advanced dissociative judging. As Sokolowski writes: "Association has its proper excellence, but it is lost when it tries to masquerade" as more advanced thinking.

After gaining alliance with the schizophrenic person in the midst of wild variations, one of the communicative tasks of the clinician would be, therefore, to help the patient change from associative judging to dissociative judging. In view of the fact that the associations themselves may be "loosened" and "misconstrued" for many schizophrenic persons, this is no easy task, but yet remains as one of the key goals of discourse with the thought-disordered patient. By means of an imaginative variation, the clinician may, like the patient, arrive at a consciousness characterized by associative judging; in order to gain a closer sense of the schizophrenic person's conceptualization, the clinician may even base his associative exercise on principles of contiguity and similarity and upon identical predicates rather than identical subjects. Hopefully, the clinician's associative judging will not become as "loose" and uncontrollable as is the schizophrenic person's; however it is only through recognition of the patient's capacity for associative judging and the confusing dilemmas brought about by this way of thinking that the clinician may introduce more rigorous and controlled dissociation to the schizophrenic person; for example, the clinician may help the patient discern the logic of negation and contradiction (in a language, of course, which is understandable to the particular patient). Moreover, imaginative variation should not cease once an alliance with the patient is achieved. The proper counter-balance to a "loosening of associations", for instance, is not necessarily a "tightening" of associations alone; the patient's thinking patterns need to become sequential and not fixed at one "tight" but also restrictive point of reference.

1 S. Arieti, "Special Logic of Schizophrenic and Other Types of Autistic Thought," op. cit., p. 329.
2 R. Sokolowski, Husserlian Meditations, p. 61.
In phenomenology, the "pull" of imaginative variation is from incoherence to coherence. In applying the methodology, the clinician may move along the entire range of conscious conceptual activity, from bare concrete thinking to abstract analysis. The clinician thus considers the rudimentary level of framing judgments, where the response is barely differentiated from the stimulus, to more logical levels of awareness. Then, through communicative efforts, the clinician would aim to lead the schizophrenic person, at whatever level of competence the patient could achieve, from instable sensibilities to distinct judgments.

In summation, imaginative variation, as I have presented the concept, applies most directly to the logic of the law of identity; the law is that an entity cannot at the same time be A and not-A. In schizophrenic thought-disorder, the patient does not hold with this premise at all times, a fact which leads to partial identifications, condensations and distortions of the thing in question. The Husserlian procedure of imaginative variation, likewise, plays upon the validity of the law of identity. Husserl illustrates the method in reference to seeing a table, recommending that the phenomenologist "vary the perceptual object, table, with a completely free optionalness, yet in such a manner that we keep perception fixed as perception of something no matter what;" for instance, the colour of the table can be "arbitrarily" changed "while keeping identical its perceptual appearing;" the idea is to abstain from accepting the table's empirical facticity while conceptually altering "the fact of this perception into a pure possibility, one among other quite 'optional' pure possibilities." The common strand between this philosophical procedure and schizophrenic thought-disorder is the manner in which perception (or any other intentional process, such as recollection, declaration, desiring) is removed from all factualness. One significant difference—among many others—between these variations is the phenomenologist's ability to stay tuned into the perceptual object as it is given. Imaginative variation operates on the basis of a strict return to the experienced object. The clue for the clinician in his effort to achieve constructive dialogue with the patient would be, accordingly, to return to the "object" as it is given. The schizophrenic person's inability is evident here.

1Ibid., p. 327.
2E. Husserl, Cartesian Meditations, p. 70.
In schizophrenic psychoses, primitive emotional currents often lead to profound disturbances of associational thought.¹ Schizophrenic variations thereby can become "more elastic, more complaisant" than the ordinary way of thinking and "may permit an interpretation of reality in accordance with one's wishes" instead of what is actually the case.²

Hence, it is with a dual regard—a regard for the "purely possible ego" and a regard for the object of experience as it is given—that the phenomenological clinician would need to coordinate a conceptual approach in which alliance is desired and yet one in which a constructive encounter may follow. Concerning the phenomenological teaching on imaginative variation, "wishing", for example, would be considered a valid mode of consciousness through which the eidos ego lives, but it is only one mode by which an individual may be intentionally united with the object of experience. As it turns out, interpreting reality on the basis of wishes is, more often than not, destructive. As Binswanger notes in reflecting on one of his schizophrenic patients, it is "only through the practical that we first become truly certain of our own existence,"³ whereas wishful thinking leads to self-defeating strategies and self-deceptive tricks. After the scrambling effect of free variation, the clinician would need to be concerned with what is suitable for the schizophrenic person as a mode of consciousness of the "object" (e.g. the event or relationship) which might lead to a practical and stable experience, and then aim to guide the patient in that manner of thinking. Even so, imaginative variation would remain as a device of method in that being practical may be a "possibility-variant" which the patient has yet to try.

B. Individual being and temporality

Phenomenological reflection is in response to the immediate experience of being-in-the-world, where space and time, which form as a continuum "out there", are delimited to the manner in which being is "there" for the existent. Husserl's approach proceeds further to conceptualize

¹S. Arieti, "Special Logic of Schizophrenic and Other Types of Autistic Thought," op. cit., p. 335.
³L. Binswanger, "The Case of Ellen West," Existence, op. cit., p. 274
what is "there" in an even more delimited fashion as what is essentially "here", for and in the ego. The sense of being "in" the ego is understood after "there" has been reversed, conceptually. Eidetic intuition is conducted after these various shifts of attention have been made. Eidetic intuition then involves a dismantling and re-arranging of the flow of experience (the space-time continuum which now is being conceived exclusively as the transcendental ego's flow of experience), in which imaginative variation is given free rein until the ego apprehends the essence of the experienced object. Experience, which already is present to individual being as a flux, thereby is conceived according to the possibility of even more fluctuation.

When the flux becomes extremely varied through imaginative procedures, yet, more or less, holds together for the ego, Husserl raises another question concerning the nature of subjectivity in view of what egological form enables the flux to be held together. Husserl's description of "the unity form of the flux" is of a radically individual temporal being, an "internal time-consciousness". Husserl describes temporality as a "necessary form binding experiences with experiences;" he adds, "the stream of experience cannot begin and end. Every experience, as temporal being, is an experience of its pure Ego." With the reflective shift of attention to temporality, the genetic aspect of phenomenology becomes the central descriptive focus. The ego becomes defined most exclusively through its temporal being. Husserl states:

whatever occurs in my ego, and eidetically in an ego as such—in the way of intentional processes, constituted unities, Ego habitualities—has its temporality and, in this respect, participates in the system of forms that belong to the all-inclusive temporality with which every imaginable ego, every possibility-variant of my ego, constitutes himself for himself. 5

Vide E. Husserl, Experience and Judgment, pp. 168-169. Husserl writes: "As lived experiences, imaginings are ordered in the unity of the ego, just as all acts are—which means that internal consciousness constitutes intentional connection. But they still have no connection in their objective relations." Imagination, thus, leads to a consideration of subjective time. "The object of imagination is present to consciousness as temporal and temporally determined, enduring in time; buts its time is a quasi-time... it is a time without actual, strict localization of position."

E. Husserl, Cartesian Meditations, p. 75.


E. Husserl, Ideas, p. 236.

E. Husserl, Cartesian Meditations, p. 74.

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Husserlian phenomenology refers to an "originary time" which surrounds the ego. The conceptual grasping of originary time, as Ricoeur states, is not a reduction to anything else, "unless it be from fact to essence."¹ The individual's experience and expression of temporality, including the very minute, hardly measureable (but co-existent) variations which occur in phantasy are the baseline consideration for apprehending the essence of the transcendental ego. Ricoeur comments, "time is not only, as with Kant, an intuition a priori, that is a mode of representation;" the ego and time are "on the same level."² In phenomenology, then, "time and being are inseparably linked," as Jacques puts it; "time is not a datum of consciousness but consciousness unfolds or constitutes time."³ Accordingly, "time is not the distorting glass through which being appears to man. Time is itself a constituent of the being which is man and so appears with being at the very moment being-itself blossoms into consciousness."⁴

In the phenomenological approach, the individual experience of temporality is a basic, underlying dimension of the ego which not only wraps around experience as its universal form, but likewise, carries through experience as its integral condition. In David F.'s diary account of his acute schizophrenic break, mentioned previously, after describing his phantasy of "eating" and "playing" on the world, he declared "man I'm six years old."⁵ In objective chronological terms, David was in his early twenties. In psychological terms, his expression represents the common tendency with schizophrenic persons to regress to an infantile and narcissistic level of experience. A phenomenological way of looking at this same experience is to observe how the experience of a "purely possible ego", which was introduced in phantasy through the overthrow of the world's facticity, resulted in a sensitized (albeit confused) awareness of "all-inclusive temporality". In phenomenological terms, the "victory over brute fact" (which in philosophical method is brought about through eidetic intuition) points to a time-structure which stretches throughout one's experience, allowing for the inter-connectedness of the ego.

¹P. Ricoeur, Husserl: An Analysis of His Phenomenology, p. 110.
²Ibid., p. 110.
⁴Ibid., p. 45.
⁵M. Bowers, "The Onset of Psychosis—A Diary Account," op. cit., p. 353.
If the schizophrenic person's break from normal experience is undertaken in order to be cushioned from the pain inherent in the objective world (significantly, the pain of relationships), then the phenomenologist might expect the subsequent analysis of the patient's subjective expression to be characterized by a peculiarly individual sense of temporality. This would follow from the phenomenological position on the manner in which the ego as temporal being underlies and penetrates, so to speak, the ego's spatiality, causality and materiality, with the latter dimensions being more inclined to objective determinations. This basic level of temporality certainly appears to be expressed in David F.'s account of his break from a world which had come to be seen as "contaminating". For example, as several psycho-social crises became more painful and more engulfing, including his previous sexual relationship with Laura, whom he felt had betrayed him, David wrote:

"It's like a dam that builds and builds and builds and fills up behind with dark things that putrefy and finally something or someone (I must see Laura if only to thank her) pulls the cork and out it comes gushing and making a terrible mess and leaving you shaking and cleaner." 1

He thought of this break from the world of objectivities as "a rebirth, that's all a mere rebirth." 2 In a related context, he added,

"I'm out! I'm through...boomed out of the tunnel sometime last night and its raining stars...whooy...its nice out there's time for everything." 3

David's metaphorical language in these instances might be taken to give credence to the early psychoanalytic conception of how time awareness comes about, psychologically: i.e. "'time' in its ordinary and personal application can be an unconscious equivalent of excretory product because of the sense of value attaching to it." 4 However, a less reductionistic view would be to consider a sliding mode of temporal being once the objective world is ignored and distorted through schizophrenic phantasy.

With the phenomenological readjustment of viewpoint which accounts for the "unity form of the flux", the clinician may conceive a more intimate

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1Ibid., p. 355.
2Ibid., p. 355.
3Ibid., p. 351.
notion of pure subjectivity. When in mental disorders, certain segments of objective reality are denied and blocked from awareness, the immediate and ever-evolving sense of "all-inclusive temporality" remains and presents itself as lived-time.

In discussing basic configurations of time in his classical work on psychopathology, Jaspers distinguishes the "time experience" from "clock-time, chronological and historical time and time as the historical aspect of the individual's existence." These latter configurations of time are definite temporal forms one has in the experience of lived-time, but it is the "time experience", itself, which I wish to emphasize in reference to a phenomenology of the ego. I take Jaspers' reference to "time-experience" to be closely related to Husserl's understanding of "internal time-consciousness." Jaspers notes how the time-experience may be evaluated (i) as "an experience of basic continuity," (ii) "as an experience of having a direction," and (iii) as "the experience in time of timelessness." These three aspects of the time-experience result from a phenomenological orientation to the "now-halo" of consciousness. Husserl notes that "now" is "a form that persists through continuous change of content," indicating that the "permanence" of subjectivity plays as important a part as "flow" in an individual's experience of temporality. By discerning features of the schizophrenic person's time-experience--its continuity, direction and timelessness--the clinician should be able to achieve a graphic and intimate sense of subjectivity as it is experienced "now", in the "living present".

Continuity is experienced according to the way one "now" is linked with preceding and following "nows". The continuity of temporal being cannot be understood without reference to the experience of discontinuity, however. If there were no "in betweens", no gaps in which "now" is linked with yet another "now", then the issue of continuity would not arise. Consciousness of continuity occurs passively (as receptivity) and actively (as acquisition). These general factors apply to the schizophrenic person's experience as well as to the normal person's.

For the non-psychotic person, a moment's reflection is all that is needed to divulge a sense of one's own temporal continuity. One "now"

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1K. Jaspers, General Psychopathology, p. 80.
2Ibid., p. 83.
3E. Husserl, Ideas, p. 237.
smoothly lapses into another "now" so that, generally speaking, there is no problem recognizing continuity at a cognitive or an affective level (even though it may be more difficult to prove that the continuity exists, or to describe its features). Nevertheless, in any one's time-experience, the temporal flow will be broken according to certain modes of consciousness. As Koestenbaum observes, "the ego is interrupted by sleep, split by memory-lapses, shredded by the spatio-temporal flux, and torn by conflicting values, loyalties, and emotions..."¹ A break in continuity transpires as well in purposeful acts conducted by the ego, for example, in remembering, which, as Sokolowski observes, involves "chopping the life of consciousness into pieces, for it isolates portions of the flow and presents them by themselves."² It is interesting to note how such a process of discontinuity in normal experience often provides an orientation to oneself as a historical being and thereby fits in with another conceptual level of continuity. In normal experience, "chopping" the flow of temporality generally will lead to an assurance that the isolated event which one grasps in memory is part of a continuum which is more underlying.

For the schizophrenic person, the experience of temporal discontinuity may be more extreme. Minkowski describes the "crux" of the problem of the depressed schizophrenic man with whom he lived for awhile to be just such a radical disruption of the temporal flow. Minkowski observed how the "carry-over from past and present into the future was completely lacking in him...the time which we normally integrate into a progressive whole was here split into fragments."³ Minkowski gained the impression that for this person "being had lost all sense of necessary continuity;" "each day kept an unusual independence, failing to be immersed in the perception of any life continuity."⁴ The experience of temporal discontinuity may also be reflected in the schizophrenic person's self-concept, wherein the common self-courtesy of claiming that "I" am the "same I" throughout experience is not guaranteed. It may be as Moore said in his

²R. Sokolowski, Husserlian Meditations, p. 156.
³E. Minkowski, "Findings in a Case of Schizophrenic Depression," op. cit., p. 132.
⁴Ibid., p. 133.
autobiography of schizophrenia, under the influence of a less disruptive experience of temporality, "I feel as if I am the same person I have always been, and if I am crazy now, I must always have been that way."¹ Or, the schizophrenic person may vigorously deny any sense of personal continuity throughout the time-experience; as one of Jaspers' patients said:

When telling my story I am aware that only part of my self experienced all this. Up to 23rd December 1901, I cannot call myself my present self; the past self seems now like a little dwarf inside me. It is an unpleasant feeling; it upsets my feeling of existence if I describe my previous experiences in the first person. I can do it if I use an image and recall that the dwarf reigned up to that date, but since then his part has ended. ²

Laing mentions how, with certain schizophrenic patients, the "loss of a section of the linear temporal series of moments through inattention to one's time-self may be felt as a catastrophe."³

In temporal being, the experience of discontinuity is nested within an underlying continuity, according to Husserlian phenomenology. As noted, discontinuity may occur in a nondisruptive, normal fashion or in a fragmenting schizophrenic fashion. In it all, "consciousness is glutted with the present,"⁴ as Sokolowski puts it. Phenomenologically speaking, it is the now-phase itself which is the fundamental continuum. Within the living present, there is engendered "a continuum of continua"⁵ as now-phases lapse into one another and yet are built within the ever present now-phase; thus mention is made of a "two-track" structure to the

²K. Jaspers, General Psychopathology, p. 126. Vide also T. McGlashan, "Integrative and Sealing-Over Recoveries from Schizophrenia," Psychiatry, 1976, 32: 325-338, in which it is suggested that the clinician must take care in evaluating the nature of the patient's repression and denial of certain periods of the psychotic episode which were too debilitating and unacceptable to the individual, in that sometimes this is a phase in the process of recovery and other times is merely a cover-up for underlying difficulties in adjustment. Note also Szalita's comment: "The schizophrenic cannot rely on his past, for it is a dreaded memory of panic, depersonalization or disintegration." A. Szalita, "Regression and Perception in Psychotic States," Psychiatry, 1958, 21: 56.
³R. Laing, The Divided Self, p. 116.
⁴R. Sokolowski, Husserlian Meditations, p. 147.
⁵Ibid., p. 140.
The engendering of a continuum occurs whether or not the flowing, unified nature of this continuity is brought to awareness, realized, or accepted—occurring, for instance, when psychological mechanisms of denial hinder or distort clear acts of retention and protention. The ego may or may not claim its temporal profiles. If the ego does actively claim its temporal stretch, of each mode of consciousness used to establish the sense of self-continuity (e.g. memory, imagination, anticipation, or awareness of perceptions) the particular temporal profile must be re-presented, re-lived, re-produced or re-reflected upon within the now-phase, while the continuum continues. It is in this manner that Husserl thinks of various temporal profiles as within an "all-inclusive temporality".

Another closely related feature to that of continuity in the time-experience is that of temporal direction. A phenomenology of continuity is cast more in the light of time passing and the past, although to a lesser degree continuity is also realized in the profile of the future, in such acts of consciousness as expectation and hoping. Temporal direction, on the other hand, is more exclusively in reference to the future. The direction of the time-experience consists in the way one "now" leads on to another "now". If there is no opening into the future, the sense of direction becomes impaired.

Koestenbaum considers a healthy time-experience to be consistent with the "vectorial character" of consciousness, wherein "the past is invoked only to assist in the look to the future." In contrast, Arieti suggests that a typical temporal direction of thought-disordered schizophrenic persons is to be concerned "mostly about the present" and to foresee "only the very immediate future." Arieti notes how this is a disturbance with deep unconscious roots; he refers to the individual and archaic conditionings which in normal development promote a temporal direction into the future, mentioning the psycho-sexual stage of anality wherein the child learns to expect and to control a bowel movement and the primordial eras of human cultural development wherein the group turned from strict reliance

1Ibid., p. 147.
3S. Arieti, "Special Logic of Schizophrenic and Other Types of Autistic Thought," op. cit., p. 334.
upon hunting and cannibalism to agriculture and hoarding, both of which connote an "anticipation" of the future and a realistic "reference" to the past, factors which are critical in any attempt to go beyond immediate necessities.\footnote{Ibid., p. 334.}

These disturbances of temporal direction are borne out in Minkowski's case study of schizophrenic depression, mentioned previously; for this patient "the future was blocked by the certainty of a terrifying and destructive event."\footnote{E. Minkowski, "Findings in a Case of Schizophrenic Depression," op. cit., p. 133.} The first night Minkowski spent with the man was sleepless, filled with the man's descriptions of being executed the next morning, and of course, accompanied by extreme feelings of terror. Minkowski hoped his fears would be allayed once the morning arrived and execution had not occurred. However, despite the patient's inaccuracies in predicting his own doom, there was no relief from the terror or the belief that execution was right around the corner. It was as if the future never arrived. Thus "monotonously and uniformly, he experienced the days following one another,"\footnote{Ibid., p. 132.} but without any sense of moving forward in time. The disturbance in temporal direction prevailed to such a great extent with this man that Minkowski has argued that the delusional belief in an imminent execution was only one "manifestation" of "the more basic disorder" of a "distorted attitude toward the future."\footnote{Ibid., p. 132.}

The future is "that toward which we are going and is more or less open to previewing and planning."\footnote{Szalita comments on a typical pattern of the schizophrenic time-experience which relates to Minkowski's case study; she says, the patient "hangs on with all his strength to a present that is isolated, with no past and no future;" it is a "discontinuous present, in which every experience is both concrete and discrete, and therefore unrelated... This is why he cannot learn from experience—why his experience does not bring him foresight or insight." A. Szalita, "Regression and Perception in Psychotic States," op. cit., p. 56.} While referring to the phenomenological idea of protention, Jacques observes that "every piece of behaviour we intimate contains some apprehension of how the action will go;" he mentions the shock when an event does not unfold as anticipated, such as, expecting to step on a stair that is not there.\footnote{H. Ellenberger, "A Clinical Introduction to Psychiatric Phenomenology and Existential Analysis," Existence, op. cit., p. 104.}

An empathic view

\footnote{C. Jacques, "The Phenomenology of Temporal Awareness," op. cit., p. 43.}
of the schizophrenic person's time-experience of direction in which the future may be closed, or may be illusionary, or simply not subject to previews and plans, would need to account for the basic way in which the person's apprehensions, life-goals and expectation have been transformed by a profound shock. Moreover, temporal direction carries the idea of tempo, and in phenomenology, is associated with the idea of life impetus. May relates the "self-actualizing process" with "moving into the immediate future."

The "flowing of life", as Ellenberger says, is "experienced as a spontaneous, living energy." When the temporal pace slackens, however, to the point of ceasing, the need for outside intervention to influence a shift of the patient's gestalt, in which the clinician actively introduces "plans" and "previews", is especially essential. Inasmuch as temporal direction is a basic coordinate of individual being, until the future is open, life impetus or personal motivation cannot be expected to flow.

The final feature of the time-experience to be discussed is the experience in time of timelessness. Timelessness is experienced at the axis of past and future, or in other words, when the temporal modes of simultaneity and duration are held together by the constituting ego. Timelessness is not conceived in phenomenological analysis as an otherworldly sphere, but simply in lived-time when "now" is not experienced as marked off into units or profiles. Timelessness refers to the experience of an expanse of "now"; "now", which has a peak, and "now" which has a plateau are experienced as merged and prolonged.

In the normal experience of timelessness there is an integrative sense to the flowing stream of temporal profiles. One term used by phenomenologists to describe this integration is "presentification". Ellenberger defines presentification as

the act of grasping at once a certain field of phenomenal perception and a certain mental state, and bringing them into relationship with the continuity of one's past experience and expectation of the future.

Normally, then, the focus on the present, which is characteristic of the

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3Ibid., p. 105.
4Ibid., p. 105.
experience of timelessness, has an inclusive aspect with the structures of retention and protention comprising the outer lines of the "now-halo". Jaspers describes the experience in time of timelessness as "the transcendence of all becoming." Husserl denotes the manner in which "all given times become part of one time."2

"Some phenomenologists," according to Ellenberger, "assume that the basic distortion in schizophrenia could be a weakening of the presentification, resulting in a disconnection between the past and the future."3

It would seem the experience of "one time" remains, but the disconnection precludes the coordination of "all given times". Timelessness, for certain schizophrenic persons, therefore, occurs within the frame of an "all-inclusive temporality" but is not experienced as a flowing phenomenon; temporal being has its permanence but its flow is impaired. Understanding the schizophrenic person's experience of timelessness as a weakening of presentification, thus, promotes an intimate comprehension. The schizophrenic delusion of immortality, for example, is incomprehensible unless it is realized that persons can experience time "as if it were fixed at the present moment."4 Furthermore, with simultaneity lacking, the duration may figure as endurance; as one paranoid schizophrenic person said after an acute psychotic episode:

My own memory gives me the impression that this time-span, 3-4 months by ordinary reckoning, was an immensely long time for me, as if every night had the length of centuries.5

Another schizophrenic patient described the experience of "one time" as being painful and assuming great significance:

I was suddenly caught up in a peculiar state; my arms and legs seemed to swell. A frightful pain shot through my head and time stood still. At the same time it was forced on me in an almost superhuman way how vitally important this moment was. Then time resumed its previous course, but the time which stood still stayed there like a gate.6

Husserl has noted that "experience in its immediacy knows neither exact space nor objective time and causality."7 It is as if the time

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1K. Jaspers, General Psychopathology, p. 83.
2E. Husserl, Experience and Judgment, p. 164.
4Ibid., p. 104.
5K. Jaspers, General Psychopathology, p. 85.
6Ibid., p. 84.
7E. Husserl, Experience and Judgment, p. 43.
experience of many schizophrenic persons is an intensification of this principle. Temporal being can be set forth in less of a borrowed, reliant objective sense. Temporal being is also less substantive than its counterpart of spatial being. As Sokolowski observes, "the profiles of spatial wholes are disjunctive and exclusive" while "the profiles of temporal wholes are assimilative." Thus self-validity may be grounded in temporality, but due to the assimilative nature of the time-experience, self-boundary may be difficult to ascertain solely on a temporal basis. Such a phenomenon as "a tendency to rely on spatial means of identifying oneself" in certain schizophrenic states may have a point of reference here.

From the clinician's point of view, however, despite the impairments of temporal being which are experienced in schizophrenic psychoses—extreme periods of discontinuity, a dwindling sense of direction and a stultified view of timelessness—the distinctively subjective nature of the time-experience is obvious. Phenomenologically, the now-phase for any person is, in a metaphorical sense, similar to a "gate" to "all-inclusive temporality" and hence "pure subjectivity." But for the schizophrenic person, as in the example just cited, the "gate" does not often appear to serve the person well. Cowen expresses the problem nicely in a poem describing phases of the schizophrenic person's life, when he refers to the patient as one who is "hiding in the interstices of time."

Since temporal being may be experienced most exclusively as "my being" and since the configurations of the "living present" provide immediate access to the sense of being a "presence", the schizophrenic person's compelling psychic rush to seize onto "now", in various delusional and hallucinatory ways, may be viewed as a means of protecting or gaining safety for "I (who am I)". Unfortunately, the powerful flight-reflex which leads to withdrawal from the objective world of threatening encounters tends to induce isolation, or as Cowen says, results in a motif of "hiding". The retreat, thus, does not often provide an increased sense of self-affirmation or self-acceptance, but turns more into a sabotage of potential self-development. Communicative efforts on the clinician's part, therefore, may be reasonably and specifically directed to the

1. R. Sokolowski, Husserlian Meditations, p. 163.
reaffirmation of the schizophrenic person's perilous sense of "presence". The final point to be drawn concerning the clinician's conceptual approach to individual being and temporality is aptly expressed by Ellenberger, and conveys the same, basic sentiment I brought forward in regards to spatial being: "Our personal time must be inserted into the social, historical and cosmic time." 1 Once the individual sense is respected as to its indubitable right of being, the clinician must then work toward a communal sense with the schizophrenic person.

Section IV: Transcendental Reduction

A. The ego as a matrix of meaning

The major point of application to be made in relating the transcendental reduction to the clinician's conceptual approach to the schizophrenic person concerns the close association, or union, of the "ego" and "meaning" which this reflective shift brings about. The transcendental reduction emphasizes the connection between individual being and being-sense. In this regard, the transcendental reduction is a device of method which sets the frame for a hermeneutical phenomenology. After the transcendental reduction, the image of the ego emerges as a matrix of meaning.

The transcendental reduction is the final, comprehensive reflective shift in Husserlian phenomenology. It follows from Husserl's designation of the ego as an intentional pole, with a vector-like emergence into the world. Epoche functions to show the world as a correlate of the ego and the reduction translates the "nature" of the world into a "field of meanings". Intentionality, or consciousness (of), connects the ego with the world; as the life is lived, the function of intentionality is understood to be the incorporation of every artifact and event in the world into a pattern of human meaning. When all of life is transcendently reduced, the existence (or the intentional stream) which is for the ego is conceptualized as in the ego, as its matrix, as exclusively within the ego's web of intentionality. In this way, life, which is the bearer of meaning, is conceptualized rigourously as borne for a particular being.

The phenomenological idea of "meaning" is not restricted to elusive, once-in-a-while, "a ha!" phenomena. Husserlian phenomenology considers meaning to be integral to each experience which occurs—from experiences of slight significance to those of great importance. The transcendental reduction is posed to discern a hierarchy for this meaning, or in other words, to consider the meaning of this meaning. It is a methodology which avoids an infinite regress (i.e., into the meaning of the meaning of the meaning...) because the reduction is posed on the basis of a metalogical grounding in the pure ego. The question of meaning is always in reference (as a point of orientation) to individual being, with an open-ended...

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questioning as to what the meaning of the stream of experiences might ultimately be.

The correlation between transcendental and natural being (discussed previously in reference to psychological being) is an important consideration for the method of transcendental reduction. Husserl designates the meaning-matrix in these terms: "Anything that is—whatever its meaning and to whatever region it belongs—is an index of a subjective system of correlations." Thus, being an ego indicates a system of constitutive levels; the living body is one way of disclosing the ego, the ego is also disclosed through feelings, or through thoughts, interactions, decisions, hopes, habits. As life unfolds, and transformations evolve on various constitutive levels, intricate patterns of "validity-founding" combine; it is in this way that subjectivity "expresses itself" as a whole. In the early stages of Husserlian phenomenology, the analysis of correlation between the constituted and the constituting was restricted to the intentional bond "between experienced object and manners of givenness." The idea was of a "unity of correlation"; the formula of analysis was cogito-cogitatum. Later on, when human subjectivity was brought into the problems of correlation, a radical transformation of the meaning of these problems became necessary which finally led to the phenomenological reduction to absolute, transcendental subjectivity. Thereafter, it became necessary to speak of a "unity of signification"; the formula becomes ego-cogito-cogitatum.

With the reflective shift to a "unity of signification", phenomenological epoche proceeds to phenomenological reduction. Husserl's position is that subjectivity is "functioning ultimately" and that the reduction

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1 E. Husserl, The Crisis of European Sciences and Transcendental Phenomenology, p. 165.
2 Ibid., p. 108.
3 Ibid., p. 113.
4 Ibid., p. 166 fn; Husserl refers to the writing of Logical Investigations around the year of 1898.
8 E. Husserl, The Crisis of European Sciences and Transcendental Phenomenology, pp. 170ff.
is necessary in order to show the way in which the ego "brings about", within itself, the world as ontic meaning."\(^1\) The reflective shift of the reduction allows the phenomenologist to be "situated above his own natural being and above the natural world," not in a way to suppose that the validity of the world might disappear, but so that experience might be conceived "under our gaze purely as the correlate of the subjectivity which gives it ontic meaning, through whose validities the world 'is' at all."\(^2\)

The transcendental reduction is meant to reveal pure subjectivity and is the most decisive way, in Husserl's phenomenology, to draw nature into spirit. When the ego is viewed as totally immersed in the world, an appreciation of "pure" subjectivity is hard to establish. The "purity" is qualified by objective determinations. Husserl writes: "It belongs essentially to this world-constituting accomplishment that subjectivity objectifies itself as human subjectivity, as an element of the world."\(^3\) As Fink observes, "transcendental self-constitution is a placing of the constituting life into the thematic context of the constituted structures."\(^4\) The reduction thus may be evaluated as an attempt to comprehend the ongoing process of self-objectification, without defining the ego in naturalistic, objectifying terms. Fink adds:

"Transcendental reduction is meant to achieve "self-reflective clarity"; it thus is meant to articulate the experience of being immersed in the world by reducing description to the ways in which the ego bestows a meaning on the world. "Transcendental subjectivity," which the reduction aims to disclose, "is not merely compatible with genuine objectivity,

\(^1\)Ibid., p. 153.
\(^2\)Ibid., p. 152.
\(^3\)Ibid., p. 113.
\(^4\)E. Fink, Appendix in E. Husserl, The Crisis of European Sciences and Transcendental Phenomenology, p. 399.
\(^5\)Ibid., p. 399.
\(^6\)E. Husserl, The Crisis of European Sciences and Transcendental Phenomenology, p. 152.
but the a priori other side of genuine Objectivity."¹ The reduction is
a mirror like look at world experience with the pure ego posited at the
centre.

The peculiarity of Husserl's language in depicting such an egologi-
cal grounding—e.g. a pure subjectivity "situated above" natural being—
often has distracted from the true force of the transcendent reduction.
The reduction should not indicate a removal from world-experience. The
reflective shift is to "absolute consciousness" as Husserl says in Ideas.
However, as argued previously, such a reflective shift is not to a con-
sciousness conceived as if it was an essentialistic Platonic form, or as
if it was a speck of pure presence to be enjoyed through meditative exer-
cises. The phenomenological position is that structures of consciousness
"permeate man's entire being."² Thus, as Binswanger says of his own
application of phenomenological philosophy to psychiatric analysis:

it has not, by any means, consciousness as its sole object, as has
been erroneously stated, but rather the whole man, prior to any
distinction between conscious and unconscious, or even between body
and soul.³

Husserl's motif of the pure ego as "situated above" natural being may be
taken simply as a means of distinguishing pure subjectivity from the phe-
nomenal world in which the ego finds itself as a subject and an object.
Moreover, the reduction does not end with a comprehensive reflective shift
which marks off the ego from the cogito-cogitatum but involves a reclaim-
ing of the phenomenal field. According to this interpretation, the method
of transcendental-reduction is for the reappropriation or grasping of the
experience of being a whole person.

The transcendental reduction focuses attention upon "a world whose
being is being through subjective accomplishment."⁴ Husserl proposes,
if the phenomenologist systematically "uncovers" the meaning of the world
which all human egos experience intersubjectively

the world as it is for us becomes understandable as a structure of
meaning formed out of elementary intentionalities. The being of
these intentionalities themselves is nothing but one meaning-formation

¹E. Husserl, Formal and Transcendental Logic (The Hague: Martinus
Nijhoff) 1969, p. 256.
²L. Binswanger, "Existential Analysis and Psychotherapy," Progress in
Psychotherapy, Volume I, eds. Fromm-Reichmann and Moreno (New York: Grune
& Stratton, Inc.) 1956, p. 23.
³Ibid., pp. 22-23.
⁴E. Husserl, The Crisis of European Sciences and Transcendental Ph-
omenology, p. 96.
operating together with another, 'constituting' new meaning through synthesis. And meaning is never anything but meaning in modes of validity, that is, as related to intending ego-subjects which effect validity. 1

Going back to "the intentional origins and unities of the formation of meaning" is an "ideal case" but the relative, incomplete nature of uncovering levels of validity for intending ego-subjects does not dissipate the image of the ego as a meaning-matrix, with one meaning overlapping and integrating with other meanings. 2

When applied to the clinician's conceptual approach to the schizophrenic person, the transcendental reduction may be evaluated as a reflective procedure which brings to light the depth and range of being an intending ego-subject. The point of the reduction is that world-experience can have sense "only as a unity meant and meanable in the nexus of consciousness." 3

The following discussions concern to what depth and to what breadth structures of intentionality may reach and yet remain tied to the transcendental ego. In the first place, I will turn again to consider the topography of the unconscious system 4 and will indicate how a concept of the ego as a meaning-matrix applies even to this concealed horizon of self-objectification. In the second place, I will discuss the "nexus of consciousness" according to the way in which the ego is related to world-experience; in reference to certain states of the schizophrenic psychoses, the range of the intentional arc can be characterized by an "all" or "nothing" style of relating to the world. By taking the phenomenological approach advocated in these discussions, the clinician is able to evaluate the schizophrenic person's experience while remaining orientated to "being" in an egological form, even though the patient's experience is unconscious or phantasy-filled.

B. Intentionality and unconscious phenomena

As many clinicians of differing theoretical backgrounds have agreed, the unconscious, which is described in various ways by the psychoanalytic tradition, "obviously makes reference (albeit obscurely) to crucial aspects

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1 Ibid., p. 168.
2 Ibid., p. 168.
3 E. Husserl, Cartesian Meditations, p. 62.
4 Cf. Chapter Two, Section II.

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of human existence and experience."\(^1\) It also appears straightforward to assume that "unconscious states of consciousness are self-contradictory (like square circles)."\(^2\) How the unconscious system can, therefore, be conceived as a unity of significiation within the nexus of transcendental consciousness becomes a pointed issue.

In order to conceive of the ego as a meaning-matrix, the method of transcendental reduction has already involved a displacement of meaning. That is the point of my previous comments on reclaiming the horizons of self-objectification for pure, transcendental subjectivity through reduction. The reduction initiates a reflective shift from eidetic to hermeneutic method (from taking the phenomenon as immediately given to uncovering a fuller meaning to the phenomenon's givenness). The reflective shift to transcendental consciousness is not vis-à-vis consciousness as a subject within the world of objects (and therefore is not in reference to the ego as a secondary system of conscious, reality-testing proportion) but gives testimony to the ego as the very condition of the cogito qua cogitatum. Ricoeur thus writes:

No reflective philosophy has come as close to the Freudian unconscious as the phenomenology of Husserl and his followers, especially Merleau-Ponty and DeWaelhens...Phenomenology begins with a methodological displacement that already affords some understanding of that displacement or off-centering of meaning with respect to consciousness. \(^3\)

According to a phenomenological approach which reduces, or "off-centres" the experience of an ego immersed as a subject within the world of objects into a meaning-matrix, "transcendental subjectivity" would be considered the "locus or home of the rules governing interpretation" of the unconscious system. \(^4\) What becomes crucial in the conceptual approach to the unconscious experience of schizophrenic persons is "the suspension of that immediate meaning, or rather that chaos of meaning, and the displacement of the apparent meaning and its meaningfulness into the field of deciphering."\(^5\) By displacing the meaning of phenomena through the reduction, until a unity of significiation is disclosed, the unconscious is

\(^1\) P. Koestenbaum, *The Vitality of Death*, p. 190.
\(^2\) Ibid., p. 190.
\(^3\) P. Ricoeur, *Freud and Philosophy*, p. 376.
\(^4\) Ibid., p. 431.
\(^5\) Ibid., p. 432.
conceived as for and in the ego, which in the end, remains true to the ongoing process of constitution by which phenomena which have been concealed, unknown or unconscious first entered the nexus of consciousness.

However, before making any further statements concerning a phenomenological approach to unconscious experience, it is feasible to discern various connotations which have been attached to the term "unconscious". Jaspers outlines four general categories under which the term "unconscious" has been employed. First, the unconscious is used to designate a derivative of consciousness; for examples, automatic behaviours like walking, or memories which are in reach of recall. Second, the unconscious is used in relation to inattentiveness; for examples, events which go by unnoticed yet lived through, or unwilled yet performed. Third, the unconscious is used to denote a power, or original source, thus being a symbol for the creative, vital element of personality. Fourth, the unconscious is used to refer to the underlying sense of individual being, or more specifically, to the very sense of psychic reality. In this fourth category, the unconscious may be spoken of as a spontaneous play of basic psychic elements which on occasion are manifested in conscious psychic life, and may be spoken of as a series of deepening unconscious levels, either in the form of a personal unconscious which every individual gathers in the course of a life, or as the collective unconscious which operates in each individual as a substratum of universal human experience. In the first and second categories, the unconscious is conceived as something which is experienced but goes unheeded even though it could have been heeded. The third category is more poetical. The fourth category is articulated by reference to extra-conscious events, which, by definition, can only be brought to notice in an indirect way; the "test" of the "theoretical assumptions" concerning this fourth category of unconsciousness "is in their effects." Effects, of course, are within the sphere of the noticeable, or the sphere of self-reflection, and thus the unconscious in this fourth sense must also be conceived according to simile and symbol (e.g. as mechanisms, apparatus, or underlying processes).

Ricoeur observes: "The unconscious of phenomenology is the preconscious of psychoanalysis, that is to say, an unconscious that is

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1K. Jaspers, General Psychopathology, p. 11.
2Ibid., p. 10.
to say, an unconscious that is descriptive and not yet topographic."¹

This is a fair point to make and appears substantiated, in part, by Husserl's writings, with such designations of "unconsciousness" as the "inconspicuous substratum".² The Freudian unconscious, at its deepest levels, is set within a pre-linguistic frame, in the order of images (e.g.) as evidenced by regression of dream thoughts to the phantasy stage or paeological schizophrenic thoughts, and thereby is indicative of a "primary process" which "encounters the facts of language only when words are treated in it as things."³ Ricoeur argues, therefore, that the "infra" or the 'supra' with respect to language is what separates psychoanalysis from phenomenology."⁴ Neither the "infra" approach of psychoanalysis nor the "supra" approach of phenomenology are exclusive of the other. But, in terms of an over-all conceptual approach to the schizophrenic patient, the issue at stake is "what defines the image of the person as an unconscious being?"

The problem with the Freudian approach to unconsciousness is the disregard for the meaning-matrix, or a lack of concern for the orientation to the ego as being-itself (as is achieved in the transcendental reduction). According to the Freudian approach, the person who is overwhelmed by unconscious phenomena (i.e. the schizophrenic patient) all too easily is regarded in terms of a dehumanized image; when the ego is skipped over in setting the dimensions of the concept of the unconscious, the pre-linguistic sphere which comes to be articulated readily connotes the pre-human. While the Freudian psychoanalysis has introduced concepts of great value concerning the unconscious topography through its assumptive stance, it also seems as if there is deception in speaking of an unconscious topography which is not in and of the nexus of the transcendental ego, as if the unconscious could be cut with the ego's constituting activity. Even if the unconscious is conceived as "being for its own sake"⁵ it seems only reasonable that the unconscious be in reference to a meaning-matrix; otherwise it could not gain fruition as being. This

¹P. Ricoeur, Freud and Philosophy, p. 392.
³P. Ricoeur, Freud and Philosophy, p. 398.
⁴Ibid., p. 405.
⁵K. Jaspers, General Psychopathology, p. 11.
is especially true in reference to a "personal unconsciousness" and, as
regards a "collective unconsciousness", is quite conceivably as much of
a constituting act as is the constitution which, Husserl argues, trans-
pires in the objective, physical world. The engendering function of the
ego often is more of an acquisition than a creation. In reference to un-
consciousness as an horizon which "persists" to accompany every living
present, Husserl notes: "judgment does not exist only in and during the
active constitution...it becomes the continuously abiding self-same judg-
ment, as a preserved acquisition dependent on functions of passivity."1
Indeed, Ricoeur's statement that phenomenology is concerned with the pre-
conscious of psychoanalysis should not be taken as a denigration of phe-
nomenological methodology, and really should not be taken to limit phe-
nomenology to the first two categories of "unconsciousness", mentioned
above. Husserl's idea of unconsciousness is of "an abiding temporal
being":

a life of consciousness is inconceivable, except as a life given oriri-
ginally in an essentially necessary form of factualness...wherein each
process of consciousness has its identical temporal locus, which it
receives throughout the flowing changes in its typically modified
manner of givenness within a living present, and then retains abid-
gingly by virtue of essential sources pertaining to habituality. 2

In phenomenology, "intentional genesis" refers to the constitution
of a time-form; a "retentional modification" is said to occur when the
original intentional object becomes "sedimented" (or buried within the
past but still has a bearing within the nexus of consciousness).3 Hus-
serl speaks of the "enduring 'result'" of the sedimented object upon the
ego "from then on, and not merely during its living retention."4 Accord-
ingly, the Husserlian approach to unconsciousness would be more in line
with a "personal unconsciousness" and, therefore, one should be able to
conceive of the Husserlian idea in direct reference to the fourth cat-
egory of unconsciousness, as described previously. To do so, certainly,
the notion of a topography outside of the meaning-matrix has to be dis-
missed. Ricoeur indicates the same, when discussing the Freudian idea of
symbolic fragments expressed in dreams and momentarily brought to life, as
he notes, "one is reminded of the Husserlian notion of 'sedimentation'."5

1E. Husserl, Formal and Transcendental Logic, p. 320.
2Ibid., p. 318.
3Ibid., p. 318.
4Ibid., p. 320.
It is only when unconsciousness is brought to life for and in the ego that any statement can be made about its dimensions. From a Husserlian point of view, the extensive use of simile or symbol to depict an unconscious system which is beyond the bounds of individual being would have to be taken with great reservation, although the effects of such an alleged system would be of central importance to an expanded phenomenological approach to experience. Notably, the effects are always dramatically tied to the ego, within the nexus of consciousness, related to the immediate, living present.

With the foregoing comments serving as a background for understanding the unconscious in a phenomenological manner, more descriptive detail can now be given to the structures of intentionality which go to make up an unconscious depth to the meaning-matrix.

The formula for intentionality is that consciousness is consciousness "of". The "of" suggests not only that the object of consciousness is basic to any experiencing which occurs, but also that the ego finds itself related to the object in actual, immediate experience. Intentionality, when viewed as operative, structurally, in the establishment of meaning-formations, cannot, of course, be equated with what one intends in full awareness. If intentionality was restricted to what occurred in full awareness, then the view of a meaning-matrix would have a severely limited point of application for the clinician's conceptual approach to the schizophrenic person. Clinicians are continually alerted to the fact that patients' spoken intentions are not consistent with unspoken (unconscious) intentions, and are often reminded that other so-called conscious intentions can only be recognized on the far side of hindsight, once the intention has made an impact upon someone else. One technique (called "paradoxical intention") which Frankl has used in the treatment of phobic and obsessional patients plays on the intertwining nature of the intended and the unintended; Frankl invites the phobic patient to intend, precisely and persistently, that which has been feared and encourages the obsessional patient not to fight against that which has been repetitious. By intending that which is not desired, often, "the vicious circle is cut," the anticipatory anxiety diminishes and the phobia or obsession will fade away.¹ From a phenomenological standpoint, "paradoxical intention" may be effective in certain instances due to the comprehensive

¹V. Frankl, Man's Search for Meaning (London: Hodder and Staughton Ltd.) 1959, pp. 124-130.
structure of intentionality which extends beyond that which one can consciousness control as a subject in the world of objects. Meaning-formations are sedimented and the resolution of conflict may transpire apart from the initial intention, which seems to be the case in many other kinds of cathartic experience.

Even among various ways of intending there are strong chances of uncertainty or incompletion of the intending regard. When one fears, for example, there may not be a simple one-to-one relationship between the noetic stance and the noematic object; though fear may be defined as a reaction to a known danger, the actual feared object may stir a greater reaction because of associations with another, unknown object sedimented in a past profile of time. Or, when a man desires a particular woman, has not Freudian analysis suggested the distinct possibility of a hidden Oedipal conflict? Moreover, the object which one intends may not be fixed. Events may be misperceived; a relationship which one expects to be a certain way may change; and even the material thing has a hidden side. Because of the multi-levelled nature of intentionality, the motif of "depth" is required in order to conceive of a nexus of consciousness.¹

In Freudian analysis, "anxiety" is designated as the central component of various mental and emotional disorders. Anxiety is considered to be the way the id manifests itself upon the ego. When one is anxious, the disquietude which is experienced is considered to be the "effect" to an unconscious "cause". Freud observes, anxiety "is anxiety about something."² He notes that there is "a quality of indefiniteness and lack of object"³ when anxiety prevails, indicating that the "object" does have dimension, even if its givenness is that of the uncanny or phantasmagoric. The "indefiniteness" of the experience of anxiety has both a conscious and an unconscious side. There is "on the one hand an expectation of a trauma, and on the other a repetition of it in a mitigated form."⁴ The "danger-situation" which is connected with the

¹Cf. E. Husserl, The Crisis of European Sciences and Transcendental Phenomenology, pp. 118-121, where Husserl describes the function of phenomenological analysis to be description, not only of "the 'patent' life of the plane", but likewise, "the 'latent' life of depth."


³Ibid., p. 283.

⁴Ibid., p. 283.
occurrences of anxiety is "a recognized, remembered and expected situation of helplessness." ¹

If the psychoanalytic tendency to depict an unconscious topography which is distinct from the nexus of consciousness is resisted, then that which is unconscious, and manifested as anxiety, can be conceived as a "mode of presentation" for the transcendental ego. Koestenbaum describes two fundamental forms of any phenomenological world which presents itself to the ego to be "open" and "hidden". Specifically, with unconscious phenomena, the material which has been hidden, will show itself "first as new and then upon additional reflective examination, as having been there all the time."² Freud makes a statement which complements the phenomenological position on an open cum hidden nature of unconscious phenomena, when he observes, "it is not only quite possible, but highly probable, that the dreamer surely does know the meaning of his dreams; only he does not know that he knows and therefore thinks that he does not."³ Once Husserl's idea of "sedimentation" is accorded a central role in the conceptualizing of unconsciousness, the psychoanalytic stratum of the unconscious can be referred to, as Koestenbaum does, as an "affective index of anxiety" with undertones and germinal forms which are not admitted into ego awareness but yet comprise a significant, hidden dimension to the meaning-matrix. Freud's statements on anxiety fit in with a phenomenological view of internal time-consciousness. The meaning-matrix which has been set during the past carries over into the present and opens into an uncertain, indefinite future. When the unconscious is viewed as an affective index, a phenomenological analysis of a subjective system of correlations can follow, even though awareness may be subliminal and objects may be buried in a hidden past.

In an unconscious subjective system of correlations, to be sure, the noetic-noematic structure will appear different than it does in the everyday world of interchange. Thus transcendental subjectivity which "functions ultimately" in establishing "ontic meaning" will be characterized by passivity. Such a passive (acquiring) level of constitution is certainly more conspicuous in schizophrenic persons' experiences than in non-psychotic experiences.

¹Ibid., p. 284.
²P. Koestenbaum, The Vitality of Death, p. 191.
Instinctual gratification, to draw one significant example, plays a vital part in the expression of unconsciousness, and phenomenologically, may be conceived as a hidden level of the passive, founding constitution of transcendental consciousness. Needleman describes instincts as "intentional acts having no original essential reference to an agent-self." When Needleman defines the instincts in this manner, he does not rule out the mechanical and deterministic nature in which the instincts forcefully are manifested, but rather, conceptualizes the instincts as "transcendentally subjectivized". Accordingly, as Binswanger says, the "phenomenological view of life...aims at the grasping of the life-content phenomena and not their factual meaning within a precisely circumscribed object-area." The simple point is that instincts, once transcendentally reduced, are viewed as "life-content phenomena", and to be understood adequately would need to be articulated as having a dynamic and intimate meaning for and in the transcendental ego, rather than as representative merely of a mechanistic and deterministic "object-area". Ricoeur writes:

At a certain point the question of force and meaning coincide; that point is where instincts are indicated, are made manifest, are given in a psychical representative, that is, in something psychical that "stands for" them. Moreover, the "relation between expression and instinct never appears to us except as one that has been established, sedimented, 'fixed'" within the ego as a meaning-matrix. Ricoeur goes on to argue that the unconscious system, which bears all the marks of non-meaning, the un-constituted and non-temporal being, can be restored to its rightful phenomenological position:

the unconscious can be re-integrated into the realm of meaning by a new interrelation—'within' the unconscious itself—between instinct and idea; an instinct can be represented in the unconscious only by an idea.

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1. P. Ricoeur, *Freud and Philosophy*, p. 133. Ricoeur attributes to the instincts the key descriptive role of the unconscious topography, calling the unconscious the "non-anatomical, psychical locality introduced into the psychoanalytic theory as the condition of the possibility of all the vicissitudes of instincts."


5. Ibid., p. 139.

Ullman, in discussing the manner in which consciousness evolves under the impact of the socializing process, has raised some interesting points concerning the unconscious system, and what phenomenologically would be known as passive, intentional genesis. He compares and contrasts dream and waking consciousness. Dreams, of course, have been reckoned to be, in Freudian thought, the road to the unconscious in normal individuals, and certain regressive dreams can be likened to the unconscious process undergone in the waking life of certain schizophrenic persons. In an attempt to erase the unconscious topography, Ullman takes an extreme position. He writes:

The concept of an 'unconscious' to account for the involuntary upsurge of the dream presentations is an artificial psychological construct necessitated by the arbitrary separation of dream consciousness from the actual activity engaged in by the dreamer.  

Although, as I have been arguing, a phenomenologically clarified concept of "unconsciousness" appears valid in reference to the hidden dimension of intentional genesis, Ullman's point that one kind of consciousness does not need to be arbitrarily separated "from the actual activity engaged in" is a point well made. Dream consciousness is unique from waking consciousness in several respects, for instance, in dreaming there is (a) the general quality of unwilled, involuntary experience, (b) a concrete, sensational form to thinking, usually as visual imagery and (c) a direct relation of significant meaning to the content; whereas in normal waking consciousness, there is (a) more of an active relationship to events in an external sphere of interchange (b) thought processes are derived from the use of language, and (c) communication, whether realized or potential, serves to establish the significance of a phenomenon.  

However, the characteristics common to dream and waking consciousness are:

both are felt reactions to the person's efforts to organize, integrate and master stimuli in order to be able to engage in appropriate activity...[and] both are reflections of the situation in which the person is involved.  

Or, in phenomenological language, the world which is constituted, whether passively in dream consciousness or more actively in waking consciousness, has a noetic-noematic structure.

With the influence of passive constitution, meanings derived from unconscious schizophrenic experience will vary from those of normal

2Ibid., p. 124.
3Ibid., p. 124.
experience but the process of meaning-formations continues. Straus notes how the psychotic person’s sensory contacts with the environment may be lessened, as with the dreamer, when motility is reduced and the external world offers less resistance and persistence for the intentional ray; rigid catatonic posturing and movements of waxy flexibility typify such passive states of mobility in certain schizophrenic psychoses. Forrest observes that disorganization may characterize the perceiving and the perceived so that “the meanings we normally attach to visual and auditory patterns become altered and unpredictable.”

Furthermore, when the engendering act of the transcendental ego is dominated by passive intentional structures, the individual’s self-concept may also be disturbed. The schizophrenic person often feels deanimated, as if the "me" is too weak or inconsequential to conduct active or voluntary behaviour. When feeling immobilized or perceptually disorganized due to the psychotic conditions, though there may be a diminished sense of "me", the experiential field itself does not lose its punch, so to speak: the schizophrenic person, like the dreamer, is caught up by the actuality and pain of the experience, even if it is delusional or hallucinatory in content. However, rather than vigorously expressing the strength of life which one might expect to experience in normal acts of intending regard, the state of affairs is turned around. Instead of an intentional arc bursting forth onto the world, it is, as Binswanger says of the dream consciousness, or unconscious occurrences in general: "I didn’t know what hit me"; knowing "neither the 'how' nor the 'what' of the happening" is the "basic ontological element of all dreaming and its relatedness to anxiety." In schizophrenic psychoses often there is a sense of being overwhelmed, and the noetic stance which follows is one of confused re-action, rather than purposeful action. The intentional probe into the external world becomes less of a founding of an identity and more of a defending against being overwhelmed that much more. Correlated with such a futile noetic stance is a noematic object which may not be clearly delineated; objects of awareness, in psychotic states, may lack in weight and substance. Strauss says the object, for the schizophrenic patient, will tend to have "adumbrations, but there is no

1E. Straus, Phenomenological Psychology, pp. 102-115.
 identifiable What," during times of extreme psychotic duress. Accordingly, the affective index of anxiety is characterized by the uncanny and the uncertain in schizophrenic psychoses.

Notably, as these brief remarks have indicated, once the unconscious is conceived in terms of an intentional structure with an egological centre, the view of the schizophrenic person's experience becomes a less alienating one. The conceptual approach becomes one in which the experience is not removed from human ken. Irrespective of the mode of consciousness, and the hidden nature of the phenomenological world which is constituted, a meaning-matrix is established. In a phenomenological analysis of the structure of the unconscious system, it is reasonable to assume that the components of evaluation will be the same as for other descriptions of experience: there is the "matter" of the act, the "quality" of the act and the "unity" of the act, within transcendental subjectivity.²

When the unconscious is viewed as an affective index under the rubric of a subjective system of correlations, not only is the sense of the ego as a meaning-matrix extended, but likewise, a significant area of therapeutic concern is highlighted. A basic problem the schizophrenic person has is that facets of the meaning-matrix may become too extreme and too significant. A phenomenon called "psychotic insight" is a prime example of this over-doing of a meaning.

Cameron has written on the ability of certain schizophrenic persons to interpret symbolic meanings "more immediately and more correctly than can his therapist"³ on many occasions. With the psychological defence of repression impaired, the unconscious flows over into conscious life. The patient, then, becomes overly receptive to hidden, painful meanings. In these cases, the object of awareness is identifiable, even though its sense is unacceptable to the individual. The automatic way to cope with such meanings is through denial, insulation and projection. Thus, Cameron goes on to say such insight is, more often than not, a "misfortune, not a gift," for one reason because the individual tends to react to minimal phenomena as if these were maximal in import and also because preoccupation

1E. Straus, Phenomenological Psychology, p. 103.
with hidden meanings distracts from more valid access to social meanings. Then the social situation may be interpreted falsely through the guise of a hidden meaning; the real event becomes a mere analogue, pointing to features of the world beyond the given. Psychotic insight therein becomes a way of imagining significance in situations which those situations do not possess. The intending regard goes too far.

Although reflective differentiation may be lacking at times in the experience of schizophrenic persons, "unconsciousness", far from being a meaningless experiential stratum, is a potent mode of world-constitution. In addition, as Fromm-Reichmann observes, much of the sense of the unconscious enters the patient's sphere of awareness: "the schizophrenic patient, as a rule, is aware of the content meaning of what he communicates about his inner experience in this private world, no matter how cryptic his communications may sound to the listener." Laing writes in a similar vein, from a phenomenological point of view, with his argument not to reject any form of human experience in so far as it is a phenomenon, that is, in so far as it makes its appearance to someone, whether this is a dream, a perception, an image, a vision...it is necessary to admit all domains of experience into our context of relevance if we are going to understand schizophrenia.

