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PhD Thesis

Helene Stephensen

MADNESS AND ITS DOUBLE

An empirical-phenomenological investigation of double bookkeeping as a rupture within reality in schizophrenia

Supervisors: Søren Overgaard and Josef Parnas

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Name of department: Department of Communication,
Center for Subjectivity Research,
University of Copenhagen

Author: Helene Stephensen

Title: Madness and its Double

Supervisor: Søren Overgaard

Co-supervisor: Josef Parnas

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Preface

The present PhD thesis is rooted in both philosophy and psychiatry and the journey back and forward between these worlds. The numerous encounters with individuals suffering from psychosis or schizophrenia together with the study of philosophical texts lay the ground for this thesis. I hope with this thesis to contribute to opening a conversation between these two worlds, who have much potential for enriching each other.

Encountering psychosis may be an encounter with immense suffering and yet at the same time an encounter with an unpretentious world involving astonishing creations of new languages and poetic richness. The thesis attempts to keep a balance between these two aspects of psychosis, a phenomenon that is too often conceived simply as an impoverished relation to reality.

Related previous work (not included in the thesis)

- Stephensen HB, Henriksen MG (2017). Not being oneself: A critical perspective on 'inauthenticity' in schizophrenia. *J Phenom Psychol*. 48: 63-82.
- Stephensen HB, Parnas J (2018). Schizophrenia, Subjectivity, and Self-Alienation. In: Welz C, Rosfort R (red.), *Hermeneutics and Negativism. Existential Ambiguities of Self-Understanding*. Tübingen: Mohr Siebeck, pp. 211-224.
- Stephensen HB, Parnas J (2018). "Schizophrénie, Soi et altérité" (pp. 239-250). In: M. Gennart, J. Thonney (eds.) *Le sens fondamental de soi et ses troubles. Plaidoyer pour une psychothérapie des psychoses*. Paris: Le Cercle Hermeneutique.
- Stephensen HB, Parnas J (2018). What can self-disorders in schizophrenia tell us about the nature of subjectivity? A psychopathological investigation. *Phenom Cogn Sci*. 17(4): 629-642.
- Rasmussen AR, Stephensen H, Parnas J (2018). EAFI: Examination of Anomalous Fantasy and Imagination. *Psychopathology;* 51 (3): 216-226.
- Rasmussen AR, Stephensen H, Nordgaard J, Parnas J (2018). A Phenomenological Approach to Psychopathology of Imagination: Development of a Descriptive Instrument – Examination of Anomalous Fantasy and Imagination. *Psychopathology*. 51(3): 210-215.

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I am very thankful for Center for Subjectivity Research for providing an intellectually rich framework for writing a thesis. I am grateful for all the wonderful colleagues and friends I have had the chance to meet at this place. Thanks, Jelle, Tris, Julia, Line, and many more for your excellent company and kind encouragement during the last stages of writing this thesis. To Angelica, thank you for all your support, for listening to many ramblings about *speculums of the other madness*, and for making academia a lot more pleasurable. Most of all, thank you for being my friend and for enriching my life in so many ways.

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Alexandre. Between Nice, Istanbul, Athens, Paris, Copenhagen, Bruxelles, Yerevan, Palermo, Paris, Bruxelles, Venice, Paris, Tblisi, Copenhagen, Paris. The story began with a letter. I cannot wait for all the chapters to follow. Here it should just be said that I am immensely grateful for all your warm support, patience, readings of my work, and for all your beautiful contributions. But how could I even think to try and thank you in words for showing me what love means.

Lastly, but most importantly, I wish to express my deepfelt gratitude to all the research participants who took time to partake in this project and generously shared their stories. Without you, this project would not have been possible nor make any sense.

Helene

ENGLISH SUMMARY

This thesis encompasses the first empirical-phenomenological study of the fundamental yet overlooked phenomenon of double bookkeeping in schizophrenia. Briefly put, double bookkeeping refers to the sentiment of living simultaneously in two incommensurable dimensions of reality, namely, a common everyday reality, shared with others and a private sometimes psychotic reality, transcending the constrains of the former. The thesis combines phenomenological inspired qualitative interviews with 25 individuals suffering from schizophrenia spectrum disorder (SSD) on the one hand and critical engagement with philosophical concepts on the other. It is an explorative study targeting double bookkeeping as experienced from the subjective perspectives of individuals suffering from schizophrenia. Furthermore, it aims to investigate philosophical issues emerging from this exploration.

Although completely neglected in current mainstream psychiatry, double bookkeeping has been re-discovered in phenomenological psychopathology and philosophical discussions of the (doxastic) nature of delusional belief. These studies deal mainly with theoretical issues regarding delusions.

In line with the phenomenological approach, the thesis argues that double bookkeeping is not simply a matter of holding contradictory beliefs, but rather reflects a global alteration of the relation to reality. From a phenomenological perspective, the two worlds can exist side by side without conflicting because the evidence pertaining to psychosis is not rooted in the evidence of the everyday world, shared with others. In other words, the two realities are not simply different but cannot be judged by the same standard.

The thesis argues that double bookkeeping is a more comprehensive phenomena pertaining to the core of the mode and onset of psychosis. Double bookkeeping plays across multiple psychotic symptoms and is furthermore at stake in pre-onset phases as well as schizotypal disorder (i.e., a non or pre-psychotic part of the schizophrenia spectrum). The thesis aims to identify the shared phenomenological pattern pertaining to diverse clinical manifestations such as delusions, hallucinations, insight into illness, and *Anderssein* (i.e., a sense of being profoundly different). The PhD thesis is built around four papers. The papers are consecutive in the sense that the first paper presents key conceptual and clinical work that guided the empirical investigations presented in the second and third paper. The fourth paper presents a conceptual and philosophical discussion drawing on insights from the first three papers.

In the first paper we propose to identify the shared phenomenological pattern as an instability in the affective articulation of subjectivity. This is an expression of a *Gestalt* leaving a trace of specificity on diverse and heterogenous clinical manifestations. More precisely, there is a specific form of alterity within the immanence of subjectivity at stake in schizophrenia that involves a sense of a breakthrough to another ontological dimension.

The second paper presents the empirical-phenomenological study addressing double bookkeeping. The most important results are that most research participants experienced to be in contact with another incommensurable dimension of reality considered as being more profound or true. Psychotic experience concerns this different reality, which the patients typically kept separated from the everyday shared reality. None of the patients considered their condition as an illness analogous to a somatic illness. Many of the participants reported that psychotic experiences were nearly impossible to express in common language because they felt radically different from ordinary experience.

Through the phenomenon of *Anderssein*, the third paper looks specifically into the emergence and development of double bookkeeping. *Anderssein* is an important concept, and although it has been mentioned in phenomenological-psychopathological research as an aspect of the core disturbance of schizophrenia, it has rarely been thematized in the literature. Most patients described experiencing an elusive sense of doubleness as preceding the development of a more overt sense of existing in two different dimensions of reality. This emergence of doubleness was associated with a feeling of being profoundly and almost ineffably different from one's peers. This was often articulated as a sense of living outside or in another place than the reality, shared with others. Intersubjective reality appeared increasingly artificial or unreal. We argue that the emerging psychosis is a gradual development and extension of these preceding alterations of existential and intersubjective dispositions.

The fourth paper treats philosophical and conceptual issues that emerged from insights from the first three papers. Particularly, if psychosis pertains to a different ontological dimension and as such is not integrated into intersubjective reality, would such an understanding of psychosis rely on the simple juxtaposition that the thesis sets out to move beyond? Through engagement with the philosophies of Merleau-Ponty and Heidegger, I argue that double bookkeeping can be conceived as expressive of *ambiguity* and a redoubling of (constitutive) alienation. Rather than understanding psychotic reality as an opposition to an ordinary shared reality, I argue that global transformation of the structures of (inter)subjectivity pertaining to the dynamic relation to otherness is at stake in schizophrenia. This permits an

understanding of double bookkeeping as a rupture within reality, that is, a redoubling of the contradictory and paradoxical nature of reality, rather than an occurrence of two realities.

The implications of a phenomenological-empirical account of double bookkeeping is three-fold: (1) to arrive at a better understanding of the fundamental nature of psychosis and its emergence in schizophrenia; (2) to provide clinicians with a description of this phenomenon in a graspable manner and thus improve treatment and minimize the risk of treatment noncompliance; (3) to conduct more adequate psychotherapy, focusing on helping patients finding anchoring in the shared world, rather than merely focusing on elimination of psychotic symptoms.

DANISH SUMMARY

Denne ph.d.-afhandling indbefatter den første kvalitative og filosofiske undersøgelse af det grundlæggende, men oversete fænomen "dobbelt bogholderi," der er karakteristisk for det skizofrene spektrum (SSD). Dobbelt bogholderi referer til en følelse af at eksistere i to dimensioner af virkeligheden på samme tid, nemlig en dagligdagsvirkelighed fælles for alle og en privat psykotisk virkelighed. Afhandlingen undersøger dette ved hjælp af fænomenologisk-inspirerede semistrukturerede interviews med 25 personer der lider af SSD samt filosofisk begrebsarbejde. Det er en eksplorativ undersøgelse af dobbelt bogholderi, der angår hvordan det opleves fra patientens eget subjektive perspektiv. Derudover har afhandlingen til formål at undersøge filosofiske spørgsmål, der opstår i forbindelse med denne undersøgelse.