The schizophrenic patient, even when overwhelmed by unconscious forces, thereby, is viewed as a person rather than as an alien being who emerges from psychic nether regions. Laing lends support to a Husserlian concept of the constitution of meaning-formations, in reference to the schizophrenic person, when he writes: "As we experience the world, so we act. We conduct ourselves in the light of our view of what is the case and what is not the case. Each person has views of what is and what is not." The communicative task, therefore, is to help the patient not only to have but also to take hold of the unconscious index of meaning, working through certain implications and conflicts, in an effort to counter the enslavement which the schizophrenic apperception of "what is and what is not" the case entails. The phenomenological clinician would be one

1Ibid., p. 536.
3Vide M. Coates, Beyond All Reason, op. cit., intro. ix, in which R. D. Laing makes some introductory comments on non-alienating acceptance of schizophrenic persons and their world-views.
who knows the meaning-matrix is there as a mosaic of ego sense, and in
certain dialogical situations with the schizophrenic person sees his func-
tion to be the clarification of locked-in meanings and facilitation of a
less threatening, wider meaning with others.

Fink denotes the Husserlian position in the following manner:

The genuine problem-character of the problems announcing themselves
under the title of 'unconsciousness' can be grasped and adequately
expounded upon in a methodical way only after the prior analysis
of 'being conscious'.

There is a great measure of relevance and validity in this approach when
considering the schizophrenic person because it brings the focus back to
the actual expression or "effects" of unconsciousness, rather than being
conceptually stranded in a topography of ill-defined boundaries. Husserl's
position is that each transcendental ego "has an oriented world in such
a way that he has a nucleus of relatively original data; and this is the
nucleus of a horizon..." With a comprehensive view of meaning-formations,
the unconscious likewise can be conceived as a "horizon" for intentionality
functioning in a passive manner.

The transcendental reduction fosters an orientation to individual
being even in reference to unconscious experience, and is able to do so
because of the transition which is affected by a hermeneutical phenomenol-
y. Ricoeur takes Husserl's approach to a logical conclusion in stating
that "seeking meaning no longer means spelling out the consciousness of
meaning but, rather, deciphering its expressions." By means of transcen-
dental reduction, the phenomenologist's mission is "self-reflective clar-
ity" carried to its limits. The reduction, in addition to grasping being
of an unconscious mode, moreover, promotes efforts to illustrate uncon-
sciousness in reference to the ego of the living present. Jaspers writes

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1E. Fink, Appendix in E. Husserl, The Crisis of European Sciences and
Transcendental Phenomenology, p. 385.
2E. Husserl, The Crisis of European Sciences and Transcendental Phenome-
nology, p. 255.
4P. Ricoeur, "Psychoanalysis and the Movement of Contemporary Culture,"
5E. Husserl, The Crisis of European Sciences and Transcendental Phenome-
nology, p. 153.
of phenomenological reflection that it
means growing illumination, which comes about from the separation
of what is related...Each act of reflection throws light on some¬
thing which up to then had been unconscious and obscure and with
this comes release; release from the obscure and bondage of the
undifferentiated from the given thus-ness of the self. 1

By following the course of the transcendental reduction, the clinician
has two rules governing the reflective and communicative effort; there is
that part of the meaning-matrix hidden and that which is shown. However,
by suspension of the unconscious stratum and a reduction to the individ¬
dual being of the ego, the chaos of unconsciousness remains a phenomeno¬
logical stratum, as part of the greater whole of transcendental subjecti¬
vity.

C. The intentional arc in phantasy

After the readjustment of viewpoint brought about by the transcen¬
tental reduction, the conscious life and unconscious system are, like opposite
sides of the same coin, for and in the transcendental ego. The ego as a
matrix of meaning is thereby conceived as pathways of intentionality stretch¬
ing to horizons which, by no means, can be controlled in a rational, overt
manner. The "creating", engendering acts of constitution must be consid¬
dered to take place passively and automatically, as well as with more of
an active intending regard.

The orientation of transcendental phenomenology is that all experience
is related to the ego. Husserl writes:

"...'I am' is for me, the subject who says it, and says it in the right
sense, the primitive intentional basis for my world...it is the primal
matter-of-fact to which I must hold fast." 2

Phenomenologically, the fact-world, without a doubt, exists ("that the
being of the world precedes everything is so obvious that no one thinks to
articulate it in a sentence"), 3 nevertheless, the world is "in such a way
that it can have its meaning as existing reality only as the intentional

tesian Meditations, p. 59. Husserl discusses "clarification" after the
attitude established by transcendental reduction, in this manner: "Making
clear is always a mode of making evident, of laying a synthetic course from
an unclear intending to a corresponding 'prefigurative' intuition, namely
one that implicitly contains the sense."


meaning—product of transcendental subjectivity."\(^1\) From this Husserlian standpoint it becomes possible to agree with Laing that phantasy "is always experiential and meaningful."\(^2\)

"I am the Ego who invests the being of the world,"\(^3\) Husserl proclaims. The transcendental reduction, by affording a displacement of meaning, is the methodology employed in phenomenology for mapping out the range of the investment which is, or has been, achieved by the particular ego in question. Within this methodology, one level of analysis can be directed to the arc of intentionality, to determine the way in which the ego relates to its psycho-physical existence and the world in general. This theme of relating to the world according to a structure of intentionality applies to those schizophrenic conditions in which dissociation holds sway, and therefore provides an ontological underpinning for evaluation of the withdrawn person as "I am", a being as a "primal matter-of-fact", a "Thou".

In healthy and moderate acts of transcending, the intentional pattern is set up so that, in being-related to the world, there are mutual and spontaneous relationships with other people and there are stable and organized perceptions, marked by rational, utilitarian and purposeful activities. When the entire style of transcending is less stable and less moderate, the constituting relation between the primal ego and the phenomenological world remains but the breadth of the relating is altered. The boundaries of being-related, for schizophrenic persons, need to be conceptualized so that they expand to include an "all" or "nothing" range of the intentional arc (with, of course, the pure ego still being conceived as the centre of the matrix). In a sense, the "all" or "nothing" schema is exclusively in reference to the constitution of a phantasy world. However, from the perspective of transcendental phenomenology, the major contrast would not be between phantasy and reality but between reality (cum phantasy) and "irreality";\(^4\) after the reduction, all phenomena are conceptualized simply as for and in the ego, with the question of reality suspended. With neither the real nor the unreal as a basis for understanding experience, the idea of a continuum between the clinician as ego and the patient as ego is more

\(^1\)E. Husserl, Ideas, p. 21.
\(^2\)R. Laing, The Politics of Experience and The Bird of Paradise, p. 27.
\(^3\)E. Husserl, Ideas, p. 17.
\(^4\)Ibid, p. 45.
readily formed. The differences of the intentional arc are in the extent of the range of being-related, rather than implicating a difference in the kind of being.

In schizophrenic psychoses, the style of being-related to the world sometimes intensifies into a delusion of self-reference or other times a delusion of self-world fusion. The range of the intentional arc extends to "all" of being. One of Jaspers' patients gives an example of self-reference:

...then I saw a lot of soldiers on the street, when I came close, one always moved away; ah, I thought, they are going to make a report; they know when you are a 'wanted person'; they kept looking at me; I really thought the world was turning round me...I referred everything to myself as if it were made for me. 1

One of Will's patients gives an example of self-world fusion:

Sometimes it seems that I am a part of everyone. I even feel that I have created everyone and that we are all one...We become a part of each other. That's destructive because I don't know where I begin or end. I'm lost. 2

The reverse side of these delusions of self-reference and self-world fusion is a delusion of self-annihilation. It is as if the intentional arc dwindles in range. It appears that in relating everything to oneself in an indiscriminate manner, instead of realizing the potential of being an active, creative, intending subject, certain schizophrenic persons set the empirical self as a target for destruction. Instead of opening into a world of give-and-take with others, the intentional arc seems to close in on its own empirical self—often with self-hate and self-loathing being evidenced. Consciousness "of" is restricted to consciousness of self-consciousness. As Mendel notes, "the root of the malady of self-conscious man" is "this compulsion to see ourselves as others see us." 3 The patient tends to inauthenticate the entire personal existence by focusing on narrowly outlined views of the self and by feeling focused upon by the watchful, seemingly condemning eyes of others; the "others" may be delusional or real. Whereas the average person can change from one system of reference to another so that one thing is of concern at one moment and another matter is tangential, the schizophrenic pattern of being-related may be fixed and obsessional. Often, the schizophrenic person "considers that

2 O. Will, Jr., "Paranoid Development and the Concept of Self: Psychotherapeutic Intervention," cit., p. 84.
everything that happens in the world has something very special to say to him. Everything has a purpose, precisely for him."\(^1\) The withdrawal from world-involvement, therefore, may be seen as a reaction against being exposed to the outside world. The self-annihilation can become so extreme that the schizophrenic person completely disavows being-related to his own body. Laing remarks that, in these instances, the ego "seeks by being unembodied to transcend the world and hence to be safe. But a self is liable to develop which feels it is outside all experience and activity. It becomes a vacuum."\(^2\)

One outcome of being such a self-conscious target—when "everything that happens gets connected with me"—is that "I don't want to be connected."\(^3\) Morag Coate experienced both sides of this connection-disconnection dilemma during the course of her schizophrenic reaction; she writes:

In my mental illnesses I had been as a person, enlarged and stretched beyond all reasonable limits. I was a part of everything, and the whole world, sometimes the whole universe was in a sense a part of me. Now in the battle with severe physical illness, I withdrew. Even my trunk and limbs were no longer me, for my body was merely something in which I lived. I felt its pain and was sorry for it, but there was nothing I could do. As I lay helpless in bed I retreated and observed the situation. If you had beheaded me then there would have been nothing left of me in my body; the central me would have flickered out in some inner space behind my eyes. \(^4\)

Phenomenologists sometimes describe the intentional arc in terms of a transcending being who is "thrown" into the world. Taking this description, two motifs serve to delineate typical schizophrenic ways of transcending (without losing sight of the pure ego as the centre of the matrix); the motifs are those of being overthrown and underthrown. In the former, the person is liable to live more profusely and flagrantly. The act of transcending may be exhibited in nonsensical excess. In these cases, the person's needs seem insatiable, with a demanding, greedy psychological appetite being present. When the transcendence is underthrown, a defensive deficiency is more readily observed. Typically, the person presents a picture of one who is inadequate and not quite up to the task of living. Rather than voracity, the transcendence appears to be cautious, timid and

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\(^1\) J. Plokker, *Artistic Self-Expression in Mental Disease*, p. 15.
\(^2\) R. Laing, *The Divided Self*, p. 84.
\(^3\) O. Will, Jr., "Paranoid Development and the Concept of Self: Psychotherapeutic Intervention," *op. cit.*, p. 84.
\(^4\) M. Coate, *Beyond All Reason*, pp. 74-75.
modest, conjuring up an image of existential starvation. In the overthrown transcendence, self-identifications appear to be fleeting. In the underthrown transcendence, the identity appears to dwindle.

Binswanger has spoken of schizophrenic psychoses as an "extravagance", taking the word from its Latin roots of extra, beyond, and vagari, to wander. He alludes to a climber who has gone too far into precipitous mountain peaks, only to find himself trapped on a narrow ledge, panicing and desperately observing his malady and his inability either to ascend or to descend. One of his schizophrenic patients, Ellen West, is described as an existence with a craze for "running away from itself". The trend is to become so fundamentally displeased with the identity which one self-consciously believes others are observing that the most likely alternative is to seek "self-forgetfulness and diversion"; the result is a "passion for self-numbing". Thus, although the overthrown transcendence hinges upon the ground of the pure ego, the extent of the thrust of intentionality is such as to result in an abandoned, enslaved and exposed existential self.

Laing has focused upon an underthrown motif for the intentional arc in his descriptions of the schizophrenic person as a self which remains "bottled up in its transcendence". To avoid setting up the self so that it can be pawned or attacked, the intentional structure is characterized by hesitancy and a stubborn isolation. One paranoid and depressed schizophrenic person, after an unsuccessful suicide attempt, requested that, as a war veteran, he be transferred to a government hospital in order to enable him to spend the rest of his life in the centre of an army encampment; he thereby gave testimony to his fear of intrusion and his wish to withdraw from the everyday world. An urge for protection is often sought at any price, by playing it safe with existential commitments. Laing adds that the "isolation of the self is a corollary...of the need to be in control;" the schizophrenic person thus aspires "to be in control of who or what comes into him, and who or what leaves him." It is not

3 Ibid., p. 308.
4 R. Laing, The Divided Self, p. 192.
6 R. Laing, The Divided Self, p. 88.
that the intentional arc disappears altogether in the withdrawal of the schizophrenic person. It is just that the transcendence is limited to reliable, key areas of the life.

The transcendental reduction to pure subjectivity represents a detachment (i.e. displacement of meaning) from the ongoing experience of ego-involvement in the world, during which time the breadth of the intentional arc may be evaluated. This procedure seems necessary for a proper empathic conceptualization of the schizophrenic person just because the "all" or "nothing" range of transcendence leads beyond normal experience. Phenomenological reflection provides a view of individual being prior to the thrownness of consciousness. Imagine the schizophrenic person who phantasizes, "One thing is always with me. I feel and see a wall around me about 3-4 metres away; it is made of some wavy and hostile substance and under certain circumstances devils keep on breaking out from it."¹ Should the clinician likewise see that "wall" as separating the patient as ego from himself as ego? Or rather, should not the clinician have an approach to the other's subjectivity which is characterized by an orientation to being, i.e. by a determination to join with the other prior to the "wall" (which serves as a symbol for the patient's feeling of alienation from the world)? The transcendental reduction signifies a foundation of subjectivity in which meaning is bestowed upon phenomena. For the clinician it may be taken as a conceptual preparation to meet with the schizophrenic person as the "primitive intentional basis" for the world, irrespective of which way the transcendence has been thrown, or the intentional arc has been set.

¹K. Jaspers, General Psychopathology, p. 79.
Section I: Regression and Narcissism

A. Regression and the image of the person

Regression has been viewed as a key psychological phenomenon in schizophrenic psychoses. It is described as an "intrapsychic mechanism in which the patient retreats to an earlier and less mature style of functioning in response to current stress." Regression "designates both the return of thought to pictorial representation (formal regression) and the return of man to childhood (temporal regression)." Thus regression is described alternatively as resulting in an autistic state (the emphasis given by Bleuler) or a narcissistic state (the emphasis given by Freud). Autism and narcissism are not synonymous with schizophrenia but are mental and emotional conditions which often typify this particular psychosis.

According to Arieti, in regressed schizophrenic states, the content of symptoms may be a reproduction of earlier "ontogenetic" experiences and their derivatives in either identical or symbolic fashion, whereas the forms which the symptoms assume indicate mechanisms of earlier "phylogenetic" levels. The assumptions are that adaptive patterns of inborn behaviour are inherited by individuals and that regressive conditions revivify these patterns. Early discoveries in psychoanalysis suggested that this inheritance was the result of relatively temporary conditions of life or the patterns of behaviour carried over from primitive societies, but certain studies now propose an even greater time span for the incorporation of archaic modes of living into biological inheritance. Whichever level of one's heritage is resuscitated as an impulse when regression occurs, the movement itself is thought to serve the purpose of removing excessive anxiety and re-establishing some kind of psychic equilibrium; however, the schizophrenic person, when regressing to a lower developmental level, often fails to integrate even at the lower

level of function, thus remaining disorganized; and, in some cases, psychological delapidation results.1

According to the psychoanalytic tradition, in reactive schizophrenic psychoses, three major phases of the regressive process are: first, the "phase of withdrawal" where external reality is avoided and narcissistic libido is reorganized into hypochondrias, megalomania and related symptoms; second, the "phase of internal elaboration" where the psychotic ego tries to regain reality on its own terms, with delusions and hallucinations being the result; and third, the "phase of restitution" where the ego (in those cases where recovery transpires) returns to a more objective appraisal of the communal world.2 Regression in reactive schizophrenia is conceived as a defense mechanism, operating unconsciously, with the "primary function of distorting the ego's perception of reality in such a way as to take the pressure off the ego,"3 until the organism is capable once again of adjusting at a higher developmental level. Freud also emphasized the close interconnection between regression and fixation, in which infantile object choices and organization of experience are more apt to occur.4 Topographically, the regressive process can be diagrammed as a shift from a conscious apparatus to an unconscious one; dynamically, the process can be represented by a displacement of "energy occupation" from one psychic formation to another, wherein the individual functions according to the boundaries of the dominant system to which he has regressed.5 During the course of regression, another feature of schizophrenic psychoses, emphasized by psychoanalytic teaching, is that the psychological ego no longer can be distinguished from id and super-ego, as early infantile and archaic processes of experiencing are revived.6

The interest I have in the process of regression in schizophrenic psychoses concerns the impact of clinical descriptions of the person in a regressed state upon the clinician's attitude of acceptance of the


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patient as "Thou". All descriptions, to a greater or lesser degree, tend to present an image or a picture. The danger is that the clinician's conceptual approach to the schizophrenic patient as a fellow human being will be affected adversely by an image of one who is regressed. If the description is of temporal regression, where narcissistic states receive emphasis, the schizophrenic person appears as one who is diminished, degraded and infantile. If the description is of formal regression, where autistic thinking patterns receive emphasis, the schizophrenic person appears as one who is alien, of a different nature and estranged. In its worst form, the clinician may view the schizophrenic patient as a non-person (if, for instance, the patient is considered brain-dysfunctional and the adequately functioning brain is treated as an essential component of personhood). But, what are the alternatives? It would be absurd to admonish the clinician to avoid conceptualizing of the patient as regressed just because that view of the person did not put the patient in an advantageous light. The issue is actually one of priorities. The image of the person, which is meant to guide the interaction of clinician to patient as "I" to "Thou", must not emerge on the basis of descriptions of mental or emotional states. The ontological notion of the other must come first.

It is a "category-mistake", in fact, to confuse clinical descriptions of the schizophrenic condition with a philosophical image of the person. Ryle says a category-mistake occurs when one represents facts "as if they belonged to one logical type or category (or range of types or categories), when they actually belong to another."¹ Psychological models have an overt sense in which subjectivity is viewed developmentally or behaviourally, but then often, inadvertently, a philosophical sense also crops up in the clinical descriptions which is not always justified. In all fairness, the facts of the one category do come very close to the facts of the other category, so that great care must be taken to avoid confusing types of description. Even greater care must be taken when, in the heat of the moment of dialogue and relation with the patient, the ontological image of the person will be only in the background of awareness. Such judgments as "that patient is narcissistic or autistic," when descriptively accurate, can be mistakenly applied as if they stood for an ontological image. If this mistake occurs, then the patient might be viewed as "less than" or "other than" the clinician who makes the judgment. The mental or emotional conditions and the ontological notion need to be distinguished from each other, and preferably in a frame of reference in which the two views are in alignment.

Ontologically, subjectivity has validity in and of itself—a factor which is absent, of necessity, in descriptions of how the psyche performs. In an otherwise excellent discussion of schizophrenic symbiosis, Limentani errs in making a statement about the "real self" (a concept more in keeping with the ontological notion) upon the basis of sociological and developmental categories (e.g. the patient's maturity and emotional level of function). The case cited is of one of Limentani's schizophrenic patients, Joseph, who pathologically identified with his mother. In order to cope within the family constellation, Joseph had learned to subjugate himself to his mother; for instance, Joseph remarked: "My mother understands me, she feels for me, anything goes, there is no competition." When Joseph was with his mother he could bear up against the rest of the world, or at least could experience the conflict of a dependent security with some semblance of stability. Upon separation from his mother, Limentani remarks, Joseph's fictitious maturity disappeared and the ego regressed to the earliest stages of development. The real self showed up as a deprived infant, dependent, extremely hostile and threatened. 2

The deprived, infantile self was "real" in the sense that the clinician has accurately described Joseph's psychological state once the engulfing, symbiotic bond has been lifted. The symbiotic tie with the mother has served to camouflage Joseph's actual abilities and functional strengths. Joseph was not nearly as stable psychologically as he felt himself to be when his mother was with him. Nevertheless, in terms of articulating a suitable view of subjectivity, this is a clear example of misapplied terminology; in the sense of the words used, the "real self" cannot be said to have validity in and of itself. The problem is that this kind of description may be shifted over, without forethought, in the conceptualization of an ontological image of the person.

This might seem a niggling point to make if such a category-mistake was not built in to so many clinical judgments about the patient, with the distinct possibility of negatively influencing the clinician's attitude of acceptance for the regressed person, as "Thou". Holt notes how, in the Freudian view of subjectivity, as a whole, there is a supplementing of the "self-regulating device of defence by a deus ex machina, the Ego— not this time an ego in the model's overt sense, as the total of cathected neurons, but in the old philosophical sense." 3 Holt's main point of

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2 Ibid., pp. 232-233.

criticism is directed against the psychoanalytic tradition's tendency to conceptualize psychic energy in quantifying, content-oriented terms, whereas in fact, the human being is an energy user. He argues against an antiquated philosophical view of an ego that operates like a closed system with fixed quantities of energy which reverberate, become conserved and then stored in reservoir. The problem Holt raises, of course, is not in having the psychological and philosophical senses in unison—indeed, I am arguing that both views are necessary for a constructive, empathic conceptual approach. Rather, problems arise either when a concept of the "real self" follows as a matter of course from judgments about the patient's mental or emotional condition, or otherwise, when the philosophical sense remains hidden in a non-critical sense, as an extraneous explanatory device (e.g. a deus ex machina).

Moreover, in view of intersubjectivity, the mental condition of the regressed schizophrenic patient needs to be conceived "less fundamentally" (although not "less accurately") as a way of being instead of as if the mental condition is being-itself. In the indiscriminate shifting over of concepts from philosophical to psychological meanings, there appears to be a lingering idea in traditional Western views of subjectivity wherein the subject is demarcated upon the basis of the thinking function. This is particularly unsatisfactory whenever one is aiming to grasp an ontological view of the regressed, sometimes paleologically-thinking schizophrenic person. The classical Cartesian formula of cogito ergo sum sets the mental function up to be synonymous with being. Purely in reference to the philosophical difficulty in adhering to this Cartesian formula, Smith urges "against the exaggerated importance which Descartes attaches to the cogito ergo sum" arguing that "we need never to prove existence since we can never get away from it, but only to define it."¹ Merleau-Ponty makes the point succinctly when he says: "If the other person is to exist for me, he must do so to begin with in an order beneath the order of thought."²

Failure to distinguish between functional description and ontological notion has not been restricted to more traditional conceptual approaches like Freudian psychoanalysis. There is also a disturbing tendency within certain strands of phenomenological psychiatry and psychology to describe the schizophrenic person solely in terms where the emphasis is on the alien, diminished, impoverished, existential self. This problem, as I

see it, derives from divergent streams in phenomenology, in which the act of transcending receives the brunt of description but the egological structure is not conceived in the Husserlian manner as a "transcendence-in-inmanence". The emphasis thus is on the way in which the subjectivity is "for itself" and "for others" but no account is given of subjectivity "in itself". With sole interest in being-in-the-world, rather than in the pure ego as the prior condition for that transcending, the image of the regressed schizophrenic person emerges as one who has left the boundaries of "being-there", with no observable footholds in the shared world.

In a case study of "Lola Voss", a schizophrenic patient with autistic thinking patterns, Binswanger concludes that Dasein "does not exist any more as a self"; Lola Voss did not "temporalize", "spatialize", or "communicate with others"; hence for this person, being-in-the-world had become "mundanized" with various acts of existence (e.g. "industriousness", "cautiousness" and "fearfulness") appearing to be completely outwith her control, until her individual freedom was reduced to the experience of being a "plaything".\footnote{L. Binswanger, "The Case of Lola Voss," in J. Needleman, Being-in-the-World (New York: Basic Books, Inc., Publishers) 1963, p. 288.}

The image Binswanger presents of Lola Voss is of one who is regressed out of, not into, subjectivity. The assumption follows that "no genuine Self" is behind the acts.\footnote{Ibid., p. 288. In this study, Binswanger is working more exclusively from a Heideggerian model, whereas in other studies, indications are that he began to consider a Husserlian model in greater detail.}

The descriptive validity for a "no Self" model of regression is due to the (sometimes) total collapse of the psychological and physical self. Binswanger rightly warns: "We must not inpute to the self something which the self, in its delusions, no longer is able to perform."\footnote{Ibid., p. 336.} There is a practical point to such a caveat inasmuch as the seriousness of the schizophrenic illness is considered. As Straus remarks: "The schizophrenic is not a hermit who, frightened and disappointed, withdraws in seclusion from which he could return any day. The disturbance goes deeper."\footnote{E. Straus, Phenomenological Psychology (London: Tavistock Publications) 1966, p. 286.} Hence, without question, the schizophrenic symptomatology exemplifies "a pathological style of life, a deviant mode of being in the world."\footnote{Ibid., p. 282.} And Binswanger is right when he describes a characteristic style of being as

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"a self-designing toward an inauthentic self, that is a phantasy self."

Nevertheless, one's "performance", "style" or "mode" are not suitable criteria for developing an ontological image of the person.

Straus argues further that the schizophrenic person's "metamorphosis indicates that the patient has lost his place in the world, that its framework has collapsed." I would counter that, while the "framework" may be collapsed, to equate the non-functional and non-relational self with a forgone self, bears all the marks of a stumbling-block to further therapeutic efforts. Attitudes of acceptance and valuing, based upon a view of transcendental subjectivity, would act to reserve the regressed schizophrenic person's "place in the world". For such attitudes to remain, the clinician must back up from a concept of the self-designing act to the pure ego upon which the designing is grounded. Laing has the right idea when he refers to "our schizophrenic brother/sister" despite the fact that one cannot presuppose that the schizophrenic person "exists in the world like the other."

The actual isolation and feelings of being in an existential vacuum which schizophrenic regression brings about do not warrant ruling out the ontological condition of being "I (who am I)". Although Husserl's idea of an "absolute" or "essential" ego sometimes may come across as too difficult or too rarefied to mean much in the immediate one-to-one relationship between clinician and patient, the value of this idea of a primal, indubitable being-itself does translate clearly and directly in promoting an appropriate, persistent attitude of acceptance of the regressed patient as a fellow human being. Arieti has taken issue with certain of the phenomenological writers on this same point which I have raised. He reacts against the position advocated by Binswanger in some instances of regressed schizophrenic patients, that "the total structure of being-in-the-world is so different that psychological 'empathy' is no longer possible, merely phenomenological description and understanding."

If, by "psychological empathy", Binswanger means "feeling as the other does", then his point is well taken. But Arieti senses that Binswanger's theoretical framework

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2. E. Straus, Phenomenological Psychology, p. 287.
may, at this point, also exclude the participatory acts of accepting and valuing the schizophrenic person as "Thou". Arieti says of Binswanger's approach: "Like a spectator in the theatre" the clinician "is not apathetic; he feels, admires and suffers," but he also tends to remain "in the audience." While the world-design is colourfully articulated with a "superior symmetry", the schizophrenic person may be left "alone, in spite of the attempt made to understand the uniqueness of his experiences." Then, directly to the heart of the matter, Arieti surmises, if the phenomenological clinician "becomes too enchanted by the scenery...he may be at a loss in retrieving the little me in the patient, lost in all these flourishing stage settings." The "little me" is a quaint way, maybe even a reductionistic way, to describe what is basic to being a person, but Arieti at least is affirming the importance of accounting for an egological foundation in experience. For the Husserlian phenomenologist the background of being-there is the transcendental ego. By staying true to Husserl's structure of subjectivity as a transcendence-in-immanence, the image of a valuable, fellow human being is never lost in the "stage settings."

B. Narcissism and the development of the psychological ego

There is something to the psychoanalytic teaching on regression to a narcissistic level of functioning which is more suitable in terms of conceiving of an inter-relationship between the clinician and schizophrenic patient, just because it portrays a psychic movement into the initial developmental stages of the ego, rather than offering support to an image of one who has regressed "out of" being. As a conceptual approach, the psychoanalytic understanding of regression may be taken to indicate that the I-World relation is never completely aborted when the individual withdraws from a more mature, utilitarian style of relating to the environment. The psychoanalytic picture is one of an individual whose range of reality relationships narrows and distorts to a primitive stage of development which is often characterized by a narcissistic preoccupation, wherein significant dependency needs are felt. Regression is seen as regression to the "child" and "phantasy-level" within each person. As such, the regressed patient is not thought of as being completely inaccessible as a co-existent.

2Ibid., p. 472.
3Ibid., p. 472
Descriptions of the regressed, narcissistic schizophrenic person, with emphasis on an infantile, dependent, fizzured psyche, cannot be interposed directly in the articulation of an ontological image of the person. A psychoanalytic account of the regressed, narcissistic self does not say who the person is as such. Narcissism is representative of psychological function, not ontology. Yet, by describing the narcissistic beginnings of the psychological ego it will be possible in due course to distinguish corresponding levels of meaning for the ego according to developmental origins and according to primal ontological ground.

It is not uncommon, in everyday discourse, for the narcissistic level to be considered an undesirable attribute of personality. If narcissism is not thought of as an evil, it is at least thought of as a flaw in character. Certain psychoanalytically-naive dictums come forth (under the assumption that a great gulf separates narcissism from altruism) which urge the individual to abandon narcissistic tendencies and become concerned with others and the total welfare. The mistaken premise is that loving others is jeopardized by loving oneself. A misidentification of self-love and selfishness occurs.

Psychoanalytic description of the developing psyche is a challenge to the popular notion that narcissism is bad. The concerted opinion derived from extensive psychoanalytic studies of infants' development is that a narcissistic base is sine qua non for adequate maturation, successful relationships and a healthy feeling of self-boundary. The problem is not in having a narcissistic level to the personality, but in damaging it. As Federn comments, although narcissism may be "first recognized in its pathological form, it is unquestionably not a pathological residue of the past but the normal essential means for establishing the living psychic coherence of the ego."¹ Fostering the infants' growing sense of power and sense of well-being is important subsequently for better social function. From Winnicott's pediatric studies, he has concluded that the "mother's adaptation to the infant's needs...gives the infant the illusion that there is an external reality that corresponds to the infant's own capacity to create."² Moreover, this infantile phantasy of power (which actually veils the infant's needs and helplessness) is directly related to the expression of psychic energy, thought to be the cornerstone for

¹P. Federn, Ego Psychology and the Psychoses, p. 326.
creative, spontaneous maturation and thus is representative of the psychological "core of the self".¹

Freud introduced the concept of narcissism along with his "discovery of ego libido"; at a rudimentary stage of development "a psychical action is added" to the "auto-erotic instincts".² The term "cathexis" is used to denote the primitive ego's foundation upon and formation from the instincts. A cathexis is analogous to an electric charge which occupies or spreads over a given domain. Here it signifies an accumulation of psychic energy which, in the course of maturation, eventually is expanded upon to become a conscious ego.³ Ricoeur notes that in Freud's view the "instincts are the reservoir of energy underlying all the distributions of energy between the ego and objects."⁴ Freud's theory is that the fully developed ego is formed by an ever-increasing range of cathexes, beginning from a basic instinctual level and carrying on to later psychic formations. Federn describes "movable and fixed cathexes", adding that it is an error to say that later "ego nuclei" "crystallize to form the ego" since the "ego is a united cathexis from the beginning."⁵

On the basis of psychoanalytic studies, it is also purported that the narcissistic function is the critical psychological factor as the individual relates to the external environment. "Object-choice itself becomes a concept correlative to narcissism, as a departure from narcissism; from this point of view there are only departures from--and returns to--narcissism."⁶ This premise is borne out, according to Freud, in the two types of love object-choices. The two types he describes are the narcissistic one, pure and simple, and the anaclitic (or "leaning") one, with this latter type being reliant upon and resultant from the former type. The two choices depend upon the original two sexual objects—oneself and the nursing woman. Despite which fashion of love object-choice predominates,

⁴P. Ricoeur, Freud and Philosophy, p. 127.
⁵P. Federn, Ego Psychology and the Psychoses, p. 213.
⁶P. Ricoeur, Freud and Philosophy, p. 127.
the ulterior motive is that the self be loved and supported. The aim and satisfaction of an anaclitic object-choice (characterized by attachment to the nourishing and protecting parent-figure) is to be loved in return. Commitment and submission to the love object are viewed, therefore, as round about ways of gaining security and safety.¹

In the beginning stages of development, when there is a distinct object-choice of some sort in the external world, the chosen object remains dominated by "ego-feeling". Of course, "to the infant, both ego and object must be vague and undefined" in that there is little to no differentiation between primitive ego and non-ego until about the age of four months in normal development, and only between the fourth and ninth month does the infant begin to know the difference between his own body and the person who cares for him.²

The infant's experiential matrix continues to be characterized by a fusion of ego-feeling with objects in the immediate environment until the developing psychological ego acquires a representative of its own self—the so-called "ego ideal"—from which to distinguish and mimic self-boundaries. Freud maintains that as the primitive ego develops and departs from this undifferentiated sense of ego-feeling there is a "vigorous attempt" to hold on to the primary narcissistic state.³ But in the natural course of development, the libido is placed onto an ego ideal which is apperceived as external to the primary ego-feeling although still being incorporated within the psyche. That is, the maturing ego is understood to form according to a process of identification. Freud refers to the identification with an ego ideal as a "trick".⁴ In order for the developing ego to maintain the self-regard and self-assertion which an undifferentiated narcissism once has allowed, the developing ego must continue to find satisfactory substitutes with acquisitions of object libido. Successful maturation occurs when there is a suitable sense of well-being as the residue of infantile narcissism is invested by means of identification processes with ego ideals.

Furthermore, psychoanalytic studies suggest that the mature, differentiated self continues to be permeated and sustained by the narcissistic

base. It is as if the core of ego-feeling extends to varying degrees and with flexible horizons throughout the psycho-physical self. The earliest experience of ego libido is not one small sub-section of the rest of the psyche, but is a necessary psychological structure for any subsequent maturation and sense of self-boundary. Self-boundaries are "determined by the circumstance that psychic processes impinge upon the unitary primary-narcissistic cathexis." Thus the narcissistic factor is an indispensable condition for a mature psychological ego. In normal I-World relations, the boundary affixed by a primary narcissistic cathexis remains unnoticed in the background, providing a suitable strong sense of ego-feeling so that the individual does not feel lost in the various object cathexes which are acquired in the course of a life. The narcissistic cathexes are gathered together in the form of being "me" and then counter-cathexes in the objective world make firm the boundary as a difference in kind is established between ego-feeling and world-thing.

Psychoanalysis indicates that to a greater or lesser extent the first ways in which the narcissistic level is established continue to underpin the individual's subsequent experience and action. Apparently, as the theory goes, in many cases of schizophrenic psychoses, the narcissistic level may well have been suffering damage from infancy onwards. Freud postulates, when object cathexes are not achieved in a reinforcing manner, what follows is a "damming-up of ego libido". At first sight, Freud's description might be taken to mean that there is too much of a good thing—i.e. too much ego-feeling. Whereas, in fact, the critical psychological factor in many cases of schizophrenic psychoses is that there is a lack of ego-feeling in the world of interrelation. Thus, as Federn notices, the "process of ego regression" is "due to insufficiency and diminution of the ego cathexis." What appears to be excessive narcissistic behaviour, acted out, often indicates "a lack of normal narcissistic counter-cathexes." Ego-feeling, which in healthy experience is exercised in a wider and firmer sphere of reference, becomes diffuse, misdirected, hesitant, unconfirmed and undifferentiated in schizophrenia.

In schizophrenic psychoses, the normal change over from primary ego-feeling to identification with an ego ideal becomes distorted. The psychological "trick" of identifying with significant others (on an unconscious

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1 P. Federn, Ego Psychology and the Psychoses, p. 319.
3 P. Federn, Ego Psychology and the Psychoses, p. 237.
4 Ibid., p. 343.
level) is complicated and contradicted by another urge to protect oneself against incipient, psychological assault from the other. Modification of the primary ego-feeling often occurs in the form of an "introjection of the hostile aggressor." With the identification process so disturbed, in order to maintain any sense of psychic coherence at a higher level of function, the individual's defence mechanisms (such as projection, isolation, sublimation, turning against the self) become "hypertrophied," which suggests the enlargement of these mechanisms, ostensibly, due to a sense of needing more psychological nourishment and protection.

When regression is the primary mode of defence enacted by the schizophrenic person, the process is thought to be a return to the experiential level where the primitive ego and object can be exchanged for one another. It is considered to be an unconscious attempt to reintroduce the time when self-boundary is all the individual experiences, prior to the identification with the ego ideal. In the earliest origins of the psychological ego, when object-libido and ego-libido are not yet distinguished from one another, the infantile narcissistic experience tends to be characterized by strivings for nourishment, safety and pleasureable sensations.

On the basis of this exchange of ego and object libido, Ricoeur describes the unconscious topography itself as "the marketplace of cathexes." The regressed patient does not tend to benefit from the exchange within the "marketplace", however. With the adult schizophrenic person, for whom the ego has once been differentiated, the need for a more fundamental, assured ego-feeling is always somewhat foiled by the absence of definition of ego boundary and ensuing mental confusion which the regression brings about. In returning to a lower level of functioning, the schizophrenic person does not lose totally other more developmentally mature ways of perceiving and expressing. Indeed, the regression does not reintroduce a blissful, infantile era of experience. It is not possible to eliminate completely one's own historical emergence even with such a powerful mechanism as regression. Rather, what happens in the regressed schizophrenic state is that other mechanisms of defence against instinctual

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5. P. Ricoeur, Freud and Philosophy, p. 133.
impulses break down and unconscious content floods into conscious awareness. Knight says:

There are now major breaches in the dikes erected over the years by the developing ego, and the orderly associations of the ego (secondary process) have been disturbed—"loosened" as Bleuler put it—by the invasion of the disorderly, prelogical, concretistic, and reality-distorting associations of the id (primary process). Whereas the initial narcissistic cathexis involved a taking over of the auto-erotic instincts, the process of regression tends to work against this very primitive, developmental accomplishment.

C: The psychoanalytic perspective on the narcissistic base in schizophrenic psychoses

Primary narcissism has to do with ontogenetics. The preceding remarks, however, make it obvious that regression in schizophrenia is not a literal movement backwards in which the narcissistic origins of the psychological ego are regained pure and simple. Szalita makes the point: "there is no instance in the field of natural science of a backward movement, during the life of an individual organism, from a level already obtained...a cell once differentiated does not return to another, lower form;" Szalita, therefore, refers more strictly to regression in schizophrenia as a "lower level of functioning," not form. Regression in schizophrenia indicates a damaged narcissistic condition, one which has been distorted by the entire historiography of the individual in question. Functionally the regressed state does resemble the earliest developmental levels of the infant in key respects. For examples, the syndrome of interchanging ego and object libido may occur; the individual may tend to organize world experience in an infantile manner (especially in terms of emotional reactions and dependency attachments); and phantasies and hallucinatory wish-fulfillments may be reminiscent of the growing infant's illusions of being the sole individual, where basic needs and desires are expressed without an adequate grasp of reality. Nevertheless, the key difference is that the psychological ego, for the adult schizophrenic person, has once been more cohesive and now is broken up, not simply reversed to its origins, with significant adult ways of experiencing the world still being operational in the regressed state.

2 A. Szalita, "Regression and Perception in Psychotic States," op. cit., p. 54.
The common denominator of a primary narcissistic state and the damaged narcissism of a regressed schizophrenic person is that ego-feeling is not fully activated in the external world in the form of stable object relations. Given this similarity, when description is of the regressed state, it would be reasonable to assume that the psychoanalytic perspective would remain fundamentally on whatever amount of outgoing ego libido was left. After all, in the psychoanalytic teaching on primary narcissism, where the emphasis is upon the ego-feeling emerging into a world of object relations, the expressed purpose is to analyze very specifically the manner in which psychological subjectivity opens into the world. Such a perspective would seem to provide description from a psychoanalytic vantage point which would correspond with what phenomenology considers to be the essential function of intentionality. Thus, the psychoanalytic understanding of primary narcissism would be illustrative of a fundamental monadology, showing the psychological aspects of an infantile subject claiming the world from its own ego-logical foundation. However, the radical first-person perspective (which the teaching on narcissism seems to require) governs Freudian thought only in the first instance, when ego-feeling is all that is possible in ego function. Thereafter, the tendency is for the perspective on subjectivity to be turned about. Freudian analysis becomes concerned “more with the ego’s submission than with its striving.”

When narcissism is considered in its pathological form, emphasis is not upon the efforts of ego-feeling to emerge into the world. In describing narcissism in its earliest stages of expression, the view is of libido extending and involving itself with an ever-emerging horizon. Inasmuch as the analysis begins with the subjective function, the psychoanalytic observer expects an overflow of energy, a striving, or an intentionality, with the first object being the nursing breast, and with later development culminating in a viable relation between the primitive ego and the world. But when narcissism is damaged, as evidenced in regressed schizophrenic states, the psychoanalytic perspective shifts from interest in the subject’s emergence and turns to an interest in the withdrawal and the psychological barriers which hinder adequate object relations.

Fromm criticizes Freud’s understanding of secondary narcissistic states in the following manner. He says, Freud pointed out that “the narcissistic person has withdrawn his love from others and turned it

1 P. Ricoeur, Freud and Philosophy, p. 185.
toward his own person," but "while the first part of this statement is true, the second one is not." ¹ I would not go quite so far as Fromm does in disavowing the alleged psychic movement of "turning back onto the self" in that self-preoccupation is a common occurrence when narcissism is revived (in a damaged form), and hence there is some descriptive value in the Freudian depiction. Nevertheless, while ego-feeling may be limited in horizon and adequate object relations, it would be misleading to rest content with a view of subjectivity in which intentionality is imagined to have inverted upon itself. Fromm sees the problem in the psychoanalytic approach as being based upon the premise that there is a "mechanical alternative between ego love and object love. The more love I turn toward the outside world the less love I have for myself, and vice versa." ² I would agree that the heart of the problem is the view of subjectivity which is derived primarily in mechanistic and economical terms, as if subjectivity could be adequately described like a container, able either to empty itself into objective cathexes or to withdraw into itself.

The solution to the psychoanalytic perspective on secondary narcissism is to return to a view of the subject claiming the world from its own monadological base. Then "turning back onto the self" is seen in a different light, not as if the subject becomes a solipsistic entity within the world. Freud's idea was to see as simultaneous the withdrawal from social interaction with the absorption in the self. Such a mechanical schema does not do justice to the relation which remains between the regressed person and the external world of relationships. Only by returning to a view of intentionality when thinking of the regressed person, and getting away from a static, content-oriented model of subjectivity, can the I-World relation be evaluated correctly. I would also suggest that doing so is in keeping with the general thrust of the psychoanalytic teaching on primary narcissism. The objective at hand, therefore, is to re-evaluate the notion of "turning back onto the self" in the light of a continual function of intentionality, which, in other words, is to bear in mind that the regressive movement itself is continually in reference to the world.

A view of the regressed schizophrenic person, in which "turning back onto the self" receives thematic emphasis, is consistent with second and third person points of view. From an external, communal perspective the schizophrenic person may appear to have closed the world out by

² Ibid., p. 512.
withdrawing. To be sure, in certain schizophrenic psychoses, it has been argued that social consciousness, as such, is almost totally lacking. It may appear as if "everything remains strictly individual, egocentric, turned away from being with others." There are many examples of this kind of self-preoccupation in schizophrenia. For instance, when one clinician asked a chronic schizophrenic patient suffering from prolonged episodes of paranoia if he had a reaction to something just said by the clinician, the schizophrenic person replied in scorn: "I don't have any reactions to you, any more than I would have reactions to that little spot on the wall over there." Giving little evidence of a communal consciousness, the patient was thus able to carry on with his delusion of being restored to the Irish throne as, he thought, was his rightful heritage. In certain other cases, however, another side of narcissistic preoccupation is revealed which stirs reconsideration of the act of avoiding others. It would appear that often times the very lack of social concern belies a heightened sensitivity to others. The ego-feeling for the other is blocked but the directedness of regard (i.e. the intentional ray) is not. One retiring schizophrenic girl spoke of her childhood in terms which suggest that her regressive withdrawal stemmed from a response to psychological assault by others: "I spent my entire youth under a piano with a dog, because I'd rather be with a dog than with people who lied to me and slapped my face and told me I was evil because they were." In both of the cases cited, the patients had withdrawn and had become preoccupied in a narcissistic manner. Although their respective reactions and non-reactions were different, what unites the scorn of the one with the pitiful feeling of the other appears to be the constant factor of a great, although bewildering, influence of real and imagined persons on the individual's faltering sense of ego-feeling. Other people continue to appear nagging, alluring, annoying and confusing to the regressed person. Although psychic retreat has transpired, there is the sense of an impinging world as others remain too close for comfort. An intentional regard for the other and for the world remains, even though in most cases it is cloaked in phantasy and misperception.

1R. Sommer and H. Osmond, "The Schizophrenic No-Society," Psychiatry, 1962, 25: 244-255. The authors write, for example: "Schizophrenia has accomplished what no tyranny, no inhumanity of man to man, has ever been able to do—it has kept people from communicating with one another." (pp. 252-253.)

2J. Plokker, Artistic Self-Expression in Mental Disease, p. 73.


4Ibid., p. 123.
A view of the regressed patient "turning back onto the self" does not sufficiently account for the withdrawal and isolation from the schizophrenic person's first-person point of view. When regressed, the object cathexes, which once were established, in however much of a tentative and dangerous manner, still can be seen to exert power and control. Ego-feeling may be perilously close to being squelched in some cases but the individual remains turned toward the world. The regressed patient's experience is not characterized by too much self-love (more so by self-negation and self-hate) so that the preoccupation must be understood more in line with feelings of confusion and fright than self-desire: the mythological figure of the vain Narcissus hardly applies. The maladaptive incorporation process of a significant other is a clear instance of the domination of an external figure which continues to influence greatly the schizophrenic person while in a self-preoccupied state. It is as if the schizophrenic person cannot get rid of the other's influence enough and "turn back", or better, "rely more" upon the self's abilities and decisions.

An example of this incorporation of another person and the way in which the patient's supposed self-absorption does not preclude an intense I-World relation can be seen in Angyal's case study of "B", a catatonic schizophrenic, who, during a period of delusional activity, seemed to block out everything and everyone else, but who, in fact, was merely working out a difficult (somewhat double-binding) relationship with a person called "K". "K" was an older, refined man who had developed a close relationship with "B" during "B's" teens. "K" developed the relationship innocuously, through religious activities in the local Baptist church and through educational and artistic pursuits in the community. "B's" first schizophrenic episode occurred during a period of crisis, when he was trying to decide whether or not to marry "D", a girl of whom "K" disapproved. "B" professed love and respect for "K"; he felt indebted to him, in terms of having a confidant and "B" also realized that "K" had been the central figure in motivating him to break away from the confines of a poor home environment. During the course of his reactive schizophrenia, "B" developed an elaborate system of delusions and auditory hallucinations. Upon awakening one morning, he "knew for a fact" that he had been selected to serve the government through the Federal Bureau of Investigations (FBI). He was proud of his secret, "special" assignment and had a feeling of great self-importance. Voices instructed

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him not to move and he obeyed. Notably, in the delusion, "K" was the "headman" of this secret branch to the FBI. At first "B" was glad to serve "K" and to have been successful in undergoing the "tests" of immobility and inactivity (i.e. catatonic posturing) through which the FBI had put him. However, in a later phase of the illness, "B" became convinced that "K" held him in bondage, that "K" had "cheated and deceived" him, actually being a counter-agent of the Japanese embassy. It would appear that the psychotic delusions—while seeming to be, on a superficial level, drastically insular and away from the external world and other people—were in fact a direct way of relating to the world, and, in a round about, delusional manner, a way of resolving a crisis in decision making. In this particular case, "B" finally decided to marry "D" and, reportedly, achieved a good measure of self-reliant maturity.

If the perspective on the self-preoccupied schizophrenic person is only that of an individual "turning back onto the self", the tendency is to ignore the already established, I-World relation and, moreover, the subsequent, psychotic way of relating to the world which is being established through delusions and hallucinations. Laing mentions how in the regressed schizophrenic state there is often "an attempt to create relationships to persons and things within the individual without recourse to the outer world of persons and things at all." By "without recourse", I take Laing to mean without rational recourse and without intersubjective co-validation. Thus, "in developing a microcosmos within himself", the critical, missing factor is the give-and-take in the common world; therefore the "autistic, private, intra-individual 'world'" is not a "feasible substitute" for a world of intersubjective reality-testing. Nevertheless, the regressed, narcissistic person, like all other human beings, is unavoidably compelled to continue in the world, in some way, as intentional being.

"Turning back onto the self", from an empathic, inside point of view, is more like being "beaten down", of suffering damage to ego-feeling. There is a strong sense of being oneself less, and being what it is assumed the other wants or dictates more. Self-preoccupation, thus, should be evaluated most directly in reference to a loss of self-control and self-determination in the objective world. Ego-feeling itself becomes lessened,

2R. Laing, The Divided Self, p. 77.
3Ibid., p. 77.
lost or worn down. The various roles which schizophrenic persons assume can be understood in this light. Like L. Percy King, the schizophrenic person may become the "whipping boy"; as imaginary "pursuers" followed him daily, whispering statements like "It's a great life if you don't weaken," he commented in his diary: "Freely translated this remark, which is a dig at me, insinuates that something was being done to make me weaken, that I was being punished to make me weaken."1 Or, like Van Wyck Brooks, the schizophrenic person may believe he is a figure of great importance, overrunning all object cathexes with "a vision of the end of the world, a catastrophe caused solely by my fate...As in some monstrous cosmic general strike, all mankind was engulfed, all movement ceased."2 Or, like Anton Boisen, the schizophrenic person may try to escape from the world and may find that he is "in the Moon", even though "the medical men knew about it" and, in fact, had "perfected a way of spiriting people away and burying them alive in a cell in the Moon."3 Or, like Clifford Beers, the schizophrenic person may be on constant guard against psychological assault, fighting against the domination of object cathexes: "I refused to be a martyr. Rebellion was my watchword."4

Subjective accounts of schizophrenic experience (like the ones cited above) often reflect themes of being swallowed, engulfed, buried alive, hounded, cheated or dwarfed at every turn by circumstances and people in the world. Then follows the particular schizophrenic reaction to the alleged onslaught—sometimes a deflated ego-feeling, other times an inflated ego-feeling. Even though the reliability of such reports must be qualified according to the probable exaggeration or over-sensitive nature of the statements or according to subsequent (unintended) falsification, these reports do suggest a facet of the struggle that is going on for many schizophrenic patients, who must be concerned with retaining a degree of ego-feeling while being involved in world-experience. Psychoanalysis has not been blind to these conditions, and indeed has been the vanguard for detecting the manner in which the world is felt to intrude upon the psyche. The inconsistency comes with the erroneous notion that the regressed narcissistic person can be understood within a solipsistic frame of reference, as if the I-World relation did not remain constant and viable.

1 R. White, "Criminal Complaints: A True Account by L. Percy King," The Inner World of Mental Illness, p. 137.
2 V. Brooks, "A Season in Hell," The Inner World of Mental Illness, p. 86.
3 A. Boisen, "A Little-Known Country," The Inner World of Mental Illness, p. 122.
From an intersubjective perspective, "turning back onto the self" can be understood as "backing away from the world", during which time, in schizophrenic psychoses, there is often a sense of "turning the self over to the other". These motifs can be seen in the experience of abandonment of the psycho-physical sense and a feeling of submission. John Perceval, in reference to his experience of auditory and somatic hallucinations, has said "I found myself left in the lurch." This self-description connotes vividly the sense of submission and abandonment which the schizophrenic person often experiences. William Moore's succinct comment on his own schizophrenic experience captures the feeling of many patients with similar disturbances: "It was as though someone had always been watching over my life."  

The two motions of "backing away from the world" and "turning the self over to the other" are strange bedfellows which lead to some extreme self-apperceptions. The picture often evoked when listening to the schizophrenic person's communication of this kind of experience is that of an existence being dangled on a string, like a puppet, while the individual withdraws and watches over the scenario. One patient, having phantasized that she was a "fiery young horse" and "the sister of Queen Sulamith" later spoke of herself in these terms: "I created a part for myself which I played out like an actor declaiming it..." Similarly, Ellen West, in describing her attempts to withdraw from the world, demonstrated this dual movement of abandonment and submission in depicting her psyche as a barren stage upon which "kaleidoscopic" dramas and phantasies have taken place: "I feel myself, quite passively, the stage on which two hostile forces are mangling each other."  

In "backing away from the world," the intentional structure remains in its directedness to the world, but typically the individual is detached from the "stage act" which the existence seems to have become. In some delusional thinking, the ego-feeling itself seems to remain in the world, but in a fashion which is other than what the individual experiences as nuclear to being. One schizophrenic patient described the "backing away"

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1. J. Perceval, "Narrative of the Treatment Experienced by a Gentleman During a State of Mental Derangement," The Inner World of Mental Illness, p. 239.


in this manner: "I saw a vortex whirling before me—or rather I felt myself whirling outside in a narrow space."¹ Another patient disowned the existence in these terms: "I am not alive, I cannot move; I have no mind, and no feelings; I have never existed, people only thought that I did."²

In "turning the self over to the other" the intentional structure is such that the schizophrenic person, while yet withdrawn and furred in personality, may be totally tied in to a dependency relationship with a significant other. The dependence is unnatural, characterized by theatrical poses, on many occasions, which adhere to nonsensical life-scripts, and thereby can be an even more exaggerated dependency, in some ways, than the infant's dependence tends to be. Symbiotic dependency is not uncommon. The symbiotic need ties the schizophrenic person down to one particular, all-important identification—usually the mother—and often appears to be the sole hold the schizophrenic person has in the shared world which prevents a more complete "backing away". As one schizophrenic girl has said upon her mother's death: "When mother died I had to become mother—otherwise, she would really be dead..."³ If the girl accepted the fact of the mother's death, then she felt as if she too would be departed, in mind if not in body, so close was the identification between mother and daughter. Thereafter, the girl found it difficult to turn herself over to anyone else, which elicited this response to her clinical supervisor: "I am just a nuisance to you—you do not need me."⁴ It is as if the schizophrenic person, in these instances, acquiesces to playing a part or living a life for someone else, or becoming an appendage to another, until in the end, the person may lose all sense of investment in the life altogether.

¹K. Jaspers, General Psychopathology, p. 126.
²Ibid., p. 122.
⁴Ibid., p. 169.
A. The original founding of an experience

There is an interesting structural resemblance between phenomenology and psychoanalysis as regards the original founding of an experience. Ricoeur says "there is a clear affinity between Husserlian explication and Freudian exegesis by reason of their regressive orientation."¹ To be sure, there are marked differences in the resulting view of subjectivity which comes about from these respective regressive orientations. In the end, Freudian analysis reveals a psychological state of narcissism and Husserlian analysis reveals an ontological condition of transcendental subjectivity. Moreover, Freud's regressive orientation is to the past, whereas Husserl's is to the present. Yet, by observing the relation between these two views of subjectivity—both of which express a sense of the origins of the ego—it will be possible to move further beyond a strict view of subjectivity in developmental terms to that of an ontological nature. The value of such description is to be found in the fundamental philosophical image of the regressed schizophrenic person which is achieved.

The concept of an "origin" to subjectivity can be taken in the two senses of development and of ontology. Webster's first definition of the word "origin" is "the fact or process of coming into being from a source; derivation; beginning regarded in connection with its cause."² An origin is that from which anything primarily proceeds. It refers to a commencement, a beginning, an inception, and when indicating a view of subjectivity could be taken to mean the root or core of individual being. Since there is a "process of coming into being," the notion of origins must include a consideration of formation and of temporality. For the ego to have or to be an origin, there must be, paradoxically, a sense of heritage and a sense of the underived. Husserl refers to the developmental aspect of the ego's origins as the "generative nexus of psychophysical being" and the ontological aspect of the ego's origins as a constituting "primordial own-essentialness."³

¹P. Ricoeur, Freud and Philosophy, p. 381.
²Webster's New International Dictionary, p. 1720.
Merleau-Ponty has noted that "psychological genesis poses trans-
cendental problems."¹ The problems are based, in part, upon the psy-
chological discovery that the infant cannot acquire a "sense of self"
until the infant has gained a "sense of the other". The chronological
order is such that a cohesive awareness of "me" depends initially upon
the "other", and not vice versa. The empirical investigations by Piaget
on the fundamental part played by acts of imitation in infancy may be
cited as a sound psychological study which deals with the infant's acquisi-
tion of self-knowledge on the basis of and as an aftermath of other-
knowledge.²

Husserl's phenomenology of the ego would appear, at first sight,
then, to reverse this chronological series illegitimately, so that the
"other" depends upon "me". As Smillie argues:

If a transcendental phenomenology arrives at the conclusion that
the sense 'other' is indeed drawn from the sense 'me' then it would
appear quite impossible to have a situation in which the sense 'other'
appears for the individual prior to the sense 'me'.¹

Transcendental genesis, however, does not refer primarily to the objecti-
fied, self-conscious self (the "me", but rather refers to the constitut-
ing "I"), and thus, must be traced to the intentional beginnings of
experience which are prior to self-awareness and rational accountability.
Accordingly, even the infant's directedness toward the other, when imi-
tating, prior to any understanding of "me", can be thought of as a
prime egological foundation—a transcendental beginning of an embryonic
nature.

Furthermore, transcendental considerations of the origins of the
ego raise questions which are addressed directly to an ontological image
of the person rather than the chronological series of infantile develop-
ment. Ricoeur makes this point clearly when he writes:

What Husserl does here must be carefully understood. In no way is
it a question of genesis in the chronological sense of the word, as
if the experience of myself could temporally precede the experience
of the Other. Rather, it is a question of a parentage of sense...
There is something 'alien' because there is something 'own', and
not conversely. ⁴

¹M. Merleau-Ponty, The Structure of Behavior (Boston: Beacon Press)
1963, p. 245.
²J. Piaget, Play, Dreams and Imitation in Childhood (New York: Norton)
1955.
³D. Smillie, "A Psychological Contribution to the Phenomenology of the
is itself the intentional terminus of such a searching back" for origins.
(p. 122)
The term "reduction", which is Husserl's key method for apprehending the ontological beginnings of subjectivity, comes from the Latin compound re-ducere, which means "to lead back to origins." This would indicate the central importance for phenomenology to uncover the beginning levels of experience in various modes. Zaner mentions that phenomenological reductions are intended to lead back to origins "which have become obscure, hidden, or covered over by many things." Husserl's aim, through this methodology, has been to go back to the original, unadulterated sense of lived-phenomenon and to circumvent adventitious interpretations of experience. His regressive orientation thereby results in an understanding of the transcendental ego. Freud's regressive enquiry, largely through the methods of dream interpretation and free association, has led him back to the "raw material" of early significant impressions. These impressions always remain partially buried to the mentally healthy individual who (awake, conscious and rational, to varying degrees) finds the phenomenologically immediate experience influenced by these early impressions. A traditional psychological view of the regressed schizophrenic patient follows the conceptual approach of Freud. This traditional view may be supplemented by Husserl's regressive orientation to experience, with the benefit of promoting a much needed ontological notion of subjectivity's beginnings—its "parentage of sense". Husserl's understanding of the origins of the ego has to do with the immediate, ongoing "original engendering" of an experience. This is that sense of the origins of the ego which is most directly applicable in terms of having understanding, relating to and communicating with the schizophrenic person in the present situation, whereas Freud's description has to do more exclusively with the causal aspects of the origins of the ego.

Rather than representing phenomenology and psychoanalysis as two mutually successful approaches to the origins of the ego, I would propose that the Husserlian notion more fairly and accurately connotes a view of

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experience in which the ego as "primal source" is revealed. If, as Szasz argues, psychological studies are fundamentally, or as he would say, "only biography and autobiography" it would appear that the regressive orientation must be geared to taking into account the widest possible spectrum of the individual's experiential base, always beginning with the immediate situation and the life as a whole. As such, a Freudian psychological interpretation of the origins of the ego is too narrowly conceived and must be subordinate to a view of subjectivity which is not only directed to the past, as past, but deals with the entire scope of temporality as such, and which is not only explicating the process of formation (maturation, psychological development) but deals with the entire expression of the individual's meaning in the life-world. Indeed, the phenomenological approach to the origins of the ego can be inclusive of the psychoanalytic understanding of primary narcissism without losing sight of the present day individual as an egological base. The phenomenological view will also reinstate an understanding of an indubitable subjectivity for the regressed schizophrenic person, while the psychoanalytic view of a secondary narcissistic state tends to show only a minimal, degraded subjectivity. The phenomenological view on the origins of the ego, therefore, should serve better in the expression of the conceptual approach to the schizophrenic person as "Thou".

Such a proposal does not put the psychoanalytic orientation in a bad light, as if the Freudian understanding of the narcissistic origins of the ego was wrong. Psychoanalysis is an "exegetical science", concerned with "the relationships of meaning between substitute objects and the primordial (and lost) instinctual objects;" it is not concerned with a problematic of the primal. Ricoeur writes:

Everywhere that is 'primary' in psychoanalysis...is primary in a sense that is completely different from the transcendental: it is not a question of the justification or grounds but of what takes precedence in the order of distortion or disguise.

Primary narcissism is a "source" only in the sense that it "denotes the reservoir underlying all object cathexes;" but concerning narcissism, the primary is not a ground. Hence we must not ask psychoanalysis to resolve questions as to root origins, either in the order of reality or in the order of value.

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3 P. Ricoeur, Freud and Philosophy, p. 359.
4 Ibid., p. 154.
5 Ibid., p. 154.
6 Ibid., p. 154.
Ricoeur considers the regressive orientation of psychoanalysis to primary narcissism in a very positive light. As a phenomenologist, he also considers the Freudian conceptual approach not to be adequate to the task of deriving an appropriate image of the person. However, "the explanation in terms of the libido has led us not to a terminus but to a threshold."¹ The psychoanalytic view of subjectivity is an "indefinite self-symbolization"; it refers to subjectivity as "the series of its derivatives" but does not actually uncover a primal ground to that being.² Phenomenological reflection is needed, according to Ricoeur, in order to provide a philosophical ground which might suitably account for the sui generis experience which psychoanalysis depicts. Such a philosophical understanding would need to be "a symbolic understanding that would grasp the indivisible unity" of the subject's "archaeology and teleology," and therefore, as Ricoeur argues further, the appropriate view of subjectivity would be in consideration of a possible "dialectic" "between regression and progression."³ From a philosophical vantage point, "there is no archaeology of the subject except in contrast to a teleology."⁴

An archaeology of the subject "is not a concept elaborated by psychoanalysis itself" but is a concept which needs to be formed "in order to secure a philosophical ground for analytic discourse."⁵ Freud did speak of "man's archaic heritage" and how such a heritage forms "the nucleus of the unconscious mind;" this is a heritage of which part is "left behind in the advance to later phases of development, because it is useless" or, in normal mental states, "falls a victim to the process of repression" because the heritage is "incompatible with what is new and harmful to it."⁶ But when speaking strictly from Freudian premises, it is difficult to imagine any intentional structure by which this ancient and infantile past is claimed by a primal ego. The archaic heritage seems to "fall behind" or "lurk beneath" individual being but not to have a direct egological point of reference throughout the formations of the ego's life. Moreover, without an intentional structure, the psychoanalytic theory on the human organism's "advance" to later developmental

¹Ibid., p. 176.
²Ibid., p. 176.
³Ibid., pp. 342-343.
⁴Ibid., p. 459.
⁵Ibid., p. 342.
stages must remain an incohesive "indefinite self-symbolization". In contrast, phenomenologically, the ego's origins are understood in a continuous, teleological fashion, which means not only are these past phases past for and in the ego, but that there is a vital sense whereby the ego's beginnings are carried on in the stream of experiences. More so than distinct, developmental stages, there is a continual sequence of being related to the world and organizing experience from birth onwards. The individual's development has an evolutionary sense in constant reference to the ego's constituting a world. Accordingly, there is a gradual transition in formation (e.g. from oral to anal to genital stages) in which the past has an indubitable, intentional, egological centre or base.

Hence in conceiving of an archaeology of the subject, it is necessary to bear in mind that the infant, too, has a relational pattern to the world within a "firmly fixed web of circumstances" and that the infant, in a manner of speaking, has a "point of view", by which world-phenomena is organized, limited of course by capabilities, but progressively being built upon as time goes by. A motif of an archaeology cum teleology of the subject would be one of ever unfolding spirals, rather than stack upon stack of segmented, developmental layers. Intentionality is the concept which ties together the various formations in an individual's life. Once Freudian thought is discerned from a non-static, philosophical ground, it then can be legitimately seen as "a revelation of the archaic, a manifestation of the ever prior." Transcendental subjectivity is about the archaeological and teleological unity of the self; the ego's derivatives and destiny. As regards Freud's "archaic heritage", Husserlian phenomenology would contend that "transcendental subjectivity at any given moment" includes "its past as an inseparable past." It is fundamental to Husserlian phenomenology that the life of the ego is accessible to reflection on an original basis, and thus that there is an indubitable premise concerning the "apodictic evidence of the 'I am'." Certainly, in a phenomenological account of the "I am" base, "adequacy and apodicticity of evidence need not go hand in


3 P. Ricoeur, Freud and Philosophy, p. 440.

4 E. Husserl, Cartesian Meditations, p. 22.

5 Ibid., p. 22.
hand," indicating, for instance, that one's memory of the past may be dim, misconceived or absent. Accordingly, Husserl writes, "at any particular time" apodictic transcendental self-experience offers only a core that is experienced 'with strict adequacy', namely the ego's living present...while beyond that, only an indeterminately general presumptive horizon extends, comprising what is strictly non-experienced but necessarily also-meant. To it belongs...the ego's past, most of which is completely obscure..." 2

What determines the archaeology of the subject more particularly, from Husserl's point of view, may be "still not itself given, but only presumed, during the living evidence of the I-am." 3

Ricoeur notes that "nothing is more foreign to Freud" than the idea of an ego posited through philosophical reflection in an apodictic manner, "irreducible to all the illusions of consciousness." 4 However, it is just such a basis which psychoanalytic theory requires in order to recapture the meaning of the archaic heritage for the actual individual. For Freud, the "core" is not the ego but the id. Freud writes:
The core of our being, then, is formed by the id, which has no direct relations with the external world and is accessible to our knowledge only through the medium of another agency of the mind. 5

Without "adequacy of evidence"—i.e. the "news" received by consciousness "is in all cases incomplete and not to be relied upon"—Freud, hand in hand, rejected the idea of the "apodictic I-am": "the Ego is not master in its own house." 6 In the light of this disparagement between Freudian psychoanalysis and Husserlian phenomenology, Ricoeur observes further:

That is why Freud's theory of the ego is at once very liberating with respect to the illusions of consciousness and very disappointing in its inability to give the I of the I think some sort of meaning. 7

At first sight, the issue might seem to be: is or is not consciousness an illusion? But more precisely, the issue is whether or not every consideration of consciousness is a pretense. Is the consideration of the pretense a pretense itself? Husserl raises the question: "How far can the transcendental ego be deceived about himself?" 8 His position is

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1E. Husserl, Cartesian Meditations, p. 22.
2Ibid., pp. 22-23.
3Ibid., p. 23.
4P. Ricoeur, Freud and Philosophy, p. 428.
7P. Ricoeur, Freud and Philosophy, p. 428.
8E. Husserl, Cartesian Meditations, p. 23.
that, in the course of living, deceptions are many; memories, desires, self-apperceptions and feeling are all subject to guile; but the I-am core must be an apodictic positing if there is to be a consistent appraisal of this guile, and if there is to be a view of subjectivity at all. Husserl's premise of an apodictic ego is quite easy to maintain once such theoretical constructs as an id-core are put in abeyance and the reflective gaze begins with the "living present". However, the transition from the Freudian to Husserlian view of subjectivity must be a clear and distinct one, because it is a transition from a psychology of consciousness to a philosophy of reflection. Hence Ricoeur speaks of the need to "lose hold" of the "pretension of consciousness", disavowing any notion of a deliberate self-entity in control of the life-world, "in order to save reflection and its indomitable assurance."¹ The regressive orientation of psychoanalysis "toward the presignifying and the nonsignifying would itself be meaningless unless it were coupled with a problematic of the subject."² Whereas Freudian thought has shown the demise of the cogito as ruler over the individual's world, what must be recaptured through phenomenological reflection is the sum of the cogito ergo sum. Until the origins of the ego are considered from this reflective ground, the psychoanalytic regressive enquiry has neither a significant beginning nor an end. An adequate view of subjectivity requires a transcendental ground towards which an archaeology and teleology refer.

Furthermore, the absence of a primal ground to subjectivity figures directly in the Freudian understanding of narcissism. Narcissism is understood psychoanalytically in terms of economic function. This is a useful concept for comprehending psychological formation but a concept which would exceed its currency if taken to represent a primary sense of subjectivity. Drawing conclusions of an ontological nature about who or what human beings are on the basis of narcissistic function has never been satisfactory. The truths of psychoanalytic premises on narcissism are known only by showing the limits of narcissism as a basic level of psychological function but not as an apodictic ground. Therefore, narcissism, when conceived from the reflective base of transcendental phenomenology, can be expressed strictly (i) as a pretension of an indubitable consciousness and (ii) as a measure of psychological involvement or investment. In the end, this transcendental-phenomenological view

¹F. Ricoeur, *Freud and Philosophy*, p. 422.
²Ibid., p. 154.
of narcissism can be used to illicit a reappraisal of the regressed schizophrenic person in an ontological frame of reference (without rejecting valuable insights already attained by the psychoanalytic approach).

First, the libido of the ego—that narcissistic level which can be wounded or damaged—can only be a pretension of that sense of ego which is recognized through phenomenological reflection as apodictic. Under normal psychological circumstances, the individual maintains a primitive and persistent narcissistic function which serves the purpose of self-differentiation from others and things. In times of psychological assault, there is a mechanistic tendency to withdraw this ego libido in an effort to keep the libido from being completely cathected in objects. Narcissism, thus, is conceived economically as either "out" to the world or "in" to the psyche. At the same time, even in schizophrenic psychoses where the withdrawal of libido is extreme, there is an intentionality, a directedness, to the world which is apart from the narcissistic level and best described as an extension of the field of consciousness.

Ricoeur discusses the "theme of narcissistic humiliation in a context that applies to the point of a transcendental consciousness which is distinct from the narcissistic pretense of being absolute. He speaks of the psychoanalytic notion of resistance to interpretation—a common occurrence when the analysand unconsciously struggles against accepting an analytic insight. The "instruction" received by the analysand during psychoanalytic discourse is "necessarily lived as a humiliation, a wound in the libido of the ego."¹ Ricoeur argues further:

We now know that it is not consciousness which is humiliated but the pretension of consciousness, the libido of the ego. We also know that what does the humiliating is precisely a higher consciousness, a 'clarity'...In a larger sense, we can say that it is a consciousness which is decentred from itself, unpreoccupied, and 'displaced'...toward the shadowy depths of the psyche. ²

The wounding of narcissism through a clarifying consciousness is certainly different than the "damaging" of consciousness which occurs in schizophrenic psychoses, but the point holds that narcissism itself would be experienced as a pretension of the background, unravelling experience of being an apodictic transcendental ego. Because narcissism can be clarified, indeed, because narcissism can be abused and caused to withdraw from object cathexes, the structural consideration must be of a narcissistic

¹Ibid., p. 332.
²Ibid., p. 333.
level within a transcendental field of consciousness which is extensive and multi-levelled. Phenomenologically, the flow of experience entails a process of being centred and re-centred; sometimes narcissism will be clarified by insight, other times the field of consciousness may not be extended through instruction, but yet the horizon of this extension remains as a possibility.

Second, narcissism, as it is experienced by the individual once the psyche has developed, can be distinguished as either normal or abnormal. Federn has described the differences in the narcissistic function from a psychoanalytic point of view. An adaptive degree of narcissism enables one to feel a strong sense of belonging and participation in experience; it allows an affirmation of personal affective reactions and leads to assurance and satisfaction in the legitimacy of one's deeds; it provides the sense of a solid psychological base for the many object attachments and identifications which the individual maintains in the world. A mal-adaptive degree of narcissism promotes an abnormal increase in affectivity; there is a tendency for one's self-identity to become diffuse and for the individual to feel useless; it hinders reliable conceptualizations and may distort the expression of object libido to the extent of making it impossible to adjust to reality; it also is a critical factor in the demise of meaningful relationships with others and tends to tie into an irregular life rhythm. Federn emphasizes that enough narcissism should be encouraged in the psychotic patient to counter the force of an intrusive world but that efforts should be made to reduce the narcissistic function when it appears that ego libido is becoming a substitute for object libido. Thus, for example, when in dialogue with a schizophrenic person, the clinician would be concerned in stimulating the patient to have hope and ambition that these healthy strivings not be misappropriated by the patient into vain wish-fulfilling phantasies and megalomania.

With Federn's distinction between healthy and unhealthy narcissistic levels it is possible to interchange the concept of "narcissism" with that of "the degree of psychological involvement". Narcissism indicates an index of involvement, of good and bad, of too little and too much, of normal and pathological. Transposing the idea of psychological involvement for narcissism complies with the efforts made by Allport to determine an operational definition for the psychological ego. Allport, after

\[1\] P. Federn, Ego Psychology and the Psychoses, p. 342.
evaluating various traditional definitions of the psychological ego, concluded that the seminal element of all the descriptions, operationally, was that of being involved.¹

Once narcissism is understood as an index of involvement of ego libido, it becomes clearer that psychoanalytic descriptions of subjectivity are strictly concerned with the guaging of psychic investment, not with its grounding. This lack of an apodictic ground refers to the point made previously of an "indefinite self-symbolization" in the psychoanalytic idea of the origins of the ego. Theoretically, it would appear that a foundation of transcendental subjectivity is required in order to undergird the psychoanalytic view of a good and bad degree of narcissistic investment. The transcendental ego is a definite, holistic self-symbolization which can serve as an ontological ground for connecting adaptive and maladaptive degrees of psychological involvement without losing sight of the fundamental "I". Alternatively, when limited to the topographical and economical dimensions of psychoanalysis, the narcissistic formula, whether too much or too little, offers no sense of the ego as a "source of being".

The restructuring of the I-model to account for narcissism as a pretense to consciousness and as an index of involvement also brings the psychoanalytic understanding of "what narcissism is" into an immediate frame of reference. Often times the unclarified implications from psychoanalysis are that narcissism, as a kernel sense of ego-feeling, is at the bottom of a gradual, developmental movement, but there is no view of subjectivity by which what is past is related to what is present. Then, when the narcissistic function is brought to the observer's attention in a distorted manner due to schizophrenic regression, it is as if the individual "leaves" the present and "returns" to the past. In fact, the narcissistic origins of the ego are not inert. The beginnings of the psychological ego are not regained in regression, but only revived. Regression may introduce infantile-like behaviour and emotions, but the schizophrenic person does not become, once again, an infant in psychological function. Narcissism itself is "sedimentation" in the phenomenological sense of the word, in that narcissism is a past profile of temporal being which remains in a basic form to influence the present. What is narcissism in the adult, whether expressed in a healthy or an unhealthy manner,

can no longer be what was narcissism in the infant, for the "meaning which a historical phenomenon acquires in the change of its concrete understanding is itself a constituent of its essence." When considering narcissism as a historical phenomenon within the stream of temporality, there is a need for "standing apart from something we are within" because "to be aware of time at all we seem to have to be both in it and beyond it." The original founding of an experience is, thus, best conceived in reference to the transcendental-psychological correlation and by focusing on narcissistic origins as a significant stratum of the "temporal halo" which is experienced in the living present.

The justification for exerting such effort to make explicit the transcendental idea of the origins of the ego as opposed to the psychological idea of the origins of the ego is that, otherwise, a metaphysical view of subjectivity can enter the conceptual approach which is not warranted. A case in point is the view of a mechanistic self which follows from the topographical and economical approach of psychoanalysis.

A basic premise of transcendental phenomenology is that human beings are more than psyche. By virtue of being self-transcending and intentional, persons are conceived as more than original drive impulsions. Hence, in phenomenology, the narcissistic drive is to be thought of as taking its shape within the meaning-matrix of a particular human existence. Straus argues that with the psychoanalytic emphasis on a "quantitative equilibrium" between ego and object libido, the life-world is conceived merely as the "end of a drive gratification" and the person is conceived as bearing no intentional relation to that world; thus, in regression

the world is a source of disturbances from which man turns away to himself. Psychoanalysis not only makes use of a mechanistic terminology out of a historically contingent accident but is, in its basic concept a mechanistic psychology. The tendency in the classical formulations of psychoanalytic theory is for concrete, living individuals to cease to be the subjects of experience. A mechanistic psychological apparatus is substituted for the experiencing being.

In response to a psychoanalytic view of a mechanistic self, there is no need to deny "the validity of the approaches based on conditioning, the formulation of drives" and "the study of discrete mechanisms": "the distinction is whether, the 'person has meaning in terms of the mechanism' or the 'mechanism has meaning in terms of the person.'"\(^1\) May states further that "every mechanism or dynamism, every force or drive, presupposes an underlying structure that is infinitely greater than the mechanism, drive or force itself;" the underlying structure is not the "sum total" of the mechanisms, drives or forces, but is the primal ground "from which they derive their meaning. This structure is...the pattern of potentiality of the living individual man of whom the mechanism is one expression."\(^2\)

By following the phenomenological readjustment of viewpoint to account for the psychological origins of the ego as a "pattern of potentiality", the archaeology of the ego (in the understanding of which a great debt is owed to psychoanalysis) can begin to be conceptualized in keeping with a teleology of the ego. Such a holistic view of subjectivity will enhance the proper understanding of an ontological image of the regressed schizophrenic person.

B. The transcendental ego underpinning the regressive phenomenon

The positive gain achieved through the psychoanalytic view of subjectivity consists in the unmasking of foreign and alienating elements of the ego. The negative factor has to do with psychoanalysis' exclusion, at the start, of any "self-positing of the self, any primal interiority, any irreducible core."\(^3\) When thinking of the regressed patient, the need for a primal ground to the I-model becomes evident. The clinician has a need for an idea in which indubitable being is creditable. During the process of regression, the patient's psychological unity often becomes refracted. The psychic make-up falls apart. There must be an idea of ego beneath the break up of the psyche, if the clinician aims to have a relationship of "I" to "Thou". Psychoanalysis has been a useful approach for determining what is false, deceptive and distorting about the subject

\(^2\)Ibid., p. 204.
\(^3\)P. Ricoeur, Freud and Philosophy, p. 448.
but not for what is true and unique about one's individual subjectivity. Such a philosophical idea becomes extremely important when working out an ethical and therapeutic attitude towards the regressed person.

Description of the transcendental ego as underpinning the regressive movement of schizophrenia provides what psychoanalytic descriptions of the ego lacks. Moreover, holding to a view of the regressed patient as a unique, transcendental ego cannot be categorized merely as a nice, albeit sentimental, idea of the patient, but is tantamount to a basic understanding of the manner in which mutual, distinct subjectivities share in the life-world, even when the psychological ego of the one is seriously diseased. In order to advance these ideas within the context of the clinician's view of the regressed patient, I will consider (i) schizophrenic regression and the fragmentation of the psychological ego, (ii) schizophrenic regression and the establishment of a psychological scale, and (iii) schizophrenic regression and being-towards-death. The first consideration has to do with the incomplete and unsatisfactory nature of clinical descriptions of the patient's psychic break-up when an account of the transcendental ego as primal ground is missing. The second consideration has to do with principles for organizing descriptions of the psychic fragmentation and results in a phenomenological critique of the measuring act, raising the question whether, in the final analysis, subjectivity should be understood quantitatively or qualitatively. The third consideration is an example of a shift in conceptualization which occurs when the origins of the ego are considered transcendentally rather than psychologically. In all three points being made, it is intended that the philosophical notion of subjectivity will be suggestive of a holistic self-symbolization. Traditional understanding of schizophrenic regression has been couched in language having to do with mental (and behavioural) function, whereas, with a view of the transcendental ego underpinning the regressive movement, attention turns to categories which are indicative of a spiritual dimension to personality.

First, a typical picture derived from psychoanalytic studies of the ego of the schizophrenic person is that the ego is "in pieces" due to "primitive and massive defensive processes of denial, splitting, projection and fragmentation." The psychoanalytic clinician's task in

communicating with the patient has been regarded as one of helping to reintegrate the broken structure. One of Freud's metaphors for the psychotic person's psyche is that of a "shattered crystal".\(^1\) The implication is that the maladaptive segments of the ego cannot simply be altered through psychoanalytic intervention (as is held to be the case with certain neuroses) but that an over-all restructuring is called for. The aim of dialogue with the schizophrenic person, therefore, is in effect, to weld together the numerous split ideal and persecutory representations into a whole, constant, good object representation—a process which characterizes normal development in the first year.\(^2\)

Three images of the regressed patient which can be gathered on the basis of the psychoanalytic account are the fragmented ego, the regressive slide and the infantile ground. It is as if the once unified ego is like a town through which a tornado has swept. The clinician, like an architectural engineer, looks upon the wake of the storm, sees what is flattened and scattered, and sets plans to rebuild upon the particular level to which the town has been reduced. What the clinician hopes for is a "rebuilding" effort\(^3\) at an early enough developmental level to ensure that any subsequent, mature psychological function is not based upon a shaky foundation. Psychoanalytic premises on the regressed patient appear to be sound, except for the crucial concern for an idea of being which is primal, which comes prior to the self-division and decompensation. To refer again to the simile of the devastated town, when buildings and trees are destroyed by a tornado, the ground itself remains. Of the three images of the regressed schizophrenic person, the so-called ground upon which the psyche has fallen—the primitive, infantile, unstructured self—does not adequately represent the schizophrenic person as a co-existent.

With the psychoanalytic overview of the regressive process, there is certainly a positive therapeutic urge to be noted. The rebuilding technique introduces an air of interactionism and dialogue with the patient. The main attitude engendered would seem to be one of working together to repair the "shattered crystal", to reintegrate functions at a higher, more secure level. It is not feasible, therefore, to propose more than

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\(^1\) S. Freud, *New Introductory Lectures on Psycho-Analysis*, p. 80.


\(^3\) D. Winicott, *Collected Papers: Through Paediatrics to Psycho-analysis* (New York: Basic Books) 1958, p. 287. Winicott speaks of rebuilding techniques to be "repeated again and again" to create a "genuine vitality and vigour" with the regressed schizophrenic person.
that an error of omission has occurred—that is, that psychoanalysis leaves out of consideration the fact that the regressed person retains a holistic sense, when conceived ontologically. I have no argument against the legitimacy of the psychoanalytic account of regression. My concern, however, is that the psychoanalytic view of the regressed schizophrenic person, when taken as a final statement of subjectivity, could lead to a condescending approach to the patient. The psyche breaks up and the "I" tumbles to a reduced, functional level. If the narcissistically damaged psyche is conceived as the basic self-symbolization, then how is the interaction between clinician and patient to be conducted as "I" with "Thou"? Without an idea of a transcendental infrastructure, the primitive, infantile-like function must be conceived, mistakenly, as the "ground".

The transcendental infrastructure is a useful conceptual vehicle for completing the psychoanalytic picture of the fragmented psyche. It is a way of making sure that the process is not mistaken for the ground. It is a means of encouraging the clinician to remain constant in the valuing and accepting of the schizophrenic person irrespective of the various stages to which the patient might be regressed. An illustration of this point can be drawn from a case study of an acutely regressed schizophrenic patient.

McGlashan refers to a twenty-seven year old female patient named Cynthia, who previously had been a successful nursery school teacher. Prior to the reactive schizophrenia, her life history did not appear too unusual. Upon admission to hospital, however, she was frightened, hostile and tremulous, delusional with evidences of auditory, visual and somatic hallucinations. As the schizophrenic regression became more profound, Cynthia's psychological ego began to fragment, until in the end the clinician's descriptive account was of a person displaying "messy, repulsive behaviour such as crawling, drooling and playing with food, usually accompanied by sarcastic contemptuous muttering."\(^T\) In other words, Cynthia could be accurately described as a person who had regressed to an infantile, narcissistic level of function.

To communicate with Cynthia effectively, a clinician would require a clear idea of her abilities, which, during the regressed state, would be quite immature and primitive. At the same time, the clinician, in order to maintain positive regard and acceptance of Cynthia as a co-existent,

\(^T\)T. McGlashan, "Integrative and Sealing-Over Recoveries from Schizophrenia," op. cit., p. 331.
would not want to limit the understanding of her individual being by defining that being exclusively as fragmented and infantile. If Cynthia essentially is the person who is drooling and sardonic, then how, on the basis of this view, is the clinician to believe in her dignity as a fellow human being? If the clinician only remembers or imagines the one time successful nursery teacher, then how is Cynthia to be approached now, as she crawls and plays with her food? Cynthia behaves in an unruly and childish manner but she also is a twenty-seven year old woman. Sometimes she is narcissistically preoccupied in a world of phantasy and other times she is vividly aware of her withdrawn and sick behaviour. Fromm-Reichmann, in her development of principles of discourse with regressed patients like Cynthia, has drawn attention to this same problematic. Fromm-Reichmann holds that, in order to have effective communication, there must be an awareness on the clinician's part of two levels of interchange—the infant in the patient and the person of present chronological age.\(^1\) Szalita's indications that regression brings about a lower level of function but not a disappearance from the ongoing level of present experience is appropriate to this context also.\(^2\)

An interpersonal view of Cynthia's experience necessitates a concept of subjectivity in which the patient is viewed as relational to the same place and the same time, from a mutual egological foundation, as is the clinician, and thus in which the regression is not seen to be ultimately leading away from the living present. In fact, the modification of psychological function which occurs in regressed states can be evaluated as "characteristic of behaviour in isolation in general, not only of that in infancy."\(^3\) Hence, even the view of Cynthia as infantile-like may need to be re-evaluated by the clinician in order to comply with the interpersonal factor of feeling profound isolation when regressed. In any regard, there is a definite need to get away from the customary psychoanalytic approach in which people are thought of simply as "possessed of impulses, traits and goals operating under the forces of constructs such as id, ego and super-ego" and to appreciate the fact that "human beings think, feel and act as organisms responsive to an environment"\(^4\) and persons within that environment. The ontological factor is that in every phase of regression the individual exemplifies a network of intentional being.

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\(^1\)F. Fromm-Reichmann, Principles of Intensive Psychotherapy, p. 180 fn.
\(^2\)Cf. above, p. 234.
Once the conceptual approach is set to take into consideration the fact that individual being is not defined solely by the degree to which the function has been fragmented or by the amount of ego-feeling which has been withdrawn into the psyche, then the regressive movement itself can be seen in reference to a transcendental egological base. The I-model requires not only a view of unconscious depth into which the psyche has plunged, but likewise a transcendental expanse upon which the regressive phenomenon is underpinned and from which the organism is turned towards the world as intentional being. Unlike certain "transcendental" formulations from some Oriental philosophies, which would contend that that which is manifest in the natural order is an illusion (and thus would usher in a nebulous, non-existential view of the subject as "spirit"), a phenomenological account of Cynthia would not diminish the importance of the actual, existential facts: Cynthia is too messy to be maya; Cynthia's condition and suffering cannot be shrouded, legitimately, by a transcendental cloak. The transcendental contention I am espousing, as derived from Husserl's phenomenology, is that the infantile self is not Cynthia's centre, or primal ground. In phenomenological-philosophical terms, the Cartesian mens must be bracketed in order to appreciate the constituting activity of the spirit as the apodictic centre of individual being. Cynthia's entire existence weighs against any particular psychological manifestation at any particular time being considered as the foundation for her subjectivity. An ontological view of whom she is, although inextricably bound to Cynthia's psychological condition, is not defined by it.

Second, by holding to a view of transcendental subjectivity, the clinician will be mindful that means of measuring psychological function in regressed states need to be kept in balance with a proper ontological understanding of the subjectivity who is being measured. "Measuring", per se, is a fundamental act underlying much of the methodology of the sciences. Measuring can be used responsibly in the human sciences to achieve more definition of the dimensions of a phenomenon, or (as is maintained in Husserlian phenomenology) measuring can be misused to define the essence of the phenomenon without due consideration of the transcendental ego, or "spirit".

As I understand Husserl, the phenomenological point of view is not in opposition to instrumental and theoretical modes of gaining understanding through measuring acts. As a matter of fact, the phenomenological clinician is well advised to adopt accurate means of measuring the regressive slide of psychological function in schizophrenic psychoses;
for, by developing more reliable standards of measurement, the clinician will be better prepared to discern ways in which interaction and communication can proceed with the patient. The phenomenological position I wish to emphasize is that, when all the measuring is accomplished, a shift of comprehension to the transcendental level of subjectivity needs to occur in order to relate to the person being measured in an "I"-"Thou" fashion.

Burnham's use of a "scale" along which schizophrenic regression occurs is illustrative of a valid conceptual vehicle for understanding and grading psychological function in schizophrenic psychoses; he writes: "Inherent in these concepts of regression and restitution is the idea of a scale along which they occur." Burnham then goes on to discuss a case in which the regression is calibrated on the basis of the patient's perceptual organization and capacity for accurate self-identity.

The first stage of the regressive movement, in the case he studies, is that of "imminent psychosis", when the patient in question began to identify himself with various television celebrities but was still able to discriminate between his supposed similarity to these celebrities and a direct identity with them. Next, during a stage of "initial disorganization" the patient underwent a fusion of percepts concerning who he was and who the celebrities were. In the third stage, what Burnham calls "chaotic disorganization", the patient lost all sense of personal identity and interpersonal boundary. After an extended period of chemotherapy and psychotherapy, restitution for this patient consisted of various stages of reorganization. In the first stage of restitution, the patient was less inclined to consider himself as one of these celebrities but still confusingly thought of other persons in the hospital as if they were the celebrities. In a subsequent stage of restitution, he regained the ability to discern between traits of similarity and identity so that other people in the hospital were thought only to have characteristics like the celebrities. Finally, the patient's "repersonalization" (as Burnham calls it) consisted of being able to establish a marked degree of personal and interpersonal boundaries.  

1D. Burnham, "Misperception of Other Persons in Schizophrenia," Psychiatry, 1956, 19: 289. I am using Burnham's standards of measurement, not as an exemplary case of psychological measurement, but because the language is compliant with the point being made concerning the transcendental ego as foundational. In psychological studies, as Holt mentions, there tends to be less "dimensional quantification" because time, space and mass are not as directly measurable as these dimensions are in strict physical studies; hence the justification for behaviourally-oriented psychological research. Vide R. Holt, "Beyond Vitalism and Mechanism: Freud's Concept of Psychic Energy," op. cit., p. 31.

The scale of regression for this person was step-like, leading "downwards" from an adequate I-World relation and me-you distinction to a chaotic, psychotic level of experience and then "upwards" again as the patient became more realistic in perceptual organization and self-identity. Other scales could have been used to define the regressive movement besides that of self-cum-other perceptions. For instance, a scale could have been measured in reference to ego-feeling, extending from a personalized to a depersonalized level and then back again. A scale could have been devised which calibrates degrees of object relations, ranging from a mature to a narcissistic level. Another psycho-social scale could have been set to measure the patient's interpersonal contacts on the basis of what actions were conducted with others when his self-percepts were fused with other-percepts.

No matter what standards of measurement are used, a "scale" generally is conceived as having two ends—a "top" and a "bottom". In contrast to a calibrated view of psychological function, my point of emphasis is that "I", when conceived phenomenologically, has neither top nor bottom, nor gradations. An error occurs whenever "I" is acknowledged at only the top end of the scale, where the I-World relation is sound and the me-you distinction is clear and coherent. When it comes to relating to a regressed schizophrenic person, there needs to be a point where the degrees of regression are set to one side and the other is considered straightforwardly as "I", a being of immeasurable worth. Arriving at a conceptualization of an immeasurable subjectivity relates to the view of the origins of the ego as being solely determined according to developmental categories or else as bearing the sense of an ontological foundation.

What the transcendental infrastructure provides for the clinician who is trying to develop a suitable conceptual approach is the idea of an ego as a primal ground which cannot be understood through quantifying procedures. Hence when organizing data on schizophrenic regression, which has been derived through measuring acts, the clinician will be appreciating the fundamental premise that there is no point of calibration in which "I" ceases. Thus the "I" is not conceived as that which comes and goes in various ways, sometimes disappearing into a phantasy-realm and then being re-instated, and which can be measured doing so. An adequate ontological image of the regressed person can be achieved when (to refer again to Burnham's case study), at the stage of "chaotic disorganization", the "I" is thought of as central to the entire regressive movement and not merely a psychologically developed structure to be adumbrated at the top
of the scale. Certainly, whenever Burnham's patient became utterly confused and could not differentiate between self and others, the awareness of what was "me" and "not me" had become seriously impaired, but the "I" for whom these boundaries are critically significant had not dissolved.

While "measuring" (which the idea of a scale to regression represents) can be important for the clinician's comprehension of function and ability, it does not serve to reveal an ontological understanding of the other. Merleau-Ponty states it nicely when he says "measuring" has "no monopoly on truth" and especially no monopoly on the ontological truth of subjectivity. Husserl says that measuring procedures fail to reach the "meaning fundam" of the life being lived. Habermas argues that there is a time when the observer of human experience must "employ hermeneutics instead of a measurement procedure" in that all operations which can be traced back to measuring "can be coordinated with sense perceptions ('observations') and a thing-event language"; whereas

there is no corresponding system of basic measuring operations with which we can coordinate in an analogous manner, the understanding of meanings based on the observation of signs, as well as a language expressive of a person... Phenomenology presents the reminder that measuring, when applied to human beings, as Husserl says, "abstracts from the subjects as persons leading a personal life." Husserl claims that, since Galileo, the natural world has been methodically conceived according to certain "limit-shapes"; hypotheses have been drawn within the context of these limit-shapes or marked off domains, conclusions have been formulated and results have been subject to verification; in the end, nature (including the nature of man) has been "emptied into technization". That is not to say that, from a phenomenological point of view, technology, per se, should be discredited. The great advantage of "emptying nature into technization" can be seen,

2 M. Merleau-Ponty, Sense and Non-Sense (Evanston: Northwestern University Press) 1964, p. 84.
3 E. Husserl, The Crisis of European Sciences and Transcendental Phenomenology, p. 5.
4 J. Habermas, Theory and Practice (London: Heinemann) 1974, p. 11.
5 E. Husserl, The Crisis of European Sciences and Transcendental Phenomenology, p. 60.
6 Ibid., p. 52.
for instance, in the improvements brought about by bio-chemical approaches to schizophrenic psychoses; the changes which transpire in the deluded and hallucinated patient through phenothiazine drug treatment can only be respected; there is no inhumanity to one's fellow here. The importance of Husserl's reaction against "technization" is to be found in its insistence that human being is more than nature.

Both "measurement" and "understanding" are valid, when used in appropriate contexts. After determining a "limit-shape" to the natural phenomenon of man, the phenomenological emphasis is to consider the spirit which is researching into its own natural condition. The subtle change of emphasis is from mastery over nature to appreciation of mutual being. To use the example cited above, when calibrating ego regression in schizophrenia, the problem is not in having a scale by which subjective functions can be measured. Problems of a philosophical nature arise only with the assumption that what is essentially subjective can be encircled by the measuring act. Like a thermometer, the scale of ego regression can be used to advantage in determining more precisely such matters as ego distinctness, psychic investment and emotional ability. Even bare numerical computations can be used responsibly by the clinician in evaluating schizophrenic experience; for a simple example, if a paranoid patient reports fifty times in one day that his neighbour is spying on him and then on a later occasion mentions his suspicions only three times, then there is good evidence that the paranoia may be lessening.

Indeed, if phenomenology is to be a philosophy which serves in conjunction with the scientific enterprise, the phenomenological position on "technization" must be that of encouraging more accurate measurement, but then also, of upholding the principle that the spirit, in essence, (i.e. the teleological life-force) cannot be quantified by measurement. The hermeneutical premise of phenomenology operates on the basis that human being is not totally reducible to a "thing-event language". This phenomenological way of thinking about persons is especially important in maintaining an attitude of positive regard for a schizophrenic person when it is impossible to measure the patient according to successes or utility. One transcendental ego cannot be judged as to how that ego compares (i.e. "measures up") to another transcendental ego. True valuing of the ego as being-itself goes beyond a valuing which is ascertained by degrees of merit or rank. When the transcendental ego is seen to be an infrastructure to the regressive process, then the technological device...
of organizing data in a calibrated manner is more apt to be used responsibly, in that measuring of function is not to the exclusion of the ontic level of the subject being measured.

Summarily stated, the transcendental infrastructure is less accessible to objective measuring devices than is the psychological function which is based upon it. The transcendental origins of the ego, thus, stand in contrast to the developmental origins of the ego which can and have been studied according to the rules of a predominantly quantitative analysis of personality. Tillich's description of "spirit" is congruent with what I understand Husserl to be saying about the transcendental infrastructure; Tillich writes: "As the power of life, spirit is not identical with the inorganic substratum which is animated by it; rather spirit is the power of animation itself, and not a part added to the organic system."\(^1\) In order to view schizophrenic experience in ontological terms, such an idea of a spiritual dimension to personality, in one form or another, is needed. Tillich sees one of the "unfortunate consequences of the intellectualization of man's spiritual life" in modern studies of the mind to be that the concept of "spirit" has been "lost" and "that the element of vitality which is present in 'spirit'" has been "separated and interpreted as an independent biological force." The individual has been "divided into a bloodless intellect and a meaningless vitality. The middle ground between them, the spiritual soul in which vitality and intentionality are united" has been mistakenly "dropped".\(^2\) Phenomenology is a corrective to this trend. By holding to a view of the origins of the ego as an ontological source, more quantitative ways of understanding human experience can be organized around a vital principle of intentional being.

Third, when understanding of the ego of the regressed schizophrenic person is limited to developmental-psychological categories, the naturalistic "scientific abstractions"\(^3\) (with principal accounts of, e.g., compulsions, decompensation, mechanisms) can overshadow the ontological-teleological factor of being-towards-death. Alternatively, when the transcendental ego is seen to be underpinning the regressive movement,

\(^1\)P. Tillich, Systematic Theology, Volume III (London: James Nisbet & Co. LTD.) 1964, p. 22.


\(^3\)Husserl mentions how scientists often "overlook the abstraction through which their nature has been shaped into a subject matter for science." Vide E. Husserl, The Crisis of European Sciences and Transcendental Phenomenology, p. 229.
then alienated and automatic psychotic experience can be evaluated in more ultimate and immediate terms. I say "immediate" because when dealing with the scientific abstractions the tendency is to turn away from the phenomenon of the subjectivity which is given straightforwardly in the living present and to consider causal effects as more significant. To acquire a teleology of the ego requires a shift in conceptualization from such scientific abstractions. The human being's relation to death is a forceful example from which to recognize the teleological principle in individual being and to raise apprehension of the regressive process of schizophrenia to an ontological level.

Hora defines the "phenomenological mode of cognition" to be "the unbiased, 'open-minded' understanding of another person as an existent from moment-to-moment. ¹ Using Hora's summary statement as a precept for achieving an ontological view of the schizophrenic person may be helpful in overturning the scientific abstractions which tend to dominate clinical conceptions of the person.

Basic to living "moment-to-moment" is the continual accomplishment of ontic meaning. One of Husserl's descriptions of transcendental subjectivity is that of a "life of accomplishment: the accomplishment, right or wrong, of ontic meaning." ² In respect of schizophrenic experience, one might substitute the phraseology of "sane or insane" for that which Husserl uses of "right or wrong". It is tempting to look at a thirty-two year old housewife who underwent an acute schizophrenic episode and who became "panicky, combative and tried to flush herself down the toilet" ³ and to disregard any notion of ontic meaning. An absurd flight from the existence is more startling in this case than that of any degree of resolve. Yet, is it not so, that when the housewife rushes to the toilet to flush herself away, the more direct and immediate understanding to be gained is that of the pure ego trying to discard the human self? Binswanger touches upon the issue of ontic meaning in his surmise of Ellen West's suicide, that in declaring not to be, she had made an explicit assertion about being. ⁴

² E. Husserl, The Crisis of European Sciences and Transcendental Phenomenology, p. 90.
³ E. Weigart, "Psychoanalytic Notes on Sleep and Convulsion Treatment in Functional Psychoses," Psychiatry, 1940, 3: 199.
Ontic meaning is easily neglected in non-philosophical descriptions of schizophrenic psychoses because concern is, quite rightly, with the organic and psychological aspects of the illness. But without the philosophical description, a holistic self-symbolization is lacking. Binswanger notes that the guiding idea in psychoanalytic studies of such mentally-ill experiences (as those cited) would be that of the "compulsion" or "the inescapable having-to-be" and argues that exclusive emphasis on the compulsive, determined nature of man is a "one-sided distortion of the human image in the frame of a scientific theory of man." In particular, the "frame" around organic and psychological categories is not suitable for an ontological depiction of the destiny of the ego, which requires a phenomenology of the spirit.

A teleology of the ego is based upon the "primordial own-essentialness" of the ego (to use again Husserl's designation for the transcendental origins of the ego). Moreover, a teleology of the ego requires a concept of "non-being" to go along with such a fundamental concept of "being". The prevailing form of the transcendental ego is being-towards such and such, and in the final analysis, the transcendental ego is being-towards its own death experience. Indeed, the "generative nexus of psychophysical being" (to use again Husserl's designation for the natural origins of the ego) can be understood most clearly from within a perview of the concepts of ontological "being" and "non-being". As May writes, "without some concepts of 'being' and 'non-being' we cannot even understand our most commonly used psychological mechanisms;" the mechanisms "hang in mid-air... unconvincing and psychologically unreal, precisely because we have lacked an underlying structure on which to base them."2

When the bare recognition of being-towards-death is applied to understanding of the experience of the schizophrenic person, the level of conceptualization is raised from that merely of a view of compulsion, decompensation and mechanism. The final ontic meaning of "being cum non-being", as such an issue is significant moment-to-moment, is the ultimate philosophical factor, to which other organic and psychological factors refer. In addition, it is in view of such ontological issues that a phenomenology of the spirit takes a significant turn towards strictly theological concerns.3

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1 Ibid., p. 328.
3 Cf. the final chapter of this work.
Of all the psychological disorders or mental illnesses, schizophrenic psychoses stir recognition of an individual who is being-towards-death. By this I mean, in philosophical terms, schizophrenic decompensation brings to mind the facticity of the human being's frailty, finitude and contingency. In its extreme forms of withdrawn and isolated existing, schizophrenic psychoses resemble a living death. Thus, as opposed to a view of the regressive process as revealing a series of developmental levels, from a phenomenological vantage point on the "primordial own-essentialness" of the ego, I wish to emphasize the manner in which the regressive process brings to the fore the question of an alternative or cessation to being-itself.

Koestenbaum suggests that, in rejecting a person "by criticizing, disapproving or ignoring what is important to that individual" (as is typical of the schizophrenic person's apperception of the significant others have been treating him) "a symbolic death is experienced." If this is so, then the one suffering from schizophrenia may well be faced with the fact of being-towards-death in a more pervasive, as well as more confusing, fashion than others. In reflecting on the feelings of the depressed, paranoid schizophrenic patient who had a constant belief in his impending execution, Minkowski has remarked: "Don't we feel this way because all of us occasionally realize that we are sentenced to die, especially in those moments when our personal impetuses weaken and the future shuts its door in our face?" Minkowski's intimation is that even the deluded psychotic outlook carries with it the feature common to all human being of existing in the light of one's death as a destiny. The confrontation with death, for anyone, has the tendency of taking the individual away from any comfortable settling into world experience or too strong an identification with the personal life. Merleau-Ponty makes a point which is very apt in regards to the schizophrenic person's tenuous manner of living, when he writes: "The fundamental contingency of our lives makes us feel like strangers at the trial to which others have brought us." In being-towards-death, the underlying transcendental structure of being is most radically called into question. When the clinician evaluates

1 P. Koestenbaum, The Vitality of Death, p. 15.
3 M. Merleau-Ponty, Sense and Non-Sense, p. 38.

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human being in this light, ontic meaning truly becomes the central theoretical concern. "Absolute subjectivity"—whether tacitly, straightforwardly or even delusionally—is constituting its own death experience. In so doing, the narcissistic level of personality is clarified, in final form, by a higher reflective consciousness. It has been stated: "If any human being is to grasp what it means to exist, he must confront the fact that at any moment he may cease to exist." And the level of conceiving of this death experience is one in which considerations of the ego must be raised above the "generative nexus of psychophysical being". As May says in comparing the Freudian idea of the death instinct with that of a phenomenological idea of non-being (the former is within the categories of psychophysical being, the latter is within the transcendental category):

Freud grasped the importance of this truth of non-being in his concept of the death-instinct, but his error was in calling it an 'instinct'. Freud's idea should not be taken as a deteriorated psychological or 'chemical' concept but as a symbolic expression of an ontological truth. The distinctive feature of the human being's relation to death is more than the fact of death itself; it is man's capacity to know that he himself will die and to exist in the light of this fact. Phenomenologically speaking, then, the death which is held "in reserve", as Ricoeur puts it, "is no longer the death instinct, but my own death, death as destiny."^2

Although the actual death experience may be by whim or accident, and even though the individual may deny the reality of dying in a megalomaniacal manner, the fact of inevitable death remains to define the essence of human existence. In Husserlian language, being-towards-death (whether conceived realistically or delusionally) promotes the pure ego's heeding of the bounds of its existential "alpha and omega". Husserl's somewhat metaphorical designation for the pure ego as the "unobserved observer" or "impartial spectator"—while all too often suggesting to the reader connotations which are too Platonic-like in idealism or ghost-like—does seem to have a valid application, as a symbolic self-description, in view of the human being's relation to the death experience.

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2Ibid., p. 1353.  
3P. Ricoeur, Freud and Philosophy, p. 325.
The distress and unsettling conditions of schizophrenic psychoses bring in bold relief the dual level of subjectivity in which, first of all, there is the existential self in jeopardy—as Ellen West said of her psychotic turmoil:

I am in a prison, caught in a net from which I cannot free myself. I am a prisoner within myself; I get more and more entangled, and everyday is a new, useless struggle; the meshes tighten more and more...It is undignified to live on like this. 1

—and then, second of all, there is the disengaged, transcendental "unobserved observer" who is regarding the existence as being-towards-death. The self which is "caught in a net" of psychological and physical proportions, and becoming "more and more entangled" is observed by the pure ego for whom and in whom the entire life is a transcendent object.

In some cases, it would appear as if the schizophrenic person crosses over from a symbolic being-towards-death into an actual being-towards-death without any radical change in the structure of an "unobserved observer" heeding the cognitively distanced existential self. Sometimes the "unobserved observer's" relation to the death experience is marked by a continual denial of what is real in the existential setting; for instance, a schizophrenic patient called "L. T." described one of his suicide attempts in these terms (speaking of himself in the third person):

"He heard policemen's voices, coming from the air-conditioning vents, which said, 'He's a moron. He's going over his life now and then he'll kill himself,' wherupon "L. T." cut both wrists, detached himself from the experience, and watched as he "let the blood drain out." 2

Othertimes, the "unobserved observer's" relation to the death experience is characterized by a more reality-oriented attitude; for instance, Grotjahn reports that, in his opinion, schizophrenic people who have died on his ward in hospital have tended not to show "anxiety and fear, but a peaceful resignation and serenity, a silent insight" into the situation, as if accepting "the final death blow" against the narcissistic level of personality. 3

Koestenbaum makes a statement concerning transcendental experience in the face of psychological or physical tragedy, that "total despair is at the same time a total presence." 4

1L. Binswanger, "The Case of Ellen West," op. cit., p. 258.
as primal source, which represents this "total presence" or "final locus of being" when the individual is being-towards-death. I would suggest that such a view of the transcendental origins of the ego allows an approach to the experience of schizophrenic persons in which the issues of death, destiny and ultimate significance can be raised legitimately.

By approaching the psychological factors of regression and narcissism from the philosophical-phenomenological basis of transcendental subjectivity, the clinician has a concept of the person which is apodically based, in which the schizophrenic person is conceived as an immediately present "I" and as an immeasurably significant fellow human being. By allowing for a phenomenology of the spirit, the clinician has an infrastructure to the I-model which serves in conjunction with other clinical considerations of the patient's psychophysical being. The conceptual approach to the schizophrenic person is thus broadened in scope to take account, not only of categories which are bio-chemical, psychological and social in content, but also that which is ontological in nature.
Chapter Five

Relationship and Discourse

between the Clinician and the Schizophrenic Person

A radical, indubitable, primal ground of transcendental subjectivity may appear, to some, to defy the possibility of description of intersubjectivity. But it is incorrect to separate transcendental subjectivity from intersubjectivity in an artificial manner, as if the one did not suggest the other.¹ There is a dialectical relation between concepts of "I" and "Thou". "I" and "Thou", when referring to transcendental subjectivity, can be used interchangeably, depending on the context of the utterance and whether the point of reference is oneself or the other.

Gadamer comments on Husserl's idea of the transcendental ego's relation to other transcendental egos: "every 'Thou' is an alter ego, i.e. it is understood in terms of the ego and, at the same time, as detached from it, like the ego itself, as independent."² One transcendental ego recognizes "being" in the other person, which amounts to the recognition of that which is essentially like oneself in the other. In an ontological frame of reference, the other ego is acknowledged as a kindred "spirit". Tillich writes in this vein when he declares: "The 'thou' demands by his very existence to be acknowledged as a 'thou' for an 'ego' and as an 'ego' for himself," and he adds, "This is the claim which is implied in being."³

The stolid claim implied in being is a concept of central importance, either in the expression of a principle of ego-identity or in the understanding of personal encounters. Holding to a view of transcendental subjectivity is a way of insisting that the clinician listen to the intrinsic claim of being which is the schizophrenic person's due. Tillich continues the argument, in saying:

Man can refuse to listen to the intrinsic claim of the other one... He can remove or use him. He can try to transform him into a manageable object, a thing, a tool. But in doing so he meets the resistance of him who has the claim to be acknowledged as an ego. And this resistance forces him either to meet the other one as an ego or to give up his own ego-quality. ⁴


⁴Ibid., p. 78.
Hence I have argued for the transcendental ego as a bedrock for the conceptual approach to the schizophrenic person. The clinician who follows this way of thinking does not give up on "being", either his own or the other's.

Moreover, as regards the relationship and discourse between clinician and patient, the "claim" is only the beginning. The view of the other's "resistance" as being must be matched with an "obstinacy" to facilitate the achievement of a healthier and more complete life. It is obvious that Laing speaks from experience when he refers to the dialogical situation between clinician and patient as "an obstinate attempt of two people to recover the wholeness of being human through the relationship between them."¹

When defining an appropriate approach to the relationship and discourse between the clinician and schizophrenic person, there is, without a doubt, a onesidedness to the statements I have been making. Just now, for instance, I have mentioned the clinician's responsibility to respect the other's "resistance" as being and the clinician's need to be diligent, even stubborn, in persevering to help the other achieve a greater measure of wholeness. Such statements might appear contradictory in that they are addressed directly to the clinician but not to the schizophrenic person, as well. But this objection does not hold. The onesidedness is not due to a disregard for the schizophrenic person's role in the I-Thou relation, but is in response to the nature of that role—that is, the schizophrenic person's disabilities and lack of interpersonal skills.

Upholding the schizophrenic person's claim to being is of utmost importance (on the clinician's part) in working for a viable relationship and discourse, just because the schizophrenic person may be denying the validity of being—whether that validity refers to himself or to the other person. Standish, et al., have said, in their "general experience" with schizophrenic patients, "there seems to be almost a total lack of appreciation of the other person as an individual" on the schizophrenic person's part: in being preoccupied with the gratification of primitive needs, in disguising and projecting feelings of revenge, in having the impression of being exploited, controlled and humiliated by others, the schizophrenic person may disavow the claim implied in being, either for himself or for others.²


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Nevertheless, it would be counter-productive for the clinician to decide not to interact with the schizophrenic person until the patient shows signs of acknowledging the clinician's mutual right as being. The necessary condition for advancing beyond the stalemate in which the schizophrenic person is found—i.e. a tendency in certain patients to disclaim the other as "Thou" and the self as "I"—is for the clinician to bring the dialogical situation to the patient. By acknowledging the other's claim to being and persevering upon this basis, the clinician is making the proper move which might enable the schizophrenic person to recognize others and himself as "I". As Tillich says, "Only by meeting a 'thou' does man realize that he is an 'ego'."1 Given the nature of certain schizophrenic persons' way of relating to themselves and others, the onus for setting the stage for a relationship and discourse inevitably rests heavy upon the clinician.

Meynell makes the point that "the means of genuine therapy" with the schizophrenic person (and by "therapy" one can assume he means psychotherapy proper or other dialogical situations, depending on the individual and the nature of the psychosis) "seems to be to make contact with the original self, which seems to remain a possibility even in apparently far-gone cases."2 It is my contention that a phenomenological approach based upon an understanding of the transcendental ego as the "original self" is a method contributing to an improved understanding of what "making contact" with certain schizophrenic persons entails. Accordingly, while retaining a view of the subject as primal ground, it is now feasible to consider, in more detail, principles of relationship and discourse, as these can be advanced from a phenomenology of the ego.

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1F. Tillich, Love, Power and Justice, p. 78.
A. The phenomenological understanding of intersubjectivity

A conceptual approach to the experience of a schizophrenic person must be concerned with what goes on in the clinician's mind when he is with the patient. To illustrate from the psychoanalytic approach, with a Freudian structuralist notion, the clinician is prepared to look for hidden constellations within an "intrapsychic" realm. In contrast, a chief concern of the phenomenologist is with the "intersubjective" realm. The phenomenological approach primarily directs the clinician to consider factors of being-with the patient without the imposition of preconceived theoretical notions (such as "transference" or "defence mechanisms")—and, as my emphasis has been, without imposing undue restrictions on the relationship potential because of the schizophrenic person's limitations of psychological function. The concept of intersubjectivity is concerned with the simple fact that human beings share a life-world prior to defining the situation through theories. Hansen defines the life-world as that world "which one lives through prior to the erection of categories which divide and separate the unity of experience into the plurality of explanations." Of course, as in other phenomenological accounts, the onslaught against the biases of other theoretical approaches does not preclude the establishment of rather elaborate phenomenological statements in order to elucidate these prime factors of co-existence.

In the "Fifth Cartesian Meditation", Husserl is careful to launch description of intersubjectivity from the primal ground of the transcendental ego. He writes: "when I, the meditating I, reduce myself to my absolute transcendental ego by phenomenological epoche" still I experience the world (including others)—and according to its experiential sense, not as (so to speak) my private synthetic formation but as other than mine alone, as an intersubjective world, actually there for everyone..." 2

Husserl, then, refers to "the 'thereness-for-me' of others" and of "the existence-sense of the world" which includes a fundamental sense of the world as a "thereness-for-everyone". 3 I will treat the two concepts of "the existence-sense of the world" and "the 'thereness-for-everyone' of the world" within the same context. The other concept of "the 'thereness-for-me' of others" is of central importance for the further development of ideas in this chapter and requires a separate introductory discussion.