Begrebet om dobbelt bogholderi er blevet negligeret i den nuværende mainstream psykiatri, men er i de seneste årtier blevet genopdaget i traditionen for fænomenologisk psykopatologi samt filosofiske diskussioner vedrørende karakteren af skizofrene vrangforestillinger. Disse studier beskæftiger sig dog hovedsageligt med teoretiske spørgsmål vedrørende vrangforestillingers beskaffenhed. På linje med den fænomenologiske tilgang argumenterer afhandlingen for, at dobbelt bogholderi ikke blot er et spørgsmål om at have modstridende overbevisninger, men snarere afspejler en strukturel forandring af virkelighedsoplevelsen. Fra et fænomenologisk perspektiv kan de to virkeligheder eksistere side om side uden at komme i konflikt med hinanden fordi overbevisningerne i psykotiske oplevelser ikke synes forankrede i den fælles dagligdagsverden. Med andre ord er de to virkeligheder ikke blot forskellige, men kan ikke bedømmes efter samme standard (inkommensurabilitet).

Overordnet set argumenterer afhandlingen for, at dobbelt bogholderi er mere omfattende end blot at være et fænomen, der vedrører vrangforestillinger. Snarere synes dobbelt bogholderi at angå selve *måden* psykosen viser sig på. Dobbelt bogholderi går på tværs af adskillige psykotiske symptomer og er desuden på spil i den præmorbide fase inden udviklingen af psykose samt i skizotypi (dvs. en ikke- eller før-psykotisk del af skizofrenispektret). Afhandlingen har til formål at identificere det fælles fænomenologiske træk, der knytter sig til de forskellige kliniske manifestationer af dobbelt bogholderi, så som vrangforestillinger, hallucinationer, sygdomsindsigt og *Anderssein* (dvs. en følelse af at være fundamentalt anderledes end andre mennesker).

Ph.d.-afhandlingen er bygget op omkring fire artikler. Artiklerne følger efter hinanden i den forstand, at den første artikel behandler det centrale begrebsmæssige og kliniske arbejde, der lagde grunden for det empiriske-kvalitative studie, hvilket præsenteres i henholdsvis den anden og tredje artikel. Den fjerde artikel præsenterer en begrebsmæssig og filosofisk diskussion, der bygger på indsigter fra de første tre artikler.

I den første artikel bestemmes det fælles fænomenologiske træk ved dobbelt bogholderi som en ustabilitet i artikulation af subjektiviteten, hvor subjektet oplever sig fremmed for sig selv. Mere præcist er der en specifik form for andethed på spil inden for subjektivitetens immanens, som indebærer en følelse af et gennembrud til en anden ontologisk dimension af virkeligheden. Dette er udtryk for en *Gestalt*, der sætter et specifikt aftryk på de forskelligartede kliniske manifestationer.

Den anden artikel præsenterer den empirisk-fænomenologiske undersøgelse af dobbelt bogholderi. De fleste patienter beskrev at have oplevelsen af at være i kontakt med en anden dimension af virkeligheden, der oftest føltes mere virkelig end virkeligheden. Den psykotiske virkelighed blev for det meste holdt adskilt fra den fælles og hverdagsagtige virkelighed. Ingen af patienterne anså deres tilstand som en lidelse på linje med somatiske sygdomme.

Den tredje artikel fokuserer på udviklingen af dobbelt bogholderi forud for udtalte oplevelser af at leve i to virkeligheder gennem fænomenet *Anderssein*. *Anderssein* er nævnt i den fænomenologiske psykopatologi som et aspekt af den skizofrene grundforstyrrelse (selvforstyrrelser), men på trods af fænomenets betydning er det sjældent blevet behandlet systematisk i litteraturen. De fleste patienter beskrev at de oplevede en diffus følelse af dobbelthed forud for udviklingen af en mere eksplicit følelse af at eksistere i to virkeligheder. Udviklingen af dobbeltheden var forbundet med følelser af at være grundlæggende forskellig fra andre mennesker og en følelse af at eksistere et andet sted end i virkeligheden, der i tiltagende grad blev oplevet som kunstig eller uvirkelig. Afhandlingen argumenterer for at psykose udvikler sig gradvist og i forlængelse af disse eksistentielle og strukturelle forandringer.

Den fjerde artikel behandler primært det følgende spørgsmål: hvis psykose anses som noget der er adskilt fra og ikke er integreret i den fælles hverdagslige virkelighed, implicerer det i så fald den simple modstilling af psykose og virkelighed, som afhandlingen har til hensigt at kritisere? Gennem en læsning af Merleau-Ponty og Heidegger argumenterer jeg for en forståelse af den psykotiske virkelighed som en strukturel forandring af (inter)subjektivitet i dens dynamiske relation til andethed. Dette muliggør en forståelse af dobbelt bogholderi som

en fordobling af virkelighedens modsætningsfulde væsen, snarere end en fremkomst af to virkeligheder.

Implikationerne for en fænomenologisk-empirisk undersøgelse af dobbelt bogholderi er følgende: (1) at opnå en bedre forståelse af psykosens grundlæggende væsen samt dens udvikling ved skizofreni; (2) at udstyre klinikere med en begrebsliggørelse af dobbelt bogholderi og således forbedre behandlingen og minimere risikoen fro noncompliance; (3) et psykoterapeutisk fokus på at hjælpe patienter med at finde forankring i den fælles hverdagsverden frem for et overdrevent fokus på at behandle åbenlyse psykosesymptomer.

LIST OF PAPERS

Paper 1

- Parnas J, Urfer-Parnas A, **Stephensen H** (2021). Double bookkeeping and schizophrenia spectrum: divided unified phenomenal consciousness.

  Published in *Eur Arch Psychiatry Clin Neurosci.* 271: 1513–1523.
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Paper 2

- **Stephensen H**, Urfer-Parnas A, Parnas J (2023). Double bookkeeping in schizophrenia spectrum disorder: an empirical-phenomenological study.

  Eur Arch Psychiatry Clin Neurosci. https://doi.org/10.1007/s00406-023-01609-7
  Submitted 8.1.2023, published 21.04.2023.

Paper 3

- **Stephensen H**, Urfer-Parnas A, Parnas J (forthcoming). An empirical-phenomenological exploration of *Anderssein* ("feeling different") in schizophrenia: Being in-between particular and universal

  [in review] *Psychopathology*, submitted 4.6.2023.

Paper 4

- **Stephensen H** (forthcoming). Alienated from alienation: psychosis in light of Merleau-Ponty and Heidegger

  [in review] *Continental Philosophy Review*, submitted 21.10.2023.

Une idée terrible me vint: l'homme est double, me dis-je
[…] Il y a en tout homme un spectateur et un acteur,
celui qui parle et celui qui répond

— Nerval, Aurélia

I would like to make a Book which would drive men mad,
that will be like an open door leading there
where they would never have consented to go,
in short, a door that opens onto reality.

—Artaud, Selected writings

1. INTRODUCTION

Throughout history, philosophers have referred to madness as some type of limit case or mirror function for the nature of human existence. Most typically madness has been positioned as something excluded or *outside* of common reality or as the opposite or *other* of reason. Descartes famously wrote in the *Meditations*, "I who am thinking cannot be mad" (Descartes 1641/2008, p. 57). Hegel on the other hand places madness inside thinking, that is, the distortions inherent in madness amplify the contradictory nature of subjectivity: "insanity is not an abstract loss of reason […] but only derangement, only a contradiction in a still subsisting reason" (Hegel 1830/1978, p. 124). For Hegel, the contradictory nature of subjectivity consists in the opposition between being an individual, a "singular," and at the same time being identical with the "universal" soul (ibid., p. 125).[1] This contradiction becomes magnified and distorted in madness, thereby offering an illuminating perspective for the investigation of subjectivity as such.[2]

The questions of how to position madness in relation to reality or the subject remain open, nonetheless, these questions have important consequences for the clinical understanding and treatment of schizophrenia and psychosis – the psychiatric terms for madness.[3] How can we understand the relationship between delusional and ordinary experience? Are they woven

[1] See Berthold-Bond (1994) for a treatment of madness in the works of Hegel.
[2] We can ask what it is that calls upon us in madness. Why have so many thinkers, writers, or artists been drawn to the phenomena? It seems to function as a mirror, revealing something elementary about the human condition. Both Felman (1989) and Güven (2005) argue that the way madness is conceived in relation to thinking, truth, or reality is expressive of the philosophical position on these matters.
[3] Psychosis was introduced to replace the notion of insanity or madness, which was at the time found stigmatizing (cf. McCarthy Jones 2015). Schizophrenia is conceived as the psychotic disorder *per excellence* because psychotic symptoms such as delusions and hallucinations dominate the clinical picture (Bürgy 2008).

together or kept apart? This is not only a theoretical discussion. Rather, the understanding of psychosis has direct clinical implications for how it is treated.

The present thesis argues, along the lines of Hegel, that psychosis is not a simple loss of reason or reality, but rather a complex phenomenon displaying the paradoxical nature of subjectivity as such. This idea will be substantiated through the main investigation of the thesis, which involve the first empirical-phenomenological study of the fundamental yet overlooked phenomenon of double bookkeeping in schizophrenia. Briefly put, double bookkeeping refers to the sentiment of living simultaneously in two incommensurable dimensions of reality, viz. the shared everyday reality and a private sometimes psychotic reality. This phenomenon is crucial for understanding the nature of psychosis in schizophrenia. The notion was originally introduced into psychiatric literature by Eugen Bleuler in 1911 in his monograph devoted to schizophrenia. It was introduced as a critique of the prevalent idea of psychosis at the time as a simply "loss" of contact with reality. Crucially, this idea of psychosis is to this day the most widespread clinical conception of the phenomenon (e.g., Klieger and Khadivi 2015, p. 9).

Since Bleuler, double bookkeeping has since been completely neglected in mainstream psychiatry; however, the recent decade has witnessed a renewed interest for the phenomenon in the tradition of phenomenological psychopathology as well as in philosophical discussions of the doxastic nature of delusional beliefs (Sass 1994; Gallagher 2009; Bortolotti 2011; Henriksen and Parnas 2014; Sass 2014; Parnas and Henriksen 2016; Cermolacce et al 2018; Porcher 2019; Poupart et al 2021). Yet, no systematic empirical study of double bookkeeping has been carried out. This thesis aims to correct that. In this thesis, double bookkeeping is investigated through a combination of phenomenological-inspired qualitative interviews with 25 individuals suffering from schizophrenia spectrum disorder (SSD) and a critical engagement with philosophical concepts – primarily from the phenomenological tradition.

As we shall see, the endeavor to investigate this phenomenon reveals it to be a complex concept impossible to describe in any straightforward, brief, or unambiguous manner. The thesis conceives double bookkeeping as something that concretizes a paradoxical atmosphere leaving a trace of specificity across a diversity of clinical manifestations in schizophrenia. Double bookkeeping is well-known to most clinicians working with psychosis and numerous clinical observations of the phenomenon can be found in texts devoted to the study of madness (although not conceptualized with the notion of double bookkeeping).

Let us illustrate this paradoxical atmosphere with a clinical example provided by the British psychoanalyst Darian Leader. He describes an encounter with a patient in a

psychotherapeutic community and learning to his surprise that this lucid, intelligent, articulate young man with whom he spent hours discussing politics and philosophy, had spent the last few years in psychiatric hospitals (Leader 2011, p. 1). A few months later this patient revealed that he in fact did not live in England but in a non-existing country, Xamara, populated by wild animals and gods, where he played a central role as protagonist. Importantly, Leader was struck by the patient's way of seamlessly weaving together delusional and everyday life. The patient saw no inconsistency between his role as a protagonist and his daily life tasks in the community. Leader writes, "there was no sign or marker in his speech that we were leaving the territory of some shared reality to enter a private world" (ibid., p. 2).

The difficulties of capturing this enigmatic atmosphere surrounding madness stretches back to the very beginning of modern European psychiatry, where it was a key theme in the debate (Pinel 1801; Esquirol 1938; Swain 1997). There is something intrinsically evasive about madness and it seems to be simultaneously partial and absolute.

The present investigation of double bookkeeping aims to identify the shared phenomenological pattern pertaining to its diverse clinical manifestations. In the other, madness evokes more than a sense of an individual being simply wrong or mistaken about certain state of affairs. It is not because a person says something which is untrue that they are considered mad. Rather, it pertains to the *way* in which individuals relate to their perceptions, beliefs, or affects. As Karl Jaspers pointed out, delusional experience is characterized on the one hand by *certitude* or "incorrigibility," that is, no matter the amount of evidence or logical reasoning disproving a psychotic experience, it seems to have no effect on the delusional conviction (1913/1997, p. 105). However, in contrast to this certitude, Jaspers observed that patients are *inconsequential* when it comes to acting upon their delusional convictions.[4] In psychosis, a new world seems to have emerged, a world with a different reality status. Jaspers observed that schizophrenia in its initial stages often was "a process of cosmic, religious or metaphysical revelation" (1997, p. 284). He continues:

> It is an extremely impressive fact: this exhibition of fine and subtle understanding, this impossible, shattering, piano-performance, this masterly creativity (van Gogh, Hölderlin), these peculiar experiences of the end of the world or the creation of fresh ones, the spiritual revelations and this grim daily struggle in the transitional periods

[4] See Poupart et al (2021) for a recent review of the literature on delusional inconsequentially.

> between health and collapse. Such experiences cannot be grasped simply in terms of the psychosis which is sweeping the victim out of his familiar world, an objective symbol as it were of the radical, destructive event attacking him. Even if we speak of existence or the psyche as disintegration, we are still only using analogies. We observe that a new world has come into being and so far that is the only fact we have. (ibid., p. 284)

Psychosis seems to move beyond the logic of the commonly shared world following a logic difficult to put into terms in our common language. The psychotic evidence appears cut off from common, intersubjective rules for validity. Rather, patients seem to display their delusions in another realm of reality, and such experiences cannot simply be judged "true" or "false." As Schreber famously stated "my so-called delusions are concerned solely with God and the beyond" (2000, p. 371). As we shall see, the *way* in which beliefs are held in the psychotic realm differs fundamentally from the way beliefs are ordinarily held. Therefore, phenomenology seems to be especially well-suited for this study of altered structures of experience at play in psychosis, namely, because of its occupation with the structures of experience and the basic constitution of subjectivity in its relation to the world and others. A thorough investigation of the phenomenon double bookkeeping may shed light on how these structures are at work in psychosis.

A highly illustrative example of the incommensurability of the delusional and everyday reality, can be found in the case of Madeleine, whose writings were published by her psychiatrist Pierre Janet (1926). Madeleine believed to float or hover above the ground because of a divine miracle of ascension. Janet, her psychiatrist, pointed out, that she was not levitating above the ground but in fact only tiptoeing. She responded: "What a strange idea to apply measurement in divine matters! As if the miracle was not just as big by one millimeter" (ibid., tome I, p. 146-7). From her point of view, it was *madness* to measure the truth of a miracle by the fact of how many millimeters she may or may not be from the ground. Janet tried with all kinds of empirical evidence to prove Madeleine wrong. For example, he wanted her to weigh herself on a scale to proof that she was not weighing any less than before and therefore could not be uplifted by the divine powers as she was claiming (she had the sense of being uplifted by her armpits). She obviously did not conclude in favor of Janet – "Oh how ridiculous this scale is!" as she put it (ibid.). On the contrary, she wanted to know if *he* could proof that the scale has not been tampered with by divine powers. She furthermore asked Janet the pertinent question of what he would give her instead if he succeeded taking her religion from her.

The case of Madeleine – although it took place around 100 years ago – eloquently illustrates a highly urgent problem in contemporary psychiatry, which constitutes the context and motivation for this thesis. Namely, that which from a clinical point of view is considered illness is often from the patient's point of view considered a truth beyond any possible doubt. Differently put, clinicians and patients seem to speak two different languages. This "gap" creates great and serious problems in treatment.

The current mainstream psychiatric definitions of psychotic symptoms such as delusions and hallucinations, as mistaken or erroneous beliefs or perceptions, imply that psychotic experience is equivalent to beliefs or perceptions pertaining to the shared everyday world (DSM-5; ICD-10).[5] Treatment of patients with schizophrenia is based on this view and it is possibly one of the main reasons for the alarming high rates of treatment noncompliance in schizophrenia.[6] As we shall see, the phenomenon of double bookkeeping stands in contrast to the predominant account of psychosis as a simple loss of common reality.

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With all this in mind, it is perhaps surprising that no study has attempted to investigate how this enigmatic doubleness is experienced by patients themselves, from their own subjective perspective.

The world of psychosis is most often considered as an opposite to the everyday world, shared with others. However, this thesis demonstrates that a sense of doubleness pertains to the very emergence and core of psychotic experience well before a potential crystallization of a developed and distinct delusional world (as Xamara would be an example of). As we shall see, there is something like a doubleness at the very core of psychotic experience. Nerval's testimony of his psychotic breakdown in his work *Aurélia* begins with the shocking and terrible

[5] DSM-5 refers to *The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, published by the American Psychiatric Association (APA) in 2013; and ICD-10 refers to *Classification of Mental and Behavioural Disorders: Diagnostic Criteria for Research* published by the World Health Organization (WHO) in 1993. I will refer to them as DSM-5 and ICD-10 in th

[6] Studies show that between 50-75 % of patients with schizophrenia interrupt psychiatric treatment after 1-2 years. Patients usually do not regard their psychotic experience as pathological and are therefore considered to have "poor insight into illness" (i.e., a lack of awareness of having a mental disorder), which is the main reason for why patients interrupt treatment (Henriksen & Parnas 2014). The prevailing research in the field perceives "poor insight" as the result of metacognitive deficits (Amador et al. 1991; David et al. 2012) and thus overlooks the phenomenon of double bookkeeping. As we shall see the concept of illness and insight into illness seem inadequate in the case of schizophrenia.

revelation: the human being is double! Forever divided between spectating and acting, reflection and immediacy (Nerval 1855/1996, p. 30). Nerval writes:

> I find it impossible to explain how in my own mind earthly events could coincide with those of the supernatural world; it is easier to *feel* than to express clearly. But what was this Spirit who was me and yet outside me? Was it the *Double* of the old legends …? (ibid. p. 29)

This amplification of the paradoxical or contradictory nature of (inter)subjectivity is what makes possible the feeling of a redoubling of reality, as it is articulated in double bookkeeping, which will be demonstrated throughout the thesis.

1.1. AIM OF THESIS

The thesis aims to shed light on a fundamental, however overlooked, feature of schizophrenia, namely double bookkeeping through a combination of qualitative interviews with 25 individuals suffering from schizophrenia and philosophical conceptual analysis.

The objective of the thesis is to provide an account of double bookkeeping that: (1) describes how the phenomenon is experienced from the subjective perspective of the patients; and (2) conceptualizes the shared phenomenological pattern of the phenomenon as well as the nature of the relation between delusional and shared reality.

The hypothesis is that double bookkeeping characterizes the very *way* psychosis manifests itself and that we can find it before the onset of overt psychosis and across multiple psychotic symptoms. Therefore, an investigation of double bookkeeping has implications for the understanding of the mode and onset of psychosis.

The main question of the thesis is how double bookkeeping is experienced from the subjective perspective of patients with schizophrenia and the following related questions:

- How can we understand the relationship between delusional and ordinary experience? Are they woven together or kept apart?
- How is it possible to conceptualize a potentially shared phenomenological pattern of double bookkeeping?