2 E. Husserl, Cartesian Meditations, p. 89 and p. 91.
3 Ibid., p. 92.
To begin, the phenomenological point of view on intersubjectivity is that the "existence-sense of the world" is not basically marked off, to the ones experiencing it, in a dichotomous fashion. While it is possible (and often feasible for scientific purposes, for instance) to conceptualize existence as being in the form of a subject-object dichotomy, to do so represents a misappropriation of the fundamental sense of experiencing the life-world together as co-existents. In phenomenological terms, there is not a primary barrier between subject and object. There is a primary relation.

Buber's position on the difference between an I-It ideology and an I-Thou approach to experience indicates much about the phenomenological view of the intersubjective realm. Even in reference to relating to a non-subject, like a tree, Buber writes:

Whenever the sentence 'I see the tree' is so uttered that it no longer tells of a relation between the man—I—and the tree—Thou, but establishes the perception of the tree as an object by the human consciousness, the barrier between subject and object has been set up. 1

The "barriers" between "I" and "Thou" are not as critical, perhaps, when the "Thou" is a tree. But the issue does become important for the clinician when the relation is with another human being, the schizophrenic person. At that point, the phenomenological clinician would be admonished to consider the other as "Thou" in relation with the clinician, and to resist the dichotomous approach by which the other's existence in the world is viewed through theoretical eyes as a non-relational "It".

The primary relation between subjects, prior to the development of a dichotomous schema, is not simply a goal towards which phenomenologists must strive in order to combat excessive theorizing about persons, but is also a basic factor of human existence to be noted even in more primitive ways of relating to the environment. Examples of the primary relational factor can be seen in infantile and psychotic ways of experiencing the world. Buber argues: "It is simply not the case that the child first perceives an object, then, as it were, puts himself in relation with it."2 Stierlin adds to the understanding of the infant's primary relation to the world, in noting how

the undifferentiated child has capacities for obtaining and organizing data which most adults have lost. Among these capacities, that which appears to be of the greatest significance is the ability to

2. Ibid., p. 27.
assess, in a particularly immediate and astute way, feelings and moods in another person which may be out of that person's awareness. 1

In addition, in certain cases of schizophrenic psychoses, where differentiation between self and object in the environment is damaged, a similar primary relational factor may be in evidence. Stierlin advances the hypothesis that undifferentiated experience of people and things in the environment is often directly linked to the schizophrenic person's feelings of being threatened, inasmuch as the individual is in direct contact with the environment, but is unable to integrate, satisfactorily, the knowledge which is being received. 2

I do not mean to imply, while remaining at an infantile or psychotic undifferentiated level, that the individual in question will necessarily avoid I-It patterns of relating. Certainly, for the infant, the relationship with the feeding parent could be thought of as one in which the parent is related to dually as subject (the primary "Thou") or as an object from which nourishment comes (the fundamental "It"); moreover, for the schizophrenic person with a serious lack of interpersonal awareness, the other person may be little more than an object of scorn or indifference and emotional disabilities may prevent any adequate acceptance of the other as "Thou". Hence, undifferentiated experiencing of another person, although indicative of contact within an intersubjective realm, does not automatically produce an "I" to "Thou" style of relationship. Nor can the phenomenological view of the primary relation between subject and object and subject and subjects be taken as an admonition to do away with the human ability to abstract, simply because the subject-object dichotomy comes about at a secondary stage through abstractive processes. Quite the contrary, Husserl's understanding of the undifferentiated and immediate experience of intersubjectivity is, itself, the result of a highly abstract philosophical methodology. The point I wish to make by reference to the primary relational patterns of the infant and the schizophrenic person is that contact is already being made between co-existenters—whether highly developed in abstractive ability or dysfunctional and concrete in thinking—in a more direct fashion than that indicated by the differentiation of subject and object. The relationship potential is already in play at an immediate level by virtue of the two ego's proximity within the life-world. The formula of an "intersubjective world,


2 Ibid., p. 149ff.
actually there for everyone'' is significant both for those who can and cannot abstract adequately. It then becomes the clinician's responsibility to increase awareness of his manner of relating to the patient, to discern if the relational pattern is "I" to "Thou" (in which the other's personhood is accepted and valued ultimately) or if it is limited to an "I" to "It" kind of relating: the difference comes when the clinician confronts the schizophrenic person "not as something to be experienced and used," but as one who is "entering into relation" with him, "making demands" upon him, and evoking the "full personal response" of his "whole being."  

At a primary ontological level, the relationship between the clinician and schizophrenic person will not consist of a reality or non-reality which is primarily external to the one or the other, but will consist of that which surrounds the two, and is between them. Merleau-Ponty observes that the social event cannot be understood phenomenologically "unless it itself bears no resemblance to a thing, unless it envelops the individual;" an adequate view of the social event will be one in which attention is given to the way "each consciousness both finds and loses itself in its relationships with other consciousesses" and in which the social event is conceptualized, not as "collective consciousness but intersubjectivity." According to Merleau-Ponty's observation, it is not true to the phenomenological view of intersubjectivity to add one ego plus one ego plus another, until the intersubjective realm is diminished in meaning to represent something like a psychological conglomerate of traits and attitudes shared by a group, or to appear as something which can be suitably accounted for in numerical or demographic terms. In an awareness of the intersubjective realm, the factors of co-presence and immersion with other egos in the world is so significant that one cannot simply represent a "transference from the level of individual consciousness to that of collective;" as Habermas says, there is a need for designation of that which "can only be arrived at intersubjectively, in the consultation or the cooperation of individuals living together." Oldham contends that "spirit" truly lives only "between the 'I' and the 'Thou'' and to appreciate this intersubjective dimension, one has to realize that "he is no longer the sole arbiter; he does not alone control the situation. He is addressed and has to respond."

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Accordingly, the "thereness-for-everyone" of the world indicates a shared field of experience where the presence of the one can be significant to the presence of the other. This is the point May is making when he writes that the "existential truth" for an individual "always involves the relation of the person to something or someone" and that the clinician "is always part of this relationship 'field'." Even if reasonable conversation does not follow between participants in the same relationship "field", there is a sense in which one living being enjoys the presence of the other living being. However tentative the contact is between the two, by being jointly operational, the two experience some level of intersubjective being.

The truth of this aspect of intersubjective being can be gained by thinking of private relationships in ordinary life, such as between close friends or lovers, at which time the "field" is open to an intimate co-presence. In these instances, Farber notes, "we are presences rather than appearances to each other; we 'read' each other's visible and objective surfaces as a code of the more substantial invisibilities—of meaning, texture, and habit—of our life together." While the relationship between the clinician and patient is limited due to its setting and purpose, there is still the need to avoid thinking of the other merely as an "appearance" and thinking, rather, of the other as a presence in a "co-intended" field. Although the intimacy of friends or lovers is not the goal in the clinical situation, the rehumanizing element of approaching the patient as a co-presence who is participating in a shared field is worthy of favour.

When considering the actual nature of the field of experience, the concepts of "presence" and "co-presence" are not incompatible terms. In Husserlian phenomenology, there is a dual movement of reflectively backing away from the world to transcendental subjectivity (one's presence) and then returning to the world only to discover, or re-affirm, that the human subject has remained interwoven in the world with others (co-presence). Because of this dual movement, I would agree with Rabil when he writes:

Immersion in the world means that we can never be wholly removed from it as transcendental spectators. To make the attempt means a

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refusal to recognize the meaning the world already has as well as that given to it by others. 1

Accordingly, while the transcendental reduction reveals the pure, indubitable ego as primal ground, the movement of phenomenological reflection does not stop here. Merleau-Ponty's emphasis is that the world "is present before us prior to any thematization" 2 and therefore "before any falling back on ourselves has occurred."

Husserl also proposes the unmistakable "thereeness-for-everyone" of the world, but his emphasis is to establish a phenomenological ground of subjectivity before turning back to consider the world as ground. However, the "thereeness-for-everyone" of the world inevitably leads phenomenological reflection back to the world in which all persons are related as intentionalities.

Whether listening to Merleau-Ponty or Husserl on the issue of orientation, one of the more important results of the phenomenological understanding of intersubjectivity has to do with consideration of the existential situation as the unit of experience in which all participants are linked. Merleau-Ponty writes that the subject,

by means of a continual dialectic, thinks in terms of the situation, forms his categories in contact with his experience, and modifies this situation and this experience by the meaning he discovers in them. 4

The fact that intersubjective being occurs within particular situations suggests that the relationship between the clinician and the schizophrenic person is not only a unilateral (or in optimum cases) a bi-lateral affair. By virtue of entering the schizophrenic person's situation, the clinician is providing the patient with new data from which to form new categories or to revise old categories; "category" in this context could include such phenomena as new attitudes about significant relationships, about self-apperceptions or even about ways of thinking about the world.

The reflecting and the experiencing, or the distancing and the interweaving, are comprised together within the situation. Fen makes the point that: "our life is not real for the reason that we have to believe that it is real, but because the situations in which we live are real existentially." 5 If this phenomenological perspective is valid, it would be

3. Ibid., intro. xvi.

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incumbent upon the clinician to make continual efforts to influence the situation, if not through discourse, then at a minimal level, through co-tenancy in the practical acts of existence. By being concerned with the situation, not as a static map of reality, but as an existential unit of experience in which the other person is in act, the clinician will be making an inroad to interaction at the most basic level of co-existence.

A further understanding of the Husserlian idea of intersubjectivity can be had by drawing attention to the concept of "the 'thereness-for-me' of others". As mentioned previously, the remaining discussion on the relationship potential between the clinician and the schizophrenic person is contingent upon the explication of this theme.

It is significant that Husserl carries out a "peculiar kind of epoche," when elucidating a transcendental theory of experiencing someone else, "in which the ego constitutes within himself a peculiar ownness," temporarily excluding from the thematic field of enquiry the intentionalities of others.\(^1\) Husserl's manoeuvre would seem to be, at first glance, the very opposite of the kind of cognitive preparation needed to experience the other person as a co-presence. However, the decision to perform the epoche to the "sphere of ownness" is tantamount to understanding the phenomenological idea that ego-identity is based upon the premise of reciprocal recognition. Sharing, for instance, comes about by recognizing that "what is 'my own'" is also within reach of "what could be the other person's 'own'." Two people may be "owning" the same room, a similar idea about something, or a mutual regard for each other: the relationship between these respective transcendental egos changes from potentiality to actuality when the two alternate between their subjective "ownness" to intersubjective "co-validation".\(^2\)

The crux of the phenomenological teaching on "the 'thereness-for-me' of others" is that, whereas thing-knowledge is dependent more exclusively upon the singular intentional gesture of the knower, person-knowledge requires a process of interaction between agents. Genuine knowledge of other persons relies upon a modicum of self-disclosure in praxis. Some kind of definition of the "sphere of ownness" is needed at the onset, in order, methodologically, to understand the interaction which is going on

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\(^1\)E. Husserl, *Cartesian Meditations*, p. 93.

\(^2\)Vide E. Husserl, *Cartesian Meditations*, pp. 92-105 for a discussion of the reduction to the "sphere of ownness" and its relation to the experiencing of other persons.
between ego centres within an intersubjective field. Knowledge of the other person, therefore, is based upon recognition of the other as an irreducible intentional being. Kaufman writes:

It is because the active centre of the other self transcends my private world completely that his accessibility to me depends finally on his own act of self-disclosure...it is especially in a close personal relationship that the irreducible transcendence of the other ego is most profoundly realized. 1

With an intersubjective phenomenology, the experience of relationship is understood to consist of the dual features of "reciprocity" and "confrontation". Gadamer notes that "every experience" in the life-world "is a confrontation" because "every experience sets something new against something old." 2 An optimum case of confrontation between subjects promotes an "intersubjectivity in which an 'I' can identify with another 'I' without relinquishing the nonidentity of itself and the Other;" according to Habermas, this can occur only when the other "is from the outset conceived idealistically as an opposite with which interaction in the mode of that between subjects is possible;" in other words, when the other is an "adversary and not an object". 3 Neither Gadamer nor Habermas intend a pugnacious meaning in their references to "confrontation" with an "adversary". Interactions between two subjects, of course, can be either offensive or defensive, without mutual regard being extended to the other as "Thou". The relationship can be either intrusive or resistive. Thus, "reciprocity" must remain as a qualifier on the relationship, if, indeed, the "adversary" is to be conceived as "Thou".

However, to acquire a proper phenomenological view of the relationship potential between two persons, initial emphasis must be placed upon the separateness and tension which prevails between the two, with no suggestion of a merging of identity. Especially is this important in consideration of the relationship potential between the clinician and the schizophrenic person. Laing speaks of the need for feelings to be shared between the clinician and schizophrenic person "without their being confused or merged with those of the other;" he argues that "such sharing can begin only through an establishment of a clear distinction between here-me, there-not-me." 4 Colm draws attention to the kind of mentally-

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3 J. Habermas, Theory and Practice, p. 163.

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disturbed patient "who struggles with over-identifying with others and finds himself devoid of identity"; she states further that the overidentifying psychotic patient needs to have a relationship with a clinician who "encounters him as a 'thou' and maintains his own 'I'," observing that "the poles of 'I' and 'thou' demand separation, limitation, reaction, participation, frankness, change and growth on both sides."

Reciprocity, in fact, relies upon the prior confrontative act. It involves a moving forwards and backwards, an action and reaction, in complementary fashion between two distinct ego centres. Reciprocity cannot be accomplished unless the other is identified with as a "thereness-for-me." When Merleau-Ponty writes—"I discover myself in the other"—he is not discrediting the principle of an indubitable ego centre in his account of intersubjectivity, but is merely indicating part of the structure of reciprocity, with its necessary counter-balance of transcendental subjectivity and intersubjectivity; thus, he notes, that self-discovery is a mixture of detachment and involvement, of solitude and communication, "heading towards its resolution." An understanding of intersubjectivity has to do with the definition between egos and the distance which is part of the relationship, as well as the over-arching existential field in which the egos are immersed. Straus' phenomenological account of "touching" is a clear example of the reciprocity which can occur between individuals on a physical level and provides a parallel account of the structure of reciprocity which can occur in other kinds of interaction. As Straus says, the other person's "thereness-for-me" calls for an endless process of approaching—really of nearing and withdrawing. We must retreat to a distance in order to win nearness. The sexual embrace, too, is a crescendo of nearing and withdrawing which culminates in orgasm and breaks off...The reciprocity of touching and being touched is but rarely perfect. In such encounters we find ourselves stirred to the depths...

Habermas raises a further point which is critical in understanding the relationship potential between the clinician and schizophrenic person, in intersubjective terms. He writes: "To be sure, the dialectic of recognizing oneself in the Other is bound to the relationship of interaction between antagonists who are in principle equal." Is this possible when

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2. M. Merleau-Ponty, Sense and Non-Sense, p. 68.
3. Ibid., p. 68.
5. J. Habermas, Theory and Practice, p. 164.

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thinking of the relationship between clinician and patient? Farber points
to the obvious "fact of inequality between these two people: one is patient,
the other, doctor; one is confined, the other, free, one mad, the other
sane" and argues that such "inequality must be contended with—validly
or invalidly."1 Pines addresses the equality-inequality issue with the
conviction that the incongruity between clinician and patient is an impor-
tant factor to be exploited, for the patient's gain, in the unfolding rela-
tionship; he writes:

Doctor and patient meet because the patient feels the need to be helped
and the doctor is available to provide that help. The patient has to
experience being helped, being weak, dependent on the skills and strengths
of another. Such experiences of helplessness and of the need to receive
help from another are part of human childhood from the very start and
individual responses to the challenge of illness are inevitably coloured
by these first experiences and the responses to them. 2

Certainly, some qualification would need to be placed on the extent of
the patient's "weakness" and "dependence" which the doctor would find use-
ful for psychotherapeutic purposes (e.g. consider the self-perpetuating
phenomenon of "learned helplessness")3 but the point of a basic, circum-
stantial inequality in the relationship between the clinician and schiz-
ophrenic person is well taken. The disparity of roles and psychological
condition are factors which cannot be dismissed fortuitously.

Nevertheless, when considering, phenomenologically, the dual levels
of transcendental and natural subjectivity, it is still possible to con-
ceive of an essential equality, in principle, even though other disparities
exist. "Reason advises," so Polin contends, "that we make equality, which
is not a natural power, an artificial right."4 While the democratic pre-
mise that "all persons are created equal" makes no sense in psychological,
sociological or physical terms, it can be conceived validly in an onto-
logical frame of reference. Equality, then, refers to the being of man,
as such. The recognition of equality is a philosophical decision based
upon a sensitivity to the spiritual dimension within the natural order.

Habermas takes a similar course when he bases his thesis of identity
(and principle of equality) upon "the spirit" (with spirit being defined

1 L. Farber, Lying, Despair, Jealousy, Envy, Sex, Suicide, Drugs and the
2 M. Pines, "Doctor-Patient Relationship," Encyclopaedic Handbook of Med-
3 Cf. M. Seligman, Helplessness (San Francisco: W. H. Freeman and Company)
1975. Seligman notes that when the patient's role is too narrowly defined
as one of helplessness a vicious circle can be established: "Helplessness
saps the motivation to initiate responses." (p. 23)
in terms comparable to the Husserlian notion, as the "innermost part of nature"). Accordingly, Habermas writes:

The distinctive sense of an ego-identity based on reciprocal recognition can be understood only if it is seen that the dialogic relation of the complementary unification of opposing subjects signifies at the same time a relation of logic and of the praxis of life.

Such an idea of equality brings the spiritual dimension, as Habermas has maintained, not only logically, but practically, into the everyday business of living together.

Although Belaief does not mention a spiritual dimension or allude to an ontological frame of reference when talking about equality, she too refers to a dual level of meaning when using the term, by distinguishing between "social equality" and "human equality", with the latter definition of equality designating a "self-perception which is independent of performance or achievement," an indicating "an experience of caring for, and deeply willing, the well-being of another." Belaief argues that a belief in and propagation of a view of "human equality" is "a justified response to human existence itself"—and justified in developmental terms; she writes:

the experience itself originates in the infant's somatic perception of the mothering figure's joy in his existence, quite apart from any particular skills he may, or may not, show...The emotional and cognitive responses to these wonderful feelings of affirmation issue in what is known as basic self-esteem and a sense of given and equal worth with others.

Whether conceived ontologically or developmentally, the acknowledgement of equality between transcendental egos is important to the phenomenological understanding of intersubjectivity. The implication is that the schizophrenic person with whom the clinician is relating is "there-for-me" on a mutual basis—primarily, pre-theoretically, as a co-existent. Moreover, recognition of the other person as a kindred spirit—an intentional being of equal, ultimate significance—does not work against recognition of that which is different in function and ability between the one and the other, while an ethic of ontological equality still serves as the principle by which two distinct ego centres interact in the

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2. Ibid., p. 147.
4. Ibid., pp. 42-43.
5. Ibid., p. 32.
transfer from my animate organism."\(^1\) Such apperception is conducted, not as an "inference" or an explicit "thinking act"; rather, "each everyday experience involves an analogizing transfer."\(^2\)

The prime "presentation" of the other is that of a body, the intentional object, while the "appresentation" of the other is that of an animate organism, the intentional subject. Carr remarks: "other egos seem to demand a treatment which goes beyond the consideration of them merely as intentional objects, for they are intentional subjects" as well.\(^3\) Gadamer finds room for criticism of Husserl's position that "the other person is first apprehended as an object of perception" and only then "through empathy, becomes a 'Thou'."\(^4\) Gadamer feels that Husserl "fails to achieve the orientation towards the functional circle of life" because of his strict orientation to consciousness—even a consciousness conceived transcendentally (i.e. with no sense of a psychological inferiority).\(^5\)

However, since Husserl does begin with an apodictic transcendental centre (which, as I have argued, is of merit in the I-Thou approach to the schizophrenic person) there is little else that Husserl could intimate and still be true to the evidence of experience. Moreover, by recognizing that the other is first perceived as an intentional object, what follows from Husserl's approach is an insistence to turn attention to a phenomenology of the body and the field of action, whereby one does go beyond the transcendental origins of the ego and emphasis can legitimately be placed upon "the functional circle of life."

A balanced account of the other as intentional object for the observer, and as intentional subject for himself, is important for understanding and interacting with the schizophrenic person on phenomenological grounds. The principle of joint tenancy relies upon such an account and a realistic theory of empathy follows from it. Therefore, some digression may be allowed in order to define the issues more thoroughly. To do so, I will contrast a phenomenological view of bodily behaviour in the life-world with a more determinate view. In phenomenological terms, when the other is considered both as an intentional object and intentional subject, action can be seen, simultaneously, as determinate (in fact) and indeterminate (in meaning).

\(^1\) E. Husserl, Cartesian Meditations, p. 110.
\(^2\) Ibid., p. 111.
\(^4\) H. Gadamer, Truth and Method, p. 221.
\(^5\) Ibid., p. 221.
In phenomenology, the body (and, once again, the investigation must initiate with "my body") is not understood according to a dualistic philosophy. The body is "the place where the spirit takes on a certain physical and historical situation." Accordingly, the body is not conceived solely by physicalistic criterion as "merely an object in the world" nor solely by mentalistic criterion as the sum of parts "under the purview of a separated spirit." The body is a unified field within a wider field of world objects, but is not directly identifiable with the other objects which are perceived because of the body's indispensable (active and passive) character in the perception of the field; any other object in the field of perception can be absent without annulling the perception, but not so "my body". The body is "a thing, but a thing I dwell in. It is, if you wish, on the side of the subject; but it is not a stranger to the locality of things." Husserl is careful to note the difference between the "physical body" and the "living body"; in being related to other persons, an immediate and straightforward phenomenological view of the experience is not that of objective physical bodies in mere juxtaposition (i.e. that of an abstract analysis of bodies and their components and functions). Rather, the "living body" has a relational sense to others, objects and the world as a horizon, and "refers to the kinesthetic, to functioning as an ego" through "seeing, hearing, etc." and through "other modes of the ego" such as "lifting, carrying, pushing and the like." In short, the ego as an apodictic centre is not falsely separated from the functioning of the body. Husserl maintains:

In my perceptual field I find myself holding sway as ego through my organs and generally through everything belonging to me as ego in my ego-acts and faculties.

Being an ego through the living body, thus, is one significant stratum of the meaning-matrix in day to day experience. Merleau-Ponty speaks of

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2. Ibid., p. 5.
6. Ibid., p. 108.
7. Ibid., p. 108.
a "carnal subject," characterized by an intentionality which "ties together the stages of my exploration, the aspects of the thing," as "I effect from one phase of movement to another." The phenomenological view is of an ego acting upon the world, necessarily, through psychophysical being, and in turn, being acted upon. The action, however, is conceived strictly in reference to the ego as meaning-matrix. "All kinesthesis, each being an 'I move', 'I do', (etc.) are bound together" in the "comprehensive unity" of the transcendental ego. From a Husserlian perspective, the mental and physical, then, are not thought of as opposites, but are levels of description, or ways of being the ego. Mind, body and objective world, thereby, "do not lose their existence and existential sense" but are rendered "understandable, by the uncovering of their concrete all-sidedness." The basic error which is avoided through Husserl's transcendental turn is that of being entangled within a metaphysic where the physical is reduced to the mental, or vice versa. "All-sidedness" is the key. Husserl's egological emphasis does not lead on to any discrediting of the deterministic, physiological realm (in contrast to the Cartesian indubitandum) inasmuch as the ego lives through the sensual dimension. Moreover, Husserl's treatment of the "living body" necessitates a change from emasculated, idealistic, other-worldly obsessions which have too long been associated with an understanding of the spiritual life. Husserl's firm declaration is that the concrete sense of the word 'experience' points much more to a mode of behaviour which is practically active and evaluative than specifically to one that is cognitive and judicative. The intentional being of the ego is always seen to be in the direction of the life-world, whether more publicly with what "I do" or more privately with what "I think" or what "I feel". Despite the expressed "all-sidedness" of the Husserlian position, there may be further need to distinguish the phenomenological approach from other conceptual approaches which lean to "one side" of the old mind-body, indeterminate-determinate, subjectivist-objectivist, rationalist-empiricist debates. Clinicians who concentrate only on the patient's

1M. Merleau-Ponty, Signs, p. 167.
2E. Husserl, The Crisis of European Sciences and Transcendental Phenomenology, p. 106.
3E. Husserl, Cartesian Meditations, p. 147.

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mental processes or, alternatively, concern themselves solely with the
patient's observable physical behaviour fall heir to this debate. Whereas,
joint tenancy in the life-world can be understood properly only by re-
ference to a complex interplay of mind and body.

An ideology, characterized by Husserl as "physicalistic objectivism",
seems to be prevailing in modern studies of the person, and in my opinion,
is the stronger philosophy in the mind-body debate: even Freud (under
the influence of the school of Helmholtz), sometimes reckoned to be the
twentieth century man's "mentalist", has predicted that "all our ideas
in psychology will presumably some day be based on an organic substructure."¹

Phenomenology, likewise, would not be opposed to scientific analyses in
which psychological processes are re-translated into a language of bio-
chemical processes. What is required in a phenomenological approach to
the experience of someone else is a balanced perspective on the determi-
nistic presupposition which often underlies a philosophy of "physicalistic
objectivism". The organic substructure must refer to an ecological base,
a meaning-matrix. Then, and only then, can the field of action not be
misconceived as if persons within that field were only intentional objects
and not also intentional subjects. MacMurray and Skinner represent two
different views by which action is conceived, according to varying degrees,
in keeping with the deterministic presupposition, without due concern
being given to the constituting ego. A brief expose of some of their
ideas will clarify the phenomenological position on joint tenancy in a
field of action.

MacMurray begins his analysis of the person by criticizing modern
studies for being too egocentric and for taking a concept of the indivi-
dual self "as its starting point."² To defend this premise, he (in agree-
ment with Husserlian phenomenology) finds fault with psychological accounts
in which the ego is conceived as if it were an entity or substance, and
notes how such a view of the ego must result in skepticism or solipsism³
Alternatively, MacMurray argues that the concept of the person should
be drawn primarily in reference to what "I do"; understanding of the
person's observable behaviour is pragmatic and obvious, rather than theo-
retical and private and can be focused upon in the development of a

¹S. Freud, On Narcissism: An Introduction, ed. Rickman (London: The
Hogarth Press and The Institute of Psycho-Analysis) 1937, p. 75.
²J. MacMurray, The Self as Agent (London: Faber and Faber Limited)
1957, p. 31.
³Ibid., p. 33.
science of behaviour. The concept of the person, then, can be based no longer upon a view of the "knower" or "subject" but must be in reference to an "agent", or better, "there is a plurality of agents in one field of action."¹

MacMurray puts much emphasis upon the primary certainty of action. What "I do" is said to contain, as its "negative aspect", what traditionally has been thought of as the subjective realm. For MacMurray, approaching the experience of the other person in this objective manner is the proper way for overcoming the dualism of mind and body because the investigation begins with that which is determinate. As will be recognized, MacMurray's position on returning to the given phenomenon within a field of action is not far removed from the phenomenological one, except for his opinion that the objective, determinate event subsumes (and makes illegitimate?) any notion of an indeterminate, subjective realm. Obviously, as well, MacMurray gives no credence to a transcendental ego as apodictic centre for that action. MacMurray's "agents" are conceived in terms of the third person. The "plurality of agents" is not conceived as an intersubjectivity. The implication from MacMurray's argument is that accounts of observable behaviour can effectively rule out the need for more intimate self-disclosing; the other person's private feelings and thoughts, allegedly, are contained within the overt action. A notion of empathy need hardly come into play, when the first person point of view is so forcefully silenced by third person observation.

Skinner takes the deterministic presupposition even further. MacMurray is talking about agents, in a field of action, whose behaviours are determinate and hence reliable points of reference for description. To Skinner, persons do not act upon the world, the world acts upon persons.² In an effort to revoke traditional teachings on the inner, autonomous man,³ Skinner argues that "all control is exerted by the environment."⁴ In Skinner's vision of a scientific behaviourism, every occurrence of what "I do" can be stated in objective terms. The child, thus, for example, can be thought of as an "object-unit", a member of the human species, composed of certain genetic endowments, who acquires a "repertoire of

¹Ibid., p. 145.
²B. Skinner, Beyond Freedom and Dignity (London: Jonathan Cape Ltd) 1971, p. 211.
⁴Ibid., p. 82.
behaviour" which is constantly being modified under the contingencies of reinforcement. A person perceives and knows, not because of a "mental act of perception" but "because of prior contingencies."

The beginning point for enquiry is the social situation and it produces the person.

Husserl describes the experience of another person by reference to the other as intentional object and intentional subject in an intersubjective field of action. By comparison, MacMurray describes others as intentional objects in a field of action. Skinner describes a field of action. When the rules of "physicalistic objectivism" are applied to a theory of action in an increasingly stringent manner, the level of meaning narrows accordingly. The "all-sidedness" of phenomenology is concomitant with a conceptual approach in which action is thought of as determinate, but understanding of that action has an indeterminate air. The behaviour of an intentional subject is open-ended, in principle, and interaction with the other person must proceed upon the basis of such a transcendental structure, coupled with hermeneutical efforts which are partly reliant upon the other's self-disclosure.

If the indeterminate nature of what "I do" is ignored, then the action itself can be misunderstood. This is especially the case in regards to the behaviour or bodily movement of schizophrenic persons. Behavioural psychology, as well, will often recognize the need for a correspondence between thoughts, feelings and physical action in order for behaviour to be understood adequately in a determinate fashion. As Baker mentions, the appropriateness of a behavioural approach to the experience of schizophrenic persons "may largely hinge on the link between behaviour and subjective experience." The behaviour of the schizophrenic person, however, can not be expected to coincide, or "to contain" thoughts and feelings as its "negative aspect", in the way of a one-to-one correspondence.

The meaning-matrix, while being established through the living body, is more extensive in reference than that indicated by the terms of "physicalistic objectivism."

1 Ibid., p. 127.
2 Ibid., p. 187.
3 The behavioural sciences cannot be treated adequately by passing reference to a few premises in behaviourally-oriented philosophical works. All that can be gained from my comments on MacMurray and Skinner are general impressions and general trends to these conceptual approaches, for comparative purposes to the Husserlian approach. The merit of behavioural psychology continues to grow in clinical circles. Cf., for a recent survey: R. Baker, "Behavioural Techniques in the Treatment of Schizophrenia," New Perspectives in Schizophrenia, eds. Forrest and Affleck (Edinburgh: Churchill Livingstone) 1975, pp. 215-241.
4 Ibid., p. 237.
For example, Burnham reports on a patient named "Pete" who experienced an acute psychotic episode when his mother became fatally ill. When Pete went to visit his mother, he presented her with a rose. The rose fell apart as she received it, according to Pete's account of the incident, which to Pete signified something terrible about the feelings between them. On the one hand, the action was determinate—Pete gave a rose to his sick mother—but its significance was more far-reaching, symbolic and exaggerated than the bare act of giving a rose. The objective occurrence, to the onlooker, would probably not appear to be too profound or disturbing. But to the first person (i.e. Pete), for whom a meaning-matrix is being established, the phantasy-charged meaning of the action indicated much more.

Often a schizophrenic person's behaviour is tangential to the meaning being established. Angyal has described catatonic schizophrenic behaviour, in a graphic manner, from the first-person point of view of one patient, code-named "B", which demonstrates the tangential nature of the action which the onlooker might observe. He writes: "Every little movement" that "B" made "assumed an almost cosmic significance." With each movement seeming to be so important, "B" froze into almost total inactivity. Then, while appearing to others to be out of contact with persons and events in the environment, "B" actually made an effort to be "all eyes and ears" lest anything escape his attention. "B" felt that he could continue to exist only if some material thing in the world was accessible to him as a point of identification or acquisition; therefore, in order to walk across the room, he felt the need to calculate each step so as always to have an advantageous exchange of objects within the room which were thought of as his, or as being a part of him. Certainly, the clinician's understanding of "B" as a living body, making deliberate and minute movements across the floor, would be of utmost concern in developing a relationship with "B"; in addition, however, when the experience of "B" is viewed empathically, the behavioural manifestation of taking one step cannot be understood adequately until that one determinate step is allowed to introduce a wide range of indeterminate meanings. The psychotic experience of "B" also provides a vivid insight into how a person

1 D. Burnham, "Identity Definition and Role Demand in the Hospital Careers of Schizophrenic Patients," Psychiatry, 1961, 24: 104.
3 Ibid., p. 155.
4 Ibid., p. 158.
not only is acted upon by the world (e.g. through stimulus and response) but, in turn, acts upon the world. Angyal describes how "B", in an effort to remain motionless, resisted the extreme physical stimulation from the doctor when tested for the Babinski reflex: the doctor scratched the sole of his foot (and later "B" revealed that he had experienced the disagreeable sensation) but at the time of testing, "B" did not move.

Furthermore, behaviour can be judged strictly in a determinate fashion only when there is a proportionate interplay between mental faculties and physical actions; but such interplay does not always exist in schizophrenic conditions. As one of Szalita's schizophrenic patients has said:

When I am sitting and thinking, things are clear. The horizon is bright, and I know what I would like to do; but when I move toward action, things become vague and indistinct, and I do not know whether I am conscious at all. 1

Or, as another schizophrenic patient has said: "For what is, is, and yet what seems to be is always changing and drifting away into thoughts and ideas, rather than actualities." 2

The approach by Cameron to understanding schizophrenic behaviour is admirable in that he often tries to interpret the schizophrenic person's behaviour, verbal or otherwise, in terms of the relationship between that patient and other potentially significant people in the patient's immediate environment. The schizophrenic person, thus, is conceived as an intentional subject within an intersubjective field. Cameron gives an example of a group psychotherapy session where a patient, called "G. Smith", was sitting silent and detached while other members were requesting and receiving cigarettes from one another. The clinician noted, aloud, that Smith was ignoring the interchange between the other group members, to which Smith replied: "I was not taking an interest in the Heart's football team. I should think that the way the players are treated is the only thing those chaps are interested in." The clinician answered: "You are referring to my Player's cigarettes. You want one, but do not like to ask." 3 The cogent reply by the clinician to this rather obscure statement served to interweave what the clinician saw as physical withdrawal from the other group members (a view of the other as intentional object) and what might be taken as the patient's underlying meaning (a view of the other as intentional subject).

A theory of action in which determinate facts and indeterminate meanings are both given credence requires a phenomenology of the singular ego, an "original life". Within phenomenological circles, various interpreters have shown a reluctance to accept Husserl's description of transcendental subjectivity within an intersubjective field of action because of the suspicion that Husserl never takes his philosophical view beyond solipsism. Husserl has written:

transcendental solipsism is only a subordinate stage philosophically; though, as such, it must first be delimited for purposes of method, in order that the problems of transcendental intersubjectivity, as problems belonging to a higher level, may be correctly stated and attacked. 1

To be sure, Husserl never proves, in a deductive manner, the existence of the other, the "alter ego"; he does, however, place key emphasis on description of the other person who is "there" just as obviously (although not as permanently) as the world is "there". The other person and the world-as-horizon are experiential givens. A singular consciousness finds itself within the intersubjective, objective world, instantaneously and permanently, before and after the phenomenological reductions which serve to define this being. Husserl simply articulates human being in the polar terms of one's solidarity of connection and the inevitability of reflective separation from the world, and is rigorous to begin enquiry into this relation at the beginning of consciousness of the world: thus the orientating with the apodictic, transcendental ego. In Carr's view, the "priority in the order of enquiry" (i.e. beginning with the transcendental ego) "does not imply priority in the order of being" (i.e. intersubjective, joint tenancy in the life-world). 2

Wild states the phenomenological position in this fashion:

while every experience arises from a private centre, it always opens into a public world horizon from which it cannot be separated except by arbitrary abstraction. My world is never exclusively private. It is my private way of relating myself and my experiences to an ultimate horizon which is shared. 3

Transcendentally speaking, there is a union of the private and public as consciousness is directed from an egological centre toward objects of some kind. The egological centre, when expressed in an existential

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1. E. Husserl, Cartesian Meditations, pp. 30-31. Note also that Husserl marked this sentence for deletion in published form, indicating perhaps a dissatisfaction with the means of expression. "Solipsism", itself, has implied, in classical terms, a self-interiority to consciousness, which Husserl never intended by reference to transcendental subjectivity.


setting, with reference to its incarnate sense, is compatible with an intersubjective account wherein other egos participate in reciprocal interaction. Farley adds, it is "because the life-world is the field of my possible acts...whose objects correlate with my evaluating, acting, thinking" that "I am the centre of my world. And the 'I' at the centre of the world is not a disembodied spirit but a bodily 'I'."¹

While maintaining the tension between transcendental subjectivity and intersubjectivity, phenomenological description reflects the fact that each participant in the life-world will have a particular world-view but that these different world-views are formed in a genuine, perceptual world-in common. Merleau-Ponty writes: "My perceived world and the half-disclosed things before me have in their thickness what it takes to supply more than one sensible subject with 'states of consciousness'; the perceptual world-in-common has "the right to many other witnesses besides me."² This elemental position is of significance when the other person under consideration is the schizophrenic patient, for whom the perceptions may be hallucinatory. Plokker raises the issue: "We cannot speak of the schizophrenic world, since several views of the world are possible for these patients."³ Laing makes the point that one cannot assume that the psychotic person "exists, in the world, like the other, as a permanent object in time and place" because of the extreme disturbances of thought and affect for some of these persons.⁴ Although these phenomenologically-oriented viewpoints from Plokker and Laing are valid, such positions can be misunderstood if the two components of "different world-views" and "perceptual world-in-common" are not kept together.

The individual and communal are experienced simultaneously when two embodied egos confront one another. For the schizophrenic person, the "individual" world may be governed by different "rules" (e.g. paleologic thinking), but, as Carr comments, "when two subjects confront one another and stand in relation to the same objects they form, to that extent, a rudimentary community."⁵ Acts of participation and communication are needed to develop the relationship potential, and therefore, any concept

² M. Merleau-Ponty, Signs, p. 170.
⁴ R. Laing, The Divided Self (London: Tavistock Publications Limited) 1960, p. 34.
⁵ D. Carr, "The 'Fifth Meditation' and Husserl's Cartesianism," op. cit., p. 30.
of "joint tenancy" must be evaluated in conjunction with speech acts and practical endeavors which the two subjects undertake together. But, phenomenologically, the co-presence which pertains in perception of the same objects represents the rudiments and possibility of greater interhuman experiencing.

Levy remarks that "the flaw in the solipsistic argument" comes from focusing "too exclusively and in too piecemeal a way on the individuality of the percepts;" the solipsist reasons that "since A's percepts are separate from and unrelated to B's" (and how much more so, the solipsist might reason, when "A" is a delusional schizophrenic patient) "the two must have separate and unrelated" worlds. The Husserlian position, in distinction from the traditional solipsistic one, follows from the recognition that, in acts of perception, one's own body and other bodies are parts within the life-world as a whole, so that structurally oneself and other selves must be seen to be sharing the same basic framework of reference. Levy asserts that "the structural and positional identity of the individual percepts as wholes is what matters and makes the experience of living in the 'same' world possible and indeed necessary; he draws an illustration from a colour-blind person who sees shades of grey while others see red and green, noting that the singularity of the individual perception does not disrupt the structural and positional properties of a shared framework for those who are and are not colour-blind. The same kind of argument, with minor adjustments which take into account the specific nature of mental and emotional disability, would apply to the individual percepts of the schizophrenic person.

In Husserlian descriptions of intersubjectivity, "pairing" is described as a basic component of experiencing someone else. Pairing features in any confrontation between subjects where different world-views come to be expressed communally. When two persons meet in the life-world, Husserl writes, "ego and alter ego are always and necessarily given in an original 'pairing'." "Pairing is a primal form of that passive synthesis which we designate as 'association', in contrast to passive synthesis of 'identification'"—that is, the synthesis occurs irrespective of what is "noticed or unnoticed." Joint tenancy in the life-world

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2 Ibid., p. 54.
3 E. Husserl, Cartesian Meditations, p. 112.
4 Ibid., p. 112.
acquires, as a matter of course in everyday living, a certain "unity of similarity" with varying degrees of coincidence as to the mutuality of the pairing acts. In founding this similarity, ego and alter ego have experienced an "intentional overreaching" which, according to Husserl, transpires "as soon as the data that undergo pairing have become prominent and simultaneously intended." When the various constitutions are paired, Husserl writes: "we find, more particularly, a living mutual awakening and an overlaying of each with the objective sense of the other."  

In phenomenological terms, then, when "I" and "Thou" meet, there are definitely two strata but not two worlds: one stratum lived through in the original and another appresented as his...These two strata are strata of one and the same object, of which I say that I perceive it and that the Other perceives it also. But this 'also', which proceeds from the doubling of consciousness, does not bring about a double world.  

The communal sense between "I" and "Thou" is realized as the result of constituted acts of "overlaying" in which there is a "mutual transfer of sense." Within these phenomenological configurations lies the potential for relationships between the clinician and schizophrenic persons.

C. Empathic contact with the schizophrenic person

Joint tenancy in the life-world is a basic factor to be considered in any phenomenological account of intersubjectivity. But due to the extremes of alienation which are common in schizophrenic psychoses, special attention must be given to the nature of that joint tenancy. Empathic contact refers more strictly to the possibility of psychological interaction (the "meeting of minds") and the establishment of an emotional atmosphere when the schizophrenic person and clinician experience joint tenancy. As I have argued,

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1 Ibid., p. 112.
2 Ibid., pp. 112-113.
3 Ibid., p. 113.
4 P. Ricoeur, Husserl: An Analysis of His Phenomenology, p. 133.
5 E. Husserl, Cartesian Meditations, p. 113.
6 Empathy, as I am using the term in this context, is specifically a psychological phenomenon, but occurs only in terms of subjects who are experiencing direct joint tenancy through the living body. As Spiegel observes, empathic contact "occurs through the reading of subliminal signs of another person's behaviour, emotion, etc. Through it we apprehend affect, emotion, body feeling and attitude. What the sensory channels are in this kind of communication is not known, but it does require the bodily presence of the persons in the circuit." Vide R. Spiegel, "Special Problems of Communication in Psychiatric Conditions," American Handbook of Psychiatry, Volume One, ed. Arieti (New York: Basic Books, Inc., Publishers) 1959, p. 915.
in phenomenological terms, when two subjects confront one another, their bodily co-presence suggests that contact is already made, immediately and straightforwardly, in a perceptual world-in-common, and that certain levels of the experience between the two are being lived through prior to setting up any dichotomous analyses or explanatory schemes. Moreover, in order to know the other, as other, some level of "transcendental empathy" or "appresentation" is already required. If, however, the "pairing" of ego and alter ego is to lead on to a more substantial and meaningful relationship between the two subjects, efforts must be made to enhance the intersubjective contact, qualitatively and quantitatively, through communicative and hermeneutical acts. The question becomes: what emotional atmosphere is best suited for the promotion of intersubjective contact? It is obvious that rudimentary acts of relationship will not unfold, necessarily, into intimate shared experiences simply because of proximity in the life-world or as a matter of course. Whether psychotic or not, people can co-exist within the same perceptual field without actually living through experiences in a manner which might result in a greater sense of de-alienation. If the aim is to develop the relationship potential, it is essential, therefore, to focus upon the kind of confrontation which transpires between the two subjects. An enquiry into the nature of empathic contact will provide many dividends for discussion of the kind of emotional atmosphere which is appropriate when the clinician confronts the schizophrenic person.

Fromm-Reichmann has been an influential figure in recent years in defining the kinds of confrontation which can be beneficial, or de-alienating, as the relationship between the clinician and the schizophrenic person develops. She states that the clinician

is not only a participant observer and a therapeutic agent, as he is in the treatment of the neurotic, but he is also to a greater degree a representative of, and a bridge to, a better reality, the experiencing of which has been previously denied to the patient. 1

When relating to the schizophrenic person, thus, the clinician often finds it necessary to bridge the gap between his own world-view (which is representative of a sane and stable manner of existing) and the patient's world-view (which tends to be isolated, disorderly and utterly self-defeating). Binswanger writes of the need to guide the schizophrenic person back "from an unchartered existence to new roads, where the

possibility of experiencing in an orderly, sequential manner once again obtains.\textsuperscript{1}

The concept of "bridging the gap" between sane and insane world-views is apt for a phenomenological approach to the experience of schizophrenic persons. It defines a major role played by the clinician in the relationship (i.e. being a "guide") and a significant goal of the interaction (developing the intersubjective contact). The concept is also descriptive of the general "task of hermeneutics" which, as Gadamer says, involves "the bridging of personal or historical distance between minds."\textsuperscript{2} When seen as a part of this larger framework, empathy can be evaluated as an important aspect of the hermeneutical function, for, traditionally, the key psychological means of "bridging the gap" has been characterized as an act of empathy, whereby the clinician attempts to co-experience the reactions and feelings of the patient. Whether elaborate or simple in fashion, every hermeneutical enquiry comes about due to the experience of alienation which exists between an "I" and "Thou": in classical terms, the alienation of an aesthetic or historical consciousness, where the bridging of the gap has to do with a work of art (and artist) or an ancient text (and author). In a clinical setting, where the "Thou" is before the clinician in flesh and blood, and the alienation is heightened due to the psychotic disturbances, empathic acts become a matter of critical concern. Empathy, then, as I will be using the term, distinguishes a specific part of the clinician's hermeneutical enquiry and has to do with efforts to establish interhuman sharing of thoughts and feelings in a warm and discriminate manner, with an alienated individual.

It is my contention that an effort to empathize with the schizophrenic person is a reasonable course to advocate when the clinician is intent upon developing the relationship potential between himself and the psychotic person. However, since the "gap" between the two subjects is so wide, according to their different ways of thinking, feeling and behaving, a precautionary note must be sounded and questions must be raised as to the nature and limits of the clinician's empathic approach. Once certain distinctions have been made concerning what empathic contact with the schizophrenic person may entail, it will then be possible to turn and to consider particular features of a phenomenological, empathic approach.


At the very start, to advocate an empathic approach to schizophrenic persons, for some, will be to beg the question. Some clinicians have come to the conviction that the schizophrenic person is devoid of an empathic dimension in personality function. Plokker, for instance, writes: "Empathy, feeling oneself into one's fellow-man or into nature...is a concept unknown to the schizophrenic."\(^1\) The contention appears to be that schizophrenic persons can neither give nor receive empathy, and the implication is that, therefore, the clinician's empathic effort will be wasted. Putting aside for a moment whether or not this assessment is totally accurate, there are, I would agree, various times with various individual schizophrenic persons, when the clinician's empathic acts will seem futile; in some cases, there seems an almost total lack of appreciation on the part of the schizophrenic person of the other person as an individual with separate thoughts and feelings. What is often more obvious are the schizophrenic person's needs of self-gratification and feelings of being exploited and controlled. The condition of the chronic withdrawn schizophrenic person (especially when the patient is without the aid of a phenothiazine drug) does suggest the difficulty in establishing any kind of interhuman contact, empathic or otherwise. The difficulty in establishing empathic contact does not, however, indicate the irrelevance of such an effort, as a matter of course. While schizophrenic persons most likely will suffer deficiency in empathic function, the error would be to set forth a general rule that, because of the schizophrenic condition, empathic contact is a moot issue and of no concern in the conceptual approach.

A more responsible view of the fact that certain schizophrenic persons seem incapable of allowing empathic contact is to see that difficulties in giving and receiving empathy define the depth of the problem with particular schizophrenic persons at particular times, but that these difficulties do not, necessarily, predispose working-through the problem to some degree of satisfaction. It is thus reasonable to argue, if indeed there is a lack of, or an abnormal level of, empathic function, then a valid way of instructing the schizophrenic person is through example, through the clinician's practice of clearly defined empathic acts. I take this position because the relationship with the clinician is often one of the most crucial social events for the alienated schizophrenic person. If the clinician is not prepared to be a "representative of a

\(^1\)J. Plokker, Artistic Self-Expression in Mental Disease, p. 73.
better reality" by demonstrating the human capacity to empathize within the context of that important social event, then under what circumstances can the schizophrenic person be expected to learn more appropriate ways of expressing and accepting feelings when in contact with others? One might also question what would be a suitable alternative to an empathic approach.1

Rather than making broad statements that "the schizophrenic" cannot empathize, Jaspers has carefully distinguished three different levels of abnormal empathic function in these psychotic conditions.2 The first level is that of a simple "failure of empathy", to any discernible degree, so that it appears as if the schizophrenic person is no longer conscious of the other person as one who has a psychic life. Empathic gestures from the clinician may, in these instances, have no apparent effect, in that external manifestations and bodily movements seem to be the only perception the patient registers. A second level of empathic function found in schizophrenic psychoses is that of an "unpleasantly forceful empathy" wherein the psychic life of the other seems to be impinging upon the schizophrenic person, who experiences the other's efforts to establish contact as being issued with a fierce vividness upon himself as a defenceless victim. In these cases, the clinician's desire to extend warmth and personal regard may promote too intense of an emotional atmosphere for effective communication to take place. The third level is that of "a fantastically mistaken empathy" in which the schizophrenic person may believe that his understanding of others' thoughts and feelings has reached such a keen degree that others need not even express themselves. This kind of empathy proves often to be a projection on the part of the patient and the clinician must, therefore, be extremely cautious to discern what unspoken intentions and attitudes are being read into his own empathic gestures.

The abnormal levels of empathy which are possible in schizophrenic psychoses mean that qualifications have to be made as to the optimum level of empathic contact which the clinician might make at a given time; but the importance of attempting that contact does not, therein, diminish.

1A comment by Buber is interesting in this regard: "If we ever reach the stage of making ourselves understood only by means of the dictograph, that is without contact with one another, the chance of human growth would be indefinitely lost." Vide M. Buber, "Distance and Relation," Psychiatry, 1957, 20: 102.

Soddy, accordingly, observes the difference between "empathy" and "affective rapport", noting the way in which empathy can be misdirected and mis-received, and clarifying that empathy on the clinician's part will not always lead on to a "reciprocal relationship"; he also affirms that empathic gestures remain of utmost importance in the clinician-patient relationship because of the interplay of self- and other-identity which can transpire when empathic contact is made and notes that one person "may empathize with another in spite of the fact that the latter is incapable of empathy."\(^1\) In addition, the fact that there are different, abnormal levels of empathy in schizophrenic psychoses provides strong evidence that the empathic function has not simply disappeared (as if there were a "section" missing in the schizophrenic person's psychic make-up) but that it has become disabled. Disability calls for therapeutic intervention, rather than a reticence to interact.

Furthermore, irrespective of the level of receptivity of empathic gestures which the clinician can observe as operative on the part of the schizophrenic person, it may prove shortsighted for the clinician to switch off his own empathic approach and to seek no means of psychologically "bridging the gap" simply because there is no immediate evidence that his own empathic efforts are being registered. This point is substantiated in a case study of a schizophrenic patient named Catherine, by Will, a clinician whose approach to relationships with psychotic patients is characterized by empathic efforts. In this particular case study, Catherine's misreading of Will's empathic efforts is obvious, but so too are her needs for a warm, human relatedness and a "meeting of the minds". Both Catherine and Will were writing their views on what was taking place in the individual psychotherapy sessions; Catherine's observations were unknown to Will until later. Their respective comments are the more interesting because they are not retrospective analyses, with accompanying unintended falsification. Staff observations of Catherine at the time were of a person who was "empty" and "hollow" (as well as "negativistic", "hostile", "assaultive" and a "feeding difficulty").\(^2\)

When Will and Catherine were together on a one-to-one basis, the psychotherapy sessions were filled with long periods of silence; meanwhile Catherine was writing in her diary:


They just want to hurt you in this place and I am going mad...
You, doctor, are a piece of stone...Your heart is ice. I shall
die...I shall sit and weave my fantasies into the wall. I shall
never get well...I feel crushed so that nothing is left...I want
to grow younger and younger until I don't exist anymore...Leave me
alone; you are only a machine with all the feeling left out. 1

At approximately the same time, Will was writing in his personal notes:

This woman seems brittle, cold and hollow. With her I usually
feel ignored and frozen out; I feel crushed, discouraged and
useless. I think that my personality has defects which disqualify
me for this work. 2

While empathic contact had not been realized at this stage of the rela-
tionship, according to both participants, the urge to make contact is
plain. What seems necessary is the exercise of more efforts, more "paired
constitution", with the aim of understanding each other's feelings and
points of view.

Will goes on to describe a change which took place in his under-
standing of the relationship with Catherine and of his attempts to empa-
thize with her. He writes: "My earlier thoughts were concerned with
such concepts as 'her' ability to relate to me, or mine to her;" but as
the relationship continued, "I thought of our relatedness, the mutuality
of the therapeutic field becoming more apparent to me." 3

The deepening of awareness on the nature of the relationship which Will came to at this
point is an important one for basing an understanding of the empathic
efforts which the clinician might make with the alienated schizophrenic
person. Will became aware of the intersubjective dimension between Cath-
erine and himself at a level prior to her empathic disability and his
empathic failure. The awareness is that empathy refers to and relies
upon the constant factor of intersubjective relatedness.

The idea I wish to emphasize in connection with Will's statement is
that awareness of the intersubjective field is commensurate with the psy-
chological act of empathy without being totally defined by it. Thus,
while particular efforts to achieve empathic contact may not materialize
due to misperception or misintention, the raison d'être for the efforts
remains constant. Accordingly every empathic gesture made by the cli-
nician would be understood as founded upon an ultimate valuing of the
other (in the terms I have been using) as a mutual, transcendental ego
within the intersubjective field. In Burton's discussion of encounter

1 Ibid., p. 206.
2 Ibid., p. 206.
3 Ibid., p. 208.
(Begegnung), he mentions "a kind of deep and symbolic communion" which is more fundamental to the two subjects involved than particular psychological functions, adding that, "I cannot conceive of the successful treatment of a chronic schizophrenic person without this transcendental quality."

The transcendental quality of relatedness between the clinician and the patient can, thus, be thought of jointly as the reason for and the beginning point of a conceptual approach which is marked by empathic efforts. Within this phenomenological reckoning, psychological efforts to empathize can be given a central place in the development of the relationship potential but these efforts are not expected to carry the full weight of the interaction between two subjects. As such, even when the empathic contact fails, the relationship is not abandoned and attention can turn, for the time being, to other kinds of interaction—perhaps those which involve physical involvement rather than psychological attunement. Empathic contact is a direct relation between two subjects through shared, common feelings. If the feelings are too intense to be shared, then the goal still is to substantiate the relatedness of "I" to "Thou". Goldstein remarks that "direct and immediate relations through common activities, feelings and interactions become effective in building up a state of solidarity, a state which I call communion." Empathic contact represents a qualitatively high level of such communion, but it would involve too narrow a view of intersubjectivity to expect empathic contact to be the only means of improving the solidarity between egos.

Even when the decision is made that empathic efforts are worthwhile with schizophrenic persons, there are other serious issues to consider. Briefly stated, empathic contact involves a closeness which may prove unbearable for the schizophrenic person.

Fromm-Reichmann argues that the clinician, in principle, can assume that some level of interpersonal contact can be reached with the schizophrenic person, even in the face of a seemingly self-sufficient withdrawal on the part of the patient. She adds, however, that whatever longing there may be for such interpersonal contact from the schizophrenic person

there will also tend to be an intense fear of the same.\textsuperscript{1} As one of her own schizophrenic patients said to her:

I warned you against becoming friendly with me...I told you you'd find out that I am an unbearably hostile person...Why then do you trespass, that way of forcing me to let you see what I'd rather not see myself, much less share the knowledge with someone else?\textsuperscript{2}

Fromm-Reichmann comments that "closeness increases the schizophrenic's ever-existing fear of having lost or of losing his identity, of losing the sense of the boundaries between himself and the outside world."\textsuperscript{3} Laing observes how the schizophrenic person's "isolation of the self is a corollary...of the need to be in control" and, due to a basic insecurity, the schizophrenic person will feel the need "to be in control of who or what comes into him, and who or what leaves him."\textsuperscript{4} Whereas under normal circumstances, empathic contact can be expected to promote a creative and spontaneous relationship of sharing, in certain instances with the schizophrenic person, it may impair a clear distinction, on the part of the patient, of ego boundaries, and hence have the undesired effect of inducing more isolation and a more stubborn defensive reaction. Wexler contends that often a "direct and overflowing offer" of (what he calls) "libidinal supplies" to the schizophrenic person will be "met with fear or anger."\textsuperscript{5} Ellis has argued that "strong, positive, close relations" between the clinician and schizophrenic person "should often be discouraged or not allowed to become too intense" lest the patient "become over-dependent" or "be racked by ambivalent emotions."\textsuperscript{6} Yet another element of precaution when seeking empathic contact with the alienated schizophrenic person has to do with a typical reaction by some patients to what they see as an over-abundance of love from the clinician. As Standish, et al, propose, the psychopathology of schizophrenic psychoses is such that feelings of loving and being loved will often be confusingly associated with feelings of mutual destruction, and therefore, may crystallize in the psychotic mind in terms of killing or being killed. These destructive impulses are usually in the form of delusions and ideas of reference, accompanied by feelings of panic and a search for psychological safety.\textsuperscript{7}

\textsuperscript{1}Ibid., p. 90.
\textsuperscript{2}Ibid., p. 105.
\textsuperscript{3}Ibid., p. 105.
\textsuperscript{4}R. Laing, The Divided Self, p. 88.
Thus, empathic gestures from the clinician, if characterized by too much intensity or if encouraging the patient's feelings of being smothered or engulfed, may foil the more fundamental desire to facilitate a social process of de-alienation. In view of these factors, the advice from Arieti is especially appropriate and places certain riders on what the empathic gestures from the clinician should be like. He suggests that the clinician should be working for a transpersonal trust with any contact that is made; he notes that even when it is not destructive to do so, it is "futile to pretend offering to the patient the love he wants" (and/or fears) "in order to compensate for what he did not have in early life."¹ For Arieti, then, empathic contact should be characterized, not by an overwhelming flow of libidinal energy, but by an offer of confidence and reliability, from which the needs of the schizophrenic person for security and well-defined ego boundaries can be addressed therapeutically: such "basic trust is an attitude or atmosphere of hopeful expectancy."²

The preceding comments should give some indication of the dangers inherent in attempts to establish empathic contact with particular schizophrenic persons. But every precaution ought also to be kept in perspective with the need for the clinician "to bridge the gap" of thoughts and feelings through some means and to be a "representative of a better reality." It is important, therefore, to realize that there are different levels of receptivity and different modes of empathic gestures, both for the clinician and the schizophrenic person. On the part of the clinician, Lewis observes that there is a continuum to the manner in which empathy can be expressed, ranging from an "accurate, sensitive recognition and communication of the patient's affect without significant mobilization of a corresponding affect" to the other end where the clinician is "actually feeling within himself an affective response similar to the patient's."³ The point is to mould the empathic contact to suit the particular needs and abilities of the patient, not to pose an alternative of either "be empathic" or not, with any given schizophrenic person.