1.2. OUTLINE OF THE THESIS

The thesis is constructed around four papers (chapter 5-8). The papers are successive in the sense that the first paper presents key conceptual and clinical work that guided the empirical investigations presented in the second and third paper. The fourth paper presents a conceptual and philosophical discussion that draws on the insights from the first three papers.

In the first paper (chapter 5) many key themes and notions at stake in the thesis are introduced. They will be developed and explored further in the following papers – empirically as well as theoretically (chapter 6-8).

The second paper (chapter 6) presents a phenomenological qualitative study of 25 patients with schizophrenia concerning double bookkeeping.

The third paper (chapter 7) presents an aspect of the phenomenological descriptive qualitative study pertaining to *Anderssein* (i.e., the feeling of being fundamentally different than other people) drawing on the same data set as in the second paper. The paper emphasizes the links between double bookkeeping and the early articulation of psychosis.

In the fourth paper (chapter 8), I treat philosophical and conceptual issues emerging from insights from the first three papers. Specifically, if psychosis is seen as not integrated into intersubjective reality (pertaining to a different ontological dimension), does this rely on the simple juxtaposition that the thesis sets out to move beyond?

In chapter 4, I present the papers, a summary of their results as well as their interrelation in greater detail.

First, I present the background (chapter 2) and method (chapter 3) for the thesis. It is important to mention that the background chapter does not intend to be exhaustive since several elements of the state of the art are presented throughout the four papers.

The final chapter (chapter 9) comprises some elements of discussion, implications, and potential directions for future research.

2. BACKGROUND

2.1. PHENOMENOLOGY AND PSYCHOPATHOLOGY

The thesis takes its point of departure in the tradition of phenomenological psychopathology with key figures such as the psychiatrists Karl Jaspers, Eugène Minkowski, and Ludwig Binswanger. They were inspired by philosophers often labelled existential or phenomenological – notably, Kierkegaard, Bergson, Husserl, and Heidegger. These thinkers were introduced into a psychiatry context to help address conceptual and philosophical issues.[7]

Jaspers introduced phenomenology into psychiatry as a method for describing psychopathology. This method designates the principal instrument for exploring the subjective experience of the patients (Jaspers 1912). In the influential magnus opus *General Psychopathology* published one year later, Jaspers argues that psychopathology should be concerned "with the ill person as a whole" (1913/1997, p. 6).[8] He accentuates the value of phenomenology as a method for describing the life-world of the patient that manifests itself with meaningful and *Gestalt*-like character (ibid., p. 2). He argues that that in order to understand disturbances of psychic reality, be it thinking, perception, or affects, the clinicians have to operate with conceptions of what, for example, thinking even is.

Psychopathology cannot be exhausted by listing a number of symptoms that each are assumed to correlate with specific underlying dysfunctions in the brain (Stanghellini and Fuchs 2013, p. xiii). Psychopathology must focus on a transformation of a unified experience of self, world and others, and a disturbance of the constitution of experience itself cannot be adequately described by individual symptoms but requires an in-depth examination of the structure of experience. Jaspers distinguishes between the form and content of experience and highlights the structure of experience as the interesting aspect of focus for psychopathology (Jaspers 1997, p. 44). In a similar vein, Binswanger argues that only on the basis of an understanding of human existence in its entirety can any disturbances be comprehended (Binswanger 1957, p. 12).

[7] In contemporary psychiatric literature, several different definitions of the term phenomenology can be found (Jansson and Nordgaard 2016; Parnas and Zahavi 2002). In this thesis I refer to the philosophical tradition labelled phenomenology. Although the term phenomenology covers a wide range of different thinkers and styles, we can roughly speaking say that a common theme is the attempt to unfold the basic or fundamental lived experience or encounter with the world. See, for example, Spiegelberg (1972), Broome et al. (2012), and Stanghellini et al. (2019) for an overview over the use of phenomenology in psychiatry and psychopathology.

[8] In *General Psychopathology*, Jaspers tried to organize a wide-ranging diversity of anomalous psychic phenomena by the means of description and classification. Although he stresses that every case is unique, he argues that psychiatry must also look to psychopathology, which provides general concepts (Jaspers 1997, p. 1).

> [The] existential research orientation [Die daseinsanalytische Forschungsrichtung] in psychiatry (…) arose from a dissatisfaction with the prevailing efforts to gain scientific understanding in psychiatry (…) The new understanding of man, which we owe to Heidegger's analysis of existence, has its basis in the new conception that man is no longer understood in terms of some theory – be it a mechanistic, a biologic or a psychological one. (Binswanger 1956, p. 144)

According to Binswanger, the reductive aspect pertained to the fact that theories founded on a (implicit) dichotomy between subject-object or soma-psyche would necessarily reduce human beings to either pure world-less subjects or to subject-less pieces of nature. In this context, he employed Heidegger's notion of being-in-the-world – at term referring to the basic constitution of subjectivity understood *as* this world-relation.

It should be remarked that contemporary, mainstream psychiatry has left behind such an approach due to the development of the psychiatric operational diagnostic systems (i.e., DSM-5 and ICD-10) during the last four decades. These diagnostic manuals became gradually predominant, resulting in abandoning the attention on the life-world of patients in favor of simple questionnaires and checklists (cf. Parnas and Bovet 2015).

Recent decades, however, have witnessed a vast renewal of interest for the tradition of phenomenological psychopathology – perhaps also as a reaction to what one could term the "decade of the brain" (Stanghellini et al 2019, p. 1). It is worth to mention that no known biomarkers can be used for diagnosing psychiatric diseases such as schizophrenia (e.g., it is not possible to determine the presence or absence of the diagnosis via a blood sample, CT scan, or the like). Clinicians rely on patients' descriptions of their experiences and the conceptual understandings that they will unavoidably imply. As Parnas and Zahavi (2000) argues:

> In order to classify something as a delusion, a hallucination, an obsession, or a self-disorder, the psychiatrist cannot avoid relying upon his tacit understanding of the nature of 'reality', 'rationality', 'personal identity' etc. That is, he must constantly make reference to philosophical issues ... (Parnas and Zahavi 2000, p. 6)

These notions are philosophical and cannot be determined empirically since they must draw on prior theoretical and philosophical reflections and definitions.

2.1.1. The Schizophrenia Gestalt

The tradition of phenomenological psychopathology has especially paid attention to the concept of schizophrenia, and it has even been argued, that the use of phenomenological notions is essential to adequately comprehend the specific schizophrenia *Gestalt,* which contemporary psychiatry has lost sight of (Parnas 2011).[9] In brief, this *Gestalt* refers to a global transformation of the structures of subjectivity (viz. self-disorders). During the last decades it has been substantially established by empirical-phenomenological research that schizophrenia is associated with an instability of the basic structures of subjectivity, i.e., "self-disorders" (see, for example, Møller and Husby 2000; Sass and Parnas 2003; Parnas and Henriksen 2014; Henriksen et al. 2021; Raballo et al. 2021). This instability of the sense of self gravitates around feelings such as having lost contact with oneself, having no core, not being fully present, or as one patient reported:

> I am no longer myself […] I feel strange, I am no longer in my body, it is someone else […] I walk like a machine; it seems to me that it is not me who is walking, talking, or writing with this pencil (Parnas and Handest 2003, pp. 126-7)

It is critical to mention that speaking of disorders of self does not pertain to speaking of a simple loss of self. Rather, these experiences are expressive of structural modifications of subjectivity and not deficits of isolated cognitive states or functions (e.g., agency or sense of ownership).

2.2. The concept of psychosis

Before we turn to the notion of double bookkeeping, I will briefly introduce the notion of psychosis, since double bookkeeping is, as we shall see, interrelated with the very nature and expression of this condition. Along the same lines as Parnas, I begin the introduction with the preliminary and simple conclusion that the "concept of psychosis does not lend itself to any short, easy and unequivocal descriptive definition" (2015, pp. 19-20). Hence, this brief introduction is evidently not exhaustive of this highly complex concept.[10]

[9] References to a disordered self or ego vis-à-vis schizophrenia is not a new idea but stretches back to the very foundation of the notion (i.e., Kraepelin and Bleuler).

[10] See Bürgy (2008); Beer (1996) and McCarthy Jones (2015) for treatments of the historical development of the concept of psychosis. It was introduced into psychiatric literature by Canstatt in 1841; and in the second half of

In the current psychiatric diagnostic manuals (DSM-V; ICD-10), psychosis is not explicitly defined, but merely referred to as the *presence* of psychotic *symptoms* such as hallucinations and delusions.[11] In one of the older versions from 1980 (DSM-III) psychosis was defined as a serious impairment of so-called "reality-testing" (APA 1987, p. 367) – a notion indicating that patients are mistaken or unable to distinguish between reality and their imaginations. The implied notion of reality in the term "reality-testing" is undefined but appears to rely on a naïve conception of reality as some type of external reality consisting of physical, mind-independent objects. As such, the idea is that we can check our mental representations of the reality up against a true and external reality.[12]

The status of psychosis as underdefined in mainstream psychiatry is surprising considering the importance of the notion.[13] In the layman understanding of psychosis, it is often considered as synonymous with "madness" (cf. Parnas 2015). Jaspers described the layperson's understanding of psychosis in the following manner:

> For lay persons madness means senseless ravings, affectless confusion, delusion, incongruous affects, a 'crazy' personality, and think this all the more the more sensible and orientated the individual remains. (Jaspers, 1963, pp. 577–578)

As Parnas puts it, psychosis appears to be a "predicate that we ascribe to someone who has seriously transgressed the intersubjective bounds of rationality or the shared social perspective on the world." (2015, p. 209)

From a phenomenological perspective, one could ask what it *means* to feel psychotic, that is, *how* it is experienced. Minkowski wrote: "Madness (. . .) does not consists in a disturbance of judgement, perception nor will, but in a disturbance of the most intimate structures of the self" (Minkowski 1928/1997, p. 114; my translation).

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the 19th century, it became widely used as a synonym for the term of insanity because it was found less offensive (McCarthy Jones 2015).

[11] Hallucinations are defined as "perception-like experiences that occur without external stimulus" (DSM-5, p. 87). Whereas delusions are defined as "fixed beliefs that are not amenable to change in light of conflicting evidence" (ibid.).

[12] See Sass (1994) for a thorough critique of the notion of poor reality-testing.

[13] Psychosis is one of the central terms in psychiatry and used in the daily clinical life where it has crucial impact for treatment as well as ethical and legal concerns. Furthermore, these legal and ethical issues themselves influence the conception of psychosis (Parnas 2015, p. 21).
Importantly, as Parnas argues: "This is to say that legal consequences do not merely follow from the concept of psychosis but are also co-constitutive of the very concept of psychosis. The very existence of a category called "psychosis" (madness) is co-constituted by ethical, social and political considerations"(ibid.).

As we shall see, psychosis concerns some type of changed relation to reality, however, not in the sense of reality judgment or perception etc., but rather in connection with a global transformation of subjectivity in its relation to the world, shared with others.

2.3. THE CONCEPT OF DOUBLE BOOKKEEPING

In the following, I will present the emergence of the notion of double bookkeeping as a psychiatric term capturing a characteristic feature of schizophrenia. It was originally introduced by the Swiss psychiatrist Eugen Bleuler, who also coined the notion of schizophrenia. A presentation of the key ideas of Bleuler will therefore also serve as a general introduction to the clinical category of schizophrenia.[14] Thereafter, I present an overview of the treatment of the notion in contemporary literature.

2.3.1. ORIGIN OF DOUBLE BOOKKEEPING: EUGEN BLEULER

Bleuler presented the notion of double bookkeeping in his monograph *Dementia praecox oder Gruppe der Schizophrenien* devoted to schizophrenia (Bleuler 1950 [1911]) – a term which he also coined just a few years earlier (Bleuler 1908). Although Bleuler is consistently credited for introducing the term of double bookkeeping in relation to schizophrenia, contemporary literature on the phenomenon (see 2.3.2) rarely treats it thoroughly or in context of the central ideas put forward in his 1911-monograph. Briefly put, double bookkeeping refers to a paradoxicality characteristic of schizophrenia, clearly expressed in cases where patients do not act in accordance with their psychotic convictions as in the well-known example from Bleuler:

> Kings and Emperors, Popes, and Redeemers engage, for the most part, in quite banal work, provided they still have any energy at all for activity. This is true not only of patients in institutions, but also of those who are completely free. None of our generals has ever attempted to act in accordance with his imaginary rank and station. (Bleuler 1950, p. 129)

However, Bleuler in fact appears to refer to double bookkeeping across his entire monograph. He presents the phenomenon in connection with quite different symptoms and behaviors, such

[14] See Hoff (2012) and Peralta and Cuesta (2011) for an overview of Bleuler's notion of schizophrenia and its influence on contemporary psychiatry.

as ambivalence, autism, emotional indifference, delusions, hallucinations, and catatonia although he does not conceptually or theoretically clarify it in detail.[15]

Bleuler first introduces the concept of double bookkeeping in the beginning of his book in the section of fundamental symptoms (*Grundsymptome*) of schizophrenia where he distinguishes between altered and intact "simple functions" (Bleuler, 1950, p. 14ff).[16] Here, he argues against the approach to schizophrenia as primarily a deficit or disturbance of the intellect or specific, delimited cognitive functions (e.g., memory, orientation, or sensation; Bleuler, 1950, p. 56, p. 140). As it is well known he changed the term dementia praecox to schizophrenia, namely, because it neither required a debut early in life (*precocious*), nor a deterioration of intellectual functioning (*dementia*). Such functions may sometimes be impaired in schizophrenia, however only as a subordinate consequence of a more fundamental disturbance. He introduces double bookkeeping in this context as an appeal to clinicians to be very cautious when diagnosing disturbances in patients with schizophrenia. He writes, "Disturbances and defects are very often falsely diagnosed because the examiner and the patient do not really speak the same language" (ibid.). For example, clinicians have to be aware of not judging a person who is speaking incoherently, acting disorganized, or is in a state of catatonia (e.g., in a state of immobility or stupor) as if their intellect was disturbed. Bleuler writes:

> It is especially important to know that these patients carry on a kind of "double-entry bookkeeping"[17] in many of their relationships. They know the real state of affairs as well as the falsified one and will answer according to the circumstances with one kind or the other type of orientation – or both together (ibid.)

[15] In relation to affect, Bleuler notes that even though patients firmly believe their delusions to be true nevertheless can show a remarkable indifference towards them: "It is common knowledge that older paranoids relate with the greatest calmness how they were flayed and burnt during the night; how their bowels were torn out." (ibid. 41) In relation to ambivalence, Bleuler gives two examples: "The patient is especially powerful and at the same time powerless" (ibid. 54) and "It is quite well known that patients who believe the doctor is poisoning them still cling to him" (ibid. 55).

[16] Bleuler considered the overt schizophrenic symptoms such as hallucinations and delusions (remarkably the very differential-diagnostic symptoms of schizophrenia in ICD-10 and DSM-V) to be the result of more subtle and latent symptoms – among them a characteristic disturbance of the person or ego. Bleuler termed the latter symptoms "fundamental" and the former "accessory." This dichotomy refers to the pathognomonic nature of the symptoms, e.g., fundamental symptoms are specific to schizophrenia and specifying its spectrum extension, while accessory symptoms are nonspecific state phenomena typically marking a psychotic episode. Fundamental symptoms according to Bleuler are present "in every case and at every period of the illness" as opposed to the accessory symptoms that may or may not be there (Bleuler 1950, p. 13). Although the accessory symptoms are non-specific, they do however carry some sort of schizophrenic trademark according to Bleuler.

[17] In the original text, the term is not highlighted by quotation marks, perhaps signifying that it could have a somewhat wider connotation in its German use. I leave out the "entry" of "double-entry" from the English translation as this seems to have connotations to a specific technique of accounting.

Bleuler does not explicitly elaborate on what he means by this notion. In this quote, the real state of affairs appears to refer to the shared everyday reality, and the falsified state of affairs refers to delusional or psychotic experience. In a section dedicated to delusions, Bleuler writes that delusions can exist side by side with reality, even though they in principle exclude one another:

> Not only do delusion and reality exist consecutively in various states of lucidity, but they can also exist simultaneously in conditions of full consciousness where one would expect that they would be mutually exclusive (ibid., p. 126)

It is important to note already here, that this notion of double bookkeeping has a misleading implication – namely, that psychosis is somehow a *false* reality. As we shall see, this will be criticized throughout this dissertation.

When he uses the notion of double bookkeeping, borrowed from the world of accounting, he seems to refer to the layman understanding of double bookkeeping (*doppelte Buchführung*) as a situation where there is a true and false book of account.[18] Transferring it to the case of schizophrenia it means that patients' delusional experience can exist side by side with 'reality.' In other words, he pointed to the co-existence of two ways of orienting oneself to reality and found this to be very characteristic of schizophrenia and especially striking when these two realities appear to be mutually exclusive as in the example of a 'king' or a 'pope' walking around the asylum sweeping floors or peeling potatoes without it in anyway would conflict with the delusion of being a pope.

Bleuler observed that even when a patient is in an acute psychotic state, absorbed in her own, delusional universe, almost impossible to interact with, she nonetheless remains in contact with/linked to the surrounding world.

> Nowhere does the "double-entry bookkeeping" stand out more prominently than in orientation. A patient, who for years speaks almost nothing but word-salad and acts accordingly, may nevertheless be perfectly capable of registering everything that goes on around him, even to the very day and hour. (ibid., p. 59)

[18] This layman understanding stands in contrast to its technical meaning in accounting, where it is actually a correct method of bookkeeping (viz. balancing debit and credit).

The two places mentioned above, are the only places where Bleuler refers explicitly to double bookkeeping. However, he also refers in some places to "double registration" or "double orientation," which he seems to use synonymously with double bookkeeping (ibid., p. 140, 218, 378). Bleuler provides the following example: "One of our severest catatonics mistook his parents for demons and treated them accordingly. Upon improvement, however, he knew precisely when his parents had visited and what they had said" (ibid., p. 140).

What is distinctive for cases of double bookkeeping or double orientation is that two types of orientation or thinking seem to exist alongside each other without necessarily interfering with each other. Bleuler writes, "the autistic and realistic trains of thought run side by side at the same time" (ibid., p. 360). Bleuler defines "autism" as a changed relation to reality and importantly, this notion is not to be confused with the contemporary use of the concept of autism.[19] Bleuler considered autism as a fundamental feature of schizophrenia, thereby linking double bookkeeping to the clinical core of the condition. This will be treated in more detail in the below.