Szalita states the central place of empathic efforts with the schizophrenic person when she says "failure to make use" of some form of empathy "renders the therapy sterile."⁴ Likewise, in full awareness

²Ibid., p. 497.
of the problems in relating too closely and too intensely with schizophrenic patients, Ellis confers with the clinical opinion that the willingness to empathize is *sine qua non* for effective relationships with schizophrenic persons and proposes the corollary that, inasmuch as "psychotics are abnormally sensitive people," unless they feel that the clinician "is not only on their side, but actively thinking and feeling with them, it is almost impossible for him to treat them effectively."^1^ Goldstein suggests that, when relating to the schizophrenic person, the clinician should be less intense "when he feels that his activity touches the conflicts" (e.g. ambivalent emotions) which "the patient is not yet ready to bear and becoming more active when that is possible;" the clinician thus should "at the same time be in close contact with, and keep his distance from the patient."^2^ Stierlin offers a valuable clue for keeping in balance the potential pitfalls and the potential benefits of empathic contact when he argues that the schizophrenic person's "tendency for sensitization" must be countered through the developing relationship by the clinician's "tendency for stabilization."^3^ If empathic contact can be established in a discriminate manner, then an intrinsic element of the social process of de-alienation will have been activated; as Szalita contends: "Expansion of empathy leads to a better contact with oneself—a sense of being rather than appearing."^4^

Within the scope of the caveats mentioned above, it is now possible to consider what some appropriate features of an empathic phenomenological approach are. When defining the function of empathy in a clinical setting, it is commonplace to mark the difference between "empathic" and "sympathetic" stances. The general consensus is that sympathy is not a suitable means for "bridging the gap" between the clinician and the suffering patient. Sympathetic gestures often consist of an element of pity for the other and an ambivalent over-identification of one's own problems with the problems of the sufferer, and may result in efforts to disguise the reality of the situation. This kind of approach to the problems of the schizophrenic person would be damaging on two accounts at least: in blurring the distinction between ego boundaries and in

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distorting the attempt to be reality-oriented. In contrast to sympathy, empathy is a more discrete and carefully thought out means of extending concern and sharing in the experience of the other's pain. In conjunction with this distinction, Szalita notes: "The test of one's empathy is to relate to the sensitivity of the sufferer rather than to the magnitude of the misfortune."¹

The term "empathy" came into vogue in psychiatric and psychological studies in the latter part of the nineteenth century, largely through the influence of Theodor Lipps, with a derivative sense from aesthetics, in reference to the process of "feeling into" (Einfühlung) the meaning of a work of art. The idea that empathy relates to an aesthetic knack which some people have to penetrate and to be moved by that which is beautiful, stirring or tragic is not lost altogether in modern clinical usage. Eissler, for instance, has taken on this meaning of empathy in his admonition to clinicians to respond to schizophrenic persons during the acute phases of psychotic episodes "in the way one approaches a work of art from which he expects exaltation."² During the acute phase (when the patient surrenders to symptoms and has a forceful experience of hallucinations and delusions) the schizophrenic person will be accepting the phantasies as valid and truthful. The attitude of the clinician in aesthetic exaltation involves a suspension of what is fact (without denying what is) and an appreciation of what is representative. The position held by Eissler is that if the clinician can be "moved and stirred, as in the artistic experience, this may be felt by the patient and serve as a bridge in establishing contact."³ But, furthermore, aesthetic contemplation consists of the will to discover, and thus the clinician's immediate response of exaltation, which is meant to facilitate alliance, can later on be developed in the relationship, when the schizophrenic symptomatology is not so filled out, and discourse can take place concerning what is real and what is not.

It is in regards to the "will to discover" that the aesthetic dimension of empathic contact can be directly associated with hermeneutics. Szalita says, "empathy, like life itself, is perpetual discovery, even

¹Tbid., p. 151.
³Tbid., p. 137.
on a small scale;" she adds that, when a level of understanding is reached concerning the thoughts and feelings of the psychotic patient, it is because empathic discovery has been "operating continuously," "most often imperceptibly but on rare occasions in sudden flashes." Gadamer refers to the aesthetic dimension of hermeneutics as "a familiarity that includes surprise." In the experience of art, the observer may be quite accustomed to a particular artist's use of hue and colours or of the meaning which the artist has been trying to portray in other works, but in aesthetic contemplation, along with the "anticipation of meaning" is a "surprise at the meaning of what is said," in that "the work of art that says something confronts us itself;" "it expresses something in such a way that what is said is like a discovery, a disclosure of something previously concealed." By way of comparison to empathic contact with the schizophrenic person, the clinician who approaches the patient with a sensitivity which has not been dulled by familiarity with symptoms and syndrome, but allows this theoretical understanding to be translated into an anticipation of meaning will be better prepared for a personal understanding of the schizophrenic person's world-view. Then too, as is true with aesthetic contemplation of a work of art, an underlying factor in the acts of discovery and exaltation concerns that the other (art object or intentional subject) be held in high esteem, of great value.

From another angle, Sullivan discusses the concept of empathy in connection with the emotional ties between the nursing parent and the infant. I would suggest that the basic contact represented by this act of giving nourishment can serve as a paradigm for certain features of the empathic relation between the clinician and the schizophrenic person. Empathy, according to Sullivan, refers "to the peculiar emotional linkage that subtends the relationship of the infant with other significant people—the mother or the nurse." Such emotional linkage is of utmost significance when the infant is between the ages of six and twenty-seven months, because it provides a warm and secure atmosphere in which the infant can receive nourishment while developing the earliest awareness of being separate from the nursing parent. Without the emotional linkage, the uncertain and potentially threatening circumstances of the outside

\[1^A.\ Szalita, "Some Thoughts on Empathy: The Eighteenth Annual Frieda Fromm-Reichmann Memorial Lecture," \textit{op. cit.}, p. 144.\]
\[2H. Gadamer, \textit{Philosophical Hermeneutics}, p. 101.\]
\[3\textit{Tbid.}, p. 101.\]
world tend to impair healthy psychological development. It is interesting to note the remarks made by Sullivan on the function of the nursing parent during the time when the infant gains that "first vivid perception of a person relatively independent of the infant's own vague entity."\(^1\) When this perception occurs, the emotional linkage does not work against the infant's growing sense of self-awareness, but is a basic factor in the successful process of identity formation. When the nursing parent is bonded to the infant, and giving nourishment, "the clarification of the nipple as borne by another person instead of its being a relatively unmanageable part of one's own cosmic entity is the first step" taken by the infant "in shrinking to life size."\(^2\)

With the nursing parent-infant relation serving as one paradigm for the clinician-patient relation (without any reductionistic implications), the empathic approach would be one in which the act of giving nourishment (i.e. emotional support, serving as a "representative of a better reality") to the schizophrenic person is accomplished without an accompanying urge to absorb the other's weakened ego boundaries. The critical issues for the clinician would be that the other's identity is safeguarded, not engulfed, while the other's growth process is being facilitated. The empathic contact which "subtends" the caring relationship would, in symbolic fashion, need to provide the occasion for "clarification of the nipple as borne by another."

Other shades of meaning for the term "empathy" which are appropriate to the conceptual approach of the clinician to the schizophrenic person refer not so much to an aesthetic exaltation or a spontaneous emotional linkage, but to a deliberate and learned response to primary psychological processes which are experienced by the other. A major emphasis from the psychoanalytic tradition has been on the relation between the empathic act and the ability of the analyst to "tune in on the archaic and highly individual primary process wave length" of the particular schizophrenic person being treated.\(^3\) Accurate interpretation of unconscious phenomena is envisaged as a way of letting the analysand know that the analyst is in concord with psychological happenings which are affecting the analysand at a primitive level of experience and which, otherwise, would appear

\(^1\)Ibid., p. 15.
\(^2\)Ibid., p. 15.
\(^3\)R. Knight, "Introduction," Psychotherapy with Schizophrenics, op. cit., p. 15.
as too bizarre or too indistinct for sharing. On the part of the analyst, efforts to achieve empathic contact need to be prefaces by a suitable understanding of the analyst's own dreams, unresolved conflicts, and childhood memories, as well as systematic academic studies, with the view in mind of relating to the other person's unconscious turmoil. By means of self-awareness and interpretation, therefore, the "feeling into" process of empathy is accompanied by a move toward clarification of the alienating experience of the psychosis. As Szalita comments," for us psychoanalysts, empathy is a process of collecting observational data," but the observations are not merely for the sake of a feeling of interhuman unity with the sufferer; rather, empathy also "should include judicious application of the data." With this goal in mind, Szalita advocates that the clinician study the effects that are produced by a given empathic gesture, match these effects with the clinician's conscious aims, and thus gain in awareness of "unconscious impulses", especially when the conscious aims "misfire".

The coupling of a cognitive component with the affective urge, as represented by the psychoanalytic approach, is an important distinction to make when advocating empathic contact with the schizophrenic person. Whether the clinician finds it feasible (or even possible due to the concrete conceptualizations of certain thought-disturbed schizophrenic patients) to apply in-depth analytic interpretation, or whether it appears more productive with a particular schizophrenic person to be concerned with the explanation of more obvious and conscious phenomena, the approach is best intended when the empathic contact is characterized, not only by feelings of warmth, positive regard and acceptance, but also, by a carefully deliberated will for clarification. Empathy, accordingly, would by typified by thoughtful and earnest efforts to make psychological contact, with the aim of intimately sharing the experience of the other.

A study by Shapiro indicates that there is "less, rather than more, structure in conversations" where the clinician is rated empathic: Shapiro notes, "one possible explanation of this draws upon the phenomenological orientation of client-centred therapy" where it is sometimes held that the empathic relationship" is one in which the members share tacit understandings or knowledge, unique to their relationship and hence

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2Ibid., p. 147.
inaccessible to outsiders." Shapiro concludes that these relationships are "indeed structured, but structured according to rules which are private, having evolved during the formation of the therapeutic relationship" and are reliant upon pre-verbal communication through easy eye contact, friendly vocal tone and relaxed body language. The value of the pre-verbal and tacit nature of empathic relationships should not be minimized, but likewise, in view of the nature of schizophrenic disturbances in relationships, there may well be more need to contend with these tacit areas, when possible, rather than leaving them in an unclarified state. The position I am taking, therefore, is intended as an alternative to those phenomenological approaches in which empathy is only associated with a loosely structured feeling level.

Finally, empathic acts, when exercised appropriately, go a long way in fulfilling what Buber says are basic wishes that human beings have: the first wish is "to be confirmed in his being" and the second wish is "to have a presence in the being of the other." In discussing the nature of empathic contact, I have already called attention to three acts of the will, those being, the will to discover in aesthetic contemplation, the will to sustain through emotional linkage and the will for clarification as exemplified by the psychoanalytic tradition. To these acts of will must be added a fourth, what Buber calls the will for "making present". "Making present" is descriptive of the effort to confirm the other and to allow the presence of the other to be experienced within one's own presence. It is an act of will which rests on a capacity possessed to some extent by everyone, which may be described as 'imagining' the real...the capacity to hold before one's soul a reality arising at this moment but not able to be directly experienced.

"Making present" is an attempt to reduce the severance between "I" and "Thou" through imagination. Buber states that a mutual relation depends upon

a full making present, when I think of the other not merely as this very one, but experience, in the particular approximation of the given moment, the experience belonging to him as this very one. 6

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2Ibid., p. 214.
3M. Buber, "Distance and Relation," op. cit., p. 104.
4Ibid., p. 103.
5Ibid., p. 103.
6Ibid., p. 103.
In sum, empathic contact with the schizophrenic person is worthy of consideration because of the potential for self-integration and de-alienation which can follow from an empathic relationship. Moreover, the desire for empathic contact seems to be a logical consequence of a primary valuing of the other which is fundamental in any I-Thou relationship. However, empathic contact should not be thought of as the only factor in the development of the relationship with the schizophrenic person, and the dangers inherent in such contact need to remain a matter of emphasis. The schizophrenic person, when cast within the social event, needs, not only emotional sustenance, but like every other person, requires a wide range of relational factors in order to achieve various degrees of self-actualization. Yet, despite the precautions and despite other means of substantiating a relationship, empathic contact retains an exemplary status as the kind of confrontation in which the other's being is confirmed through the relationship.

D. Identifying with the schizophrenic person

There is a basic act of identifying with someone else, whereby the one person recognizes a common link or bond with the other. One can identify with another for various reasons: the other may dress the same, be of the same ethnic group, express the same political belief, play the same sport. However, the particular kind of identifying with the schizophrenic person which I have in mind is ultimately based upon an understanding of being mutual, transcendental egos and sharing in a common humanity.

Identifying with the schizophrenic person, therefore, is attendant with an ontological account of the other as a kindred spirit. Such reflective preparation is vital when entering into relation with a schizophrenic person. The alienated psychotic individual often has few apparent ties with the rest of the world. Commonly, the schizophrenic person has little reason to believe in his own authenticity as a mutual being. Whereas, through an act of identifying with the patient, the clinician is defending for the schizophrenic person what is any human being's right—the "stolid claim of being ego". The identifying act by the clinician promotes an atmosphere of togetherness and is an instance in which the schizophrenic person may feel that someone else is "on his side", "seeing things from his point of view", and "not rejecting him as a co-existent" because of his disordered thoughts and actions.
Arieti has recommended that the clinician treat only those schizophrenic persons "for whom he has positive feelings, and in whom he sees an exaggeration of his own conflicts." The idea is that libidinal energy will be produced and that recognition of oneself in the other will be conducive to interaction. If this advice is taken out of context, it would seem to encourage the acting-out of schizophrenic-like tendencies on the part of the clinician, or would seem to imply that only the clinician with serious emotional disturbances could relate effectively to the schizophrenic person. However, the feature of Arieti's recommendation which I would like to draw out has to do with the essence of the act of identifying with another. As the statement by Arieti indicates, identifying consists of two parts: "to like" and "to be like", that is, to recognize mutual being in the other and to find pleasure in sharing with the other on the basis of this common bond. Identifying with the schizophrenic person may be carried out, in some instances, because the clinician does recognize common personality traits, needs or unresolved conflicts; but it would also appear as if the basic act of recognizing and sharing in mutual being could transpire without these particular, psychological resemblances being present. Fundamentally, any act of identifying takes place because the particular individuals involved experience intersubjectivity. The essence of the act is acceptance of the other as a mutual being, and this recognition of mutuality is possible even when the alienating process of the psychosis highlights the utter differences (psychological, sociological, bio-chemical) between the clinician and patient.

The conscious act of "identifying with the schizophrenic person" needs to be considered in relation to the unconscious process of "identification", but not as identical with it. In both conscious act and unconscious process there is a bonding between two subjects. But the nature of that bonding is considerably different. Distinguishing the difference is important because a prevalent psychological malady in schizophrenic psychoses has its roots in a maladaptive process of identification. If the clinician is to identify effectively with the schizophrenic person, then he ought to be aware of the special kinds of maladaptive identification processes which transpire at an unconscious level.

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1S. Arieti, "Schizophrenia: Other Aspects; Psychotherapy," op. cit., p. 497.
Freud defines the unconscious process of identification as "the original form of emotional tie with an object;"¹ identification results in "a substitute for an object-tie" being created, "as it were by means of introjection of the object into the ego."² Identification occurs at normal and abnormal levels, but with every substitution there is a concomitant distortion of reality, as the "tie" with the object is influenced by emotional factors; the distortion may be transient or prolonged and it may not be socially maladaptive or, otherwise, it can seriously hinder perception of the real nature of events. Once the introjection has taken place at a primary level, the original, distorting emotional tie with the object may arise again "with any new perception of a common quality shared with some other person."³ The unconscious process of identification, therefore, is comprised of an absorption and fusion on the part of the one subject with traits, attitudes and feelings of significant others and the pre-reflective incorporation of these "objects" into the psyche.

In describing the unconscious process of identification, Federn depicts the "absorbing" nature in the personality structure of certain psychotic persons to be a relatively uninhibited process, accompanied by an equally rapid withdrawal of ego feeling. He refers to the kind of individual who is "never able to keep his ego completely to himself;" the boundaries of the psychological ego are "soft and mobile" and fusion with another (their traits or identity) can occur without much prompting. The "incorporating" nature of the unconscious process of identification can be seen in psychotic form with the typical process of symbiotic identification in certain cases of schizophrenia. Limentani refers to symbiosis as "an incorporation of the depriving hostile object and acceptance of it in place" of the individual's "own independent object."⁴ There is evidence to suggest that the introjection which commonly occurs in the developmental process of the schizophrenic psyche is in response to assault by authoritative (usually parental) figures, for instance, in the form of murderous, castrative or incestuous assault; only by fusing

²Ibid., p. 108.
³Ibid., p. 108.
with the hostile aggressor can the individual survive, psychologically, within the family system, but this survival is at the expense of reality-orientation and involves a malignant distortion of the unfolding instinctual life. The abnormal process of identification in such cases is to subjugate one's own "being" for "being like" the other; this process should be clearly demarcated from that act (which I have described above) of identifying with another, with the two parts of "liking" the other and recognizing that which is "alike" in each other's mutual being.

The warning for the clinician must be that, in identifying with the schizophrenic person, certain risks will be undertaken. Obviously, the clinician is not immune from the patient's distortions in the developing relationship. Once any emotional tie is made with the clinician, the unconscious process of fusion and incorporation may occur. Simply by virtue of making an effort to see the world the way the patient sees it, there is the danger that the schizophrenic person will have difficulty in keeping his psychological ego to himself, or that he will latch on to the clinician in an obsessive manner and establish an unhealthy pattern of dependency. Thus, in striving for a common bond with the schizophrenic person, the clinician needs to be aware that he may be assimilated or drawn into the other's psyche. Arieti addresses this problem in discussion of the "incorporative process" in the schizophrenic psychopathology, observing "how it results in imitative habits and over-identification" with the clinician. He cautions the clinician:

The patient must recognize that the therapeutic situation is not a symbiotic bond, similar to the old one with his parents, but a new type of relationship which permits growth, without being accompanied by guilt and stultifying dependency.

Arieti then describes an appropriate and therapeutically valid act of identifying with the schizophrenic person:

Related, but not identical, to the symbiotic tendency is a gradual entrance...into the self of the patient. The social self craves to be rebuilt, not by the old significant adults, but with the help of the new meaningful other or Thou. 3

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3 Ibid., p. 498.
In order to guard against an unhealthy fusion with the schizophrenic person, when making this "gradual entrance", the clinician must be alerted to urges by the patient to be like a significant other rather than to be, in his own right, and must be concerned with the kind of psychological malfunction by which ego boundaries will not always be differentiated. The suggestion from Arieti, however, is that in some instances the unconscious process can be converted into praxis.

A further point of distinction needs to be made between the two conceptual approaches of psychoanalysis and phenomenology on this matter of an unconscious process of identification and a conscious act of identifying with another. I have been quite content to use the language of psychoanalysis in speaking of the processes of introjection, incorporation and absorption and would suggest that such language is justified by the economical and mechanical nature of the psychic function. Nevertheless, the psychoanalytic notion of a mechanistic self is, by no means, the final word on subjectivity, nor the only factor to be considered in reference to the relationship between the clinician and the schizophrenic person. The psychoanalytic theory of identification is devised within the framework of what Sartre would call a "digestive philosophy". 

Emphasis, if not total concern, tends to be placed upon the economical function: the assimilating psyche, self-enclosed, after having drawn object-ties into its system.

But, in order fully to understand the relationship potential in the life-world, psychoanalytic language and the viewpoint of an assimilating psyche need to give way to phenomenological description with its more encompassing framework of intersubjectivity. When this readjustment of viewpoint occurs, the maladaptive process of identification in schizophrenic psychoses can be understood more straightforwardly in terms of the interaction between the two subjects, and not narrowly limited to a view of the psyche as a self-enclosed cauldron of internalized conflict without an intentional ray directed towards others and the world. Without such readjustment, major importance tends to be assigned to what is "in" the other, as a psychological construct, rather than sufficient attention being given to what is "between" "I" and "Thou". Laing notes

1J. Sartre, "Intentionality: A Fundamental Idea of Husserl's Phenomenology," Journal of the British Society for Phenomenology, 1970, 1: 4. Sartre writes: "Husserl persistently affirmed that one cannot dissolve things into consciousness. You see this tree to be sure. But you see it just where it is...It could not enter your consciousness, for it is not of the same nature as consciousness." (p. 4)
how the metapsychology of Freudian thought provides "no concepts of social collectivities of experiences shared and unshared between persons" and points to the inadequacy of description of the internal, unconscious processes in defining the relationship between two subjects: "projection and introjection do not in themselves bridge the gap between persons." The emphasis in phenomenology is upon variations in relationships with others and variations in perception of the world as horizon. While the clinician may expect an unconscious process of identification when identifying with the schizophrenic person, as Laing says, the intra-psychic objects "are the what not the whereby of experience." The primary question for the phenomenologist is not whether the other person "has some unobservable experience as a content in his private space, but rather whether he sustains observable intentional relations" within the shared world and with other people.

In psychiatric and psychological phenomenology, identifying with the patient has often been associated with the act of "entering the perceptual world of the other." This act is a special technique, or case, of "entering into relation" with another in a selfless, accepting manner. Rogers describes the act admirably when he writes of his own approach to identifying with the other: "To be of assistance to you I will put aside myself—the self of ordinary interaction—and enter into your world of perception as completely as I am able." Along with such a conscious act on the part of the clinician, there is, no doubt, activated an unconscious process of identification on the part of both participants in the relationship, but in staying true to a phenomenological orientation to experience, "entry into the other's psyche" (which, when done consciously, is on the border of process and praxis) must be understood in reference to the more basic act of "entering into relation". To a certain degree, thus, psychoanalysis can benefit from phenomenological instruction at this point. But there is, furthermore, a need for elucidation within phenomenology itself, on the subject of identifying with the other. That clarity can be gained by referring back to Husserlian phenomenology—both its egology and methodology—which I will now attempt to do.

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1 R. Laing, The Politics of Experience and The Bird of Paradise, p. 42.
2 M. Merleau-Ponty, Sense and Non-Sense, p. 53.
3 R. Laing, The Politics of Experience and The Bird of Paradise, p. 44.
5 C. Rogers, Client-Centered Therapy (Boston: Houghton Mifflin Company) 1951, p. 35.
In the previous discussions on the relationship potential between
the clinician and schizophrenic person, attention has turned to such mat-
ters as "paired constitution", "confrontation", "joint tenancy", and
efforts to make "empathic contact". These aspects of the relationship
between an "I" and a "Thou" clearly amplify the theme of "relating to"
the other. The idea of being mutual ego centres is fundamental to the
explication of the relationship. When thinking of "entering the percep-
tual world of the other," however, the form of the relationship may appear,
for some interpreters, to shift away from an understanding of respective,
apodictic ego centres. The act of identifying with another carries with
it the sense of divesting oneself of personal preoccupations and joining
in with the other, from the other's point of view. What is not always
clear (or at least not given adequate emphasis) is that any act of
"entering into relation" is necessarily based upon the fundamental form
of "relating to" the other as an apodictic, transcendental ego. Without
this point of clarification, or emphasis, the unacceptable inference may
be drawn that, when the clinician identifies with the patient, there is
a complete passing beyond of "I" to "Thou", as if the clinician could and
should abandon his own egological foundation.

The two main issues at stake concern (i) whether the clinician enters
the relation en face, or otherwise seeks a more devious or anonymous form
of encounter, and (ii) whether the act of identifying with the patient
is for the purpose of alliance, or otherwise is misused to rule out the
clinician's appropriate aim of being a "guide to a better reality." In
adhering to Husserlian egology, the separate ego-poles of "I" and "Thou"
would retain their descriptive importance even when the clinician identi-
ifies with the patient, and in following Husserlian methodology, various
brackets and suspensions would ensure that acceptance of the patient's
world-view is not synonymous with acquiescence to the patient's delusional
system.

As mentioned previously, the approach to identifying with the other
taken by Rogers is of merit; but understanding of the form of this inter-
action can be improved by reference to Husserlian egology. It may be
noted that Rogers is not specifically concerned with an approach to the
experience of schizophrenic persons, with whom ego boundaries may be
indistinct; but when considering the schizophrenic person in particular,
the need to be absolutely clear about the clinician and patient as sepa-
rate ego-poles is all the more fundamental.
Rogers encourages the clinician to be a "self which has temporarily divested itself (so far as is possible) of its own self-hood," with the exception of "the one quality of endeavoring to understand." Although not stated blatantly and while using a different language system, the impression might be gathered that, in order truly to become "client-centred" one has to revoke the transcendental "egological centre". The phrase used by Rogers of "so far as is possible" and the qualifying exception of "endeavoring to understand" indicate that Rogers is tacitly acknowledging the condition of being an apodictic ego, but an explicit statement of the dual levels of transcendental and psychological subjectivity is needed to clarify what identifying with the other actually involves. In Husserlian terms, the approach taken by Rogers can be adapted to say that the clinician puts in abeyance his own personal feelings and preoccupations (i.e. Rogers' description is of "the self of ordinary interaction") and practices a noetic stance which is characterized by efforts to understand. According to the classical formula used by Husserl of "ego-cogito-cogitatum", the act of identifying with the other would consist of three parts: first, there is no pretence of the "ego" (which is the clinician's own apodictic centre) being aborted; second, the "cogito" is carefully managed so that other distractions do not impair the understanding act; and third, the "cogitatum" is given over to what the "cogito-cogitatum" of the schizophrenic person is imagined to be, according to the expressed thoughts, feelings and actions of the other. The separate ego-poles of the two subjects are yet featured in the act of identifying with the other.

Diagramming such an egological structure suggests more than extra wording; it is important, for the sake of clarity, when at another stage of the identifying act, Rogers says:

I will become, in a sense, another self for you—an alter ego of your own attitudes and feelings—a safe opportunity for you to discern yourself more clearly, to experience yourself more truly and deeply, to choose more significantly. 2

The truth of what Rogers is saying is that self-obsession will certainly create barriers to the attempt to see experience from the point of view of the other. His interest complies with my own of relating to the other, not as a "third person" where major concern is placed on knowing things

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1 Ibid., p. 35.
2 Ibid., p. 35.
"about" the other, but relating in a manner that the central emphasis is placed upon facilitating (in a non-threatening manner) the other's experience "of" the self, in an integrated, non-alienated fashion. However, the act of "being another self" for the patient must be understood first in terms of "being oneself" fully and permanently. Rather than leaving room to interpret a feigned ego loss, Ellis expresses the idea better when he proposes that the clinician, in relating to the schizophrenic person, be a sounding-board for the patient; the clinician is an alter ego or another self only in the sense of being a non-intrusive, safe participant, whose attitudes and feelings can be "tested" without threat and who will react consistently and maturely to enable the patient to "undergo a corrective emotional experience" whereby the patient can "learn to react appropriately" with others. The clinician, as "I", does not try to dissolve, but maintains, from an egological centre, non-judgmental and flexible attitudes. Knight demonstrates the worth of being able, simultaneously, to identify with and distinguish one's own centre from the schizophrenic person's centre in a therapeutic relationship with a catatonic patient. Metzger advocates "moving with one aspect of our being toward the stand which another person maintains, but while so moving still maintaining our own stand" and proposes that this is a basic structure in any effort to understand experience from the point of view of the other. Thus, in basing interaction with the schizophrenic person upon the premise of mutual, intersubjective being, the clinician must acknowledge his own ego centre as an authentic ground, just as he does the ego centre of the other.

Furthermore, the idea of mutual, intersubjective being helps to define what kind of entry is made into the perceptual world of the other. Strauss emphasizes that, in a phenomenological approach, the entry will be straightforward. He contrasts this approach with an "unmasking psychology" in which the other's defence mechanisms and unconscious guile are so much to the foreground of awareness that what is authentic about the other as a mutual being is ignored; he writes:

1 Ibid., p. 108.
3 Knight, "Psychotherapy of an adolescent catatonic schizophrenic patient with mutism," p. 323.
Anyone trying to peer behind a mask prefers a position to one side, above, or below, from where he can apprehend the other with a quick look. Such gazing at phenomena from one side has come to be the habitual stance of many clinical encounters. The inference to be drawn from Straus' account of meeting en face is that the entry into the world of the other should not begin by entering into analysis (whether psychoanalysis, behavioural analysis, communication analysis, bio-chemical analysis) but ought to begin with the "presuppositionless" act of entering into relation. Another inference which should be drawn is that the act of entering into relation, while being of primary significance, is by no means the only act to follow from the entry. Deception and distortion of reality are factors which inhibit an ongoing authentic and healthy relationship, and as Laing says, the clinician must be concerned as the relationship develops with "paring away" the "props, masks, roles, lies, defences, anxieties, projections and introjections" which "by habit and collusion, wittingly or unwittingly" interfere with the relationship. But, certainly, accepting the other as an apodictic transcendental ego is the necessary beginning point for entry and the irreducible final point of the relationship, from a phenomenological point of view. Phenomenologically, that which is authentic about individual being must be acknowledged first if subsequent "unmasking" analyses are to be conducted responsibly.

Van Dusen describes the "philosophic mode" of entering the perceptual world of the other as a "technique" which will "centre upon the subjective experience" and will "centre in the Now events." In focusing upon the subjective moment when identifying with the schizophrenic person, the clinician is striving for the temporal orientation from whence the ego constitutes the meaning-matrix. The influences from the past and the lure of the future are linked to the "now-halo". But, in addition, when opened to intersubjective co-validation, the other person's "now-halo" can become better defined. Then, there is not only constitution, but as Merleau-Ponty says, "institution", for the discovery of the other as a mutual being within the same temporal frame serves "like a hinge, the consequence and the guarantee of our belonging to a common world."
In Husserlian phenomenology, the aim of such an orientation could also be conceived as an attempt to identify with the schizophrenic person as a "reduced consciousness", as one pure ego to another: co-presences, with the clinician intent upon the immediacy of the other as a kindred spirit and not focusing primarily upon the other as a psychologically or bio-chemically disturbed entity. No one can actually meet with another simply as pure ego to pure ego. The living body is the concrete currency of relationships. But as an ideal and an event (not a state), the clinician can conceptualize various brackets in order to focus more definitively on the pure subjectivity of the other, as it is given in the present situation.\(^1\)

In view of the clinician-patient relationship, the main reason this activity of suspension is needed is that the schizophrenic person commonly feels threatened by others. The clinician's activity of suspension thus would be for the purpose of countering the need of the schizophrenic person to defend against intrusion. Choden notes the prevalence of these feelings of being threatened in the one-to-one psychotherapeutic relationship: "What does the schizophrenic patient see as he sits before the therapist? Primarily he sees threat."\(^2\) It is my contention that various phenomenological brackets which the clinician applies can contribute to the development of an attitude and approach which is less threatening, less critical and inobtrusive.

Mann, et al, contend that, when the clinician confronts the threatened schizophrenic patient, two basic psychological reactions can be expected to follow on the part of the clinician, those reactions being to "fight" or to take to "flight"; in their opinion: "If the therapist responds with emotional flight, the way is left open for progress. If the therapist responds with retaliation, abandonment may result."\(^3\) When approaching the threatened schizophrenic person with phenomenological brackets in force, the field of experience for the clinician will be idealistically delimited to that of two reduced consciousnesses. The activity of suspension which I have in mind, thereby, is meant to lead

\(^1\)Illustrations of various brackets would include (i) a suspension of third person points of view—e.g. the family tells the clinician "what is wrong" with the patient, (ii) a bracket on the patient's interactions in the wider social sphere in order to experience the present relationship with more freshness and lack of bias and (iii) a bracket on the patient's status as "patient" in order to apprehend the other, ontologically, as a mutual being.


on to attitudes of gentleness and patience. If the brackets are consciously activated before the psychological reactions occur, the clinician is better prepared "to wait" or "to avoid conflict", rather than "fight" or take to "flight". If this phenomenological approach is compared to a withdrawing or retaliating movement, however, it would tend to be more on the side of the emotional response of "flight" which is recommended by Mann, et al. The comparison has some validity because, when approaching the other as one reduced consciousness to another, a certain vulnerability or defencelessness on the part of the clinician is to be noted. With brackets on socio- and psycho- and physiological being, the clinician is avoiding reliance upon his own status as doctor (although not forsaking his expertise) and is avoiding reliance upon his own mental and emotional strength, or superiority. The parenthesizing of other factors in the social event of the relationship may enable the clinician to align with the schizophrenic person, rather than appear as one who wishes to manipulate or use the other. Without a doubt, the expertise and personality of the clinician are of critical importance in the ongoing relationship and in any discourse which follows, but upon entering into the perceptual world of the other, the clinician must first be interested in making contact with an alienated individual in a non-threatening manner. Hence I would suggest that the suspension (inactivation, de-emphasis) of the clinician's social and psychological power may prove useful as a technique for becoming attuned with the ultra-defensive and overly-sensitive schizophrenic person.

There are, in particular, two suspensions from Husserlian methodology which are worthy of attention when the clinician seeks to enter the perceptual world of the schizophrenic person: "the suspension of judgment" and "the suspension of reality". Both of these suspensions can be understood in reference to the principle of "open indeterminateness." In order to consider experience without undue bias or overdone theoretical assumption, Husserl writes, "instead of a completely determined sense" there must be "a frame of empty sense, which is not itself apprehended as a fixed sense."\(^1\) When the principle of "open indeterminateness" is applied to the experience of the schizophrenic person, the "determined sense" of symptomatology and psychological malfunction will be recognized and bracketed; but beyond this, the presence of the other will not be narrowly

\(^1\) E. Husserl, Experience and Judgment, p. 125.
pre-defined as consisting of its determined parts. Thus, "the frame of empty sense" is useful for achieving a view of the other as an holistic being and is necessary to maintain if the schizophrenic person is to be approached as "Thou": as Buber says, "When Thou is spoken, the speaker has no thing for his object" for "Thou has no bounds."\(^1\)

Cameron recommends a suspension of judgment in the approach to the paranoid schizophrenic person in order to expedite the replacement of an attitude of "generalized suspicion" with one of "specific trust".\(^2\) He cautions that a premature, all-out act of identifying with the patient will be ill-fated if it appears to be too encroaching upon the defences of the other, and hence suggests that an "initial detachment is necessary because paranoid patients are suspicious of an intrusive, friendly stranger and frightened of too much closeness."\(^3\) Phenomenologically, this "initial detachment" may be thought of in terms of the egological structure envisaged by Husserl. Cameron adds that "suspended judgment is necessary because one actually does not know how much of what one listens to is fact and how much fantasy."\(^4\) Thus, what appears at first sight to be a contradiction is indeed a necessary progression: "initial detachment" and "entry into the perceptual world of the other" have a relation, inasmuch as the paranoid schizophrenic patient must allow entry into his world, but due to the overly suspicious nature of the psychotic experience, such entry will not be granted without a prior distancing. The distancing and the entry are both contained within the activity of suspension.

Federn has practised a similar suspension of judgment, advocating such especially with the frightened and threatened psychotic patient. He refers to a case in which a lady was certain that many people were talking malevolently about her, on radio broadcasts and whispering in small groups. While aware of the "determined sense" of this delusional thinking, when applying a principle of "open indeterminateness", the clinician would, as Federn suggests, treat the report from the lady "as being extremely serious and important, and worthy of consideration among the other possibilities."\(^5\) Federn comments: "It is an achievement of therapy to make

\(^{1}\) M. Buber, I and Thou, p. 4.
\(^{3}\) Ibid., p. 535.
\(^{4}\) Ibid., p. 535.
\(^{5}\) P. Federn, Ego Psychology and the Psychoses, p. 207.
the paranoiac understand that he is being truthful and, nevertheless, at the same time, may be quite wrong.1 Cameron states succinctly: "it is not the delusion which stands in need of treatment, but the hostile, frightened patient."2

Moreover, the suspension of judgment not only initiates the possibility of entry into the perceptual world of the other and not only treats with respect the communications of the schizophrenic person, but, likewise, can be a useful technique from which to encourage the patient to gain "a new point of reference" on his own phenomenological world; as Cameron says, once the threatened patient has begun to trust the clinician, then the patient "begins at least to catch glimpses of his world from another person's point of view."3

The suspension of judgment refers to the initial neutral position maintained by the clinician in regards to the truthfulness of the patient's world-view. The suspension of reality refers to an active putting aside of the clinician's world-view in order to grasp what the unrealistic thoughts and feelings of the patient are like experientially. Inasmuch as the "apperceptive transfer" by the clinician is to a world-view which, in many cases, is dominated by different rules of logic and is distorted by private, unknown factors, this activity of suspension will always be an approximation only. Searles takes this approach "particularly early" on in the relationship with deluded and hallucinated patients when it is vital "to share the patient's feelings about the world as he perceives it"; Searles writes:

For example, rather than arguing with him that I am not a homicidal maniac, nor a machine which is bent on killing him, I try largely to put aside my own view of reality, to put myself in the patient's place and to think how terrified I would be to find myself closeted with a therapist whom I perceived thus. This enables me to appreciate the patient's terror and suspension. To that degree, he now has a therapist with whom he can genuinely share such feelings, rather than one who tells him, in effect, that he is crazy for holding the world-view he holds.4

The "patient's terror and suspension" validate the clinician's "suspension of reality". The point is that the schizophrenic person is already denying the reality of the common world. Even in the "reality

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1Ibid., p. 209.
2N. Cameron, "Paranoid Conditions and Paranoia," op. cit., p. 536.
3Ibid., p. 535.
therapy” advanced by Glasser, which is noted for its insistence that schizophrenic persons should not be overly shielded from facing the reality of the world around them, the non-feasibility of forcefully “pushing” the clinician’s world-view onto the psychotic patient is noted: Glasser writes, "advice always fails...when someone points out reality" to the schizophrenic person "when there is not sufficient involvement." ¹

Furthermore, the suspension of reality is a particularly useful technique in the approach to the experience of schizophrenic persons because it prepares the way for any subsequent differentiation of metaphorical and literal aspects of reality. "Reality" has various levels of meaning; the objective fact ("this is such and such") contains different meanings ("this means this, and it also means that") all of which can have their own measure of validity. The suspension of reality allows the tension between phenomenological observation of the given and phenomenological hermeneutics.

Searles refers to a case in which a young female schizophrenic patient was accustomed to being

harshly told by her mother that she was crazy when she expressed the realization that she, the child, was a mother, and, similarly, when she ventured to reveal her experience of herself as a princess. ²

The figurative truth of what the girl was saying was that she had, in many ways, assumed a mothering role for her younger siblings and that she had been esteemed, protected and isolated like a princess by her father. Searles notes how the mother failed to suspend reality, and thus failed to help the child "differentiate between metaphorical and literal aspects of reality," choosing rather to deride her as "crazy for reacting to the figurative aspects." ³ The literal and metaphorical aspects of reality became so confused for this person that she "felt literally, that she was walking on quicksand," and in Searles’ opinion, needed help "to see that she was experiencing concretistically the anxiety of her being metaphorically not on solid ground in the family." ⁴

In summation, the conscious act of identifying with the schizophrenic person, when understood in terms of Husserlian egology and methodology,

³ Ibid., p. 123.
⁴ Ibid., p. 123.
is an attempt by the clinician to participate with the other on the basis of mutual intersubjective being. By means of various phenomenological brackets and suspensions, the effort is made to see the world, in a non-discriminating manner, from the point of view of the schizophrenic person, but without falling prey to the delusional and hallucinatory interpretations of the world made by the patient. In identifying with the other, the clinician fundamentally acknowledges his own distinct egological centre and aims to serve as a guide to a better reality. In order to guide, the clinician must first become involved with a threatened and alienated person. Laing characterizes the identifying act as an entry into the abyss of the other self in which the clinician becomes "the actual medium for a continual process of creation;" the language Laing uses is poetic, as he speaks of going "into the very mystery of that continual flip of non-being into being"\(^1\) but the point of identifying with the schizophrenic person at the inception of the constitutive act, when a meaning-matrix is being established, is apt.

\(^1\)R. Laing, *The Politics of Experience and The Bird of Paradise*, p. 36.
Section II: Phenomenological Ideas on Discourse

A. Traits of discourse

Discourse is language, either spoken or written. Discourse between the clinician and the schizophrenic person will most often involve the use of the spoken word, or the absence of that speech when discourse fails or is awaited. Language, as a system, "is virtual and outside of time," whereas discourse always indicates the use of language, its application or function in a social, existential setting. Human speech has an intentional and practical dimension, the "prototype" of which, according to Vygotsky, was "born of the need of intercourse during work" where the aim of conveying experience and thought to others required a mediating system.

When communities were first forming, discourse was necessary. Likewise, the embryonic "community" of clinician and patient is reinforced or substantiated through the confrontation of subjects who engage in speech acts. As Carr writes:

the 'communities' of which Husserl speaks, beginning with the simplest perceptual encounter between two persons, are available to me only insofar as I participate in them through my communication with other persons.

The relation between a phenomenology of intersubjectivity and the use of language as a social event (or community-builder) is close, therefore. Discourse is the primary medium which the clinician might use for "being-with" the schizophrenic person. Moreover, when the intersubjective community is being built, discourse, as Habermas contends, consists of announcing with respect to the objects of communicative action (things and events, persons and utterances) a reservation concerning their existence and conceiving of facts as well as of norms from the viewpoint of possible existence. To speak as Husserl does, in discourse we bracket the general thesis.

Such "reservation" and "viewpoint of possible existence" are typified by the activity of phenomenological suspension, as described previously in reference to the clinician's conceptual approach to the relationship with the schizophrenic person.

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An intersubjective phenomenology takes into account, but likewise, goes beyond descriptions of psychological conditions which influence the discourse between subjects. In phenomenology, the communicative process is considered to be an action which opens into a wider, non-arbitrated social sphere. Ricoeur states that the "social dimension of human action" is constituted by the "autonomization of human action" as characterized by the speech event once it is detached from the speaker.\(^1\) The singular moment of speech is addressed to an horizon beyond one's immediate, conscious sphere, and through this opening, possibilities of a heightened consciousness pertain. Buber notes that when two persons converse together "meaning is to be found neither in one of the two parties, nor in both together, but only in their dialogue itself, in this 'between' which they live together;" accordingly, "it is basically erroneous to try to understand the interhuman phenomena as psychological."\(^2\) Speech events can elevate the singular consciousness from personal, internalized thoughts and feelings to interaction and co-validation. Howe remarks that the very principle of discourse between subjects is "a willingness not only to speak but to respond to what we hear."\(^3\) Discourse, thus, is a challenge to go beyond oneself—to expand the transcendental horizon—and to create a more enduring communal sense.

Ricoeur delineates four traits of discourse which, when taken together, constitute speech as an event. First, "discourse is always realized temporally and in a present;" second, "discourse refers back to its speaker by means of a complex set of indicators such as the personal pronouns;" third, discourse "refers to a world which it claims to describe, to express or to represent;" fourth, discourse "has not only a world, but an other, another person, an interlocutor to whom it is addressed."\(^4\) In all four traits, the role of reference is to be noted: the speech event refers to the specious present, the speaker, the world, and the other as interlocutor. Even in special instances, as in poetic literature (and one might add, in schizophrenic speech, such as when incomprehensible "word salads" are spoken), where "language seems to glorify itself without

\(^1\) P. Ricoeur, "The Model of the Text: Meaningful Action Considered as Text," op. cit., p. 83.
depending on the referential function of ordinary discourse," though the "first order reference" is abolished, there is yet "the condition of possibility for the liberation of a second order of reference" which is realized intersubjectively.¹ From a phenomenological viewpoint of an intentional subject, discourse is understood to be "an ensemble of sentences where someone says something to someone about something."²

Ricoeur writes further that it is the task of hermeneutics to identify the individual discourse through the modes of discourse; or in other words, to study the "message" of the speaker, by means of the "codes" which generate it as a work of discourse.³ In specific relation to the social event, Habermas distinguishes three modes of discourse which correspond with three functions of the speech event and three domains of reality: the "cognitive mode" functions to represent facts and is indicative of an objectivating attitude with reference to "the" world of external nature; the "interactive" mode functions to establish legitimate interpersonal relations and is indicative of a conformative attitude with reference to "our" world of society; the "expressive" mode functions to disclose the speaker's subjectivity and is indicative of a declarative attitude with reference to "my" world of internal nature.⁴ In ordinary acts of discourse, these three modes may well be interspersed within any particular sequence of words used by the speaker, but awareness and separation of the various levels of reference will prove useful in clarifying the speech event. When trying to communicate with the schizophrenic person, the clinician may find it useful to encourage the patient to begin with the "expressive" mode, inasmuch as "my" world is the most ill-defined domain of reality for the observer to ascertain, while being the most intimate domain for the speaker. However, the aim should also be to facilitate the intentional subject's more complete opening into "our" world and "the" world, and hence, subsequent stages of the discourse would be based upon the interactive mode, with continual efforts to redefine a reality base in the cognitive mode.

Once a "code" has been designated, the "message" itself can be understood in more detail according to "the psychological modality that enters

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²Ibid., p. 139.
into that communication" (e.g. an angry mood), "the means by which the communication is effected" (e.g. a tirade, followed by shoving), "the reality to which the message pertains" (e.g. the clinician is accused of wanting the speaker's death) and "the meaning contained in the message" (e.g. a fear of closeness). 1

In a phenomenological approach, therefore, discourse is understood to be a structured, practical means of being-with other egos. In the movement from structure to existential interpretation, the phenomenologist would suspend the central role of literal and factual statements, give attention to the referential form of the discourse and seek to illuminate the subject's non-manipulable, intentional being-in-the-world. Rather than simply establishing inventories of elements in the speech event, the phenomenological understanding of discourse features the speaker as "I", as any coherent theory of structuralism will do. Discourse, then, is representative of the dialectic between one ego and the other, in the construction and reconstruction of one's social being. 2

B. Communication difficulties in schizophrenic psychoses

Communication requires some form of generalization, the use of signs, a pattern of interchange and utterance or expressiveness of some form and heeding of response at some level. There are no reasons for limiting an analysis of communication to rational and vocal mediums, but for two subjects to communicate there must be an agreed upon mediating system; the agreement, no doubt, will most often be tacit. In view of the various factors involved in communicative acts, Vygotsky has remarked: "communication can be achieved only in a roundabout manner." 3

Communicative acts relate specifically to the establishment of a meaning-matrix for any particular subject. Communication consists essentially of such statements as "I mean this," "you mean this to me," "this means that" and then subsequently, the understanding of these various meanings become established in a mosaic of meanings for the ego. One might also anticipate that for the withdrawn and confused schizophrenic person the "roundabout" process of communication will touch upon many

3L. Vygotsky, Thought and Language, p. 150.
problem areas. Two distinguishing characteristics of marked schizophrenic states are a diminished awareness of reality and cognitive and emotional dyscontrol, both of which are featured in the withdrawing behaviours which restrict any further mature process of socialization, and hence distort communication. But human being, by nature, requires communication; the solitude which is enforced by psychotic disturbance does not eliminate this need. Thus, when the roundabout process of communication is impaired, the urge for expression remains. A comment by Cohen is fitting in this regard, as he writes, "without communication of the thought," the mind "merely echoes the blocked emotion without releasing it."  

The communicative process becomes more roundabout in schizophrenic psychoses because of various barriers which come into play. Two particular barriers are (i) the barrier of an archaic language system which is sometimes introduced into the schizophrenic speech and (ii) the barrier caused by a profound mistrust of others. Eissler discusses a schizophrenic method of communication which is based upon

the archaic language of gesture and purely vocal quality which once steered human relations before the cumbersome, albeit more reliable, system of secondary processes and of rational, logical verbal sentences came to attenuate the contact between persons. 2

In psychoanalytic terms, when the unconscious overflows the conscious function, such an archaic style of communicating can be expected to make receptivity of the message from the schizophrenic person more difficult. On the other side, the clinician may experience difficulty in sending messages to the schizophrenic person because of a deep mistrust and fear of intrusion on the part of the patient. This barrier can become so extensive that, at times, it seems as if the clinician will be foiled in communicative efforts no matter what. The more powerfully the clinician sends the message, the more vulnerable the patient may feel; as Straus says, "the more I am overpowered by it--the more I sink back into the forsakenness of my existence." 3

Boverman records a one-way conversation between a clinician and delusional schizophrenic patient which suggests the unavailing nature of the situation when the mistrust is keen:

Dr. A began this conversation by asking, 'How are you today?' Mr. P's thoughts as he described them to me were, 'As if that so and

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so doesn't know. Now I know that he has been putting drugs in my food and drink in order to regulate how I feel. Now I know why I felt so nervous before—he gave me a stimulating drug. I better not tell him I am feeling too good. He will make it worse." Dr. A continued, 'Is there anything I can do for you?' Mr. P thought, 'What a lousy joke. Here the guy is actually persecuting me and he tells me he wants to do something for me.'

Among the research into communicative difficulties in schizophrenic psychoses, the "double-bind" hypothesis, advanced by Bateson, et al, is exemplary. The "double-bind" is "a situation in which no matter what a person does, he 'can't win'." Double-bind situations are said to lead on to "mental habits"; according to the approach taken by Bateson, et al, in order to understand the thinking and feeling expressed through the speech of schizophrenic persons, "we must look not for some specific traumatic experience in the infantile etiology but rather for characteristic sequential patterns." The necessary ingredients for a double-bind are (i) two or more persons, usually in a family system, with one fulfilling the role of "victim"; (ii) the repetition of double-bind situations until this kind of experience becomes an expectation; (iii) a primary negative injunction, where the punishment may be either the withdrawal of love, the expression of hate or anger, or most devastating, psychological abandonment; (iv) a secondary injunction, in conflict with the primary one, at a more abstract, generally non-verbal level, and like the first injunction signalling punishments which threaten the "survival" (or psychological safety) of the victim; (v) a tertiary injunction which prohibits the victim from escaping the field of conflicting primary and secondary injunctions; often times, for instance, a capricious promise of love is used; and (vi) the sedimentation of the victim's pattern of response so that all the ingredients of the double-bind are not needed at any one time; a psychotic level of panic and rage may then be inactivated by any part of the sequence and the pattern of conflicting injunctions may be taken over by hallucinatory voices.


3 Tbid., p. 252. The double-bind hypothesis is an extremely useful means of understanding communication difficulties in schizophrenic psychoses. It is outside the context of the present study either to support or to oppose any latent issues as to whether the dysfunctional communicative modes are causal or not. The hypothesis is used here strictly for descriptive purposes.

4 Tbid., pp. 253-254.
One example is given of a young man who was near recovery from an acute schizophrenic episode when his mother came to visit him in hospital. He eagerly reached out to hug her, she stiffened, he withdrew his arms and she asked, "don't you love me anymore?" He then blushed, to which she responded, "Dear, you must not be so easily embarrassed and afraid of your feelings." The patient was able to stay with his mother only a few minutes more and assaulted an aide on his way back to his room.\(^1\) The young man's "intense training and dependency" prevented him from commenting on the communicative behaviour of his mother, although "she comments on his and forces him to accept and to attempt to deal with the complicated sequence;" the impossible dilemma for the "victim" is: "If I am to keep my tie to mother I must not show her that I love her, but if I do not show her that I love her, then I will lose her."\(^2\)

The breakdown occurs when the individual is in an intense relationship in which he feels it is vitally important to discriminate what sort of message is being communicated, in order to respond appropriately or safely. When two messages conflict and punishment is imminent, the victim finds it difficult to comment on the messages being expressed. He may learn to respond habitually with defensive insistence on a literal level. Alternatively, he may learn to respond on a metaphorical level, with the advantage of leaving open to the interpreter of his obscure statements the choice to see or to ignore the meaning of the message he emits, and with the disadvantage of never satisfactorily getting over what he wants to say. In the midst of this deception and reality-distortion, Bateson, et al., suggest that there yet remains an excessive concern for what is really meant; typical reactions are (i) to become suspicious and defiant, looking for concealed meanings (paranoid), (ii) to accept others' messages word for word and to laugh off much of what is said, thus to give up trying to discriminate between messages (hebephrenic), and (iii) to block out what is said in order to avoid provoking responses from others (catatonic).\(^3\)

Another study by Morris and Wynne continues the analysis of communication as it relates to the influence of the family social subsystem on the thought and affect of the schizophrenic person. The main communicative dilemma which they discuss concerns the characteristic style of

\(^1\)Ibid., p. 259.
\(^2\)Ibid., p. 259.
\(^3\)Ibid., pp. 254-255.
speech events in the families of schizophrenic persons, and the way in which these communicative patterns may be of influence in the developmental years of the patient. For example, in response to a remark by the clinician, the parent of a schizophrenic person may characteristically agree with the remark, and then, if commenting further, do so in a loosely connected manner until the original focal point becomes disqualified, contradicted or obscured. Without a common focus of attention, the communication unfolds at cross-purposes. In addition to the impact of the parents as role models, the hypothesis is that this kind of speech event becomes internalized in the functioning of the schizophrenic psyche.¹

Morris and Wynne have prepared a scale of ten different levels to designate the way in which the attentional cathexes may habitually be altered within the families of schizophrenic persons.

(i) When the cathexes are of low intensity and little focus is typically achieved, the attention will be "undirected" and "global". (ii) In other families, the initial focus may be shared, but then the cathexis becomes "vague" and "drifting". (iii) A less confusing way of focusing attention is that which is characterized by "disorganized disruptions", wherein the speaker breaks abruptly to an entirely different topic. (iv) There may be an "unwarranted assumption of shared meaning" in other families so that the speaker fails to give attention to the ideas or feeling of others. (v) There also can be an effort to "erase attention by primary negation"; that is the speaker says what is not relevant but never divulges what he does think or notice. (vi) There may be an "externalizing of attention", wherein a focus is maintained by the speaker, but he acts as if the ideas or feelings come from or were directed by others. (vii) In other maladaptive systems of communication, after achieving a focus of attention, the speaker may experience an "erratic, strained distancing", where, for instance, he catches the listener off guard by making a highly personalized observation and then abruptly gains psychological distance again. (viii) Attention may be "scattered" with rapid movement from one topic to the next, so that an integrated meaning is not achieved. (ix) There may be an "overfocusing" of attention where only a single vantage point is allowed by the speaker and the focus of attention is shaped by the conflicts and motives of the speaker. (x) Finally, the attentional cathexes may be of normal intensity, but there may yet be a "manipulation

of meaning" wherein the focus is distorted by de-emphasizing or reversing previously espoused meanings and labelling banal or obvious meanings as strange or perplexing.¹

The lessons to be learned from the theory of the "double-bind" and the theory concerning "attentional cathexes" are linked with the singular theme of discriminative communication. In double-bind situations, the individual learns that he must not discriminate messages accurately and intersubjectively, lest he be punished emotionally. In family systems where attentional cathexes are maladaptive, there is a subtle insistence that perceptions remain distorted or avoided, with no convergence of intentional regard and hence without adjustment of meanings. Rather than being clear and distinct about ideas and feelings, simulation is characteristic. At a "meta-communicative" level, typically, the mother who sets up a double-bind for the child expresses hostile or withdrawing behaviour when the child approaches her, and then feigns affectionate and approaching behaviour when the child responds to the initial message.² When there is a failure to focus attention, likewise, there is an unspoken agreement that persons within the family sub-system will assume or pretend that communication has transpired. The task for the clinician must then be to help the schizophrenic person learn to distinguish between simulated and real feelings, and learn to bring into focus the meanings which generally are fragmented and blurred by misrepresentation. Otherwise, the clinician and patient will talk past each other and never touch upon a reality base for intersubjective co-validation.