2.3.1.1. **Disintegration and a changed relation to reality (autism)**

Bleuler chose the term schizophrenia (from the Greek words: *skhizein* 'to split' and *phrēn* 'mind'), because he found the "splitting of the different psychic functions" to be one of the most important characteristics leaving a specific imprint on the entire symptomatology (Bleuler 1950, p. 8). Bleuler's notion of splitting has in recent years been seen as a form of dissociation and there has been a tendency to consider schizophrenia and other psychotic manifestations as dissociative disorders (Moskowitz & Heim 2011, Katschnig 2018). However, nowhere in his monograph does Bleuler compare schizophrenia to what is now known as dissociative personality disorder.[20] On the contrary, Bleuler distinguishes schizophrenia from true dissociative states as found in what was, at the time, called hysteria. Here, dissociation refers

[19] The notion of autism as we know it today (especially from autism spectrum and Asperger syndrome), was only developed later in the works of Leo Kanner (1943) and Hans Asperger (1944). They proposed to use the label of autism (borrowed explicitly from Bleuler) to designate certain and severe social disturbances found in children who were thought to suffer from schizophrenia (Asperger 1944, pp. 37-8). In contrast to schizophrenia, no signs of disintegration and thereby psychosis could be detected (ibid., p. 39).

[20] Bleuler describes splitting in most details in connection with his analysis of the disturbance of associations (*Assöziationsstörungen*) – associations, which he thought to be guiding our thinking (1950, p. 14ff). However, it is important to emphasize that this loosening of associations was not seen as a sort of mechanical deficit in associative mechanisms. Rather, the disorder of associations was located outside the associations (and thinking) themselves, namely in some sort of goal structuring our thinking (ibid., p. 16).

to “a coexistence of two conscious thoughts that are ignorant of each other” to use Binet’s definition (1890, p. 47). In contrast to this, Bleuler emphasizes the *simultaneity* of the two orientations in double bookkeeping. He furthermore opposes double bookkeeping to epileptic and alcoholic deliriants, “whose total personality is involved in the misrecognition” and who afterwards can orient themselves only by “conscious, deliberate reflection.” (ibid., p. 362). As a contrast, he mentions a patient with schizophrenia who simultaneously regards the hospital physician, as doctor N.N. and his mortal enemy X.Y.:

> As soon as the patient has stopped berating the doctor, whom he mistook for the hated shoemaker, the patient knows perfectly well what the doctor was doing during the whole time that the patient was busy cursing him (ibid., p. 359-360).

Bleuler stressed that the specific sense of splitting concerns “various personality fragments” existing “side by side in a state of clear orientation as to environment,” which will only be found in schizophrenia (ibid., pp. 298-9).

Along the same lines, Minkowski, a pupil of Bleuler, indicated that splitting does not regard a disturbance of any specific mental function, but rather concerns their unity and “harmonious interplay, in its globality” (Minkowski 1926, p. 12). This is also evident from Bleuler’s main definition of schizophrenia:

> The disease is characterized by a specific type of alteration of thinking, feeling, and relation to the external world which appears nowhere else in this particular fashion (Bleuler 1950, p. 9)

The alteration consists in a certain type of discordance or disunity, which is also echoed in Kraepelin’s poignant analogy of an “orchestra without a conductor” (Kraepelin 1913/1986, p. 668; Parnas and Sass 2001).

According to Bleuler, the common symptoms and prognoses of schizophrenia manifest themselves in “extremely varied” clinical pictures (Bleuler 1950, p. 4).[21] However, with a

[21] He thought of schizophrenia as a spectrum ranging from normal to pathological. He wrote, “it is extremely important to recognize that they exist in varying degrees and shadings on the entire scale from pathological to normal” (Bleuler 1950, p. 13).

specificity anchored in its fundamental clinical core with trait status, namely a certain disintegration or "splitting," alongside with a changed relation to reality ("autism"):

> The fundamental symptoms consist of disturbances of association and affectivity, the predilection for fantasy as against reality, and the inclination to divorce oneself from reality (autism). (ibid., p. 13)

Autism is another famous psychiatric term, which was originally labelled by Bleuler – first introduced in a paper on schizophrenic negativism (Bleuler). In Bleuler's sense of the term, it is a fundamental feature of schizophrenia pertaining to the relation between the inner life of the patient and the world, where the inner life becomes predominant:

> [S]chizophrenia is characterized by a very peculiar alteration of the relation between the patient's inner life and the external world. The inner life assumes pathological predominance (autism). (ibid., p. 63)

Bleuler describes that "The most severe schizophrenics, who have no more contact with the outside world, live in a world of their own" (ibid.) and it is this "detachment from reality," together with the predominance of fantasy life, which he terms autism.

In a note Bleuler adds that the term "autism" is a replacement of Freud's notion "auto-erotism" to avoid the confusion involved with the notion of erotism (Bleuler 1950, p. 63). The notion designates what Janet formulated negatively as the "loss of the sense of reality" (*perte du sens de la réalité*; cf. Janet 1903). Bleuler criticizes this idea for being too broad and argued that the "sense of reality is not entirely lacking in the schizophrenic" (ibid.).[22] He mentions as an example that sometimes even "severe chronic patients show quite good contact with their environment with regard to indifferent, everyday affairs" (ibid., p. 65).

He observed that patients often could not "keep the two kinds of reality separated from each other even though they can make the distinction in principle" (ibid.). The real and the autistic worlds can become "entangled with one another in the most illogical manner" (ibid., p. 67). As an example, he mentions the following case:

[22] Bleuler believed that the loss of the sense of reality only happened when reality was contradicting the patients' desire, fears, and wishes ("complexes"). The sense of reality was therefor only inhibited in certain connections or associations. Bleuler's conception of this had deep roots in the theoretical frameworks of associationist psychology (e.g., Wundt) and the emerging psychoanalysis of his time.

> A patient who was still fairly well-mannered and capable of work, made herself a rag-doll which she considered to be the child of her imaginary lover. When this "lover" of hers made a trip to Berlin, she wanted to send "the child" after him, as a precautionary measure. But she first went to the police, to ask whether it would be considered as illegal to send "the child" as luggage instead of on a passenger ticket (ibid.)

Bleuler notes that the "autistic world" holds as "much reality for the patient as the true one, but this is a *different kind of reality*" (ibid., p. 65; my italics). Bleuler does not elaborate on what he means by this different reality. He states that in the case of hallucinations patients most often take these to have "more validity" and yet they "continue to act and orient themselves in accordance with reality" (ibid.). However, Bleuler also states that "The sick person deals with the real world as little as the normal person deals with his dreams" (ibid. 66). There seems to be some confusion – as we shall see, this phenomenon is quite complex.

> Thus we have to distinguish between realistic and autistic thinking which exist side by side in the same patient. In realistic thinking the patient orients himself quite well in time and space. He adjusts his actions to reality insofar as they appear normal. The autistic thinking is the source of the delusions, of the crude offenses against logic and propriety, and all the other pathological symptoms. The two forms of thought are often fairly well separated so that the patient is able at times to think completely autistically and at other times completely normally. In other cases the two forms mix, going on to complete fusion, as we saw in the cases cited above (ibid., pp. 67-68)

Now, in a close reading of Bleuler's introduction of the notion of double bookkeeping it is important to mention two significant points. First, the way he uses double bookkeeping to demonstrate that schizophrenia is not an expression of a disturbance of the intellect or cognitive capacities. Secondly, how this phenomenon appears to be linked with the fundamental core of schizophrenia. Bleuler, however, does not include patients' subjective perspective of these experiences and furthermore he does not elaborate theoretically on the potential unity of the notion. He seems inconsistent as to whether patients have the ability to keep their delusional world separate from reality and as to what kind of reality-status patients ascribe reality and their delusional experience respectively.

As mentioned, the idea of the delusional world as akin to a 'false' state of affairs seem to overlook the phenomenon itself, which will be demonstrated throughout the thesis. As we shall see, psychosis pertains to the structure of experience rather than its content – a distinction that Bleuler did not operate with.

2.3.2. DOUBLE BOOKKEEPING RE-DISCOVERED

Since Bleuler presented the notion of double bookkeeping in 1911 it totally disappeared from mainstream psychiatry. However, in the last decades we have witnessed a revived interest in the phenomenon of double bookkeeping (e.g., Sass 1994; Gallagher 2009; Sass 2014; Henriksen and Parnas 2014; Bortolotti 2011; Parnas and Henriksen 2016; Cermolacce et al. 2018; Porcher 2019). These contributions, however, deal mainly with double bookkeeping vis-à-vis delusions and philosophical debates concerning the nature of beliefs in delusions.

To my knowledge, Sass was the first to re-introduce this notion in contemporary literature in his work *Paradoxes of Delusion* (1994, pp. 21; 43). Sass writes,

> In the "double bookkeeping" of schizophrenia, the two worlds of experience differ according to their felt ontological status. One, experienced as objective, is perceived in the normal fashion. But the other realm is felt by the patient to exist only "in the mind's eye." (ibid., p. 43)

Sass especially discusses the phenomenon with reference to the autobiographical narrative of the famous case of Schreber.

In phenomenological psychopathology, the phenomenon of double bookkeeping has only been addressed explicitly a few times, however none of these accounts seem to grasp the phenomenon adequately. Cermolacce et al. (2018) and Gallagher (2009) attempt to elucidate delusional reality in light of the notion of "multiple realities," comparing delusional reality to other realities that are more or less "cut off" from everyday reality, such as fictional or virtual reality (involved in, for example, going to the theatre or playing a video game). These accounts thus tend to overlook the fundamental alteration of the overall status of reality in schizophrenia pertaining to the ontological domain. Sass (2014) on the other hand argues that the global sense of reality is altered in such a way that both delusional reality and the reality of the everyday world are perceived as unreal and therefore are able to co-exist. However, this does not seem entirely consistent with patients' accounts of their delusional experiences as we shall see.

Henriksen and Parnas (2014) mentions double bookkeeping in a critique of current research on insight, and finally, double bookkeeping is also mentioned as an item in EAWE (Examination of Anomalous World Experience; Sass et al 2017).

In sum, no study empirically or conceptually has investigated the notion of double bookkeeping in depth.

3. METHOD

3.1. OVERALL DESIGN

Double bookkeeping is not a symptom possible to delineate sharply, but rather a concept, which manifest itself in a diversity of clinical manifestations in schizophrenia. As double bookkeeping is not a well-demarcated phenomenon, but rather concerns patients' global awareness of reality and pervades multiple aspects of experience and behavior, the empirical and conceptual investigations mutually inform each other. The method of the project combines phenomenological conceptual analysis with semi-structured in-depth interviews with 25 individuals suffering from schizophrenia spectrum disorder (SSD). A qualitative approach is chosen to grasp the patients' experience from a first-person perspective in depth. The same sample is used in paper 2 and paper 3 where the method will be presented again in more brevity.

As the question of what we are investigating when investigating double bookkeeping is part of the project itself, answering this question implies a combination of conceptual work, literature studies, and qualitative interviews targeting first-person experience.

Pilot-interviews and literature studies provided the project with a solid grounding while allowing for ulterior conceptual analysis, i.e., a refinement of the necessary concepts and areas of experience in order to shape the interview guide. The outcome of the initial elaboration of the conceptual and clinical framework of double bookkeeping is presented in paper 1.

The design of the empirical study was formed in close collaboration with the clinical supervisor, Josef Parnas (JP) and Annick Urfer-Parnas (AUP). JP and AUP have extensive experience with clinical work and research of schizophrenia as senior consultants in psychiatry.

3.2. PARTICIPANTS

Sample

The patients were recruited from three different psychiatric services of the Capital Region of Denmark ("Mental health services in the Capital Region of Denmark"): Psychiatric Center Glostrup, Psychiatric Center Copenhagen, and Psychiatric Center Amager. All these services are affiliated with University of Copenhagen and in total have a catchment area of 1.019.000 inhabitants. Together with AUP, we informed mental health professionals from these three

services about the study whereafter they identified potential participants and asked them about their interest to participate in the project (see appendix III).

Among the contacted patients, 8 declined to participate. The main reasons for declining to participate were lack of energy to spend time on the interview and difficulties scheduling a time that suited the patient. One patient was ultimately excluded because of an unnoticed forensic status. The final sample of 25 persons consisted of 8 men and 17 women with a mean age of 30.7 years (range 18-54; see table 1). Eight patients were recruited in the course of hospital admission, whereas the remainder were recruited from outpatient clinics (n = 17). Of the patients recruited from the outpatient clinics, six patients were treated at an outpatient clinic for patients who had lived several years with schizophrenia ("Opsøgende psykose-team," Psychiatric Center Amager), while 11 patients were recruited from an outpatient clinic targeting young patients often with recent onset of psychosis (OPUS, Psychiatric Center Copenhagen; OPUS, Psychiatric Center Glostrup).

The diagnosis of SSD required for inclusion in the study was established by the treating clinicians. Subsequently, all hospital charts were assessed by the senior investigators (AUP, JP) in order to assure the fulfilment of the ICD-10 criteria for SSD. Upon this review, 24 patients fulfilled the ICD-10 criteria for schizophrenia and 1 patient for schizotypal disorder.

The case number of the patients corresponds to the case number of the excerpts presented in paper 2 and paper 3. Although the sample is 25 individuals in total, our case number goes up til 28, because 2 of the patients declined to participate after an already scheduled interview, while 1 patient was excluded due to an overlooked forensic status. Those 3 patients were therefore already provided with a case number.

The inclusion criteria

- Diagnoses of schizophrenia spectrum (i.e., schizophrenia, other non-affective psychosis, and schizotypal disorder).
- Ability to tolerate lengthy interviews because the study targeted detailed qualitative aspects of experience.
- Capacity to give informed consent to participate in the study.
- Over the age of 18.

The exclusion criteria

- Organic brain disorder.

- A reported cognitive function below normal range.
- Clinically dominating alcohol or substance abuse.
- Acute and/or agitated condition.
- Forensic status (i.e., sentenced to psychiatric treatment) or ongoing measures of coercion.
- Risk of distress due to participation.
- Language barrier.

Table 1. Sociodemographic Data

Gender (n)	Male	8
	Female	17
	Other	0
Age (years)	Mean (SD)	30,7 (11,3)
	Median (range)	26 (18-54)
Education	Primary school	8
	High school	7
	Completing high school	5
	University	1
	Completing university	4
Occupational status	Disability pension	7
	Unemployed	3
	Sick leave	7
	Actively studying or employed	8

3.3. THE INTERVIEW

Given the explorative nature of this study, a semi-structured interview guide was prepared based on a qualitative and phenomenological approach (Nordgaard et al 2013; Kvale et al 2009). The structured element in the interview comprised of a selected number of areas of experience obliged to be covered (see appendix IV). These areas of experience were chosen on the basis of already existing literature on double bookkeeping as well as related clinical descriptions of the phenomenon found in the European continental tradition in psychiatry, although labeled with different terms (see paper 1). These latter texts provide rich descriptions of clinical observations in contrast to current diagnostic manuals, which consist of lists of symptoms and criteria. Furthermore, the chosen areas of inquiry were based on phenomenological-oriented literature and empirical research of the schizophrenia *Gestalt* as described in the above (see also paper 1-3). The interview guide was revised on the basis of 5 pilot-interviews with patients suffering from schizophrenia conducted together with AUP.

A semi-structured format was chosen, allowing for patients to convey their experience in-depth in a conversational and spontaneous manner (Nordgaard et al 2013).[23] Questions were open-ended and contextually adjusted to the flow of the patient's own narrative. The interviewer strived to interrupt as little as possible, but sometimes asked for further details or examples. An answer of "yes" or "no" on the part of the participant was not sufficient to rate a certain experience or symptom as present or absent. This method was chosen allowing for a flexible exploration of specific areas and structures of experience including the possibility to discover new and unexpected aspects. The phenomenological approach enabled the interviewer to examine the lifeworld of the patient in a meaningful way as well as assessing the structures of experience, which are often neglected in favour of a focus on the content of experience (Corin 1990).

Between 2019 and 2021, 25 individuals participated in the study. The possibility of conducting the interviews was prevented for several periods of time due to Covid-19, thereby delaying the timeframe of the interviews. The interviews took between one to four hours and were sometimes divided into two or more sessions depending on the wish of the participant. Appointments were scheduled at a time convenient for the patient either at an office in the psychiatric service, where they were treated, or at the office of AUP in Copenhagen (Psychiatric

[23] In a fully structured interview, which is standard in psychiatric research, the interviewer asks predetermined questions in a fixed order (Beck and Perry 2008). The questions are closed, prompting the participants to choose between a simple "yes" or "no" answer.

Center Amager). Some of the outpatients from the "OP-team," who had suffered many years of schizophrenia, preferred to meet at their own homes due to difficulties of going outside.

I conducted the interviews, having previously gained clinical experience, consisting of training in psychiatric interview techniques and holding psychotherapy sessions, during a 4-years employment at a psychiatric hospital. Here, I obtained a 2-years specialist degree in psychotherapy focused on psychosis, and furthermore had training in using the EASE (i.e., Examination of Anomalous Self-Experience) interview (Parnas et al 2005) – that is, a semi-structured psychometric instrument for assessing alterations of structures of experience characteristic of schizophrenia spectrum. AUP participated in most of the interviews.

All interviews started with a comprehensive psychosocial history, which provided the context and background for a further exploration. Double bookkeeping is a complex phenomenon since it points to a global conception of reality, which can be expressed and verbalized through multiple types of experience, symptoms, and behaviors. Most individuals would find it difficult to answer a straightforward question concerning their experience of reality. The interview therefore comprised an open query concerning the existential position of the subject – involving both the content of existential thinking and the existential structure of the subject (e.g., feelings of centrality or quasi-solipsism). Furthermore, the interview comprised an open query concerning the experience of psychosis and its beginning and a thorough exploration of the patient's attitude in relation to these experiences (especially focusing on insight into illness). As double bookkeeping is hypothesized to be interrelated to the mode and onset of psychosis, the questions comprised both an investigation of how this phenomenon was expressed in relation to psychosis symptoms such as delusions and hallucinations (particularly auditory verbal hallucinations), and furthermore in relation to more elementary, pre-psychotic alterations of the structures of experience. For the latter, we selected 15 EASE items to guide our investigation of the subject's existential position, sense of own subjectivity, and basic relation to the world and others (domain 1: "Cognition and stream of consciousness;" domain 2: "Self-awareness and presence;" domain 4: "Demarcation/transitivism;" and domain 5: "Existential reorientation"). See appendix V for an overview of EASE items. We omitted domain 3 because of time concern. We chose items from domains 1, 2, and 4, as they were assumed to be most specific to schizophrenia spectrum, which has since been demonstrated in a recent study (Nordgaard et al 2023). Domain 5 targeted the existential position of the subject and thus overlaps with the entire interview.

Extracts from the interviews presented in the dissertation were translated from Danish into English by the author. To ensure the participants' anonymity, identifying details have been changed.

3.4. DATA ANALYSIS

The data analysis followed the principles of qualitative, thematic analysis (Braun and Clarke 2006). All interviews were audiotaped and subsequently transcribed. The data analysis consisted in reading and re-reading the transcripts whereby each author identified themes reflecting our aims, thereafter, obtaining a consensus among all authors about the four main target domains (top-down approach). Sub-categories were identified, and they are listed as sub-themes in the result section (see paper 2). A fifth domain related to the difficulties of articulating psychotic experience, appeared during the analysis (bottom-up).