These high goals of communication are never easy to achieve. The consultation between the clinician and schizophrenic person will always require a sensitivity on the part of the clinician in working for discriminative communication. Comments by Gadamer on the nature of "tact" are, therefore, appropriate to this context:

One can say something tactfully, but that will always mean that one passes over something tactfully and leaves it unsaid, and it is tactless to express what one can only pass over. But to pass over something does not mean to avert the gaze from something, but to watch it in such a way that rather than knock against it, one slips by it. Thus tact helps one to preserve distance, it avoids the offensive, the intrusive, the violation of the intimate sphere of the person. ³

¹Tbid., pp. 34-35.
The maladaptive nature of speech events by schizophrenic persons are obdurate and there is no place for a naive approach by which the clinician aims to set things right by mere force of will. "Tact" (which goes along with my earlier statements on the phenomenological activity of suspension) is an indispensable part of any attempt to facilitate discriminative communication. But "tact" and "simulation" need to be set in vivid contrast. To "slip by" the meaning of a message does not mean to foster indistinct attentional cathexes. Tact is straightforward, introducing no phantoms. When being tactful, the clinician will understand that the communicative difficulties in schizophrenic psychoses represent sequential patterns with strong emotional undercurrents, and thus that striving for discriminative communication will be a gradual, or continual, task. Simulation is "offensive" and "intrusive" by its very nature, and works against the potential of the other person as an expressive being. Tact safeguards this potential, through clear and conscientious treatment of the other's message, without deception or guile.

C. The nature of the phenomenological clinician's speech acts

Discourse consists of two distinct actions: talking and listening. These acts, in turn, refer to prior contact in an intersubjective field. From a phenomenological point of view, "talking" to the patient, thus, would need to be considered in terms of interaction prior to analysis and interpretation. In psychoanalytic terms, there is a need to establish counter-cathexes against instinctual forces by means of interhuman contact with the schizophrenic person before the analytic discourse can be legitimately advanced. The three terms of the phenomenological clinician's speech acts, then, are interaction, analysis and interpretation, and in that order.

It is a mistake to think that a phenomenological approach would seek to avoid analysis or interpretation. The emphasis may well be, most often, upon description of the factors which influence the relationship potential and upon the ontological substructures, but as Ricoeur says of the clinical practice, interpretation "covers the whole field of investigation," irrespective of the particular conceptual approach taken by the clinician.

The purpose of any analysis in the discourse between clinician and patient

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2 P. Ricoeur, Freud and Philosophy, p. 357.
is to provide a key, to unlock personal and social problem-areas, to understand the nature of phenomena. Hence analysis involves the determination or logical arrangement of separate elements of the phenomenon in question and the critical examination of these elements part by part. Freudian thought is a prime example of the various kinds of analyses which can be of influence in any one conceptual approach. For instance, Greenson designates five separate analytic keys in classical psychoanalytically-oriented discourse which all have been used as keys for understanding the function of the mental life: "topographical" analysis investigates mental phenomena other than the conscious, as evidenced by dreams, errors and symptoms; "genetic" analysis explores present behaviour in terms of the past; "dynamic" analysis enquires into the interaction of instinctual and counter-instinctual forces (e.g. gratification needs versus security needs); "economic" analysis investigates the function of the organism according to the quantity of psychic energy at its disposal and seeks to determine whether that energy is being used constructively or depleted in unconscious conflicts; and "structural" analysis divides the mental apparatus into the three different categories of id, ego and super-ego and studies the workings of these 'parts' of the psyche.¹

Examples of phenomenological "keys" for unlocking the meaning of subjectivity would include the analysis of temporality, spatiality, causality and materiality, or an analysis of levels of personal distanciation as opposed to intersubjective co-validation. Rather than advancing further any new analytics, I will consider two general principles as derived from a phenomenological orientation which are of merit when entering into discourse with the schizophrenic person in a sensitive and tactful manner, and which would apply to whatever analytic key the clinician chooses to use. Then I will turn to consider a phenomenological perspective on negative and positive aspects of any analytic discourse.

First, when the clinician is talking to the schizophrenic person, the phenomenological principle would be that presentation from the patient must come before interpretation. "What we understand first in discourse," writes Ricoeur, "is not another person, but a project, that is, the outline of a new being-in-the-world."² It is presumptive, therefore, for

the clinician to engage in speech acts concerning the other, if it is not in response to the other who is "there", expressing a new "project". The phenomenologist is dedicated to an unbiased observation of the given, which means, in discourse, he must await and accept phenomena as they are disclosed by the other, encouraging finer gradations of clarity, but resisting the urge to superimpose his own conceptual categorizations onto the other without first hearing from the other and seeing what this particular project might be. One problem with analytic systematization is that meanings can be pre-ordained. To engage in analysis before letting the other tell his own story through words and deeds is to camouflage the intersubjective, flesh-and-blood, present situation with an abstractive and solipsistic method.

When the clinician takes this phenomenological position on interpretation, it does not mean he is tacitly acknowledging that the patient can perceive his own project any better than the clinician, as a trained observer of human behaviour and emotions, can: "right understanding can no longer be solved by a simple return to the alleged intention of the author." Rather, in abiding by the rule of presentation prior to analysis, the clinician is working for improved intersubjective contact. That is, when the communicative action from the other is treated as "an open work, the meaning of which is 'in suspense'," the presentation from the patient is given an opportunity to establish a context of relevance within the immediate, intersubjective bonding; by respecting the validity of the presentation, the clinician is aware that "human deeds are also waiting for fresh interpretations which decide their meaning." The (potentially) evolving circuit of understanding is inhibited, however, by deciding before hand what meaning the other's project has, prior to its intersubjective "opening".

Fromm-Reichmann says that psychoanalytic interpretation with schizophrenic persons should consist of "collaborating" with the patient "in the spirit of mutual equality;" thus, rather than disregarding or de-emphasizing the presentation from the other in favour of analytic discernment, "the clinician can establish more rapport with the schizophrenic using a statement like 'Do I hear you tell me that...?'" instead of

\[1\text{Ibid.},\ p.\ 88.\]
\[2\text{Ibid.},\ p.\ 86.\]
"This means that..." 1 With the approach taken by Fromm-Reichmann, the inferences and theoretical constructs which characterize much of psychoanalytic discourse remain in response to the revelatory event which is co-experienced by the clinician and schizophrenic person. Another pragmatic concern is that, by beginning with the presentation (the intersubjective "opening"), the clinician ensures a present temporal point of reference. Therefore, any unconscious motivations or singular events from the past (say, of childhood abuse or sexual trauma) will not have been framed out with the context of ongoing events in the life-world—they will have been addressed to another, the clinician as interlocutor, and, as Fromm-Reichmann recommends, these events can then be discussed in their relatedness to practical living and in view of present relationships with others. 2 The intrusive authoritarian stance ("this means that") tends to set the discourse away from the specious present and uncertain future; it may reflect a noble effort by the clinician to clarify the confused past, but is not the most conducive way to gain an integrative, participatory understanding. The clinician can be a more effectual guide to a better reality if his authority has a steadying and directive, rather than an intrusive or pre-emptive, sense. 3

Ricoeur refers to the "inner dialectic" which makes up analytic interpretation as a whole as an "explanation" (Erklären) requiring "understanding" (Verstehen). 4 While seeking the proper balance in this "inner dialectic", the phenomenological clinician would consider the ego to be a meaning-matrix and would be intent to help the patient interconnect meanings. This calls for explanation, but it is an explanation based upon the understanding gained through participating with the other. In phenomenological method, explanation is conducted while resisting undue induction or deduction, whereas, efforts are made to unfold a meaning which can be shared as the other presents his world-view, or project.

The second principle to be underscored in reference to the clinician's speech acts concerns the fallacy of minimizing or supplanting the one meaning which is expressed by the patient for another hidden meaning. Any

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2 Ibid., p. 144.
3 The etymology of the word "guide" refers to knowing, steadying and directing. Note the root meaning of "guy" (O.F. gui-s, guie), a rope used to steady and lead one out of a precarious setting. Cf. Blackie's Compact Etymological Dictionary (Glasgow: Blackie & Son Limited) p. 146.
time one is interested in essences (the eidos), as phenomenologists are, that which is integral, or that which is the crux of the problem, will be sought. Thus, I am not arguing that the meaning which is expressed by the patient should not be liable to explication along the lines of an essential theme. "Genetic" phenomenology operates with the intent of discovering the "heart of the matter". However, in searching for the essence, the phenomenological principle is that meanings for the ego can be on various experiential and temporal levels. The particular fallacy under consideration is related to the narrow-mindedness which can arise in clinical explanations, according to which present phenomena, as expressed by the patient, are not given adequate attention, but are treated as spurious expressions of the real conflict. From a phenomenological point of view, such a conceptual approach does not do justice to the ongoing life, to the total temporality and experiential immediacy of the transcendental ego. In the style of discourse under critique, the essence of phenomena is thought of as divorced from the specious present and the intentional subject is thought of as an end product, not an egological centre.

Often times, as Binswanger says in his argument against Freudian systematization, "genetic explanation remains hanging in mid-air" so that complexes, instinctual forces or unconscious drives do not have reference to the intentional being of the individual in question. To quote Strauss, the immediate experience and expression of the individual is then treated as if it were a "mere phantom". There are two tendencies in description when this fallacy holds sway; (i) to explain away the givenness of the phenomenon in the existential setting and (ii) to speak as if the present manifestations contain nothing but the hidden meanings.

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3. Cf. H. Kelman, "The Holistic Approach (Horney)," American Handbook of Psychology, Volume Two, op. cit., for a critique of the genetic, mechanistic, evolutionistic thinking in Freudian psychoanalysis. Reductionistic analyses can become quite extreme; and example can be seen in the psychoanalysis by Frink of a male patient whose struggle for power, ambition and admiration was traced through the exhibitionism and rivalry he experienced as a college baseball pitcher, which was then reduced to the childhood game the patient had successfully played of seeing who among his school chums could urinate the farthest. Vide H. Frink, "The Symbolism of Baseball," International Journal of Psycho-Analysis, 1923, 4: 480-481. While such interpretation might unlock certain problem-areas (in symbolic fashion), the phenomenological method would be to concentrate more thoroughly upon the ongoing expression of the patient's over ambitious (etc.) nature.
Ricoeur addresses this problem in connection with the tension between the two conceptual approaches of Freudian psychoanalysis and Husserlian phenomenology; he describes an "architecture of meaning" by which psychoanalytic, genetic explanation can be conceived validly in reference to the ongoing experience of the individual: Interpretation of the hidden, unconscious meaning needs to be concerned with a more complicated intentional structure: a first meaning is set up which intends something, but this object in turn refers to something else which is intended only through the first object. Intentional structure...consists not in the relation of meaning to thing but in an architecture of meaning, in a relation of meaning to meaning, of second meaning to first meaning, regardless of whether that relation be one of analogy or not, or whether the first meaning disguises or reveals the second meaning. 1

The fallacy occurs in analytic discourse when the interpreter seeks to demonstrate causality, but in actual fact, removes an inner connection of meaning. The inferred origin of phenomena may then defy the actual, central meaning of the experience. The complete and authentic story is therein distorted. Plokker draws the example of an analysis which would only expose the Oedipus complex in the works of Doestoevsky and say nothing about the final or over-all production, the art of Doestoevsky; Plokker goes on to contrast interpretations which lay bare the "patho-plastic elements" of phenomena with responsible studies which are concerned with "pathogenesis".2 Interpretation, therefore, when understood in phenomenological terms, is not conducted for the sake of minimizing the exposed meaning in favour of the hidden meaning; rather, interpretation is put into motion because of the "excess of meaning."3

Analytic discourse, therefore, must be treated with some caution by the phenomenologist. Buber criticizes three elements of analytic discourse which radically destroy the intersubjective "mystery between man and man"; he makes these general criticisms by reference to the "look" which the analyzing observer customarily has for the other. The first element is a "pseudoanalytic" look in which a whole being in conceived as if it were able to be taken apart into segments, and "grasped as an object". The second element is a "reductive" look which aims "to contract the manifold person" into some "schematically surveyable and recurrent structures."

1P. Ricoeur, Freud and Philosophy, p. 12 and p. 18.
2J. Plokker, Artistic Self-Expression in Mental Disease, pp. 91-92.
3P. Ricoeur, Freud and Philosophy, p. 19.
And the third element is a "deriving" look by which the analyzing observer supposes that the dynamic principle of "becoming" can be adequately represented by "genetic formulae."\(^1\) In phenomenology, this way of "looking" is thought to work against the underlying ontological awareness of the other which is needed when the clinician moves from observation of symptoms to discourse with a mutual, transcendental ego. Even when the methods are valid, it is the nature of pseudoanalytical, reductive, deriving conceptual approaches to dissect the being of man into manipulable parts and to "overlook" the spirit which comes to fruition intersubjectively.

The criticisms voiced by Buber are important from a phenomenological perspective. He has depicted the negative features of the "look" which may be present in any analytic scrutiny. The inference can also be made that it is not the analytic act which is potentially in error, but the negative or minimizing view of the other. Accordingly, the negative features of the "look" can be modified by a renewed emphasis on the phenomenology of the ego. Thus, in phenomenology, the predisposition of the intentional subject (which is recognized through a study of phylogenetics, biogenetics and sociogenetics) is considered in relation to the simplicity and force of immediate phenomena because the most direct referential point, the meaning-matrix, consists of the ego constituting in the present situation, the spirit unfolding, the individual becoming. Then, more important than the outgrowth of phenomena is the consequence for the ego of the sequence. As Findlay writes, in order to avoid the misplaced "logicality" of traditional analytic interpretation, "one must be a phenomenologist in Husserl's sense of the word, one who thinks nothing more solid, more factual than the way things look or feel to the human observer or experi¬ent."\(^2\) This phenomenological approach to discourse holds the analyzing clinician within an intersubjective context; he cannot dismiss the meaning or minimize the relevance of the other's presentation, but is brought back to it and is called upon to respond to it. After criticism, however, phenomenology is ready to embrace, in dialectic fashion, the movement of various kinds of analytic discourse.

Analytic keys can be beneficial in discourse with the schizophrenic person because the interpretive acts from the clinician structure the experience for the patient. Understanding does not evolve in a void. For

\(^1\)M. Buber, "Elements of the Interhuman," op. cit., p. 109:

communication to be effective, in the moment of becoming together, the
two subjects must have something to hold on to. While the idea of "spirit
unfolding" is the basic ontological premise, it would be far too mystical
a notion if the topic was left at that. The plain fact remains that inter-
pretation can be a way of assuring the patient of the adequacy of the
clinician as a guide, and can be a way of indicating that not everyone
is confused and that the dilemma is understood.  
McLean has commented
on the advantage of analytic keys which unlock the meaning of motives,
mechanisms and psychodynamic patterns as these keys give the patient more
control over his life-world: he is better prepared to turn the unexpected
into the expected.  In view of these potential advantages, in striving
for mutual intersubjective being, the phenomenological clinician would
not be content simply to mirror the other's being. If the clinician values
the other as transcendental ego, then it follows that the clinician will
want to offer the best knowledge at his disposal to enable the patient
to combat against mental and emotional disorders.

The appropriate use of interpretation can be graded by the effect
the analysis has on the "emancipatory consciousness". In reference to
Freudian analytic keys, Gadamer notes how
the psychoanalyst leads the patient into the emancipatory reflection
that goes behind the conscious superficial interpretations, breaks
through the masked self-understanding, and sees through the repres-
sive function of social taboos.

At this stage of discourse, the analytic key is used admirably for the
purpose of facilitating the other's emergence from the bondage of circum-
stances which have been determining his behaviour and feelings. Gadamer
then adds:

But what happens when the psychoanalyst uses the same kind of
reflection in a situation in which he is not the doctor but a
partner in a game? Then he will fall out of his social role!
A game partner who is always 'seeing through' his game partner,
who does not take seriously what they are standing for, is a
spoil sport whom one shuns.

I would suggest that the very nature of schizophrenic psychoses
calls for moments of discourse in which the social role needs to change

Lowe writes: "It is well known that the analyst who feels insecure shies
away from interpretations. More freedom in interpretation reflects increased
security.

2P. McLean, "Psychiatry and Philosophy," American Handbook of Psychiatry,
Volume Two, op. cit., p. 1768.

3H. Gadamer, Philosophical Hermeneutics, p. 41.

4Ibid., p. 41.
just so. The proper tension must be found between being "the doctor" and being "a partner". With schizophrenic persons, the clinician cannot expect to be engaged in analytic efforts always, and indeed, may never reach that level of discourse. Gadamer observes further that psychoanalytic reflection must be seen only as a "special function" of reflection in general, and as such, "must be given its boundaries through the societal context and consciousness, within which the analyst and also the patient are on even terms with everybody else;" he then asks: "Where does the patient-relationship end and the social partnership in its own right begin?" Concerning the discourse between the clinician and the schizophrenic person, the answer to this query may well be that the one role never ends as the new one begins. If so, the question must be one of priorities and emphasis: what is fundamental? The nature of the alienating schizophrenic psychoses is such that establishing a "partnership" needs to be the essential movement of discourse. But, likewise, the nature of the confusion is such that some kind of analytic emancipatory reflection needs to be carried on even through (or perhaps as a result of) the partnership. Accordingly, the suitable, primary purpose of the discourse would be found by acquiring a social context, where the clinician resists efforts "to see through" the other, but does not avoid the opportunity to clarify confusions. Gadamer's final comment is interesting, as well, in qualifying the nature of a liberating reflection; as he writes, "the basically emancipatory consciousness must have in mind the dissolution of all authority, all obedience."^1

In summation, when talking to the schizophrenic person, the phenomenologist has two options, depending on which hermeneutical function he wishes to activate. Ricoeur describes the two options vividly:

According to the one pole, hermeneutics is understood as the manifestation and restoration of a meaning addressed to me in the manner of a message, a proclamation, or as sometimes is said, a kerygma; according to the other pole, it is understood as a demystification, as a reduction of illusion. 3

Phenomenological method, with its activity of suspension, lends itself most clearly to the restoration of meaning rather than its demystification. Moreover, the urgency when communicating with the schizophrenic person is to solicit a "kerygma", to work against the tendency to withdraw. As

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1Tbid., p. 42.
2Tbid., p. 42.
3P. Ricoeur, *Freud and Philosophy*, p. 27.
the relationship develops with the schizophrenic person, the clinician may then see ways by which "to purify discourse of its excrescences" but in the first instance, the clinician must use the most 'nihilistic', destructive, iconoclastic movement so as to let speak what once, what each time, was said, when meaning appeared anew, when meaning was at its fullest. 1

D. The phenomenological clinician's practice of listening

Clinicians who have had a great deal of experience in working with schizophrenic persons seem to agree that "listening" is just as important a part of discourse as is "talking". "At times," Arieti states, "it is better not to talk at all" if the schizophrenic person "seems to resent talking and withdraws more." In some instances, the speech acts by the clinician may contain the password by which a deeper interhuman contact can be established with the patient, or on other occasions, words may be too intrusive. Quietude may influence the intersubjective field even more. Arieti contends that the clinician must learn to "share" silent times with the schizophrenic person "without being disturbed" by the silence, adding that, "even a simple state of proximity without any talk may disclose...almost unperceptible ways of nonverbal communication which are specific to each patient and therefore impossible to report." Spiegel adjures that "those in psychiatry and the allied professions require a particular sensitivity, skill" and "respect for communication" which comes about by being "more receptive to the possibility of communication" as the clinicians "extend themselves in an inner listening." In psychiatric units there already are well-established traditions for non-verbal modes of treatment of schizophrenic psychoses. Wright believes that many schizophrenic patients act and react "most significantly with non-verbal, rather than verbal events" because of the "all-out unqualified overwhelming feeling tones of rage, fear and satisfactions" which are often experienced by these psychotic patients. When

1 Ibid., p. 27.
3 Ibid., p. 499.
meaningful verbal exchanges fail due to the seriousness and extent of the illness, the clinician can still interact on a physical level, implementing some of the same attitudes which he might have expressed through words, if a verbal mode of communication had been feasible. Ruesch maintains that the gentle persistence of a silent physical response has an immediate impact on the psychotic patient and can be used as "another bulwark against verbal unreality"; thus, the therapeutic management of various schizophrenic psychoses has been typified by occupational and recreational programmes, continuous baths, wet-sheet packs, the proximity of nursing personnel and insulin therapy.

Non-verbal modes of treatment are a silent doing, in direct response to the other person on a physical level. In addition to, or because of, the practical merit of such pervasive stimulation of the physical self, non-verbal modes of treatment are philosophically satisfactory inasmuch as they reflect an approach to the schizophrenic person in which the mind and body are understood to be unified. However, the use of silence by the clinician is not limited to a physical level of reference. The practice of listening is an integral part of discourse, the counterpart of talking, and as such, is "meta-physical" in the best sense of the word: in nature as a physical body, transcending nature as an incarnate being. When listening for the kerygma, the clinician is waiting for the spirit to unfold or be disclosed intersubjectively.

Merleau-Ponty underscores this distinct facet of a phenomenological approach to experience when he comments, "for the Copernican, the world contains only 'bodies' (Körper)," whereas, for the phenomenologist, "through meditation we must again learn of a mode of being whose conception we have lost, the being of the 'ground'..." The "ground", in this context, refers to the life-world which is experienced intersubjectively. In calling for a meditative posture in order to become attuned with a "lost" "mode of being", Merleau-Ponty is not posing a false dichotomy between the mundane and spiritual—he is a major spokesman in the phenomenology of the body and perception—but he is suggesting that intersubjective being has to do with "more than" (meta) a world containing bodies. I will take his mention of "meditation" and make some points of application to the phenomenological clinician's practice.

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2 M. Merleau-Ponty, Themes from the Lectures at College de France, 1952-1960, p.121.
of listening for the kerygma from the schizophrenic person; in doing so, I will discuss three features of a meditative posture, those being a posture of "attentive relaxation", "expectant readiness", and "non-manipulative patience".

**First**, attentive relaxation refers to the cognitive preparation by the clinician in which the other person is given ample opportunity to adjust to the presence of the clinician and to ease into communicative acts. The concept of "total positive regard", advanced by Rogers, is based upon "letting experience tell its own meaning" without the "inner strain which is so common to all of us." In the approach taken by Rogers, he tries to encourage an "atmosphere" of safety, so that the "firm boundaries of self-organization" may "relax"; by reducing the pressure to perform or to express, and by turning an attentive ear to the patient, the clinician is aiming to alter the "tight gestalt which is characteristic of every organization under threat," in favour of "a looser, more uncertain configuration." May makes the point that in discourse with any seriously disturbed individual, "helping the person experience his existence" in a relaxed manner is "more fundamental" than "cure", adding that, "any cure of symptoms which will last must be a by-product of that." The meditative posture of attentive relaxation is intended to allow this unfolding of the life of the spirit to transpire without undue imposition.

**Second**, expectant readiness refers to the heightened sensitivity which comes as an aftermath of a relaxed atmosphere, whereby the clinician is in attendance to the slightest indication of the other's emergence or self-disclosure. It has become fashionable in empiricist philosophies to criticize private statements "which do no more than describe the content of a momentary private experience" because these statements "run the smallest risk" of proof and validity. But in discourse with the schizophrenic person, these small risk statements, or even gesticulations, are what the clinician must hope for, inasmuch as they represent the very beginning point of emergence from a withdrawn state into a sphere of intersubjective co-validation. As Koestenbaum says, "to admit a feeling

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1. C. Rogers, *Client-Centered Therapy*, p. 98.
2. Ibid., p. 193.
to oneself has, in itself, rarely any psychotherapeutic effect" but "to admit that feeling to a witness" indicates a certain level of "commitment" to a world which is shared by others.¹ Ruesch advocates a posture of expectant readiness when entering into discourse with schizophrenic persons because

all these people need human contact but they may not be ready to tolerate it. All the therapist can do is to convey the fact that he is ready, alert, and game whenever the patient feels like taking advantage of it, even if his first steps are tentative, shy and inappropriate. ²

Ruesch adds that this attitude should be accompanied by an "unaggressive directness" and an "unconditional responsiveness".³ Ricoeur gives a central place to an attitude of expectant readiness in the phenomenological approach itself:

For would I be interested in the object, could I stress concern for the object, through the consideration of cause, genesis, or function, if I did not expect, from within understanding, this something to 'address' itself to me? Is not the expectation of being spoken to what motivates the concern for the object? ⁴

Third, non-manipulative patience refers to a meditative attribute of listening, wherein the temporal subject is not managed, but allowed to achieve intersubjective expression in its own time. Technique-oriented treatment plans often endorse an industrial ethic, with emphasis on change and production. In accepting a stance of non-manipulative patience, however, the clinician is abrogating command, to a certain extent, and allowing being to be. A schizophrenic patient of Fromm-Reichmann—the patient was the only son of a hostile, domineering and obsessional mother—commented on the happiness he experienced in psychotherapeutic sessions "to dare to breathe and vegetate and just to be, in the presence of another person who does not interfere".⁵ By expressing patience and being a non-intrusive listener, the clinician shows respect for the other's pace in constituting a meaning-matrix. Another deeply disturbed schizophrenic patient with whom Fromm-Reichmann worked and with whom progress "seemed exceedingly slow" or non-existent, one day said to

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³Ibid., p. 132ff and p. 138ff.
⁴P. Ricoeur, Freud and Philosophy, p. 29.
Fromm-Reichmann: "Things are going surprisingly well between us except they are going too fast. If only you wouldn't rush me so that I would have to go so rapidly."\(^1\)

May writes:

Phenomenology...is the disciplined effort to clear one's mind of the presuppositions that so often cause us to see in the patient only our own theories or the dogmas of our own systems, the effort to experience instead the phenomena in their full reality as they present themselves. It is the attitude of openness and readiness to hear—aspects of the art of listening in psychotherapy that are generally taken for granted and sound so easy but are exceedingly difficult. \(^2\)

For a hermeneutical function to be present in a phenomenological treatment of discourse, there must be a "double motivation", as Ricoeur says, "a willingness to suspect" and "a willingness to listen", a "vow of rigor" and a "vow of obedience".\(^3\) If, however, the hermeneutic is guided by suspicion alone, then that moment when intentionality is transformed into manifestation will not be heeded sufficiently, but considered as a mere disguise. Listening is the art of being addressed. Ricoeur adds that when listening for the other to express a message, the phenomenologist is demonstrating an ontological faith, believing in order to understand, and understanding in order to believe:

the contrary of suspicion, I will say bluntly, is faith. What faith? No longer, to be sure, the first faith of the simple soul, but rather the second faith of one who has engaged in hermeneutics, faith that has undergone criticism, postcritical faith. \(^4\)

In summation, a phenomenological approach to the relationship and discourse between the clinician and schizophrenic person results in a new attitude toward the patient created by its fundamental concepts. Muncie argues that the "great failures" in clinical psychiatry and psychology "result more from a failure in basic attitudes than from a failure in techniques."\(^5\) Likewise, Arieti, when working with schizophrenic persons,

\(^{1}\)Ibid., p. 153.
\(^{3}\)P. Ricoeur, Freud and Philosophy, p. 27.
\(^{4}\)Ibid., p. 28.
insists that "more important than the technique of a therapeutic session is the establishment of a general attitude." The fundamental attitude which I have advanced refers to the non-judgmental, non-alienating acceptance and affirmation of the other person as a transcendental ego within an intersubjective field of action. The line of my argument has been to relate the clinician's attitude to the ontological notion of the person.

Buber addresses similar issues, when he writes for the clinician: "Distance provides the human situation, relation provides man's becoming in that situation." The awareness is that "I" consists jointly of "its solidarity of connexion and of its separation. Genuine subjectivity can only be dynamically understood as the swinging of the I in its lonely truth." This principle of human life, as lived through by schizophrenic persons, involves an extreme and defensive distancing from the influx of the world. But, as Buber maintains in reference to the distancing act of any person, man is like this because he is the creature (Wesen) through whose being (Sein) 'what is' (das Seinde) becomes detached from him, and recognized for itself. It is only the realm which is removed, lifted out from sheer presence, withdrawn from the operation of needs and wants, set at a distance and thereby given over to itself, which is more and other than a realm. Only when a structure of being is independently over and against a living being (Seiende), an independent opposite, does a world exist.

The "distance" achieved by withdrawing schizophrenic persons does not indicate the removal of these persons from the intersubjective field. Indeed, the first movement of distance is necessary for the second movement of relation. Buber writes further: "man turns to the withdrawn structure of being (Seiende) and enters into relation with it" in the form of a "synthesizing apperception", which is the "function of unity".

The task of the clinician, as envisaged through a phenomenological approach, is to participate with the schizophrenic person at a practical and communicative level, in an effort to encourage this emergence from distance to relation. Sinari, in discussing the general problem of human alienation, designates various attitudes which are useful in minimizing the separation that alienated individuals experience; he writes:

1S. Arieti, "Schizophrenia: Other Aspects; Psychotherapy," op. cit., p. 497.
2M. Buber, "Distance and Relation," op. cit., p. 100.
3M. Buber, I and Thou, p. 63.
4M. Buber, "Distance and Relation," op. cit., p. 98.
5Ibid., p. 99.
For it is only by arresting the severance between 'I' and 'my world' that I can hope to achieve the way towards self-integration, or de-alienation. Love, sympathy, compassion, intersubjective understanding and amity, abolition of discrimination, egalitarianism and social cohesion are the remedy that man can rationally and honestly practice, at least to reduce the suffering of aliens if not to annihilate it altogether.

I have qualified the nature of "love" and "sympathy" in the preceding arguments and suggested, in their place, that a "transpersonal trust" and "empathy" are more suitable in the special relationship between the clinician and schizophrenic person, but otherwise cite Sinari approvingly, in prescribing the nature of a phenomenological approach to alienated individuals. The concept which guides these inspiriting attitudes is that of being mutual, transcendental egos.

Buber observes: "The fulfillment of relation between men, means acceptance of otherness." MacDonald, a psychiatric nurse who also suffered from reactive schizophrenia, writes: "I have almost reached the conclusion that there is no common meeting ground for schizophrenics, whether acutely ill or recovered," and reasons in this manner because "schizophrenia seems to consist in fathomless worlds of unreality." While it is true that a "common meeting ground" between the clinician and psychotic patient will never begin with "worlds of unreality" or "the world", the transcendental ground of being which is shared by the mentally-disturbed and the sane can serve as the conceptual framework for the two who participate together and enter into discourse as mutual co-existents. MacDonald makes another statement which emphasizes the need for such a non-judgmental, accepting, affirming attitude when working with schizophrenic persons. She writes:

One of the most encouraging things which has happened to me in recent years was the discovery that I could talk to normal people who had had the experience of taking mescaline or lysergic acid, and they would accept the things I told them about my adventures in mind without asking stupid questions or withdrawing into a safe, smug world of disbelief. Schizophrenia is a lonely illness, and friends are of great importance.

It is to this intersubjective level of interaction that the transcendental ego model directs the clinician, not by means of hallucinatory drugs or

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4. Ibid., p. 183.
psychosis, but by means of conceptualization and self-discovery. A phenomenology of the ego works to reduce value-judgments about the other person while, simultaneously, affirming the ultimate value of the other—thus defending the schizophrenic person's "stolid claim to being".
Husserl was once asked by his student, Roman Ingarden, what he considered the fundamental problem of philosophy to be, to which Husserl responded: "The problem of God, of course."\(^1\) Husserl's reply was not intended in an atheistic manner; quite the contrary. For Husserl, the problem of God "stems from the fact that although the world is constituted by the transcendental subject, the constitution itself is not fully determined by the nature of the transcendental subject."\(^2\) There is an irony to Husserl's remark, however, which can be seen by noting the dearth of published material from Husserl on this so-called "fundamental problem". Of modern philosophers, Husserl has been exemplary as one whose adult passion, dedication and energy have been bound (almost exclusively it would seem) to the pursuit of philosophical understanding. Husserl's goal was to establish philosophy as a rigorous and systematic discipline; he saw his particular function to be the establishment of the groundwork principles for this philosophical investigation of experience. Yet, as Dupre observes, while Husserl's writings have "raised a religious question", he "never attempted a methodic study of the 'problem of God'."\(^3\) A direct Husserlian impact on phenomenology of religion has been left to the pioneering works of writers like M. Scheler, H. Dumery, M. Eliade, G. Van der Leeuw and P. Ricoeur.

A semblance of that irony may be revived now, when, in conclusion, I turn to consider in more detail the theological view of subjectivity which has been at the heart of the preceding phenomenological approach to the experience of schizophrenic persons. Hopefully that irony will be diminished, however, upon further examination of a dilemma which is inherent in studying the "fundamental problem" through Husserlian phenomenological method, and, upon explanation of my own treatment of the relevance of theological discourse in the understanding of subjectivity.

Phenomenological method is guided by the dictum "back to the thing"—understanding probes for more understanding within the experiential field;

\(^3\)Ibid., p. 201. There are a few passages in Husserl's published works of theological significance, and there are unpublished manuscripts at the Husserl Archives in Louvain. In Dupre's article, several passages from a manuscript dated 1933 (numbered E III) are translated and a commentary on these passages is made.
whereas, for Husserl, the existence of God is "entirely a matter of faith," not proof—believing in God extends beyond the phenomena of the world. That does not mean, for Husserl, that religious faith, itself, lacks all cognitive categorization. A faith which is particularly suitable to phenomenological method reflects "the firm belief in the ultimate meaningfulness of existence beyond the point where this meaning can be proven or even easily accepted." Religious faith, then, when understood phenomenologically, is "an insight into a teleology which surpasses man's powers of reasoning" but is not totally separate from these powers. Husserl writes: "In faith we experience the teleology that directs us...."

For followers of Husserlian method, the keynote for a phenomenological investigation of religious faith and religious being has been, therefore, "to discover the meaning of the religious act in the act itself." The phenomenologists have been concerned with the essence of the religious act as it is experienced and expressed in an existential context. The essence of religion has been called many things: a social function, an intrinsic awareness of the supernatural, an emergence from the level of the brute to a higher consciousness, the innermost dimension of man's being, a projection of humanity into a divine setting, an almost animistic notion of power, or a feeling of paradox due to the human being's dependency needs and abilities to gain control of the environment.

If what I have been doing in this phenomenological approach to the experience of schizophrenic persons is to be seen within a theological context, one of the essential elements of the religious act must be seen to be the act in which one person values another person in ultimate ontological terms and relates to the other on the basis of principles of love and common humanity. Thus, specifically, I have emphasized the clinician's role in relating to the schizophrenic person as being one that is characterized by a respectful, non-alienating, identifying mode of cognition. Because the application of this premise has been set exclusively within the sphere of clinical practice, the implication can also be drawn

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1 Ibid., p. 212.
2 Ibid., p. 212.
3 Ibid., p. 214.
4 Ibid., p. 214.
that, for me, theological concerns cannot be restricted, legitimately, to private and communal acts of worship or even to the social function of organized religious bodies. The religious act is in praxis, in the everyday world of interaction with others.

The guiding motif for this thesis has been a view of transcendental subjectivity. I have been using this concept in a quasi-theological manner already, by making synonymous reference to "spirit", "Bildung" and a created and creating "source" of individual being. It is now time to draw these inferences together and to make explicit theological statements on the idea of subjectivity which emerges from this specific analysis.

In raising the theological view of subjectivity from inference to explicit statement, another dimension is added to the argument. The argument becomes more overtly a "dialogical study", which, as Homans says, must "strive toward the boundary lines between disciplines, convinced that knowledge emerges between such disciplines as well as from within particular methodological confines." To achieve the level of "dialogical study" it is important to be clear about the distinct validity of theological discourse on subjectivity. If, as I have proposed, an essential feature of the religious life is the valuing of another person, then there is the danger that the particular theological component of this thesis could be de-emphasized, as if it were little more than a culturally-embedded attitude. To avoid this misconception, it is necessary, as Berthold has suggested, to think of theology as providing, in its own right, a "model" for "understanding the human self":

if we think of theology as providing a model, we are clearly taking our stand with those who insist that theology has cognitive import— that it is not simply an expression of an attitude, or a set of values, but that it presumes (rightly or wrongly) to tell us something about the nature of reality—in this instance, about the nature of man.

In phenomenological circles, Scheler was one of the first of Husserl's students "to combine the scientific, philosophical and theological definitions of man into a single, unified meaning, consonant with his definition of being-itself." Much of Ricoeur's work in phenomenology and

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1 Cf. Chapter One, "An Interpretation of Husserl's Phenomenology of the Ego".
2 P. Homans, "Introduction," The Dialogue Between Theology and Psychology p. 4.
4 Ibid., p. 15.
psychoanalysis can be evaluated in this same dialogical manner: for him, "psychoanalysis has its foundation in an archaeology of the subject, the phenomenology of the spirit in a teleology, and the phenomenology of religion in an eschatology."¹ My intention has been to continue in this tradition, allowing the I-model to be a microcosm of psychological, philosophical and theological understanding of persons.

Phenomenological method involves an intense analysis of individual being, and then of communal being. Hutchinson notes that "philosophic thinking about being is essential to the task of responsible conceiving, communicating and criticising religious faith."² When moving from a consideration of individual human being to that of the Being of God, Judeo-Christian thinking has generally endorsed the view that there is a gap between the two versions of human "being" and divine "Being" due to the holiness of God, but also has suggested that there is a definite relation due to the sustaining, creative, participatory acts of God with mankind. In the terms I have used for a phenomenology of the ego, "the sacred... symbolically designates the alpha of all archaeology, the omega of all teleology; this alpha and this omega the subject would be unable to command."³ The sacred first refers to the Being of God and then, only by virtue of this primary reference, refers back to individual human being. Hence, a basic theological premise which I am advocating is that in order for human existence to be revered as "sacred" it is necessary that God be revered, first and foremost. As Teilhard de Chardin remarks, "'the human spiritual categories' begin logically with faith in the state of Being."⁴

Therefore, in order to achieve a theological perspective on subjectivity it is compulsory to take reflection beyond the ego of individual being as constituting source to God as the Source of Being. Finlayson writes that phenomenology has "established the evidence of the human essence as 'open' to a reality. Man is not an entity 'enclosed' within himself: he is a being open to the universe."⁵ Phenomenology, thus, when pushed to the limits of the subject's own alpha and omega is faced with the issues of creation and destiny (not only for I but also for We). Therein is the framework for understanding man in the "image of God".

A. The influence of the "imago Dei" on the ontological notion of the person

In the foregoing phenomenological approach to the experience of schizophrenic persons, the three themes of "understanding", "accepting" and "valuing" have been advanced, while avoiding an excess of theological language. Now the ontological view of the transcendent ego needs to be related directly to the theological premise which I have borne in mind, that human beings are created in the image of God. The theological concept of the "imago Dei", if it is taken as a basic and valid statement about human existence, requires an ontological notion such as I have advanced, i.e. that every human being merits unreserved, respectable, charitable acceptance, that each person is of ultimate worth, that human being is sacred and that the valuing of oneself and others should be intrinsic—a way of life. The Psalmist, when questioning a *raison d'être*, has written:

What is man that thou shouldst remember him, mortal man that thou shouldst care for him? Yet thou hast made him little less than a god, crowning him with glory and honour. (Psalms 8: 4-5)

In the present context, the Psalmist could be paraphrased to ask: "Of what significance is the transcendent ego, if essential being is not in direct reference to the creative act of God?" From a theological perspective, an absolute, apodictic ego, in its own right, is a seriously limited concept of human being. But a view of this same indubitability can be sanctioned, theologically, when the ego is understood in terms of the endowment by God, or as the Psalmist expresses it, the "crowning".

The "crowning" is surely not of a material nature, but of a spiritual one. What "glory and honour" does a seriously dysfunctional schizophrenic person have in terms of physical, mental or social power? If the "imago Dei" is to make sense, it must refer less to what man does or is capable of and more to the gift, the potestia, of being in relation to God. Barry writes:

The 'sacredness of human personality', the respect for human dignities and decencies, which lie at the base of a Christian civilization, depend on nothing innate in man, nor upon any concession by the State, but upon a divine endowment and prerogative which no earthly power gave nor can take away. 1

In the language of phenomenology, the "imago Dei" indicates a view of

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"being" rather than "functioning". Barry writes further that "man's creation in the image of God is the basis of any valid claim" to the "right to be treated as an end" rather than a means, and as such is the proper foundation for any "charter of human rights." The belief is that, without divine ratification, the inalienable rights of others would be somewhat artificial or arbitrary, founded on convention rather than necessity. Creegan expresses a phenomenological position on this subject when he writes of a "great spirit which moves through and beyond all things," the awareness of which comes when one faces oneself, other persons and nature as a "personal observer", that is, faces the world as a creature who is concerned with being and with questioning the meaning of being, rather than confronting it as must a functionary, as must a means to a means in a complex industrial society, or as must a needy or, perchance, a satiated animal. Accordingly, the "crowning" by God must be envisaged as a statement of "re-humanization" and stands as a bulwark against any conceptual approach to persons in which the other is treated in a "de-humanizing" manner. Human beings are viewed, thus, not as God, but neither as mere animal, nor mere physical thing.

In the following discussion, I will consider the "imago Dei", as the concept relates to an ontological notion of the person, in three parts: (i) a general definition of the concept will be given; (ii) the "imago Dei" will be discussed in light of the saga of the "fall" and according to the doctrine of "original sin" and (iii) conclusions will be drawn on the spiritual posture of human being, as being in the form "to stand" (Latin, *sister*), hence as the "imago Dei" relates to such concepts as ex-istence, re-sistance, per-sistence.

(i) If one looks at the life of Christ, as recorded in the corpus of New Testament scriptures, one receives more than the impression that "here was a good man who related to others on the basis of love and common humanity"; the strong message is "here is the prototype, not a mere 'example of', but the prime expression of one who ultimately valued other persons as being created by and in the image of God." If one looks at the history of the Church, or at civilizations which have claimed these high ideals, the same impression might be missed, or at least not as obvious in every expression of the faith. Neither in theory nor in practice

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have advocates of the Christian way of life demonstrated always that human being is conceived of as (still) sacred. Nonetheless, while there have been individual and corporate failures in upholding this premise, it is yet reasonable to argue that, when rightly understood, the sacredness of human being is an integral part of the Christian faith. Moreover, the corollary of this argument would be, when a vision of the "imago Dei" is lost, or explained away, then a basic element of the Christian Weltanschauung is destroyed.

The historical development of the concept of the "imago Dei" within the Christian tradition is long, even convoluted, bearing (as is true of most of the concepts within the Christian faith) a Greek and Hebraic heritage. A compendium of this history is necessarily unsatisfactory, inasmuch as the issues which surround the concept are difficult, elaborate and highly significant. But, instead of repeating in detail what the great theologians have said about the "imago Dei", I will be interested in developing the concept more generally, to serve as the theological justification for the clinician's approach to the mentally-ill person and as the point of reference for subsequent statements from a phenomenologically-oriented theology. Thus, a brief survey of the meaning of the "imago Dei" in the Christian tradition is all that is feasible at this time.¹

There have been many theories advanced to explain in what the "imago Dei" consists. The image has been identified with human free will, the superiority of human being to the rest of creation, a quality of the soul such as immortality, the ability to reason, or in mystical theology as the point in which the soul can enter into union with God (capax Dei); in all the theories, the image is intended to have a universal point of application, to represent an endowment from God, and to refer to the human posture of responsiveness to God.² Certainly, absolutist statements about human freedom, superiority, rationality and immortality are all seriously challenged by modern studies of the phenomenon of man, but the minimal


requirement of bearing spiritual kinship to God is not disproven; in fact, it is a tautological kind of statement out with the scope of scientific or logical proof.

In the Old Testament, direct mention is made of the "imago Dei" in only three passages (Genesis 1: 26-27, Genesis 5: 1-3 and Genesis 9: 5-6). These passages, apparently, all belong to a writer of the fifth century B.C., code-named "P", and are, therefore, comparatively late additions to the Old Testament; but as Cairns suggests, the concept itself "is implied in the whole thought-world of the Old Testament." 1 The most striking Old Testament passage reads:

Then God said, 'Let us make man in our image and likeness to rule the fish in the sea, the birds of heaven, the cattle, all wild animals on earth, and all reptiles that crawl upon the earth.' So God created man in his own image; in the image of God he created him; male and female he created them. (Genesis 1: 26-27)

Exegesis of this text could go in various directions, with many difficulties, but it seems safe to say that, by means of the imagery of creation, "P" is trying to express the mystery held by the religious thinker that man is somehow like God. Cairns describes a "stereoscopic depth" in the Old Testament understanding of the "imago Dei", wherein the vision is maintained of one God, "far above nature and man, but man, in his own lesser degree, has been lifted out of the plane of nature by virtue of his own special relationship to God." 2

In the New Testament, the word "image" is used in three main senses. The central sense is to describe the likeness of God into which believers enter through faith in Christ. On other occasions, the "image" designates the singular dignity and divinity of Christ as the Son of God; and then marginally, the "image" is used to describe the essential condition of being man. 3 Emphasis in the Old Testament, where "glory and honour" are used dually, on the highest level to refer to God and on a lower level to describe humanity, is shifted in the New Testament to refer to the vicarious act of Christ, in being both God and man. Accordingly, in the New Testament, more stress is placed upon the image renewed through salvation, and the context is that of the person as a member of the redeemed community. Another point of comparison concerns the Old Testament position that man is created in the image of God and the New Testament position

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1 D. Cairns, The Image of God in Man, p. 18.
2 Ibid., p. 19.
3 Ibid., p. 32.
where Christ is said to be the image of God. (II Corinthians 4: 4 and Colossians 1: 15) However, rather than there being a wide gulf between the teachings of the Old and New Testaments in the concept of the "imago Dei", the strong theme in the Bible as a whole is that of fulfilment of the image, through Christ. Cairns states succinctly: "There is thus, for all God's difference from created being a certain kinship between Him and His world, so that Christ was able to become man..."¹ Christ does not take over the image and deprive the rest of mankind of it, but rather, brings the "imago Dei" more clearly into focus.

In the development of doctrine, Christian thinkers were also influenced by a line of Greek thought which runs from Heraclitus through the Stoics to Philo, whereby the "imago Dei" tended to be treated as "a spark of divine fire" in the form of human reason.² The rational image concentrated too narrowly on the intellectual aspects of man, and has a comparative, rather than an associative sense. It should also be noted that the rational image has had its influence on secular conceptions of the person; for instances, the Cartesian and Freudian understandings of the ego are those of a rational entity. A more refined Christian view is that the "imago" is not rationality (what then of the "imago" in the deluded and hallucinated person?) but that "the characteristically human thing is man's presence with God."³ In this regard, the Biblical treatment of the "imago Dei" and the phenomenological treatment of "spirit" can be at one: essential being is an endowment, not an ability.

Some early Christian thinkers exegeted the text of Genesis 1: 26, where the two words "image" (tselem) and "likeness" (demuth) are used, and drew the conclusion that the nature of man consists of a dual dimension: the "likeness" of God is grace given, lost at the "fall", and returned only in salvation, whereas the "image" remains as part of the constitution of man. (cf. Irenaeus) However, inasmuch as parallelism was a common literary device at the time of the writing of this Genesis text, such exegesis is doubtless wrong and tselem and demuth were most likely used by the writer simply to reinforce or to qualify the point of bearing kinship with God. Other early Christian thinkers conceived of the image as a moral likeness to God which becomes totally actualized through the life of Christ (cf. Athanasius), or as an inalienable power in man,

¹Ibid., p. 37.
²Ibid., pp. 58-69.
³Ibid., p. 112.
characterized by memory, understanding and will, to turn to God (cf. Augustine) or as an aptitude for loving God, inadequate since the "fall", but an aptitude which can be conformed through Christ. (cf. Aquinas) At the time of the Reformation, when emphasis was on restoration of original righteousness only in Christ, the "imago Dei" was sometimes conceived as a potential destiny, to be realized once the individual becomes a believer (cf. Luther), or as a mere relic of the original endowment, to be found still in the glory of creation and in a special sense in man, mirroring the Glory of God, but authenticated only through the redemptive act of Christ. (cf. Calvin) In modern times, Brunner and Barth have brought the most powerful statements forward concerning the "imago Dei"; a key issue of the debate between these two theologians has had to do with whether a point of contact for grace remains in a formal image, even though the material image has been destroyed by sin (Brunner), or, on the other hand, whether the formal image itself is lost and spiritual kinship can be maintained in hope and can only be discovered through the specific revelation of God. (Barth) In neither Brunner nor Barth is the "imago Dei" refuted. The main issue of dispute concerns the ability of the human being to know God. Both agree that complete knowledge of God comes only in and through Jesus Christ. Both would contrast the godlessness of the natural man with the creation of man in the image of God. With Brunner, however, the view is of a two-fold revelation—a general revelation in creation preceding the revelation of reconciliation in Christ. Whereas, from Barth, there is an insistence for the Christian thinker to turn away from any version of natural theology in order to emphasize clearly revelation as grace and grace as revelation. Likewise, it may be said that, for Brunner, man has a more active capacity to react to revelation, while, for Barth, a more passive capacity.

For the purposes of this study, the traditional treatment of the "imago Dei" in Christian doctrine may be thought of along these general lines: the "imago Dei" is a figurative statement which maintains the premise that human beings are open to the self-communication of God. In Christian belief, some form of the "imago Dei" must be retained, even after the "fall"; (note the writer of the Genesis saga describes an image of God, after the "fall", in the account of Noah and the flood; cf. Corinthians 11: 7 and James 3: 9). God is seen still to call human beings, which implies that human beings can still be called. Addressability suggests the link between God and man. As Brunner writes, "Man has spirit only
in that he is addressed by God."¹ The image of God, simpliciter, is Jesus Christ (Hebrews 1: 3), which clarifies the understanding of the "imago" by suggesting that, without the reconciliation of Christ, the natural man is incomplete; it also reinforces the issue that human beings have a special semblance to God, by indicating that the Logos is related to human beings in such an intimate fashion that God became man. (John 1: 14) In the language of dogmatics, a distinction might also be drawn between the "similitudo Dei" and the "imago Dei", the former (if ever representing a reality) certainly having no relevance as a symbol for the person after the "fall"; on the other hand, the "imago" is "obscured, but not lost, in the Fall."² It seems necessary, as well, if a Christian Weltanschauung is to prevail, to uphold the premise that the relation of human being to God "is not something which is added to an already complete, self-enclosed nature; it is essential and constitutive for man's nature, and man cannot be understood apart from this relation," (contra donum superadditum, "a plus factor").³ Thus, theologically, the being of mankind cannot be understood outside of man's relation—even an estranged relation—to God. Berkouwer emphasizes further that a dual level of reference for the "imago Dei" is appropriate (despite the lack of significance of an exegesis which distinguishes between tselem and demuth), with a broader sense of the "imago" used "to stress the idea that man, despite his fall into sin and corruption, was not bestialized or demonized, but remained man" and a narrow sense "to stress the idea that man lost his communion with God—his religious knowledge, his righteousness, his holiness, his conformity (conformitas) to God's will."⁴ Mascall describes the relationship between God and human being in the fashion of a hierarchy of supreme being to an "infinitely lower mode of dependent being":

God is supreme thought, will and power; and it is because he establishes his creatures in existence by exercising his will and power in accordance with his thought that they embody, in their infinitely lower mode of being, the perfections which in him are self-existent and unlimited. ⁵

³G. Berkouwer, Man: The Image of God, p. 22.
⁴Ibid., p. 38.
The critical factor is, however, that God "is really manifested in his creatures, limited, obscure and mysterious as that manifestation is. It is this ontological relation between God and his creatures that makes it possible for both to be spoken of in the same language."  \(^1\)

Barth writes: "That God will create man in his image implies that it is not man but God who is first a living Person."  \(^2\) Ramsey indicates that the heart of the ontological relation is to be found in "the way in which distinctively personal situations parallel those which are characteristic-ally religious," thus suggesting the "close logical kinship between 'I' and 'God';"  \(^3\) and it is in view of such an ontological relation, recognized in part through caring human relationships, that I have been arguing for a steadfast valuing of the schizophrenic person as transcendent ego.

Ramsey's position is based upon the view that neither "God" nor "I" are completely "tractable" in observational language,  \(^4\) that whatever spirit is, it is activated most fully when one being relates to another. In the context of phenomenology, Poteat defends this same premise when he states that "the concept of 'God' is analogous in certain ways to the logically extended concept 'I'" since "in both cases an actor who is not assimilable to his acts is the presupposition of the form of discourse."  \(^5\) Both in traditional theological reflection on God and in phenomenological thinking about the ego, spirit is conceived as incapable of becoming an object because it is "pure actuality".  \(^6\)

To be sure, from a theological point of view, caution must be exercised when postulating an ontological relation between "I" and "God", because it then is tempting to say "I am like God, therefore God is like me"—an untenable proposition which easily degenerates into blatant anthropomorphism and is carried on through the psychological process of projection. When conceiving of an ontological relation, emphasis needs to be placed on the way in which human life can be patterned after divine life,

\(^1\) Ibid., p.122.
\(^4\) Ibid., p. 38.
\(^6\) W. Scheler, Man's Place in Nature (Boston: Beacon) 1961.
in caring I-Thou relationships. Thus, the "imago Dei" is fulfilled most clearly when the person acts in like fashion to the pattern of God as demonstrated in revelation (i.e. through creation and salvation motifs). In the language of phenomenology, the respective "projects" (not "psyches") of God and human beings can then be analogous (even though there is an hierarchy of supreme to dependent being). The ontological relation needs to be understood less in terms of a content-oriented analogia entis and more in terms of a form-oriented analogia relationis. The prescriptive nature of this understanding of the ontological relation is also important. Theologically, it is unacceptable to rest content with a descriptive account of the "imago Dei" without an auxiliary note being made of the unfinished nature of this image. The sacredness of human being is by grace, but likewise it is in potentia. Hence, the individual is admonished to act responsibly to fellow humans on the basis of a potential identification with God and to open to a higher power of love on the basis of a more complete participation with God.

(ii) If any one doctrine rivals the Christian understanding of the "imago Dei" it is that of "original sin" as evidenced in the myth of the "fall of man". This sin is often characterized as a boastful declaration of self-deification. In the preceding phenomenological approach to the experience of schizophrenic persons, I have argued for a concept of an absolute transcendental ego—and done so with what I understand—a theological conception of persons to be, in mind. But now, when considering theological principles more specifically, it is necessary to ask if the "imago Dei" has been reflected in my earlier descriptions, or if the human self has been falsely deified. Arriving at a satisfactory answer to this question will be central in determining whether the phenomenological approach which I have been advocating is theological in nature, or whether it is anti-theology.

Recognition of the transcendental ego as an apodictic ground of being is the ultimate "I am" claim which the human subject can make legitimately,

[1] Cf. G. Berkouwer, Man: The Image of God, p. 72f. Note also Barth's comment: "the tertium comparationis, the analogy between God and man, is simply the existence of the I and the Thou in confrontation... Neither heaven nor earth, water nor land, nor living creatures from plants upward to land animals, are a 'Thou' whom God can confront as an 'I', nor do they stand in an 'I-Thou' relationship to one another... however, man as such exists in this relationship from the very outset." K. Barth, Church Dogmatics, Volume III, Part One, p. 185.
on philosophical grounds. Yet, for the Christian thinker, because the egological centre is postulated so forcefully, the question must arise: can this description of subjectivity be acceptable in theological discourse? To make such an emphatic and bold claim to indubitable being: is that the moment when the human subject tries to overrun God instead of being subservient to God, or is that when the human subject admits to kinship with the Creator? Does the individual falsely imitate God with this assertion of apodicticity, rather than give testimony to existing in the image of God? Traditionally, the Christian doctrines of the "imago Dei" and "original sin" have been expressed according to the way in which the Christian thinker has conceived of the tension between the understanding of having been "crowned with glory and honour" by God and the understanding of the arrogant, self-sufficient view that man has of himself. For the phenomenologically-oriented theologian, the transcendental ego must be reckoned to be either on the side of endowment by God, or on the side of the hubris of man. If the transcendental ego is decided to be a pretentious and sinful assertion to being, then, in order to avoid a prideful overestimation of the ego, must every faith in being be seen to be idolatrous? In other words, must the Christian thinker conceive of the original endowment of the image as totally lost? Or, is it possible to resolve the beliefs that human beings somehow remain in the image of God while also being sinful?

It is my contention that the Husserlian phenomenology of the ego touches upon an ultimate level to subjectivity which Christian theology can endorse, and indeed, should inspire. If the transcendental ego is rejected theologically, then the spiritual dimension of personality must be thought of as an added feature to the self, included at the time of salvation, a divine essence, somehow mythologically bestowed upon the believer, or the elect, thus, promoting a view of an elitist section of humanity. Whereas, the heart of the gospel, it would seem, is elsewhere: that all persons, despite unworthiness, are deemed valuable creatures of a loving and wooing God. A philosophy of the transcendental ego is not, necessarily, on the side of hubris; certainly, being arrogant, prideful and self-centred are indicative of a different level of description of subjectivity than is a phenomenology of the ego as the centre of individual being.

Koestenbaum caps the gist of the Husserlian idea in the following manner:
Through the reductions Husserl hopes to disclose the pure subject, the 'I' that stands behind all experiences as their observer and behind all free acts as their agent. His is the problem, at its deepest level, of the 'self.'

The "deepest level", as was said of the "imago Dei", is intractable in observational language, and is indicative of spirit constituting a world—of being incarnate. Koestenbaum continues his thought by avowing that Husserl, in effect, is asking: "What do I experience, when I say with the God of the Old Testament, 'I am who I am'?"

From a Christian vantage point, for the "imago Dei" to be incompatible with the saga of the "fall" would be to suggest an inherent conflict in the divine order. As Barth states,

the creation of man...in the image and likeness of God is not overthrown by the episode of the fall, but remains even in the face of the total contradiction between it and the being of man.

That mankind is endowed with a special created glory, due to the potential I-Thou relationship with God, actually provides the fuller context for understanding the meaning of the "fall". In this regard, Barth's analysis is astute when he contends that "the divine likeness cannot actually exist" as a "deposited quality", but can only be the "object of hope" in God as Creator. The initial creative act is thereby seen within the context of possible salvation, and not as if creation and salvation are at odds. This way of theological thinking suggests an intentional and teleological structure to the "imago Dei". This factor should make it possible to combine the theological understanding of subjectivity with the phenomenological description of the ego at its "deepest level": both are of an unfinished, evolving being. Yet, before addressing the issue of consistency between doctrines of the "imago Dei" and the symbol of the "fall of man", as these can be amplified within the context of a phenomenology of the ego, it is necessary to define first the meaning of "original sin".

Any realistic understanding of "original sin" must begin with recognition that the "fall of man" is situated not at the level of concepts but at that of mythical images. The story has an extraordinary symbolic power because it condenses

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2Ibid., intro. XLVII.
3K. Barth, Church Dogmatics, Volume III, Part One, p. 190.
4Ibid., p. 190.
in an archetype of man everything which the believer experiences in a figurative fashion and confesses in an allusive way. 1

The symbolic power of the myth is distorted if the Adamic figure is projected into history and not interpreted as a "type". Ricoeur's argument is direct and valid:

We must not make the transition from myth to mythology. It will never be said enough just what evil has been done to Christianity by the literal interpretation, the 'historicist' interpretation, of the Adamic myth. This interpretation has plunged Christianity into the profession of an absurd history and into pseudo-rational speculations on the quasi-biological transmission of a quasi-juridical guilt for the fault of another man, back into the night of time, somewhere between Pithecanthropus and Neanderthal man. At the same time, the treasure hidden in the Adamic symbol has been squandered. 2

The hidden treasure is not a naive optimism concerning the nature of man. Rather, the essence of the doctrine of original sin consists of three traits: the realism of sin, the communal dimension of sin and the captivating power and misery of sin. 3 These obsessive traits of the human experience of evil cannot be reduced to a simplistic, negative concept of fault, nor to an unaffected notion of prideful overestimation of the self. The myth of the "fall of man" indicates a schema of inheritance, in that "each of us discovers evil, finds it already there, in himself, outside himself and before himself;" thus evil is not represented merely as a conscious veering of the will by any one individual, but is understood from the outset as a condition of human being, a fundamental situation: "in tracing back the origin of evil to a distant ancestor, the myth discovers the situation of every man: evil has already taken place. I do not begin evil; I continue it. I am implicated in evil." 4 Moreover, the extent of "original sin" is to be found not only in the fact that evil is already there as inheritance, but likewise in the fact that "we inaugurate evil. It is through us that evil comes into the world," to be sure, "only on the basis of an evil already there, of which our birth is the impenetrable symbol." 5

Such clarification of the doctrine of "original sin" sheds a different light upon any understanding of the "fall of man" by which pride

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2 Ibid., p. 284.
3 Ibid., p. 282.
4 Ibid., p. 284.
5 Ibid., p. 286.
and self-concern are viewed as the central dynamic. "Sin is my true situation before God. The 'before God' and not my consciousness of it is the measure of sin." The fact of sin is not diminished by having less pride in oneself. Salvation, as expressed through the Christian Weltanschauung, is not accomplished by feeling worthless and invaluable (being sunk in misery defines "original sin") but salvation is by the grace of God through Jesus Christ. Similarly, it is a misconception to think of self-realization as the problem of sinfulness; the magnifying, strengthening and uplifting of the self can be a "creaturely self-realization" just as it can be an autonomous realization and self-deification; no doubt, without acknowledgement of the grace of God, "the self is often magnified to represent the master race, the absolutistic political order, the world-saving culture or some comparable idolatry." but self-realization is not the essence of original sin, inasmuch as the one who is responding to God ought also to be seeking to improve the social order, in keeping with principles of love and a common humanity.

Berthold argues that the "theological model needs to be expanded because we have good reasons for refusing to accept pride or self-concern as brute facts which cannot, or should not, be viewed in terms of their dynamic, psychological origin." He contends that any theological "strategy" of trying to reduce human being "to nothingness before God" is misguided. The sin of any person may "take the form of prideful self-assertion" but a psychodynamic understanding of the same phenomenon suggests that excessive, exaggerated self-concern is most often in "desperate reaction" to a "fear of being unworthy and rejected." It is due to feelings of "smallness and helplessness" that the infant is driven "in desperation and anger to focus his tender feelings and hopes upon himself."

1 Ibid., p. 282.
2 The emphasis on original sin is peculiar to Christianity, not out of spite for mankind, but in response to salvation. Brunner designates the peculiarly Christian approach to original sin by reference to sin as an "essential", not "accidental", characteristic of human being: "So non-Christian religion knows something of the sin of man, but only as an accidental, not as an essential...the whole aim of non-Christian religion is just to put sin on one side, i.e. to do something that proves that we know sin only as an accidental...Where sin is known as an essential characteristic, religion comes to an end, and the only thing left is that God himself should remove sin." E. Brunner, God and Man, p. 151.
5 Ibid., p. 29.
6 Ibid., p. 28.
A proper understanding of the myth of the "fall" and of the Christian doctrine of "original sin", writes Mollegan, "transforms man's question 'How shall I save myself,' into the question, 'who will deliver me?'."\(^1\)

In order for the phenomenologically-oriented theologian to defend a philosophy of the transcendental ego, there must be a definitive statement as to the primary object of devotion; obviously for the Christian thinker, the primary devotion would be for God, and then any subsequent magnification of the transcendental ego would come because of the kinship with God. However, the theological model would be seriously lacking, in terms of contributing to an understanding of the person in a social context such as the clinical psychiatrist or psychologist is found, if it failed to give faithful testimony to being in the image of God, for fear of vainly imitating God through this bold declaration. Once the worthiness of human being (as characterized by the "imago Dei") is firmly established as the sound theological concept which it is, then clinicians who are, in a manner of speaking, interested in "saving" others from suffering mental and emotional disabilities can also see their practice of interhuman contact and understanding in a certain theological light. Once again the question can be transformed from "how will I 'save' the other?" to "how will I participate with a loving God, in relating to the other and facilitating a greater liberation from mental and emotional disability?".

The theological treatment of evil needs always to be set within reference to the history of salvation. Ricoeur writes: "Original sin is only an antitype;" type ("imago Dei") and antitype ("fallen man") are not parallel views of human being--there is a sense of "'how much more' and 'all the more'": "where sin abounded, grace did much more abound. (Romans 5: 20)"\(^2\) The heart of the gospel lies in the proclamation that God loves and accepts mankind. As Barth contends:

> It would not do even partially to cast suspicion upon, undervalue, or speak ill of his humanity, the gift of God, which characterizes him as this being. We can meet God only within the limits of humanity determined by Him. 3

Even in the face of the realism of sin, there is "I", the one whom God considered valuable at creation, and after, as evidenced by the call of salvation. A suitable theological I-model consists of an account of

\(^{1}\)A. Mollegan, "The Fall and Original Sin," op. cit., p. 138.

\(^{2}\)P. Ricoeur, The Conflict of Interpretations, p. 286.

persons as addressable by God and essentially redeemable. In phenomenological philosophy, the I-model consists of description of the intentional form of essential being. When the two I-models are interwoven, the resulting description of subjectivity, which considers transcendental form and the medium of consciousness, should lend itself to an account of an ongoing structural relation between God and man, even after the "fall". In holding to this position, the "I who am I" idea is not violated but gains a more certain meaning, even as the human subject recognizes the relative insignificance of his own being compared to God, and even as he commits his being to total reliance upon God. To recognize that one is "under" God, in a hierarchy of being, is not to be devalued as "I" but is to be elevated.

To the point: alienation from God can not be held to have resulted in a change in the ultimate experience or form of transcendental consciousness. The drama of the garden of Eden does not suggest either the disappearance or re-emergence of intentionality—the form of the transcendental ego remains constant, before and after the "fall". As Dupré says, in the Adamic myth, man falls "not outside the self, but into an inauthentic self."¹ Thus, for the theologian, philosopher and clinician alike, the transcendental ego can be treated as the self-symbolization for the primary élan vital of which subjectivity essentially is.

Notably, in relating the "imago Dei" to a transcendental phenomenology of the ego, the proposal I am making is far different from that of saying man's "nature" is basically virtuous, or that there is a "divine spark" within each person which guarantees eventual union with God. If subjectivity could only be conceived as an entity, or as an unidentifiable, metaphysical "substance", such an inference might be drawn. But transcendental subjectivity is not a content-oriented concept. It is not possible to section off a piece of the ego and sanction it as ultimately good stuff. The transcendental ego is form, from inception to furthest reaching horizon; for theological purposes, it can be thought of as the medium for the I-Thou confrontation with God.

Why should the Christian thinker consider the stolid claim to being transcendental ego to be a sinful overestimation of the self, unless it is to say that human being is totally reliant upon God—which also

can be affirmed through a phenomenology of the ego? Views of human being which indicate that the "imago Dei" has been lost rather than obscured by sin seem to be intent upon safeguarding the sovereignty and holiness of God by reference to man's total depravity; in a theological view of subjectivity, the effort must be made to magnify God, but likewise, the Christian believer, who also holds to the sacredness of human personality, can recognize the total dependence of the egological foundation upon God. In believing in the supreme Being of God, there is no need for the human to deny his own ego, in an effort to elevate God who is beyond elevation. It is a primitive kind of reasoning to imagine that, if mankind seems smaller and more worthless, then God will seem greater and more holy. For speculative purposes, it may be valid to reason that "I" without God, would be nothing. But it misconstrues the logic to argue, therefore, if the human subject is to recognize being with God, then first he must admit to ontological nothingness. Implicitly, it is saying, "What if God was not? Then the egological centre would certainly be naught." But in the final analysis, this kind of reasoning assumes there may be a "without God", which is a manner of speaking about a hypothetical God rather than of the living God.

A view of essential, intentional being is necessary if the "I" is to be understood as being in the stream of destiny and choice, as is pictured in the theological scenario, and the being of man is not to be seen as a mere ontological mirage, happenstance or frivolity. Theological thinking, in fact, is the best way to clarify and hold on to the fuller reality of the human subject's potentiality and actuality, because faith in ultimate Being is what characterizes the theological impulse. This may mean, when confronted with the overwhelming realism and misery of sin, that the theologian will need to place a phenomenological bracket on man's "fallen nature" in order to appreciate fully the "imago Dei" in every person. But a theology motivated by compassion is a theology characterized by suspension of judgment. Compassion has waiting and hoping power. In expressing a concept which will influence the ontological understanding of persons in a clinical setting, the appropriate theological emphasis should be that the love of God is directed to the human subject's very being.

Barth expresses the theological justification for the approach I have intended, in the following, powerful statement:

On the basis of the eternal will of God we have to think of every human being, even the oddest, most villainous or miserable, as one to whom Jesus Christ is Brother and God is Father; and we have to
deal with him on this assumption. If the other person knows that already, then we have to strengthen him in the knowledge. If he does not know it yet or no longer knows it, our business is to transmit this knowledge to him. On the basis of the knowledge of the humanity of God no other attitude to any kind of fellow man is possible. It is identical with the practical acknowledgment of his human rights and his human dignity. To deny it to him would be for us to renounce having Jesus Christ as Brother and God as Father. 1

(iii) The advantage in considering the transcendental ego as philosophical formulation for the theological concept of the "imago Dei" is to be found in the structural analysis of a phenomenology of the ego. As a self-symbolization, the "imago Dei" is a testimony of faith in spiritual being, but in itself does not offer much detail for description of that being. Whereas, with a philosophy of the transcendental ego, there are two predominant structures to be noted in the life of the spirit: a structure of being centred and a structure of being intentional. In a theological context, the transcendental ego's re-sistance and per-sistence (as these structures amplify the general condition of ex-istence) may be conceived in connection with the addressability and hope of human being created in the image of God. That is, the ego as an indubitable centre is the structure which characterizes the spirit as re-sistance, the constituting consciousness who may be addressed by God. And, the ego as intentional being with an infinite horizon is the structure which characterizes the spirit as per-sistence, the provisional consciousness who fits into an ultimate context beyond its own centre, and whose final hope is in God.

Hence, in a phenomenology of the ego, the spiritual posture of being is one of choice and destiny, which directly relates to progressive theological thinking on the matter of being in the image of God. Spiritual being, beginning with the Adamic myth onwards, has been treated by various Biblical witnesses as a life of decision and accomplishment, and then accounting for that life in a meaningful manner. This same witness to the sense of subjectivity is contained in the phenomenological declaration "I am who I am". Of course, as the Christian believer professes, there will be a major element of self-deception and fool-hardy clamour whenever a person eschews "I-certainty" and yet refuses to worship God as the One who sustains "I". But the theological mind has often recognized such injustice or slander pervading the entire order of an existence

1K. Barth, The Humanity of God, pp. 52-53.
which provides the opportunity for human subjects to respond to God. What the structures of re-sistance and per-sistence of the transcendental ego suggest are the continual possibility of a dyad between God and human subjects.

Weiss defines a phenomenological understanding of "re-sistance". He writes:

To exist is to have a capacity to resist, to oppose, to react against. An existent is able to show defiance at any and every attempt to intrude on it. 1

This ability to defy must be accorded in reference to a wide range of exist-tential acts: to defying God, to resisting analytic interpretation, to maintaining a stubborn delusional view of the world, to falling in love, to deciding which way to walk, to entering into discourse where one addresses and is addressed. The resistance may be soft and unstable or it may be very rigid in strong opposition to intrusion. The degree to which the one who is centred and "stands-out" can retain its character in the face of opposition is not the issue. The fact that spirit does resist is what is significant. Weiss goes on to characterize the relation between re-sistance and per-sistence in his phenomenological description of existence itself as "a tissue of potentiality under the control of pivotal potentiality to resist." 2

"Pivotal potentiality" fairly well describes the structure of the transcendental ego. Drawing reference to the "imago Dei" in the same de-scription indicates that the "spiritual foundation of the subject" is, as Durfee writes, "related to final ends, thus giving me ultimate interests and contexts." 3 A phenomenology of the ego places emphasis at the depths and ground of individual being, when one considers the spiritual posture of the divine-human confrontation.

Husserl refers to the transcendental ego as the "centre of infinite extensions". 4 Xirau outlines two major modes of the process of extension to be a vertical and a horizontal dimension to the ego; in terms commen-surate with Husserlian phenomenology, he writes that "the sole concrete reality is that which lives within the centre of this present actuality." 5

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2 Ibid., p. 191.
4 E. Husserl, Ideas (London: George Allen & Unwin LTD) 1931, p. 239.
From this centre, the human subject transcends the body and demonstrates its vertical, "irreducible oneness" as spirit, and likewise, lives through the body and demonstrates its horizontal connection with the world of nature.\(^1\) In either "pure verticality" or "primary vitality"\(^2\) it is "one pure Ego, one stream of experience," the "root form of consciousness,"\(^3\) which is present in both dimensions. In the language of theology, it is, therefore, the transcendental ego which is addressable by God and accountable to the world; the "root form of consciousness" is posed to heaven, and bound to earth.

According to Teilhard de Chardin, "God can only be defined as a centre of centres": if this description holds, then the transcendental ego as "a centre of infinite extensions" can be understood as further amplification of the "imago Dei" theme. Taking such a definition calls for a personal—albeit not anthropomorphic—view of God. Hence, Teilhard de Chardin refers to God as "the energy of personalization"\(^4\) and designates specifically that this energy is love, expressed jointly through creation and salvation.\(^5\) The structural relation of God's egological centre to the human subject's egological centre may then be mapped out in this manner:

On the one hand [God's] own I cannot be formed of an aggregation of inferior human or super-human 'I's' gathered together by him...He must possess his own immanence. On the other hand, correlative, the inferior 'I's' in the course of their ascent to the peak of divinity do not diminish but accentuate their self-preservation. They preserve and therefore deepen their private centres. Not only does something of us survive but we survive as ourselves in unity. \(^6\)

In another work, Teilhard de Chardin defends his assertion that God, to whom "omni" qualities are traditionally attributed, might be associated with a personal centre (i.e. "the association of an Ego with what is the All"), by reference to the "three-fold property possessed by every consciousness":

\[(i) \text{ of centring everything partially upon itself;} \quad (ii) \text{ of being able to centre itself upon itself constantly and increasingly;} \quad \text{and} \quad (iii) \text{ of being brought by this super-centration into association with all the other centres surrounding it.}\]

\(^1\)Ibid., pp. 397-398.
\(^2\)Ibid., p. 397.
\(^3\)E. Husserl, Ideas, p. 239.
\(^6\)P. Teilhard de Chardin, Human Energy, pp. 67-68.
\(^7\)P. Teilhard de Chardin, The Phenomenon of Man, p. 259.
Such description of the egological structure and dyad between God and human subjects is in keeping with recognition of the distinctly singular sense of being centred as "I", which is necessary for any account of an I-Thou confrontation, without falling prey to an egocentric or solipsistic ontological view. It indicates the rise of consciousness, not its enclosure. Thus God, and to a lesser extent, man in the image of God, are understood to have a personal as well as a universal dimension.

B. The questionable nature of theological thinking for the purposes of clinical psychiatry and psychology

The theme of an egological kinship with God will be followed up in a later discussion. But, at present, due to the nature of this study, a slight diversion is necessary in order to clarify another aspect of the general topic under consideration—"the role of theology in understanding human being". The expressed purpose of this study is to provide an ontological view of the person from which the clinician might base acts of understanding, accepting and valuing the patient. But before this view can be espoused fully from a theological point of view, it is well to consider that, on a practical and theoretical level, the clinician may be subject to constant onslaught against any kind of confidence in theological thinking.

At a very basic level, there are, in particular, two phenomena which, I think, are significant in adversely affecting the clinician's ready acceptance of theological concepts for understanding human being: these are the phenomenon of religious delusion, which is encountered on a day to day basis in clinical work and the phenomenon of religious illusion, which is treated in much clinical literature as, more than likely, a universal fact. The first phenomenon is an actuality, in practice; the second is a possibility, in theory. For the theologian who is interested in assuring the clinician of the suitability of theological discourse for the social sciences, it is not enough to say that theology, as a methodological discipline, is quite distinct from unclarified, primitive religious impulses. Although this is true, the cognitive validity of theology must, likewise, be evaluated in association with less sophisticated religious impulses. With this in mind, in the course of defending a theological appraisal of human being, I will argue against the suspicion that all theological thinking may be tainted by the same kind of thinking which the clinician observes in religious delusions and against the opinion that theology is
necessarily characterized by the fearful reaction and wish-fulfillment of a religious illusion. Then I will suggest an appropriate character to theological assertions which can be of use in the clinician's understanding of human being.

Yet, before determining a theological response to the problems of religious delusions and illusions, it is worthwhile to set the discussion within a larger context. The specific issue of finding a suitable role for theology in clinical conceptions of the person fits within the general discussion of a potential discordance between a scientific cosmology and a theological one. And the clinician, in most respects, will be committed to a scientific cosmology, in the form of physical, social and psychological science. Accordingly, the language, data, judgments and applications of theology will appear, most often, quite different from that which goes to make up the scientific outlook. With the potential discordance in sight, it then is not uncommon to wonder if the one enterprise is on the right track in arriving at "truth" and "knowledge" while the other is not. This may be expressed in the form of the one (science) being considered to be technologically superior and the other (theology) being thought of as antiquated. Thus, in present day analysis, where the role of the theologian is minimized or disreputed, theology might be seen to be little more than a rehashing of pre-scientific concepts about nature and man, while the natural and human sciences might be viewed as advancing with modern method and controlled experimentation to more astute and relevant understandings of human being.

Hesse describes the "upshot" in the discordance between a modern philosophy of science and theology to entail a twofold reaction. The first reaction is the positivist one which contends that there is only one acceptable truth and one kind of language game: it "rejects all assertion not subject to scientific test as 'meaningless', or at least not cognitively valid, not related to knowledge or truth;" the second reaction is that of "later Wittgensteinians" which maintains that there are many truths and many language games: such a view indicates "a multiplicity of 'truths', valid in different and independent language games, each integral to different 'forms of life', neither impinging on nor conflicting with each other, and between which no judgments of relative validity can be made."^1 Notably, with neither reaction would theology, per se, be considered to have a viable role in the clinician's conceptual

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approach to the patient. The first reaction is an "open challenge to the right of theology to exist at all as a cognitive discipline" and the second merely allows theologians "to play their own games as long as their form of life does not intersect with that of the secular, scientific world."¹

The "positivist" and "later Wittgensteinians" reactions are both "on the side of" philosophy of science. The implicit argument of the first reaction is that theology is wrong and of the second that theology may be wrong. "On the side of" a philosophical theology, there are two other reactions, both of which have been intended in my own interfacing of theology with clinical psychiatry and psychology. The implicit argument of these theologically-inclined reactions is, first, that theology may be right, and second (more affirmatively), that theology is—or can be—right.

Hesse suggests the way for the first theologically-inclined reaction. She notes that one manoeuvre by which the theological enterprise can avoid the cul de sac of being assigned by the scientific society to an antiquated pre-scientific role, and can elude being caught up in its own peculiar, independent language game, and yet can intersect with modern, secular, scientific studies is for theology to emphasize its relevance and intrinsic relation to the social sphere. Hesse writes:

the concept of 'truth' in theology, as also in much of social science, must be detached from the old empiricism of natural science. The assertions of theology make judgments of meaning and value which need to become explicit to prevent confusion with the concept of scientific truth. ²

The need for "judgments of meaning and value" is becoming more obvious in the human sciences:

the attempt to produce value-neutral social science is increasingly being abandoned as at best unrealizable, and at worst self-deceptive, and is being replaced by social sciences based on explicit ideologies, or at least, on explicit points of view related to particular interests in society. Some of these have atheistic and dehumanizing consequences that are bound to conflict with a Christian understanding of man and society. ³

Taking on the role of responsiveness to the social outlook means that the theologian must recognize the place of theology within the social system. The hesitation, for some theologians, in accepting this role may derive from a fear that such a role will lessen the emphasis on the perennial truths of theology, by relating these truths too intrinsically to social life and social change. I see no reason, however, to imagine that perennial theological facts are in any way diminished by their transitory

¹Ibid., p. 238.
²Ibid., p. 247.
³Ibid., p. 252.
expression within secular social systems. The expression of these truths, while being dependent upon the particular life-world of the theologian, fulfills rather than causes harm to the independent theological truth. Accordingly, Hesse argues that theology need not reduce its function to mere reflection of ideological judgments within the given society, inasmuch as these are neither consistent nor permanent; the point is, theology should arise out of and address itself to the real conditions of our society—it should be seen to be one of the possible expressions of our society, and not to be, as so often now, a visible expression of archaism. 1

The second theologically-inclined reaction begins with a philosophical question. Luijpen notes that in many scientific treatments of religion (e.g. the psychological treatment of religion as mere projection) the beginning assumption is that God does not exist, after which the search begins for an explanation of the fact that so many people still believe in God: "the philosopher, however, begins by asking whether God exists. He knows that he has no right to start with an unexamined conviction that there is no God."2 If religion, as such, is conceived through interpretive scientific theories to be nothing but projection (cf. Freud), or to be nothing but an instrument of power to ensure social solidarity (cf. Durkheim), or to be nothing but an opium for the masses (cf. Marx), the philosophical theologian must consider the evidence of these theories in all seriousness. But in the face of an onslaught against confidence in theological thinking, "one crucial question remains unanswered," as Luijpen writes: what remains of the theories "if God is an objectively existing reality?"3 Then, the secular analyses of religion would need to be re-examined, not as totally incorrect—the evidences produced by writers like Freud, Durkheim and Marx on the phenomenon of religion are revealing—but as qualified, as interpretive keys. The possibility that the theological outlook is in the direction of a primary cosmology, the ultimate Reality, highlights the nature of psychological, sociological and political theories as hermeneutical sciences, not as absolute reflections of empirical fact. Particular forms of religious expression may be projection, social power and an opium, as outlined in various theories of the human sciences, but religion may also be much more.

1Ibid., p. 252.
3Ibid., p. 203.
These remarks in favour of a potentially vital role for theology in understanding human being should prove to be a useful introduction for evaluation of the specific issues of religious delusions and illusions. They at least shift the onus from theology being the only discipline called upon to examine its presuppositions and indicate various levels of theological concern. By noting that the theological cosmology can be right, these remarks also suggest the possibility of good and bad, healthy and unhealthy expressions of the religious impulse, and place theology at the level of methodological discipline rather than mythological past-time.

I will consider first the topic of religious delusions and do so under the influence of an extreme, and potentially non sequitur, argument. The form of the argument goes like this: religious delusions are a fact in various forms of psychotic thinking; they reflect an intense psychological pain blown out of proportion onto a macrocosmic scale; if these obviously sick forms of thinking can be seen to be of the same genre of more socially-acceptable, normal forms of religious thinking (i.e. if both psychotic and normal forms of religious expression indicate absolute child-like dependency, a strong enough fearfulness and uncertainty in the face of life-world phenomena to induce a defence mechanism of projection, and the individuals in question appear to be subject to psychological overpowering by the Other) is it not reasonable to assume that the psychotic form of religious thinking is but a reflection—an intensification—of the underlying tendencies in the normal religious impulse; and therefore, that the religious impulse, itself, is intrinsically a mentally unstable expression of being? Notably, while it does not follow to argue—since some psychotic people have religious delusions, therefore all theological thinking is unsound—there is yet room for serious consideration of the point that the disturbed mind may disclose a hidden dimension to other forms of theological thinking.

A common feature of some schizophrenic patients' psychotic experience is to be obsessed with so-called religious matters. When these thoughts become full blown into religious delusions, it can be a startling illustration of how the religious impulse can go completely over the score. A diary written by a young male schizophrenic patient of Sinnet shows how the disturbed mind may turn to theological issues, often, seemingly not as an aside to other personal disturbances, but as if the theological issues themselves are somehow symptomatic. In his diary, the patient would write: "I had to become sick to realize God's will. 666—sick sick
sick God sure love mankind" adding later that "Mental sinness is a sinness just like any other sickness." The association of the number 666 (the number assigned as symbol for the "anti-Christ" in some Biblical literature) with sick sick sick suggests the connection in this man's mind between being ill and being evil, as does his occasional juxtaposition of the word "sinness" for "sickness". His "slips of the pen" also point to instances where the God-symbol is, operationally, little more than an excuse for not raising himself to any level of responsibility for the problems of his mental illness. As he writes: "God alouse some sickness to help us become a bitter person" which might just as well have been written, "God is a louse. He made me sick. I am bitter about it." Given such an intense and confused probing for a solution outwith the natural sphere, from a secular point of view one might wonder if every theological enquiry consists of the same root of desperate servitude and an overpowered rational mind. If so, would that not mean that the God-symbol is anathema to mental health? It at least should not be surprising when the clinician points to examples like this and then turns to ask the academic theologian whether all theological thinking is akin to the same kind of groping for an answer to psychological distress.

Of course, the example cited may only be idiographic, showing one person who became mixed up and obsessed with guilt; the diary writer appeared to be wrestling with a doctrine, perhaps the faulty teaching that the innocent do not suffer misfortune by an all-powerful, loving Deity. Obviously, his brand of "theology" is neither sophisticated, methodological nor clearly argued. However, another example of religious delusional thinking from another schizophrenic patient exposes the possibility of mental instability at the very foundation of revelation. Whereas sane and logical persons can improve upon ill-advised doctrine, what criteria can be used to discern true revelation from psychotic thinking? For example, a patient named Lang gives details of an hallucinatory experience which occurred during the second month of a psychotic episode, during which time he tried to determine if God was speaking to him, and if so, whether he should abandon his own self-control and follow the instructions of the voice. He writes:

The thoughts-out-loud put forward a claim to being originated by God. Associated with this claim, a strong haliaffective euphoric

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2 Ibid., p. 195.
state dominates the conscious field. An intense feeling of trust and belief seems to pervade the whole organism. Exercising their asserted Divine Authority, the thoughts-out-loud demand that I take off my clothing and go around in the nude. The halffective tone of intense trust and belief continues. Despite this feeling of trust, my self dislikes the command. It refuses to permit the organism to carry it out. It resents the presence in the organism of the halffective tone of belief in contradiction to its own state of distrust.

At first glance of noting simply that the "thoughts-out-loud" seem to the individual to be "originated by God", it is compelling to wonder what differentiates Lang's psychotic revelation from revelations which have been considered in the Judeo-Christian tradition actually to be from God, say, of St. Paul on the road to Damascus, or the Apostles at Pentecost, or the visions of a Jeremiah or an Ezekiel. In present times, the act of hearing voices or seeing non-natural things will most likely be considered dubious and unhealthy; it is socially acceptable to talk to God, but not acceptable actually to hear from God. As Szasz quips: "If you talk to God, you are praying; if God talks to you, you have schizophrenia." What is to prevent the clinician from concluding that all so-called "revelation"—past and present—is basically psychotic (or, at minimum, hysterically neurotic), and hence to solidify an antipathy to a theological function in the appraisal of persons? If religious thinkers, at least in part, have relied upon the "evidences" of revelation to state their case, then how valid can their tenets be?

Currently, with advances in psychiatric chemotherapy and socio-psychological treatment, clinicians have ample opportunity to evaluate psychotic patients before and after their experience of religious delusions. Within a relatively short span of time, for some patients the disintegrated personality will become more stable and it then becomes evident that the patient's religious quandary was little more than a bogus metaphysical scene covering over an intense personal pain. The following example is of a twenty-three year old male schizophrenic patient, who recovered from what Sullivan calls a "world disaster psychosis". The patient was closely attached to his mother, but was so very strictly disciplined by his father that the bond between them was never assured. When the father died suddenly of apoplexy, the son's schizophrenic reaction began directly prior to the funeral. During an acute phase, the delusions of the son were expressed


in these larger-than-life terms:

It is too late to do anything—I am worse now than I was when I came—I ate my stomach up and...the real thing is I never believed in God—

Dad said I ought to stay home and help him on the farm...The whole world is talking about me. Say I am the worst scoundrel. Dummy, small, bastard, yellow, dirt, and everything...Somebody dies every day on my account.

I am worse than the Devil, ain't I?...I have brought crime on the world. I am losing weight all the time. The more I eat, why, the more people I send to hell...I am eating the Lord's body every time I eat. 1

At a subsequent stage of therapeutic management, when reality-orientation and personality reintegration had been re-established, the same person said:

I used to think I destroyed the whole world. I thought people were suffering on my account. Something on my mind caused it, probably my father's death...Felt afterwards maybe I could have been a better son to him, probably. My older brother was his favourite son. They used to get along good, but I never could get along with my father; we'd work together and fuss. I had a pretty hard time with my father. He used to beat me. 2

When there were signs of recovery, the grandiose world-view was gradually brought back down to size. The son's problems of jealousy, guilt and anger, when psychotically expressed, were set within the context of man versus the supernatural, and allowed an escape, through denial, of the real life situation. Once the mental function stabilized, however, rather than dealing with these emotions in an exaggerated, distorted and symbolic manner, the son reached some level of satisfactory solution by evaluation of the problems in terms of family relationships and self-awareness.

Freud's theory that conceptions of "God" are basically projections of an earthly father image onto a heavenly scope is well-known. Mankind is said to attribute a fatherly character to the forces of nature and thus to make gods of these forces. Religion, accordingly, is thought of as a psychical scheme whereby man can defend against the overpowering forces of nature and can disguise his own feeble wishes and fears. By naming a deity, the impersonal forces of nature are seen to be, in a primitive fashion, more personal and more readily contacted for mercy, and thus lose some of their awesome and harsh dimension. 3 When Freud began to speak of such matters as primitive hordes, the archetypical slayings

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2 Ibid., p. 84.
and eating of the father-figure, totemism and taboos, other social scientists have cause seriously to question his reliability as an anthropologist and logician, but his basic concept that the religious impulse is a childlike projection is most often accepted as a valid theory. For the clinician, this kind of theorizing can remain just that—an abstractive analysis, of some interest perhaps, but not intrinsic to practical interests in understanding mental problems: that is, until the same kind of austere father-god image appears in the religious delusions of people receiving treatment.

Weigart, for instance, discusses a case of a seventeen year old, identical twin, schizophrenic patient, who, upon becoming more psychotic, began to display an extremely rigid, moralistic attitude. She initiated a fasting ritual in order to experience the miracle of living without food. In the course of psychoanalysis, Weigart came to believe that, unconsciously, "she replaced all object relations" (e.g. food) "by self-destructive submission to a fearful father-god, the over-valued representative of her cruel conscience." Between id (characterized by greed) and super ego (characterized by cruel austerity) the ego-functions became deeply impaired. During the psychotic phase under consideration, the harsh super ego came to dominate the conflict, as the "austere father-god imago demanded increasing repression of instinctual desires, isolation from reality" and "concentration in lonely prayer and fasting." (It is interesting to note, as well, that the inner conflict of the daughter was reflected in the family system, in that there was an exaggerated tension in whether to identify with the aloof, stern father or the addictive, alcoholic mother). Going without food was not a way of achieving a realistic independence from the inner conflict, but was a way of striving for absolute dependence on the father-god image. At the same time, the daughter could imagine herself to have avoided being caught up in the struggle to win the sympathy of her natural father and could seek reconciliation with a projected father-god. Weigart describes the unconscious turmoil as reaching "the pitch of requesting the miracle, to be nourished without food, without active efforts, only to live by faith" and observes that such "longing for absolute dependency" is met in "almost every psychosis" and is closely associated to the "religious goal of absolute dependency."  

\[1\text{Vide S. Freud, The Basic Writings of Sigmund Freud (New York: The Modern Library) 1938, pp. 914ff.}\]

\[2\text{E. Weigart, "Psychoanalytic Notes on Sleep and Convulsion Treatment in Functional Psychoses," Psychiatry, 1940, 2: 193.}\]

\[3\text{Ibid., p. 193.}\]

\[4\text{Ibid., p. 193.}\]
Many other illustrations of religious delusions could be forthcoming. But the minimal point has been made sufficiently, that the psychotic way of thinking may be in certain instances a confused and exaggerated way of religious thinking. The question follows: does the psychotic way reflect the root of the religious impulse, or does it merely distort what otherwise is a stable and truthful way of thinking about human beings within a wider context of reality? For the theologian, when considering the validity of traditional doctrine and revelation, the workings of the psychotic mind when it grapples with these same issues should cause hesitation—hesitation in the form of questioning what differentiates sound from unsound deliberation. Moreover, an enquiry into the unconscious of the religiously deluded patient should alert the theologian to the possibility that the religious impulse itself may be a projection of an intense personal pain and uncertainty, reflecting a childlike dependency, with dynamics of wish-fulfillment and fearful reaction, and a confusing interplay of greed (spiritual egoism?) and self-sacrifice (spiritual debasement?). It would be easy to say that religiously deluded people are mad, pure and simple, and therefore that one cannot expect their mental production of a religious nature to be any more telling about theology as a discipline than one could expect their thoughts on social structures, politics, or any other matter, to be telling about the sciences which sane people have established in these areas. However, the theory that the religion of sane persons—while not as tortured or confused as the religious expressions of the deluded mind—is yet an illusion, reintroduces many of the same issues.

According to Freud, the religious ideas of all persons, whether sane or insane, are illusory: they have no objective significance.\(^1\) As Ricoeur says, Freud's definition of religion is "positivist" and does not recognize the distinction that the myths and symbols of religion are "carriers of a meaning" which escapes the dogmatism of a positivistic stance.\(^2\) Notwithstanding, on the authority of Freud, religious ideas are believed to be merely the illusory fulfillment of "the oldest, strangest, and most insistent wishes of mankind."\(^3\) The same unconscious roots, as were noted in psychotic religious delusions, of fear, helplessness, childish feelings of being overpowered, and futile wishes that life was not as it is, are

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considered to be present, in a less intense but nonetheless incipient fashion, in the socially-acceptable religions of modern times. Although these religious ideas have become highly refined and institutionalized, since they are a representation to which, according to Freud, no objective reality can be known to correspond, they must be considered wholly illu-
sion; these same sophisticated forms of religious expression are also thus partly superstition in that, on occasions, the ideas not only fail to cor-
respond with objective reality, but stand in blatant contradiction to it.¹

It is not a new idea that fear produces the gods (cf. Epicurus and Lucretius in ancient philosophy); "what is new in Freud's theory", writes Ricoeur;

is an economic theory of illusion. The question Freud poses is not that of God as such but that of the God of men and his economic function in the balance sheet of the instinctual renunciations, sub-
stitute satisfactions, and compensations by which men try to make life tolerable. ²

The key to religion as illusion, therefore, in modern times just as in primitive times, is the harshness of life. Because of the human capacity jointly to feel and to deliberate about pain (physical, psychological and social pain), to be immersed in and yet distanced from the intolerable miseries of life, and to conceive of the absence of unpleasant circumstances but yet not to achieve all of the goals of the drive for pleasure, humans tend to project these desires onto a heavenly scale. If there is no an-
swer, then make up an answer, as if this were the truth. Such yearning for bliss, or at least for escape from the harshness of life, is a result of innate narcissism.³

In a related context, Ricoeur discusses the essence of religion ac-
cording to the two themes of "accusation" and "consolation": these two themes represent two main aspects of religion in its various forms, those of taboo and refuge, and they also determine the two poles of religious feeling ("at least in its simplest and most archaic form"), those of a fear of punishment and the desire for protection.⁴ Commonly, in archaic forms of religious thinking, the connection between accusation and conso-
lation (i.e. "the same god who both threatens and consoles") is worked out in a schema dominated by a law of retribution (i.e. "the god who gives

¹Ibid., pp. 52ff.
³Ibid., p. 311.
⁴P. Ricoeur, The Conflict of Interpretations, p. 441.
protection is the god of morality".\(^1\) In order to be protected, the believer must act morally. But such morality stems from enslavement rather than liberation. Hence, the religious behaviour is conducted in response to what is perceived to be a situation of weakness, and good and evil are created by projection from what one cannot do, what one lacks (cf. Nietzsche), and begs the mercy of a psuedo-god, rather than responsibly acknowledging God as the Very Ground of man's ground of being. Ricoeur argues further that religious impulses which are based upon the fear of punishment and the desire for protection are "the corrupt parts of religion."\(^2\)

The self-criticism of religion as illusion brought forward by Ricoeur is meant to purify, not discredit, Christian faith; indeed, "religion as a primitive structure of life...must always be overcome by faith."\(^3\) Where archaic religion reinforces the fear of punishment, faith emphasizes obedience; where archaic religion endorses an infantile desire for protection, faith indicates compassion: the aim of faith is to put "out of play" the "narcissism of my desires"—

I return to a realm of meaning in which there is no longer a question of myself but only of being as such. The totality of being is manifested in the forgetting of my own desires and interests. \(^4\) The illusory nature of religion is brought about by denial of real situations, denigration of rational thinking, abrogation of responsibility for action, and escaping into phantasies of bliss and compensation. Thus, in Freud's understanding of religion, the world must be shorn of God in order to regain a more suitable grasp of reality, and by reality he means, by and large, "the concept of utility, long since opposed to the fictions created by desire."\(^5\) Ricoeur, however, goes beyond the disregard for all expressions of the religious impulse and notes the striking difference between a religious stance of "dwelling" and one of "fleeing". \(^6\) When the Christian religion is true to its origins, and true to a Weltanschauung which is bound by the promise of creation and the chance of salvation,

\(^1\)Ibid., p. 441 and p. 455.
\(^2\)Ibid., p. 441.
\(^3\)Ibid., p. 441.
\(^4\)Ibid., p. 461.
\(^6\)P. Ricoeur, The Conflict of Interpretations, p. 466.
"dwelling" will be characteristic of the Christian response to the world:

This mode of being is no longer the 'love of fate' but a love of creation. Such a fact suggests a movement from atheism toward faith. The love of creation is a form of consolation which depends on no external compensation and which is equally remote from any form of vengeance. Love finds within itself its own compensation; it is itself consolation. 1

The error in Freudian thinking is to suppose that there is no other way to reality, cum utility, other than through "scientific work". 2 The main direction for the Christian faith to move in contending with the tendency to project is diligently to base religious practice upon the teaching "God is love" and not to base morality on fear and accusation. The utility of a compassionate approach to life, within everyday situations, cannot be denied; it is the finest expression of a non-illusory Christian faith.

This examination of religious delusions and religion as an illusion re-introduces the point made previously in the discussion of the potential discordance between theological and scientific outlooks, that religious faith can be expressed on various levels, some good, some bad, some healthy, some unhealthy. It must also be emphasized, when the Freudian interpreter speaks of "God" or "psuedo-gods", he is, in principle, "neither a theologian or an antitheologian. As an analyst he is an agnostic, that is, incompetent." 3 In practice, the psychoanalyst may be called upon to facilitate the patient's emancipation from submission to infantile forms of religious belief, but will not be in the position to declare whether God, as such, is merely a spectre of human desire. If psychoanalytic clarification discredits the religious belief, then, as Ricoeur contends,

the only reason can be that it was not worthy to survive. But in that case nothing has been said either for or against faith in God ...if faith must differ from religion, then religion must die in order that faith may be born. 4

Furthermore, terms like "good" and "bad" religion, while being descriptive of the case, are likewise relative terms, and suggest something of a continuum, or a development. In the transition from archaic to present religious awareness within the Judeo-Christian tradition, is it not reasonable to conclude that progress can continue to be made in understanding the nature of the God-human dyad, and deepening self-awareness? With

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1 Ibid., p. 467.
4 Ibid., p. 325.
such a view of a developing religious consciousness, there also would need be no contingent atheism connected with the assertion that a person's unconscious projection—i.e. the illusory, unfulfilled wishes and personal deprivations—creates a meaningful dimension to the religious scenario. That is, from a historical perspective, when the primitive religious structure of life was being established, it could be argued that God might well tie into the human psychological dimension (unconscious needs and narcissistic desires) as one medium for transmission of the divine message. In current theological thinking, however, the understanding should not be limited or conformed to the fictions produced by narcissistic yearnings.

If the religious impulse is not viewed narrowly as only a mentally unstable expression of fear and need, then an understanding of the illusory aspects of religious thinking can be used as one qualifying factor, for the theologian, in determining what is good and progressive in theological thinking. Moreover, if all of theology is not crassly lumped into a single category of unconscious projection, one can go on to postulate a common condition which may govern similarities which do still remain between healthy and unhealthy (sane and delusional) religious thinking. The similarity is that of longing. Longing is integral to the vain wish-fulfillment of psychotic and neurotic thinking, but it is also integral to the healthy desire to be. Longing is related to reality-orientation (i.e. reality cum utility) when the desire to be is closely linked to pragmatic efforts. It is the bond between the "effort" and "desire to be"—both being forms of existence that lead away from simple narcissistic function—which characterizes sound theological thinking.¹

¹Fr. Donceel defines this longing as a pressing beyond the human limitations, in the Preface to E. Coreth, Metaphysics (New York: Herder) 1968, p. 11. He writes: "a limit can be known as limit only by him who is, in fact or in desire, beyond this limit. We are not beyond every limit in fact. But we are beyond every limit in desire, because we strive past it. Man is the being who is 'always already beyond' every knowledge, every truth, every beauty, every possession, and pleasure. Of every object which he knows man affirms that it is. He keeps striving towards an object about which he can really say that it is, that it fully exhausts the fulness of this predicate. Only the Infinite comes up to this fulness, only God really is. All other objects are this or that. Such is the meaning of the excessus of St. Thomas, of the dynamism of Joseph Marechal, of the Vorgriff of Karl Rahner and Smith Coreth." The distinction of pressing beyond the limit by distorting the facts, or by desire, through striving, is an important one to make when distinguishing between healthy and unhealthy religious thinking.
In a phenomenology of the ego attention is drawn to the human being's capacity to become, to emerge, to realize a potential. In a theological context, this urge, ability or compulsion to transcend can be conceived as representative of the human possibility—the possibility to be completed, to be made whole, to be in union with God. Wieman has observed that the primary mark of every religious endeavour is this concern with an individual's "unattained possibilities". Dunning comments, "in possibility man is of infinite value," whereas "in mere isolated actuality he is utterly worthless," adding that the proper function of theology is to emphasize and clarify the nature of unattained possibilities, inasmuch as "self-transcendence can take modes so divergent as to lead to either self-stultification or self-realization."

The theme of "unattained possibilities" is instructive when questioning whether theological thinking, per se, is a mentally stable act or not. Psychotic self-transcendence illustrates a mode of longing which leads to "self-stultification", but that is not to say that all longing for unattained possibilities will be illustrative of mental illness. That would be to confuse hope, which theology should inspire, with unrealistic wishing, of which phantasy consists. Rather, sound theological thinking can be seen as the viable, strong case, at a personal and social level, illustrating a desire to be which is characterized by "self-realization".

Moreover, in mental illness, once the person has internalized an overwhelming sense of self-failure and inadequacy, along with a serious impairment of the ability to reason clearly, then it should not be surprising to the clinician when the patient turns to culturally-embedded religious motifs to express the struggle. That is, the psychological problems of the mentally-ill—as these can be associated with the theme of "unattained possibilities"—might be expected to be cloaked in the religious symbols which the theological culture is already using to define the human struggle for fulfillment. Szasz inadvertently is affirming the same hypothesis when he writes: "A man who says he is Jesus is not complaining, he is boasting" for he is using the name "Jesus" as "a stamp of greatness". Certain deluded persons' preoccupations with religious matters should not be thought of merely as 'mentally unstable phenomena, but can be thought

2 T. Dunning, God and the Absolute (London: Student Christian Movement) 1926, p. 40 and p. 44.
of, likewise, as means of expression of a longing. Indeed, a mentally-

sound obsession with "unattained possibilities" is at the heart of social
change, responsibility and destiny. Boisen (a student of theology who,
in early adulthood, suffered a psychotic break) agrees with this link be-
tween valid religious thinking and psychotic religious thinking at the level
of unattained possibilities; he makes the further point that the mental
patient is more apt to interpret his experience strictly in terms of what
he calls "mystical identification" (an inward turn) instead of gearing
the response to a communal dimension (an outward turn).

An authentic religious impulse is expressed in the movement from the
subjective to the intersubjective sphere. Thus, for instance, in the
Christian faith, revelation has been intended for communities, and not
restricted to confused and tortured individuals who have been fleeing from
social intercourse: as such, it bears the sense of historical disclosure.
In Freud's reaction against the Christian Weltanschauung, he questioned
whether the attempt to unmask the "illusion" was justified, because he
realized that much of what is valuable in culture is founded upon the
morality sanctioned by such faith. In the end, he concludes that the pre-
servation of religious faith in any form will be more harmful to culture
in the long run than its unmasking.  
As long as religion is used to san-
tion morality, he argues, further progress in personal and social spheres
will be impeded; religion is said to base its morality on commands and
prohibitions which refer, not to reason, but to the absoluteness of the
religious system, to the spokesmen for divine exhortations. Therefore,
to reject religion is to venture forth with a rational foundation for
morality.

Notably though, Freud's approach to religion fails to account for a
faith which refers to the social dimension and which is progressive. It
takes—and with no small measure of justification, when considering the
inhibited thinking which often characterizes the Christian community—the
point of view that religious faith must be archaic, and must be static.
It leaves religion at the level of unconscious projection. It also begins
with the basic assumption that God is not. But, when faith and reason
are held in tension (cf. Anselm), and the solitary individual, guided by the

1A. Boisen, *The Exploration of the Inner World: A Study of Mental Dis-


3Ibid., pp. 70ff.
corpus of Biblical teachings, continues to respond to the social dimension, then, Freud's decision to do away with theological thinking for future generations does not apply. While there is room to compare the unconscious struggles of neurotic and psychotic individuals with the struggles of the religious thinker (at the level of "unattained possibilities"), irrational thinking and theological thinking can not be held within the same categorization—any more than stumbling as a form of movement can be equated with scaling a mountain side as a form of movement (which is not to conclude that some stumbling will not transpire during the course of that climb).

If, on the basis of an experience of grace and faith, the Christian advocate turns with a deepened love for humanity, and with a dedication to ministering to others, then, in verum, the action can only be judged as sound, as beneficial. The strongest point validating the sanity of the Christian advocate is that straightforward love (contra double-binding, manipulative, or self-centred love) is emancipatory. It does not truncate the mind but fosters an evolving consciousness. When the religious impulse is purified by the activity of loving of which Christianity speaks, the outlook—e.g. the ultimate valuing of the other—may appear unusual, compared with other, socially-accepted outlooks, but it cannot be said to be unhealthy or destructive. Indeed, the proper role of theology in the understanding of human being should be to go beyond (although not outwith) mental health. Homans argues, thereby, that "psychology must give way to theology, for the former speaks of man's existential plight, but not of his essential possibilities. These are reserved for theology."¹

Along the same lines, Brunner observes that the task of the clinician is to comprehend dislocations within the subject's functioning, whereas the complementary task of the theologian is to speak of the subject's unity in the encounter with God.²

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¹ P. Homans, "Toward a Psychology of Religion: By Way of Freud and Tillich," The Dialogue Between Theology and Psychology, op. cit., p. 68.
² This is a central theme in the essay "Biblical Psychology" in E. Brunner, God and Man, pp. 136-178.
Section II: Theological Implications from a Phenomenology of the Ego

A. The central importance of the ego

One of the most significant contributions to be made for phenomenological philosophy to theology concerns ego theory. Accordingly, I have intended that the theological appraisal of persons (as exemplified by the teaching on the "imago Dei") and the phenomenological account of the ego should be seen as complementary descriptions of the human subject. Moreover, it has been suggested that the theological assessment of persons provides ultimate justification for the philosophical statement.

In fact, as Niebuhr contends:

Augustine was the first great thinker of the West to emphasize the reality of the transcendent self. He insisted that it was the self, or the 'I', which operated in all its faculties. 'It is I who remember in my memory, and understand in my understanding, and will in my will,' he declared.

The general idea of a "transcendent self", as carried over into modern psychological studies, is that "sensing, acting and willing are, at bottom, owned." Husserl (as has been argued) qualifies, clarifies and expands upon this understanding of subjectivity. But in a manner of speaking, a Husserlian phenomenology of the ego may be thought of as referring back to a theological origin, although not explicitly and although making significant alterations and advances on the earlier idea. Whatever the chain of influence might be from past theological concepts to present phenomenological ones, the important point is that an egological foundation is mandatory for any responsible thinking about human being.

I eventually want to expand upon this theme, to wed the Husserlian idea of the ego even closer to a theological context. Then, by virtue of the phenomenological self-symbolization, the clinician and the theologian will have a common point of reference, via the philosophical I-model, when talking about the human subject. It will not be as if the clinician knows only the psyche within the person or the behaving organism, and the theologian knows only the soul. But, before this goal can be pursued further, the case of ego theory within a theological context needs to be argued for again. Although the lessons on subjectivity have a deep tradition.

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and are formulated within sound theological doctrine, the importance of ego theory for theology is not always upheld. At times it seems as if the religious thinker is obsessed with the idea of debasing the "I", diminishing the ego's importance as a psychological function and ignoring the ego's indubitability as the ontological foundation. Therefore, as was true of my analysis of religious delusions and religion as an illusion, it is necessary for the theologian to be self-critical, in order to purify the theological discourse—and in this case to return to a valid conception of an egological foundation. After criticism, it will be possible to say more about the intertwining of a theological outlook with a philosophical phenomenology.

I will address the issue of ego theory on two fronts: that of the psychological ego and that of the transcendental ego. Both ways of designating "I" are vital for theological concerns. It is my proposal that a post-critical theology, rather than discrediting "I", will stress the ultimate significance of every individual ego and seek to strengthen the ego's function.

In order to illustrate the importance of the psychological ego, I will consider three examples of damaged ego function in mentally-ill states and, thereafter, evaluate the theological concern in salvation of "losing" and "finding" one's soul: "Whosoever shall seek to gain one's soul shall lose it; but whosoever shall lose one's soul shall preserve it". (Luke 17: 30; cf. Matthew 10: 39, Mark 8: 35 and John 12: 25) A dangerously misinformed theological position would be one in which "losing the soul" is associated with "losing the psychological ego". Criticism must be aimed at any theological support for weakening the ego function, instead of strengthening it.

Take for the first example a case of damage to the psychological ego in the form of self-mimicry: Louisa is the patient's name. She had a working diagnosis of anorexia nervosa in an infantile character with marked obsessional features. Testing also suggested an underlying schizophrenic process masked by a very brittle and poorly integrated personality. Instead of wanting "to be" she wanted "to be like". "Her mother sanctioned whatever was acceptable, giving some feeling of legitimacy and rightness to what she felt, but not of ownership, sufficiency or sense of self." This girl adhered to her mother to such an extent that

the initial and over-riding constitution of identification in the world became "mother". The mother's identity shrouded her own identity. Louisa felt secondary and like a "leper", while her mother remained "the most wonderful person in the world"; consequently, Louisa wanted "a perfect other person inside herself", obviously wishing to live out the mother's life rather than her own. When, during the course of individual psychotherapy, she began to search for her "own middle", as she put it, her attempts at self-identification always turned out to be cosmetic. Existentially, Louisa experienced disjuncture to such an extent that "useful learning" and "individuation" became more and more impossible.

The second example of damage to the function of the psychological ego concerns self-denial. The diagnosis given a man called "B" is that of catatonic schizophrenia. Description of the first phase of his illness reveals a complete, sudden and dramatic giving up of everything that had previously been identifiable as belonging to him or as being him. He changed his name and his appearance. In a delusional manner, he experienced the abandonment of his will-power to a man named "K". "B" denied the autonomy of his entire physical and psychological self, in an effort to become an "automaton" under the direction of "K”. This allowed him to share in "K's" glory, but likewise meant that "B" had to receive directions in order to accomplish even the simplest of tasks, such as walking, eating and sleeping. The real world of responsible behaviour was camouflaged by the new world in which he was lost and in which he had to decipher his way according to a bizarre series of ritualistic movements. The accompanying phenomenon of this complete self-denial is depicted as a profound disturbance, wherein the "borderlines of what belongs to his own self and what belongs to the outside are obscured and displaced.”

The third example is that of self-forfeiture to institutionalization. Stone describes a patient who lived for thirty years in a state hospital. She, with other inmates, walked in a circle with a slow, measured step throughout the hospital ward. Her body "seemed to have lost the power to move its parts, so that a shift in attention required a total body shift;" "the aspects of the face had lost their function too—the faces were nothing, masks without the effort of masking." This lady became so

1 Ibid., p. 181.
2 Ibid., p. 183.
dissociated from her body and world that she was grateful for a spoon instead of a fork with which to eat, because the spoon hurt less than a fork whenever she missed her mouth and hit her chin or cheek. She was not a difficult patient, in respect of abiding by hospital regulations. But her complete commitment to the institution's function was a problem in itself, since it had become a part of the process by which her self was rendered functionless. She could not judge her body space in relation to objects or other people, which meant that she would sometimes miss her chair when sitting, or at other times, sit too close or on top of somebody else. She had lost the sense of body boundaries, not being able to determine where her physical self ended and the other person's sphere began. When one's psycho-physical sense is given away in this manner, every action becomes vague and is easily attached to the wrong person, force or object. For this lady, the ego which previously had constituted bodily dimensions renounced the flesh and blood existence, choosing to rely upon the space and rules which were predetermined by the institution. Stone comments: "This was the dead centre of Hell, figures who had once been girls and women, warm and wanting warmth, now encased in ice."\(^1\)

The three examples cited demonstrate key dynamics which may occur once the psychological ego yields to intrusion, manipulation or disgorging. The rule is, if the psychological ego is lost, then the ability to function independently, satisfactorily and rationally is gone. The clinician has learned to expect insane thoughts, feelings and behaviours along with such a weakening in function of the psychological ego. Reflection upon the mental and emotional problems caused by the disruption of the psychological ego should warn the theologian in any misguided urge to reduce the ego function in order to magnify God. When "losing the soul in order to preserve it" is misinterpreted in this manner, it may turn out to be prompted more by a desire to prove loyalty through submission, rather than to live out an authentic and healthy life. The point of application for a theological view of subjectivity is: if theology builds its case for salvation along lines which parallel the psychotic patient's damage to the ego, it too can expect—and even call for—insanity.

However, it is not uncommon to hear admonitions (some sincere, some glib) that each person's own ego must become of no account, if one hopes to "find oneself" with God: while confusing ego function with being self-centred, the message is that the ego must be forgotten, veiled or

\(^1\)Ibid., p. 165.
restricted. More traditional churches seldom exaggerate this theme, so that it has been left to various cults to make an issue of it, and to establish congregational unity based upon the reduced ego function of the members of the cult. In such cases, once ego dispensation transpires, through whatever methods, the religious group has been marked by fanaticism, lack of circumspection, a forgoing of self-responsibility, and often a rigorous, blind, hero-worship occurs; the close at hand cult leader emerges as the singular representative of the over-all belief system which has been embraced by the group. The tendency, then, is for each individual's psychological identity to be wrenched away and handed over to the more powerful leader. Similar to the psychotic reaction, mind-control, self-belittling and self-denial result. Because of this state of affairs, it would seem reasonable to avoid any alleged theological view of subjectivity which operates upon the premise of a diminished or weakened psychological ego.

There are, of course, potential objections to the proposal I am making. Of the objections, the first might be: perhaps the ego must be obliterated, but God must do it—not oneself, not a church body and not a religious leader; such divine control would be good and necessary (so the counter-proposal goes), if not verifiable. Then there would be two versions of the psychological ego—one before salvation (the ego of the "fallen man") and the ego after salvation (the "new creature in Christ").

A second objection might be: when evaluating mainstream theology, there are vast differences to be noted between the psychological ego abandonment advocated by various religious cults and the kind of self loss intimated as virtuous by the over-all Christian community. For instance, there is more than just a qualitative gap between the "self-mimicry" of a psychotic patient and the desire to be "Christ like", wherein the believer tries to behave in accordance with the life of Christ as role model. Or "self-denial": is that not more adequately described as the act whereby the Christian believer reduces the emphasis on personal desires in favour of higher, altruistic goals? Or again, the idea of "self-forfeiture to institutionalization", could be seen in less exaggerated form as commitment to the function of the Church, as unifying with a purposeful group to accomplish socially worthwhile goals. Thus, the argument might go, mindlessness and deterioration of creative potential have no place in the correct interpretation of "lose the soul, in order to find it"—to which I would agree.
Notably, though, in reference to the loss of adequate psychological function, the first and second objections are not, of necessity, compatible. The first defends a form of ego abandonment. The second does not, being more adequately defined as "ego building". In this regard, the second "objection" is no objection at all to the argument being advanced. Furthermore, it should be noted that the incongruence between a policy of ego abandonment and ego building is not simply one of temporal sequence. That is, there are no descriptive categories which would justify saying that in the early stages of salvation God destroys the old ego, during the course of some kind of conversion experience, and then later on, magically, replaces a new ego which is ready to be built and strengthened under divine management as salvation continues to be worked out. Significant childhood experiences, phylogenetics, and patterns of stimulus and response can not be conceived as reconditioned or blotted out when one is "being saved"; and these are the kind of occurrences which go to make up the psychological ego. Hopefully, the salvation process—"Ye must be born anew" (John 3: 7)—means that the individual acquires a new style of thinking, feeling and acting which is under the direction and influence of God, and therefore that the psychological function is in response to a higher calling. But, there are no good reasons for saying that one ego (the pre-salvation one) has been replaced by another, better ego (the post-salvation one). Accordingly, criticism needs to be directed to the view that, in salvation, a good God takes control and eliminates the need for a viable functioning of the psychological ego.

There is room to argue, I would agree, that, in salvation, if the ego is somehow disgorged by the saving act of God, then the ego would not be given over to a hostile, double-binding, parental figure, as was the case with Louisa (cited above). Moreover, believing as the Christian does that God is Ultimate Reality, the ego loss would not be expected to result in a delusional, automatic life, as when "E" believed "K" was controlling him; nor, would one anticipate that the loss would lead on to a lax, mindless institutionalization, as in the case discussed previously of the long term hospital patient. But what of the psychological ego? What of personality cohesion, self-management and reality-orientation? Rather than being de-emphasized, should not these features of psychological being be in full play in being "born anew"? Thus, does not the ego remain of vital significance throughout the salvation process? It would appear, since the Christian tradition defends the premise that God relates to humans in an I-Thou manner, comparisons can be made between what kind of
relationship is loving and inspiring in human ways of relating and the way God relates to the human subject in salvation. The most telling argument in favour of the position I am taking concerns the circumstances under which psychological dysfunction occurs within the human sphere.

The circumstances under which the psychological ego becomes dysfunctional in human to human relationships are those characterized by an oppressed victim and an opposing victor. The oppressor does not woo or beckon, an act which calls for freedom and responsibility, an act which entails dialogue not monologue; the oppressor robs. The oppressor lures, traps and belies, until the oppressed one no longer can sustain a defence against intrusion, and no longer can resemble an identifiable psychological self. The victim is not nourished as a valuable being, but is overcome, and then, sometimes, made to appear as if he were treasured—but treasured as a pawn, or an object of pity. To the oppressor, the victim is "safe" as an appendage, in that he can be manipulated, but he is not "saved". At the point of capitulation of the ego, it is not a question of choice, to whom or what should the self be given, because the ego loss is not a present. It involves something other than the weakening or breaking of the other's pride. It involves an implosion of the victim's sense of being a unified self. From the oppressed person's point of view, anytime the ego has become dysfunctional, there is often an accompanying element of desperation and anger as the victim makes a grand effort to prove something to someone for some unrealistic reason. In the destruction of the psychological ego, the individual tends to become isolated, hostile and seemingly indifferent. This pattern of victor and victim, obviously, does not resemble the way a loving and emancipating God works.

Yet, if theology wants to reduce the importance of the psychological ego, it must take these factors into consideration. It must acknowledge that "losing one's soul", in the sense of psychological ego abandonment, can have the taint of (unrealistically) proving one's salvation, and in a paradoxical sense, would shift the work of salvation from God to the human subject, not representing spiritual freedom, but imprisonment. Furthermore, in the Christian tradition, God is not usually thought of as using omnipotence in order to fashion an assault on the human subject, even though God surely would be the victor. According to the Biblical witness, God consistently has demonstrated to mankind a posture of sustenance, not oppression.

One possible way to understand the full weight of the Biblical admonition to "lose one's soul in order to preserve it" comes by comparing
the soteriological process with the affronting of one's narcissism which accompanies psychoanalytic clarification. This requires consideration of the dual movement of "losing" and "finding", and not an undue emphasis on either one phase or the other. It also relies upon a view of subjectivity in which the egological centre is a firmly established concept. In psychoanalytic clarification, "the instruction of the ego is necessarily lived as a humiliation, a wound in the libido of the ego," but a wound which leads on to a "higher consciousness". In a theological context, salvation is experienced, in repentance, as a broken and contrite heart, which in turn leads on to an emancipatory experience with God through Christ, a heightened consciousness of one's own existential condition and eschatological destiny.

Ricoeur introduces the idea that "humiliation through being instructed" leads on to a higher consciousness—notably a case of ego building, not ego destruction. He designates three figures in the history of Western thought who have decentred the libido of the ego (a "losing") only, in turn, to show the way for being recentred as a higher consciousness (a "finding"): with Copernicus, the narcissistic ego was instructed by being "'displaced' toward the immensity of the cosmos"; with Darwin, the ego was decentred from itself, from its discernible lineage, "toward the mobile genius of life"; and with Freud, when the instructing consciousness encounters the resistance of a primitive narcissism, the ego goes beyond its own autonomous sphere "toward the shadowy depths of the psyche";

Consciousness nourishes itself by recentering itself around its Other: cosmos, bios, or psyche. It finds itself by losing itself. It finds itself instructed and clarified after losing itself and its narcissism.

The same movement of "losing" and "finding", of being decentred or unpreoccupied and then recentred or nourished can be noted in the union with God. In this case, rather than simply extending awareness, the consciousness is grounded in the Ground of Being, its ultimate Other. The self-sufficiency of the ego is not only challenged by its limits—as is true of being recentred around the cosmos, bios or psyche—but, likewise, reaffirmed in its ontological significance. The dual movement of "losing" and "finding" makes lucid the testimony of the Psalmist that the way of the Lord is a wounded spirit:

2Ibid., pp. 332-333.
The sacrifices of God are a broken spirit;
A broken and contrite heart,
O God, thou will not despise. (Psalms 51: 17)
The contrition is in keeping with the "freeing", or the "making anew" of a "right spirit within me". (Psalms 51: 10-12)

In Christian theology, salvation is by the grace of God only and not by the works of the human subject. But that fact does not rule against the movement from the singular ego (of being decentred and recentred) to God as Other: the I-Thou confrontation is necessarily a dyad. The achievement, of the self-realization, then, while provided by God as the Ground of Being is also, directly, for the human subject. It is an edification. McConnell recognizes the achievement of this higher consciousness in his description of the "religious quest":

The religious quest for selfhood embodies a striving to enlarge the self, placing it within an ultimate context whereby its limitations are recognized and affirmed together with an expanding integration of its potential for development and change. 1

Allport argues in like manner, and while referring to the unique nature of the religious quest, also correlates this movement with the psychological phenomenon of personality integration; he speaks of that portion of personality that arises at the core of life and is directed toward the infinite. It is the region of mental life that has the longest-range intentions, and for this reason is capable of conferring marked integration upon personality. 2

The alignment of the theological approach in this manner indicates that the general paradigm in salvation is of "ego transformation", which is to put the emphasis correctly on regeneration rather than debasement or belittling of the psychological ego. In salvation, the subjectivity is enlivened by grace, and the ultimate meaning of that subjectivity is brought to completion. Submission to God, therefore, cannot be suitably evaluated as an effort to void the egological centre. Salvation is being in relation. Buber's understanding of the I-Thou confrontation is of "being chosen and choosing, suffering and action in one"; thus, "it is not the I, then, that is given up, but that false self-asserting instinct that makes a man flee to the possessing of things before the unreliable, perilous world of relation." 3

To complete the argument for the importance of the ego in theological understanding, I will consider the scenario, via Duméry, when the

transcendental ego is imagined: not to remain as the proper orientation for theological enquiry. I am of the opinion that any attempt to eliminate the transcendental ego as an egological centre, when thinking about God, is equivalent to advocating a theology of chaos and an impersonal theology.

Duméry has tried to break through and beyond Husserl's transcendental reduction in order to articulate a proper meaning for the concept of "God". His reaction is, as Mascall observes, a form of neo-Platonism, in which "the ultimate and absolute One is beyond both intelligibility and being." With the task of theology in mind, Duméry rejects any notion of stopping the reduction at the point of orientation with the pure ego, as is the case in a Husserlian approach to phenomenology.

Either one seeks to arrest the reductive effort at a given order (for example that of the I, or rather the transcendental We) and is completely arbitrary, since the reducible remains. Or one pushes the purifying exigency the whole way, and establishes that it stops of itself only after going beyond all the orders and even the notion of order.

Duméry is eager to say: "God is not an order; he is that by which order can exist." The point is well made, as he qualifies his position on "the problem of God":

God is beyond being; he is not less, but more, infinitely more;
he is its source.

God is super-being.

The validity of Duméry's argument is contained in the principle that a "God" which can be neatly categorized, defined by analogy and conceptually managed by the human subject is hardly worthy of being called "God" at all. Such a "God" may be little more than a sublimated father-image, an anthropomorphic figuration. However, while Duméry may help us to understand the vastness of God (by saying that the vastness of God is too vast) it is hard to conceive how "going beyond" the pure ego enables one to understand the human subject in relation to God. In other words, what then of the "imago Dei"? Duméry writes:

The relation of God to the created cannot be defined by an ontological transmission, be it total or partial. Being, in fact, need not submit to transfer and does not reside in God; it appears only at the level of the created and is found contemporary with the multiple, the finite and the imperfect.

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1 E. Mascall, The Openness of Being, p. 10.
3 Ibid., p. 151.
5 Ibid., pp. 154-155.
Rather than seeing God as the Ground of Being and within a hierarchy of Being (from Supreme to dependent), Duméry hopes to safeguard the supremacy of God by refusing to accredit any ontological connection between God and the human subject:

if God were called Being, and not the One, procession would once again be ontological derivation, thus participation...God could recover his transcendence only by the timely adjustments provided by analogy.  

Duméry seems to think that the transcendence of God is the difficult concept, in need of defence—that is, he says, with ontological participation, God (or does he mean the human subject?) would have trouble "recovering" the transcendence of God. There is also no explanation why the "adjustments provided by analogy" would do any other than facilitate creative, orderly thinking about God in human terms, rather than hinder it.

In place of the transcendental reduction, Duméry feels the need for a "henological reduction" in theology.

"...ontology has henology as its contrary...the first holds that the inferior borrows a part of what it is from the superior; the second holds that the inferior receives from the superior the means to be what the superior is not. In the one there is communication; in the other, there is literally position of self-position."

The henological reduction, thus, is said to ground the transcendental ego in the absolute One; but in grounding the ego in One, it is not grounding the ego in God as Thou. It grounds the ego by disavowing the ego as a ground of being. Brabander describes the addition of the henological reduction to the transcendental one as an effort to remove "the parenthesis of the phenomenological epochÉ." By following the metaphysical system of Plotinus, Duméry considers the One to be the first principle of everything, and thus not to be being; hence what is not being is the supreme cause of what is being. The One is not entangled in the order of the created sphere, and therefore, the henological reduction is meant rigorously to preserve a view of the transcendent God.

No doubt, as Duméry is able to show, a Husserlian approach, by virtue of orientating or beginning with the pure ego, does leave room for the theological imagination to attempt to go beyond being, with this "purifying exigency"—even if the alleged purification, if it is to be conceptualized, felt, or experienced in some way by someone, would continue to be a constitution of the pure ego. The Husserlian phenomenologist (for

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1Ibid., p. 155 and p. 156.
2Ibid., p. 156.
whom the transcendental reduction is the proper beginning for any effort to understand) would be prone to ask: Is Duméry correct in assuming that the reductive process is "arbitrarily arrested" at the transcendental ego, or is it a matter of seeing that every attempt to go beyond the egological centre has its beginning with the constituting ego seeking to go beyond itself? Nevertheless, putting this point to one side for the moment, if the transcendental reduction could be replaced by a henological reduction during the course of theological thinking, and the scene still could be imagined by someone, what would the scene be?

Then, to find a meaning for "God" one would need to go beyond the notion of order, beyond any egological and teleological conception—and beyond any corollary view of an involved, creative act by God. The void, similar to that depicted in the opening stanzas of Genesis, would be revived. And if, in order to know God, the religious intentionality (minus the pure ego?) must break beyond order into the void, then what is to be said of a theology which emphasizes a life of identity, meaning and relationship between a caring God and the human subject? Duméry is consistent when, with the egological centre supposed away and with a mathematical theology freed from the subjective dimension, he no longer refers to a personal God but to a principle of autoposition. Duméry's noble effort is "to do away with all anthropomorphism," as Brabander says, but in so doing, "we are faced with an equally dangerous enemy, namely, an agnosticism which au fond brings us to atheism."¹

The outrageous tenet upheld by the Christian faith is that, in some sense or another, human being is linked to divine being. Participation and confrontation between "I" and "Thou" are central pillars of the Weltanschauung. God is not away, but in the midst of human subjects. The idea of "relation" in Duméry's approach is only one of dynamic principle to actual being. The divine motion makes the human spirit proceed, but does not intersect with the spirit as Thou. Brabander says the henological reduction is the "technical term" for the ascensional dynamism of the spirit;

the process of coming to knowledge about God consists in the actual operation of the henological reduction, namely, in making the passage from the one and multiple (the spirit) to the One. ²

But, by seeking to obliterate the human egological centre, Duméry does

¹Ibid., p. 113.
²Ibid., p. 115.
not simply ignore the process of being centred-decentred-and-recentred in the life of transcendental subjectivity, but likewise avoids the dyad between God and the human subject. God, thus, cannot be seen to act upon the person; the person merely must try to go beyond the self in search of the unknown God. The "relation" is that of non-ego to non-God, which is just the opposite of the central message of the Christian faith based upon incarnation and salvation by God. In the Christian faith, the spiritual "passage" is not seen to be from the "one and the multiple" to the "One", but vice versa, "the Word becomes flesh", from the One (or better, from the caring God) to the one and multiple (or better, to the intersubjective community). There is no knowledge of God outside of being confronted by God.

The value of Duméry's argument consists of (i) its non-anthropomorphic treatment of God, (ii) its refusal to enclose the meaning of "God" within a regressive, analytical explanation of the ego and (iii) its defence of a wholly transcendent God. By striving to go beyond the pure ego in thinking about God, Duméry aims to ensure that God will not be found merely as an intentional object among other objects in the world; God is not at the end of the religious quest unless God is the first principle, the presupposition of the quest. But he errs, from my interpretation of the Christian faith, by intimating that God is only beyond the ontological dimension. On the one hand, Duméry is firm in his conviction that one should not say God is only analogous to human being and then, on the other hand, he will argue that God can only be beyond ontology. Whereas, it should be recognized that any understanding of God generally will fail when one says "God is only this, or only that". If God, as God, is truly beyond the created order as the dynamic, transcendent source of the world, then God may also choose to be in that same order. In reference to God, "being beyond" and "being in" the world are not contradictory terms, and are not indicative of an absurd problem of logic (like, "can God make a rock so big that He cannot pick it up?"). The idea of God as beyond yet being in the world is integral to the Old and New Testament treatment of progressive revelation and historical disclosure, brought to completion in Jesus Christ.

From a Husserlian point of view, any effort to disregard the egological centre is invalid and inconsistent. Even with the noble purpose in mind of speaking of the otherness of God, the henological reduction would prove inadequate because the description passes beyond the level of description. In another work, Duméry speaks of how
the religious intentionality departs from the intimacy of the
spiritual subject, crosses the psychological Ego, the body, the
world, the society, to rejoin the Absolute Himself. 1

But in what sense can it "depart" from the ego and still be an intentionality? In rejoining the Absolute, certainly the intentional regard will encounter God as beyond its probe, before its essence and outwith its autonomy. However, is it not more accurate to say that the spiritual subject does not thereby depart from its intimacy, but expands upon it? Even when thinking of the God beyond God, even when the initial cogito is clarified by a higher consciousness, on an experiential level, God is for the ego and in the ego as ultimate concern. Luijpen notes:

man cannot affirm anything outside his affirmation. God's Absolute, Transcendent Autonomy of Being and man's absolute dependence of being are recognized within human knowledge and not outside it. 2

As Thou, God is boundless (i.e. transcendent) but likewise, as I, God is the "centre of centres" (i.e. immanent). By taking a phenomenological orientation with the pure ego, theology can better address the issue of distance and relation between God and the human subject. By trying to follow a henological reduction, theology loses its footing. Moreover, the transcendent reduction places the theological emphasis more solidly with the human subject and is not totally committed to visions of spiritual ascent away from the human condition. Once again, such a phenomenological orientation to the ego is not in reference to the "false cogito", the self's "pretension of positing itself", but is in reference to an ego which finds itself "as already posited in being." 3 Thus, as Teilhard de Chardin notes, "the true ego grows in inverse proportion to 'egoism'. Like the Omega which attracts it, the element only becomes personal when it universalizes itself." 4

In postulating that the transcendental reduction is the final reduction, and in designating that the centre is egological, Husserl affirms a personal dimension to the energy of life. It may be true that pure consciousness is somehow concealed with an opaque quality due to this claim of identity, But, more importantly, in naming that which is already posited in being as pure ego, Husserl touches upon a more truthful unveiling of subjectivity than that which would be even more concealed by

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4 P. Teilhard de Chardin, The Phenomenon of Man, p. 263.
nothingness, chaos and the void. A fundamental consideration of a personal and an orderly theology is the transcendental structure of being "I (who am I)". This fundamental consideration has a complementary form in clinical conceptions of the person; after various ways of analyzing what is false, unreal or deceptive about the other, "unmasking or debunking should stop", as Frankl writes, in order finally that one might be "confronted with what is authentic and genuine in man."\(^1\)

**B. The relation between the absolute transcendental ego and the Absolute God**

The transcendental ego has been described in this work as a self-symbolization which is compatible with the theological conception of the "imago Dei". As a philosophical description, a phenomenology of the ego does not express all that needs to be conveyed about the "imago Dei" but it does provide several key structural considerations for the expression of the concept. As a means of summarizing this argument, I will refer to the transcendental ego in a theological context (i) as spirit, (ii) as a meaning-matrix, (iii) as provisional temporal being, and (iv) as teleological. These features of the transcendental ego can then be used to substantiate the idea of an intrinsic ontological relation between the absolute transcendental ego and the Absolute God.

First, Husserlian phenomenology asserts the validity of spiritual being within a material world—a necessary assertion if there is to be a conception of a relation between God as Spirit and the human subject. In phenomenology, moreover, there are no exclusive statements which define the human subject as only spirit, as somehow apart from matter—a necessary assertion if the created material world is to be conceived responsibly from a theological point of view. Phenomenology articulates a midway position between materialism and spiritualism, seeking to avoid the extremities defended by either view of the person. In understanding the human subject, the phenomenologist recognizes that "there is no spiritual and intellectual knowledge without sense-perceptible objects, without brains, physiological processes, sensible images and words,"\(^2\) but rejects any "materialistic monism" which would suppose that the person is merely a

\(^1\)V. Frankl, *Man's Search for Meaning* (London: Hodder and Stoughton Ltd.) 1959, p. 100.

\(^2\)W. Luijpen, *Phenomenology and Atheism*, p. 167.
"thing", an object among other objects; the distinguishing fact is that "man exists for himself" and "things exist for man". Likewise, "spiritual monism" would work against the phenomenological orientation to being by minimizing "the being of materialistic things to the being of the subject." Therefore, while affirming the priority of the subject as spirit for methodological reasons, the phenomenological emphasis is that the subject is involved in material things. Whereas, exclusive exaggeration of the relevance of either the material or the spiritual dimension results in a "detotalization of reality"; the first exaggeration leading to a crude dehumanization of persons as portions of matter, and the second leading to a vain divinization of subjectivity. Katsoff notes the unwarranted philosophical exaggerations of being considered either "sense bound earthly fools" or "heaven bound spiritual egoists".

Teilhard de Chardin, while not being committed to a Husserlian approach, endorses a similar view of the human subject as spirit. In his treatment of the concept of the person, he seeks to combine "experimental science" and "philosophy", sometimes speaking of his own "phenomenology" as a "hyper-physics". Of the phenomenon of spirit, he writes:

We are coincidental with it...It is the very thread of which the other phenomena are woven for us. It is the thing we know best in the world since we are itself, and it is for us everything. Corbishley remarks on Teilhard de Chardin's admirable refusal "to see spirit as either meta-phenomenon or epi-phenomenon"; just as the human body is warm, coloured and heavy, it is also, in certain cases, conscious, and thus, "the phenomenon of spirituality is just as real" as are "the phenomena of heat, light and other physical characteristics." Teilhard de Chardin also supports a Husserlian view when he relates the life of the spirit with the rise of consciousness and the human ability to be reflective. He writes:

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1. Ibid., p. 167 and p. 171.
2. Ibid., p. 171.
3. Ibid., pp. 171ff.
The being who is the object of his own reflection, in consequence of that very doubling back upon himself, becomes in a flash able to raise himself into a new sphere.

The rise of consciousness, or as one might say, the occurrence of the transcendental ego, thus, can be seen as definitive for the symbol of creation of the human race in Genesis; Teilhard de Chardin writes, due to the activity of being reflective, human subjects "are not only different, but quite other" than lesser primates; "it is not a matter of change of degree, but of a change of nature, resulting from a change of state." 2

Scheler defines the spirit according to its "pure actuality", its being "in and through the execution of its acts." 3 This constitutive dimension of the ego can be associated directly (as "imago Dei") with the creative activity of God as Spirit. That is not to say that God and the human subject are on par in creative, constituting activity; indeed, the two activities are on a vastly different scale (for examples, the human subject does not constitute ex nihilo, but is posited in being, enveloped in the world, capable of rational and irrational constitution, caring or vindictive concerns). The relation is to be found in the fact that the human spiritual act is embedded in and dependent upon the life impulse—which in the Christian faith is believed to be sustained by God. 4 From a theological viewpoint, therefore, the creative activity of the human spirit is related to the energy of the Spirit of God in a dependent fashion. As a philosophical statement, a phenomenology of the ego captures this double sense in the human activity of constitution: posited in being yet incomplete, dependent upon the life-impulse while yet creating a world. Xirau characterizes the potency of the spirit as being not a thing already made, finished, that must be preserved and protected; nor is it the product or result of the simple confluence of things. It is intention and reference, projection, pathway and trajectory. Through a world of things it seeks its way and every moment on the way is a crossroads. 5

Second, the phenomenological treatment of the ego as absolute has never been meant as boasting about the autonomy or power of the ego. It is a statement about the ego's meaningfulness. When, in philosophy, the

1 P. Teilhard de Chardin, The Phenomenon of Man, p. 165.
2 Ibid., p. 166.
3 M. Scheler, Man's Place in Nature (Boston: Beacon) 1961, p. 47.
4 Ibid., p. 81.
ideas of "ego" and "meaning" are linked together, the concept of personhood assumes a heightened status; when, by means of theological reflection, the ego as meaning-matrix is associated with God, then the ultimate of the concept can be defended as irrevocable; within the context of faith, there then is no arbitrary sense to the absoluteness of the ego.

Buber expresses the idea of the ego as a meaning-matrix within a frame of reference which is vividly existential, but also radically theological. And it is in this setting of being in the world while being before God that a theological phenomenology would support. Buber states, personhood is indicative of a "Presence" which "bound up in relation... makes life heavier, but heavy with meaning...Meaning is assured. Nothing can any longer be meaningless." Theologically speaking, the meaningfulness of the life of the ego is "received" in the same sense in which the "imago Dei" is an endowment; but the situation in which it is expressed is the world of everyday living, the Lebenswelt:

This meaning is not that of 'another life', but that of this life of ours, not one of a world 'yonder' but that of this world of ours... The meaning that has been received can be proved true by each man only in the singleness of his being and the singleness of his life. The meaningfulness of the ego, while being bestowed upon the "singleness" of absolute transcendent being is realized fully only within the intersubjective field. Moreover, from a theological vantage point, there is to be noted an ontological chain of the meaning which is "bound up in relation". The meaning is received from God as "the eternal Thou" but is re-addressed in the sphere of human relations, inasmuch as "in each Thou we address the eternal Thou." The necessary counter-balance for a conception of the ego as a meaning-matrix is a conception of the world as horizon and a conception of an operative life. That is, as Buber has argued, the solitary human subject is "bound up in relation" with nature, other persons and God. The transcendental reduction to essential, individual being is not complete until it is seen that the meaning-matrix, with its various constitutive layers, extends into the world of other intentional objects and subjects. The fuller dimension of the meaning-matrix is illustrated by the movement of distanciation from the world and inter-relation with it.

1M. Buber, I and Thou, p. 110.
2Ibid., p. 111.
3Ibid., p. 101.
By way of philosophical reflection, as Ricoeur comments:

It is in spite of itself that phenomenology discovers, in place of a idealist subject locked within its system of meanings, a living being which from all time has, as the horizon of all its intentions, a world, the world. 1

By way of theological application, the solitary subject turns to God in an act of dedication, and is grounded in meaning, from which, as a communal subject, must turn in acts of service to expand and express this ultimacy. Meaning, thus, consists of response and responsibility, just as the transcendental ego as meaning-matrix is before God and in the world.

Third, a phenomenology of the ego is concerned with provisional temporal being. Temporality, in phenomenology, defines the being of the ego; it is not merely a datum for the ego. Husserl refers to the transcendental ego as an "all-inclusive temporality" but he likewise observes that "all being qua temporal lies in the finite order and is merely on its way to infinity..."2 In view of the structural consideration of a time frame which is provisional, the theological side of a phenomenology of the ego is expressed as a hope in God as sustaining the ego's temporality but not being confined by it. A central feature of the temporal being of the human subject is to be aware of an infinite horizon of being, but yet, simultaneously, to be fully cognizant of being finite. Accordingly, the transcendental ego while experiencing itself as an indubitable centre for this awareness of infinity has a basically questionable past and a highly dubitable future. As Gurwitsch writes:

the ego's being carries with it a certain character of provisionality, it partakes of this dubitability, or better, relativity, which is the essential and existential condition of all transcendent existents. 3

Coreth expresses the theological sentiment connected with the awareness of provisional temporal being, when he writes:

We experience in the most direct manner the contingency of our own Ego. We ourselves have not always existed. We have emerged from non-being, we have been thrown into existence, we know that we were not, that we are not necessarily in existence, that we have not entered into existence by ourself. 4

Such "knowing that we were not", coupled with "hoping that we will continue on as this egological centre", provides the temporal structure for

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4. E. Coreth, Metaphysics, pp. 175f.
articulation of a concept of the "imago Dei". Along with the recognition of not having entered into existence "by ourself", the theological mind takes the case to the extreme, to the ultimate act of creation, admitting, of course, to parentage and to biological inheritance, but finally referring on to the past horizon of God. In this regard, the "necessity" of the transcendental ego is best conceived as an aftermath of creation.

Mueller concludes that "temporality is equivalent to mortality."

For the ego, experiential time is sequential: "earlier/ later, before/after, 'measured' in long/ short, slow/ fast durations;" the sequence, in being anticipated, is, in essence, "uncertain, overlapping and producing wavering borders. And this uncertainty of all experiential times is its ontological status and truth." Existential time is somewhat of an opposite to the ontological status of experiential time, i.e., "existential time is the time which we are in enacting it." However, Mueller goes on to argue that "the paradox of eternal time" (which is represented in the Christian faith by the association of the human subject with God) "unites the opposites of ontological and existential in one dialectical synthesis."^4

Tillich states the theologically-inclined phenomenological awareness of temporal being simply: " 'God' is the answer to the question implied in man's finitude."^5 The expression of the question of finitude and the hope of an answer of infinitude, moreover, are closely related to the condition of being the transcendental ego. As Ricoeur observes, the ability to "stand at a distance", or the human capacity "to transcend itself, becomes a structure of finite being."^6 The difficult thought of not continuing throughout all time (and I say "difficult" because of the pervasive constitutive activity of the indubitable ego; how can the ego constitute not being?) is integral to any theological consideration of the possibility of being in the image of God, because of the awareness "I am" but "I will not be, without God". Thus Gilkey is correct in

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2Ibid., p. 427.
3Ibid., p. 428.
4Ibid., p. 432.
saying, although it is possible to describe the human subject as creative and essential, one also finds self-transcendence to involve a potentially threatening relation beyond himself and his world, a relation that manifests the qualities of ultimacy and unconditioned-ness, but which from the point of view of general secular experience can reveal as much a Void, a final meaninglessness, and the possibility of false ultimates as it does an almighty power, meaning and love.

Fourth, a phenomenology of the ego is concerned with intentional being, expressive of a telos in life. Husserl places emphasis on the companionable quality of religious faith and the teleological principle operative in human being. In the context of the clinician's appraisal of persons, McKenzie goes so far as to say "the telos in man is the image of God striving to realise itself, to grow into the stature of Christ" and then defines this telos as the real root of religious experience.2

Scheler reflects a Husserlian opinion when he writes: "man cooperates in the creation of God, who emerges from the Ground of Being in a process whereby spirit and drive interpenetrate increasingly." Husserl sometimes relates the evidence of the human race gaining "an ever more perfect mastery over his practical surrounding world, one which expands in an unending progression" with the "image of God" and says, thereby, "in a sense analogous to that in which mathematics speaks of infinitely distant points" one can say "metaphorically that God is the 'infinitely distant man'."4 However, this particular statement by Husserl, while virtuously representing a faith in human being, is also somewhat of an overstatement, and tacitly turns the conception around with mankind thought of as primary and thereafter God. In addition, due to the various crises of the human community and the lingering suspicion of apocalyptic holocaust, it would appear incorrect to assume that the telos in man is inevitably cooperative with God. Teilhard de Chardin expresses the idea more cautiously and with appropriate emphasis on God when he says, "by 'faith in Man' we mean here the more or less active and fervent conviction that Mankind as an organic and organized whole possesses a future,"

that is, "not merely survival, let us be clear, but some form of higher life." While a high level of optimism has generally died out in present day theological thinking, and with much reason, there is still something to be said for an overview in theology, like that supported by Husserl, of the created order consisting of an impulsive drive, an energy, expressed by the human subject on certain cases, but ultimately reliant upon God, a divine intentionality with a purpose for mankind. Ranly says that, for Scheler, this "impulsive drive" is "the basic core of reality"; it has been operative throughout the created order and "the different levels of reality, the inorganic, the vegetative, the sentient and the spiritual, all respond to this vital drive according to their own degree of being."²

More specifically in reference to a theological phenomenology of the singular ego (i.e. its eschatology), Husserl speaks of the "absolute teleology" which is interior to the transcendental ego, consisting of a "meaning giving process that moves into infinity" and which "can be understood in its relation to the absolute subjectivity as the infinite way along which it moves toward its true being."³ Husserl also indicates that the "subjacent intentionality" of God, even this side of eternity, is an "ordering principle" in that it is the "forward moving force of an all-comprehensive, teleological principle which secures the unified homogeneous character of the inner time flow."⁴ In philosophical analyses, Husserl is content simply to describe, e.g. the inner time flow as homogenous; but in a theological context, he is compelled to attribute the unity to an "infinite ideal" which transcends "time-constituted consciousness, which is by its very nature finite-bound:" "May we not, or must we not presuppose a universal intentional drive which unifies each original present into a lasting temporalization...?"⁵

In summation, then, the absolute ego is connected with the Absolute God, but only in the way of the human subject as "imago Dei"—a matter of relation, not like kind.⁶ Kaufmann writes:

⁵Ibid., p. 207.
⁶Ibid., pp. 206-207.
⁷Early on Husserl said that God is " 'Absolute' in a totally different sense" from the ego of the human subject; cf. E. Husserl, Ideas, p. 174. now, with a fuller context, such as that described above, one can see that the "difference" does not preclude a "relation".

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While being absolute in Husserl's sense, transcendental consciousness may not exhaust the whole scope of the Absolute. Its stream may be but the surface and outlet of a deeper and mightier movement which comes from afar, but which we know only through it. According to Husserl, God as Absolute is the Ground for every ego by virtue of being groundless; speaking of God he writes:

The absolute has its ground in itself and in its groundless being its absolute necessity as the one 'absolute existence'. Its necessity is not a necessity of being which still admits contingency. Bertocci clarifies that God as Absolute is so on the basis of being the "First Cause"—not as a faraway, impersonal principle, but as a "Personal Ground" of the world; he stresses:

the sequential kind of causality restricted to the phenomenal world is not the causality ever meant in the notion of First Cause, which, after all, antedated the scientific use of the term. What is meant is not a cause at the beginning of things, simply the first of a series! What is meant is a metaphysical Cause contemporaneous with the events it produces, sustaining every one of its effects...Such a contemporaneous Cause, first in the sense that all other causality is impossible without its contemporaneous creativity, may well be called the Personal Ground of the world.

There may be some doubt that Husserl could have supported such a concept of God throughout the formulation of ideas on the transcendent ego, inasmuch as, when setting out the basic premises for phenomenological investigation, Husserl suggested, since knowledge of God comes in such "a highly mediated form, standing over against the transcendence of the world as it were its polar opposite" then considerations of the Absolute and Transcendent God "should remain disconnected from the field of research." But, Husserl also states at the same time that there is a "wonderful teleology" within the world, characterized by "the growth of culture with its care for spirit" which is "not exhausted by the explanations of all such creations by the natural sciences." Husserl's reasons for the initial suspension of considerations of "God" in phenomenological method are due to the requirements of starting the enquiry with pure consciousness and nothing more. For the theologian, this may be impossible, but for the philosopher it appears as a reasonable device of method.

2E. Husserl, quoted by L. Dupré, "Husserl's Thought on God and Faith," op. cit., p. 210. Note Husserl does not state 'God can only not be being.'
5Ibid., p. 174.
However, after the phenomenological method has been established, there is every reason to reach out beyond pure consciousness. It is interesting to note, in so doing, that the ego which has been described by Husserl as a "transcendence-in-immanence" is structurally analogous (as "imago") to the dual notion of God as Transcendent and God as Personal Ground. Merleau-Ponty disagrees with Husserl's description of the human subject as a transcendence-in-immanence; as he writes:

I can no longer introduce a 'transcendence-in-immanence' behind me as Husserl did (even transcendence qualified as hypothetical) for I am not God, and I cannot verify the co-existence of these two attributes in any indubitable experience. His disagreement with Husserl sounds convincing at first reading because everyone knows the singular ego is not in control of the world, and is contingent upon innumerable forces acting upon it. It is possible, however, to hold to a Husserlian view of transcendence-in-immanence for the human subject if the "indubitable ego" is understood in the form of being centred and recentred, being in process as the pretentious cogito and the clarified cogito (cf. Ricoeur) and if the belief is retained that the human subject is "imago Dei". Merleau-Ponty's disagreement is based upon an interpretation of the Husserlian notion of an "absolute ego" as being an autonomous force unto itself. On further reflection, via theology, the absolute transcendental ego is seen to be related to and reliant upon God as Absolute. The egological centre is teleologically bound to God as the "centre of centres", to God as "the Ego and All" (cf. Teilhard de Chardin); and thus, the transcendental ego emerges as the self-symbolization of human being as destiny.

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1Ibid., p. 173.
The function of theology is to respond to being addressed by God. At its best, theology directs this response to the human situation—situations such as those in which the clinician works, situations where a prevailing ethic is needed, where an ontological hope is required. The way prescribed by a phenomenology of the ego is a long, sometimes difficult, course to take in order to speak, in one breath, of God and the human subject. Nonetheless, it is a way of merit when one seeks to think through theology to the human situation. In phenomenology, the one self-symbolization emerges as a microcosm of psychological, philosophical and theological understanding.

One remaining problem in seeking to be theology and yet to be anthropology concerns how far one goes in "thinking through" theology. It is possible to think through theology so far that the original theological impulse deadens or the specific theological insight is forsaken. Thus, in going to anthropology, one may go "outwith" theology. It is this problem which is at the heart of the distinction between a secular and religious humanism. I have intended this phenomenological approach to the experience of schizophrenic persons to be concomitant with a religious humanism—an example of thinking through theology, even going outside of areas which are normally considered of theological interest, but not of going away from a few of the basic premises of love and common humanity expressed by the Christian faith. Therefore, as a means of conclusion, I will, first, critique a humanism based strictly upon a secular dimension, and second, consider principles of a humanism based upon the Christian faith.

Buber writes: "if you hallow this life you meet the living God." In this sense, "humanism"—whether secular or religious—should always border on a response similar to that of the Christian faith; but it does not. The initial differences between a humanism based upon the love of God and a humanism based upon the love of man have long-range effects. Moreover, it would appear that the general philosophical context of many of the pioneers in clinical psychiatry and psychology has been a secular humanism (often coupled with a reductive naturalism). From such a humanist-naturalist basis, as Outler explains, the "primary focus and concern is

1M. Buber, I and Thou, p. 79.
man: man by himself in nature, man for himself in the world. With a humanistic concern and a naturalistic focus, the clinician's acts of discourse and understanding of the relationship would seem, purely within the confines of social science. However, if one assumes that theology can be, even must be, of significance in the anthropological sphere, are there not serious limitations to such a philosophical context? Is it possible to hallow life, and yet refuse to meet God? Or, is it that, in refusing to meet God, one actually fails to hallow life? Rabil raises the question if "a truly humanistic philosophy must point beyond itself to 'being'." And, as Merleau-Ponty states, with the Christian faith, "being" is never simply of the human subject, inasmuch as Christianity is a religion based upon the supposition of "a reality whose source is not philosophical awareness."

In the approach to humanism taken by ten Hoor, the theologian is asked to give up the "idealism" which is committed to the existence of the spiritual; then he says, "the thinker about religion will be able to find the proper place" for this charitable, albeit misdirected understanding,"in his philosophy, in his culture, and in his daily personal and social life." I have said much the same, except (and these exceptions are crucial) the attention to anthropological matters should not entail giving up on theological insights, but rather should result in applying these insights, in praxis; and it is not that the theological enterprise is misdirected by responding to being addressed by God, but that, in certain cases, theology is not applied sufficiently within the human situation. In saying that one should gain a "religious re-orientation" geared to "spiritualize naturalism", ten Hoor is close to being in alignment with the phenomenological approach I have advocated; but in stating that "religion is nothing more and nothing less than loyalty to the values of human life" he misses the relevance of the fundamental premise that human being is in the image of God, but the human is not God. Sellars and ten Hoor are in agreement about the "next step" of a religious impulse which is reduced to the human level; Sellars writes: "the sole

5Ibid., p. 83.
meaning of religion" is to be concerned with and loyal to "genuine values" as these are developed within the culture. As ten Hoor amplifies the theme, "learning how to live as human beings in the world" is now the proper way of religion: "man's moral problem is not preparation for an afterlife but learning how to live his personal life." The humanist, therefore, so ten Hoor contends, ought to be "grateful to Christianity for its emphasis upon the moral dignity of the common man, upon the brotherhood of man, and upon charity and love," but the humanist ought also to reject the "religious orthodoxy" of the Christian faith because of its "mythology and supernaturalism." "Reverence for God must be transformed into admiration for the good; love of God into love of fellow-man; faith in ultimate perfection into hope for present improvement." The attempt is to salvage religion by eliminating some of its essential features and concepts.

Sellars and ten Hoor, thereby, are representative of a humanism in which one does not "think through" theology; rather, one reduces theology to something it is not. Their strict alternatives of "mythology" or "anthropology", "supernaturalism" or "naturalism", are false alternatives. Their so-called "transformation" of religion is too closely akin to its eradication, and for those who truly believe in God, "love of God" does not need to be transformed into "love of man" it simply needs to be applied within a human context. The conclusions Sellars and ten Hoor draw are often admirable, because being-in-the-world must be the focus of attention for the Christian advocate, but by trying to remove God from the scene they also do harm to the ontological conception of the person.

Any humanism is developed after determining the sense of the human. Polin notes that this process of determination "is not based on scientific observation with which all would unanimously agree." Outside of a theological orientation to humanism, to determine the sense of man is to assign each time to his function as man a specific end, to treat him as a value, the polar

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2M. ten Hoor, "Humanism as a Religion," op. cit., p. 90.
3Ibid., p. 90.
4Ibid., p. 97.
5Ibid., p. 96.
6Cf. R. Sellars, Religion Coming of Age (New York: Macmillan) 1928.
value around which the world of mean and the constellation of their values should be ordered in relation to him. 1

The question becomes: in what fashion will the value of the transcentdental ego be limited? Will the value degenerate into a self-centred concern? Will it be a copy of society's goals? Or will that value reflect a destiny before God? If the ego's anthropological status is considered to be the final word, then the ego, at best, can be identified with societal norms. Thus, without considering being before God, the sense of the human is seriously restricted, relative, underdetermined.

As Polin remarks:

Every humanism is inclined...to become immobile and fixed in a limiting and, finally, inhuman definition of the human. The insufficiency of a humanism comes from its necessarily closed attitude towards that which makes up its essence, and this closing can never be essential to man. This is why a humanism always risks degenerating into an anti-humanism. 2

Without an understanding of the "imago Dei" as basic to being the human subject, and without an understanding of God as the object of hope, the ego must be seen to be, relatively, closed in upon itself; its ground is insubstantial and its horizon is limited; and thus the ego is not itself. For humanism to be valid, one must seek, not to go beyond God, but to go beyond the human subject. Brunner maintains: "It is not abstract 'humanity' which makes man human, but the personal Thou of God and the personal Thou of man." 3

Scheler critiques a secular version of "humanitarianism" because of the abuse it does to the "Christian Commandment of Love":

Humanitarianism rebels against the first principle of the Christian commandment of love: 'Love God first above all things'—with the immediate corrolary, 'Therefore love your neighbour in God, and always in reference to the highest good.' 4

At first, Scheler seems to be going against what Jesus Christ is recorded to have said: the "great and first commandment" is to love God and the "second like unto it" is to love one's neighbour as oneself. (vide Matthew 22: 36-40 and Mark 12: 28-31) But then Scheler explains that the rebellion of secular humanism consists of the constitution of an "ethos which isolates man from God and often indeed plays man off against God." 5

1Ibid., pp. 542-543.
2Ibid., p. 556.
3E. Brunner, God and Man, pp. 161-162.
5Ibid., p. 367.
"Love" is misrepresented, therein, because it is treated as a "means of promoting the welfare and sensual contentment of man or social groups" rather than as a higher goal in itself: "Humanitarian love of man does not desire welfare for the sake of man's capacity for love...but on the contrary demands love for the sake of welfare."¹ When love is a means to an end, it becomes relative to other means, and can be removed from consideration if it does not appear to suit the immediate purpose. But the true nature of love prevents it from being used like a commodity. What is essential to the Christian faith—responsiveness to an active God of love—is minimized, perhaps lost, when love is treated as a means to an end. In its worst form, the secular humanist stance may take "the form of a suppressed hatred of God, a conscious insurrection" against God.²

I agree with Scheler's remarks, but would emphasize that his critique is not of humanism, per se, but of a "God-forsaking humanitarianism".³ His aim is to describe the human community "against the divine background" of a "supreme and final community of all spiritual beings"; he wishes to define the shape of the human community "against the illumination which only community with the personal God projects."⁴ When the Christian faith is operative, thus, in the world of everyday living, the active awareness is that "self-sanctification and love of one's neighbour" have "in their common root, the love of God." therefore, "it is in and through God that for the first time we are truly bound in spirit to one another."⁵

Because of the possibility of forsaking God in a humanist approach, there are, at times, reactions on the part of Christian advocates to any philosophical appreciation of humanism. This reaction against humanism misconstrues the world-view of the Christian faith. The antipathy of certain Christian advocates to any humanism is amazingly ill-advised, because through this antipathy the corollary of the commandment to love God is ignored. As Barry writes, humanism is "on the Christian side,"

¹Ibid., p. 368.
²Ibid., p. 368.
³Ibid., p. 372.
⁴Ibid., p. 375.
⁵Ibid., p. 375.
it is "a weak ally to be succoured."^1 The very boldness of Barry's statement is admirable, as he declares, "Christianity 'discovered' the individual."^2 That is, "the creation of a humanist culture is indeed the genius of Christianity" and even in its present form, "the Gospel and Humanism" belong together.\(^3\) Where some might think the humanist approach to subjectivity raises the ego "too high", Barry argues that the claims of the secular humanist "are not high enough."\(^4\) In the Christian faith, humanism can be lifted out of a relative and vain frame of reference inasmuch as the polar value of the human subject is bonded to the ultimate reality of God. Brunner expresses the idea forcefully:

So individuality has not its ground in the fact that the one must supplement the other, and complete a whole, since every individual only expresses imperfectly the higher whole. This simile of the organism is inadequate. Individuality has not its ground in a limitation, a negation, but in something positive, in the fact that God binds me to my fellow as he is, and him to me, his fellow, as I am, that consequently God's will confronts me in the nature of each man as he is. That is the origin of individuality. \(^5\)

Once humanism is clarified and understood to be compatible, even intrinsic, to the Christian faith, there should be no false division between loving God and loving one's neighbour. The problem then becomes how the loving communion with God can be **anthropologically vindicated**. When the Christian faith and humanism are inextricably associated, the practical level of theology is expressed by being with persons in a caring and involved manner, and, as Macquarrie says, then "faith can be seen as something that is rooted in the very constitution of our human existence."\(^6\) Accordingly, the life-world should be thought of as the starting point for an anthropologically vindicated theology. In thinking through theology to the human situation, it must be realized that to speak of another world or what lies beyond this world is to speak of what transcends our experience in the widest sense of this word. The world is the last limit of what we can feel, or know, or contact in any way. \(^7\)

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^2 Ibid., p. 63.
^3 Ibid., p. 18.
^4 Ibid., p. 18.
In the experience of the life-world, there is, to be sure, an horizon of "unattained possibilities", but even the ultimate referential level of experience is conceivable only within the immediate world context.

A theologically-inclined phenomenology of the ego, or of the spiritual subject, therefore, is most concerned with the present personal and social dimension. Landgrebe contends that the phenomenologist must "seek the absolute as revealing itself in his existence here and now, referring him to that instant in his existence when...the absolute reveals itself."¹ Eliade argues, in pre-Christian times, it was not unusual to observe "the separateness of the sacred from the profane" but, for the Christian, this separateness "is no longer obvious"; indeed "evasion" from the life-world "is forbidden to the Christian"

since the Incarnation took place in History, since the Advent of Christ marks the last and the highest manifestation of the sacred in the world—the Christian can save himself only within the concrete, historical life, the life that was chosen and lived by Christ. ²

Teilhard de Chardin, after noting, "by definition and in essence Christianity is the religion of the Incarnation," then proceeds to stress that the Christian faith should lead on to a "Christian humanism".³ Barth relates the act of God entering the human situation radically in Christ as the prime example of "the humanism of God."⁴

A humanism interpreted through Christian faith, moreover, calls for reconsideration of the symbols used to convey the idea of "God". It should now be possible to speak of God in the very act of loving one's neighbour (or identifying with the schizophrenic person in a caring, involved manner, as "I" to "Thou"), to reflect not only the transcendent God, but the immanent God as well. To the question—"Where is God?"—a theologically-inclined phenomenological response would be in keeping with an understanding of the life-world, not as a crucible over which a detached deity observes mankind, but as a dynamic, intersubjective world. Robinson notes, in modern times, with an expanded view of the universe, the translation of the concept of "God" has changed in much theological...

³P. Teilhard de Chardin, The Future of Man, pp. 33-34.
⁴K. Barth, The Humanity of God, p. 60.
thinking from "the God 'up there' to the God 'out there'," but the change has really "represented no more than a change in direction in spatial symbolism." ¹ He then maintains: "God is not outside us, yet he is profoundly transcendent." ² The idea Ramsey seems to be after can be expressed convincingly in the language of phenomenology, wherein, in regards to the life-world, the spatial dimension itself is understood as dynamic and subject to the constitution of the ego. Thus God would not be imagined as only beyond space, but likewise, as fundamental to spatial being, and there would be no answer to "where God is" that did not include "who God is" and "what God is doing in the world".

In phenomenological terms, the "imago Dei" is expressive of the human relation with God as the Ground of Being. With this outlook, with this heightening of the ontological notion of the person, the caring and involved acts of the clinician can be portrayed as bearing a meaning beyond the bare act, but yet as contained within the act. That is, if God is the very Ground of human being, then in those moments when the human subject is faithfully representing the fact of being in the image of God, the work of God is being enacted. As Lefevre states: "The logos of Creation and Redemption is also the creative and redemptive logos wherever redeeming and creating are going on." ³ He relates, thereby, the work of the clinician with the work of God, not in the manner of equating the goals of therapeutic intervention with the process of salvation by God; that is, the work of the clinician cannot be related to the work of God as if to "equate the pairs" or "with respect to the inclusiveness of the healing";

Yet we would be equally mistaken to fail to see the interrelation created by the fact that the same reality is the source of healing and creating, wherever such take place, whatever the depth or scope. ⁴ For the Christian, the "imago Dei" has a fuller dimension by reference to Jesus Christ, the "imago simpliciter". Lefevre, accordingly, speaks of the "incognito of the Christ in all creation and redemption, whether in psychotherapy or elsewhere." ⁵ There are two ways of describing

² Ibid., p. 60.
⁴ Ibid., p. 51.
⁵ Ibid., p. 49.
this "incognito of the Christ" in the work of the clinician, either as an actual "Christic happening, a Christic event", or as a disclosure of the pattern of redemption with the historical Christ as role model, which would be the "archetype of God's working in all history."  

In thinking through theology to the work of the clinician, the essential religious act would be seen to be the affirmation of being in the relationship—the understanding, accepting and valuing of the transcendental ego. As I have argued, such an act is integral to the entire practice of a caring and empathic approach to the patient. The work of the clinician depends upon, as Buber says, whether the other is thought of and related to "as the one he is" and irrespective of the "desire to influence the other" (e.g. to effect personality reorganization or manage behavioural change) "nevertheless unreservedly accepts and confirms him in his being this man and in his being made in this particular way."  

This religious act consists of a belief in the other person's indubitability and irreplaceability. Thus I have insisted that the basic conception of the schizophrenic person must be shifted from an emphasis on "function" to one of "being". As Wu writes:

Replaceability is typified by an advertisement: 'I want someone who fulfills the qualifications a, b, c.' ...A man here is a dispensable instrument via which the ideals are realized...when we treat men as replaceable, we are relating ourselves to them in an I-It manner.

Uniqueness, on the contrary, is typified by a short, confessional whisper: 'I want you.' Period. ...You are this unique, irrepeatable and irreplaceable person...when we treat persons as unique, we are relating ourselves to them in an I-Thou manner.  

The religious dimension to valuing the transcendental ego goes beyond valuing only particular characteristics about the other. It goes beyond description to an acquaintance marked by acceptance of an ontological bond, a shared destiny, an identification with the other. The clinician, as valuer, rules out the possibility of determining what parts are of value and maintains, fundamentally, a holistic vision of being. In a sense, such valuing is a truism, ungrounded until it is grounded in God.

Understanding of the nature of this religious evaluation in the conceptual approach of the clinician is a vital concern for the ethic

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1 Ibid., p. 49.

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behind the therapeutic intervention in which the clinician engages.

Nietzsche, in opposition to the Christian faith, suggests that the God-symbol is inimical to life, that the religious impulse stands in the way of the will-to-power, that the moral precepts connected with the idea of "God" retard the advent of the Übermensch; he argues further that the God-symbol is the invention of the weak, since along with the idea of "God" comes the idea of the equality of all persons; thus the weak

are glad in their inmost heart that there is a standard according to which those who are over-endowed with intellectual goods and privileges, are equal to them; they contend for the 'equality of all before God'...It is among them that the most powerful antagonists of atheism are found. 1

In typically brilliant fashion, Nietzsche touches upon a part of the truth. The idea of "God", as espoused by the Christian faith, is in defence of those who are less fortunate. But this is not its fault, this is its strength. One might seriously despair of the outcome, of the change in the prevailing ethic behind the care and intervention of clinical psychiatry and psychology, if these professions opted for the same atheism of Nietzsche. There seems little room for a charitable treatment of the sick or infirm. Would not the schizophrenic person be the weak one, to be left behind, discarded as inadequately functional, in the advent of the Ubermensch?

Nietzsche is right to attack religious stances which shy away from responsibility to the advancement and welfare of society. But his idea is based upon the misconceptions that, in loving God, the human adventure must be debased, that, in depending upon God, humans must not rationally and diligently shape their own future. He rejects any hope in the work of God because he associates it with the human being's decision to refrain from energetic activity on a personal and social level. He sees the goal of the Christian way to be failure, not success, a negative withdrawal from the world and a refusal to be actively involved in building a better world. For Nietzsche, the Christian faith represents a will-to-nothing. He does not realize that, in standing before God, both the weak and the strong, as fellows, must be bonded together.

The approach to the Christian faith which is typified by Nietzsche should serve as a caveat to advocates of Christianity. Certainly, a version of the religious life as lazy, futile and withdrawing is the opposite of what I have been proposing as the suitable way to think through theology

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to the human situation. Therefore, while Nietzsche's criticisms may have a point of application to misguided religious practice, they do not have a universal point of application. What is distressing in Nietzsche's attack on the Christian faith is not his rejection of God—he has no viable notion of God—but his rejection of human subjects. While ostensibly defending the essential dignity of persons as authentic beings on their own right, is not Nietzsche actually condemning those who are not Übermensch? It is correct to say, cum Nietzsche, that caring for the weak is defensible, fundamentally by reference to God. It is incorrect to say that such caring impedes the ascent of man. Such care is, indeed, one of the distinguishing marks of the human adventure, of civilization at its best, and if it is lost, the powerful will have need for mercy among themselves: Respect for the human subject as authentic and essential can not be restricted to the strong. If God as Love (as the energy of love which is expressed in the world) is put in reserve until the Übermensch arises, then it will be too late to love. The will-to-power and the response of love and respect for all persons must be kept together. For the clinician, the point of view of Christian humanism is infinitely better. Frankl embodies it in his "psychiatric credo": "an incurably psychotic individual may lose his usefulness but yet retain the dignity of a human being."^1

For the phenomenological clinician, who upholds principles of Christian humanism, the "vision", as Aldrich says, of "God is love" must be developed into a "planned doing". ^2 There is no retreat from life in a Christian faith characterized by the Incarnation, and a faith built upon response to the experience of creation and salvation by the caring God. For the Christian humanist, the element of participation with God in everyday matters, such as those in which the clinician is involved, is one way to think through theology to the human situation. The expression of the Christian faith is a way of life, it is an act, expressed through living, lest it become invalid and sterile. Hence Delfgaauw writes: "Faith in Christ does not distract man from his task on earth, but endorses it."^3

^1 V. Frankl, Man's Search for Meaning, p. 136.
Of the three themes I have emphasized in the phenomenological approach to the experience of schizophrenic persons—understanding, accepting and valuing—the theological contribution to the clinician's conceptual approach is realized most in the depth and justification it provides for the act of valuing the other. The transcendental ego designates the dimension of the "I" which is to be valued and the "imago Dei" then substantiates the ultimate reasoning for doing so. The philosophical description is of the ego-logical centre and the theological one indicates that this ego is related to God as the "centre of centres". God is to be regarded, not only as the Creator of life, but also as the constant hope for value in life. As Niebuhr writes, God is the One "on whom the self feels wholly dependent for any worth as well as any existence it possesses." Moreover, this faith in God does not take away from a positive regard for one's human condition, but adds to it. "Faith is really saying 'I' in the presence of God." It is a faith realized in praxis, with the strong and the weak, it is an enacted expression, not derived by superimposing another faraway world upon the experiential life-world, but by a continual discovery of the work of God within a human context. It is a faith not estranged from scientific endeavours, and one not subdued by a better understanding of the human situation, whether that understanding be of the workings of the mind or of the vastness of the universe. It is a faith which not only survives, but is magnified, within a caring personal and social dimension, because that is its home.

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