1) Experience of double reality
2) Emergence and development of two realities
3) Truth quality of psychotic or private reality
4) Insight into illness
5) Communication of psychotic experiences

We conducted a second data analysis from the same data set focusing on domain 2: emergence and development of two realities – and a specific sub-category here, namely *Anderssein* (feeling different; see paper 3). Here, we grouped the characteristics of *Anderssein* according to how it emerged based on the data analysis (bottom–up):

1) Experience of *Anderssein*
2) Social and existential position
3) Haunting otherness
4) Feelings of centrality, special abilities, or insight
5) Existential or metaphysical preoccupation

3.5. ETHICAL CONSIDERATIONS

This study has been conducted in accordance with the ethical standards laid down in the 1964 Declaration of Helsinki and its later amendments. The patients participated voluntarily and on

the condition of informed, written consent. The study was approved by the Data Protection Agency (no. P-2020-4; earlier no. VD-2018-507), and the ethics committee of University of Copenhagen (no. 514-0045/19-4000).

3.6. CONCEPTUAL ANALYSIS

In the development of this dissertation, one line of thought has been of chief importance, namely what with a common term is labelled phenomenology. I engage critically with classic phenomenological concepts, texts, and thinkers, especially Heidegger and Merleau-Ponty (see paper 4), as well as the tradition of phenomenological psychopathology.

4. PRESENTATION OF PAPERS

In the following, I will present each of the four papers that make up this thesis. This presentation will simultaneously serve as a summary of the most important results of the thesis and explain the links between the four articles.

Paper 1: Double bookkeeping and schizophrenia spectrum: divided unified phenomenal consciousness

Parnas J, Urfer-Parnas A, Stephensen H

Published in *European Archives of Psychiatry and Clinical Neuroscience* (2021). 271: 1513–1523

In this paper, co-authored with Josef Parnas (JP) and Annick Urfer-Parnas (AUP), we aim to conceptualize the important yet neglected phenomenon of double bookkeeping through clinical expositions and literature studies.

We begin introducing the historical and current status of the notion. It was first coined by Eugen Bleuler in 1911, although clinical observations and descriptions of the phenomenon can be found already in the earlier works of Pinel and Esquirol. Although completely neglected in current mainstream psychiatry, the phenomenon has been re-discovered in phenomenological psychopathology.

We argue that double bookkeeping is not only limited to delusions – having a delusion, and not acting according to it – which is how the phenomenon is typically portrayed in contemporary literature. In contrast, we present clinical material supporting the view that double bookkeeping seems to play across multiple psychotic symptoms and furthermore be at stake in pre-onset phases as well as schizotypal disorder, that is, a non or pre-psychotic part of the schizophrenia spectrum. We present clinical manifestations of double bookkeeping in the following selected domains: delusions, hallucinations, insight into illness, and *Anderssein*.

Delusions: We start by characterizing the nature of delusions as it is conceived in the continental psychopathological tradition. It is here viewed as a transformation of the awareness of reality as opposed to the mainstream psychiatric definition of delusions as erroneous beliefs about the 'external' world or reality. They are pathic, that is, immediate and revelatory-like, rather than the result of inferential reasoning. A consciousness of conviction appears to precede

the specific content of a delusion (viz. delusional mood). The experience of revelation does not have a standard subject-object structure. Drawing on Sass' use of the Heideggerian notions of ontic-ontological concerning this matter, we argue that delusions concern ontological issues, rather than ontic, mundane issues. The idea is that delusions are statements of a private, immanent character rather than statements about matters in the external or shared world. The two worlds can exist side by side because the 'evidence' in the latter is not rooted in the evidence of the everyday (ontic) world.

Auditory verbal hallucinations (AVH): In contrast to the mainstream account of AVH as some type of perception with no external object, phenomenological psychopathology points out that they do not appear to be given as ordinary perceptual experience such as perspectival givenness. Rather, hallucinations (like in the case of delusions) seem to be articulated in another ontological realm, namely, in an extra-sensorial space. AVH occur in the most intimate space of subjectivity and are at the same time often conceived as alien thoughts deriving externally from the outside. Feelings of hyper-proximity are characteristic often accompanied by feelings of complete exposure.

Insight into illness: Insight does not seem to be adequate in terms of schizophrenia, although it is defined as an intrinsic feature of the illness itself in contemporary psychiatry. Even when patients are 'cured' and can be said to have insight, the core of psychotic convictions may remain intact. Furthermore, patients do not seem to consider their symptoms of schizophrenia as comparable to ordinary types of illness.

Anderssein ('being different'): The phenomenon belongs to the self-disorders characteristic of schizophrenia and reflects an alteration of existential position occurring early in life. *Anderssein* is a feeling of being different, which precedes any specific content. The difference does not appear to be rooted in the mundane (ontic) world, but rather to concern the very nature of being-in-the-world. The being of the patient feels detached from common reality and appears to be associated with a sense of access to another ontological level of reality.

In the discussion we aim to identify the shared phenomenological pattern of these diverse manifestations of double bookkeeping, which we define as an instability in the affective articulation of selfhood (auto-affection). This is an expression of a *Gestalt* of a *whole* pertaining to a transformation of the structure of subjectivity, leaving a trace of specificity on diverse and heterogenous symptoms, behaviors, and interactions. With reference to the classical debate between Pinel and Esquirol concerning the nature of psychosis – i.e., is it a foreign entity with an intact subject behind or does it reflect a configuration of a divided and unified subject. We

argue in favor of the latter position and suggest speaking of a *splitting* or *disintegration* in a *unified* subject, which seems to be a key for the understanding of the nature of psychosis.

With reference to Michel Henry's concept of auto-affection, we suggest that schizophrenia demonstrates an instability on this level of experience, that is, a doubt emerges on the level of unquestionable first personal ontological reality making possible the simultaneous sense of disintegration and unity. We go a bit further than Henry insisting that some type of fissure or potential alterity must be implicit in the structure of subjectivity as a condition for this specific experience. The sense of alterity within the immanence of subjectivity (termed self-alterization) involves the sense of a breakthrough to another ontological dimension, which pertains to the core of double bookkeeping as well as psychotic experience.

Co-author statement

- Helene Stephensen (HS) contributed substantially to the conception of the entire work.
- HS worked extensively and in close collaboration with her co-authors in conducting literature studies, developing the conceptual framework, ideas, and arguments in the paper.
- HS contributed extensively to writing and critically revising all parts of the manuscript.
- HS read and commented the final version of the manuscript.

Paper 2: Double bookkeeping in schizophrenia spectrum disorder: an empirical-phenomenological study

Stephensen H, Urfer-Parnas A, Parnas J

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In this paper, co-authored with Josef Parnas and Annick Urfer-Parnas, we present a phenomenologically descriptive qualitative study of 25 patients with schizophrenia in which we addressed the following issues: 1) Experience of double reality; 2) Emergence and development of two realities; 3) Truth quality of psychotic or private reality; 4) Insight into illness; 5) Communication of psychotic experiences.

The most important result was that most patients felt to be in contact with another dimension of reality. Hallucinatory and delusional experience pertained to this different reality,

which patients most frequently kept separated from the shared reality. This other dimension was considered by the patients as being more profound and real. The pre-psychotic and psychotic experiences were difficult to verbalize, and patients typically described these as totally different from ordinary experience. A sense of double reality was persistent across remissions. None of the patients considered their condition as an illness analogous to a somatic disorder. Most patients described a vague sense of duality preceding the crystallization of double bookkeeping. This emergence of doubleness was associated with a fundamental alienation from oneself, the world, and others stretching back to childhood or early adolescence.

We discuss the results with a special emphasis on the concept of psychosis, clinical interview, treatment, and pathogenetic research. We argue that psychosis moves beyond a question of reality, because it concerns a domain transcending the sensory and shared reality and that does not seem to be integrated or "woven into the fabric of the intersubjective world." It does not make sense for patients to speak of their psychotic experience in terms of being true or false by empirical or mundane standards. Psychosis concerns a different ontological *layer* of reality, namely the very meaning or nature *of* reality and therefore does not concern some type of unrelated, other world. Furthermore, we argue that the notion of insight into illness is inadequate in the case of schizophrenia. When participants do not consider their psychotic symptoms as illness, it seems to reflect double bookkeeping rather than poor insight.

Co-author statement

- Helene Stephensen (HS) is the first author of this paper. She conceived of the design of the study in close collaboration with the two co-authors. HS elaborated the conceptual framework and drafted the first version of the interview guide, which was critically revised by both co-authors. HS derived the key methodology together with both co-authors.
- HS collected the data, which consisted of performing qualitative interviews. One of the co-authors (AP) participated in most of the interviews, occasionally asking a few follow-up questions. HS transcribed the tape-recorded interviews. HS conceived of the data analysis and interpretation to which both co-authors contributed.
- HS wrote the first draft of the entire manuscript, which was subsequently critically revised by all authors.
- HS read and commented the final version of the manuscript.

Paper 3: An empirical-phenomenological exploration of *Anderssein* ("feeling different") in schizophrenia: Being in-between particular and universal

Stephensen, H., Urfer-Parnas, A. & Parnas, J.

[in review] *Psychopathology*, submitted 4th of June 2023

In this paper co-authored with Josef Parnas and Annick Urfer-Parnas, we elucidate alterations of basic existential and intersubjective dispositions in schizophrenia spectrum disorders (SSD) through the phenomenon of *Anderssein* ("feeling different"). *Anderssein* is an important yet neglected notion from German psychiatry, referring to a specific sense of feeling profoundly different occurring in SSD. Although phenomenological-psychopathological research mentions it as an aspect of the core disturbance of SSD (viz., "self-disorders"), the phenomenon has not yet been explored in empirical or theoretical detail.

We present material from a phenomenological-empirical study on double bookkeeping, pertaining to the mode and onset of psychosis, based on qualitative interviews with 25 patients with SSD.

The most important results are that most of the participants in our study report to have felt fundamentally and often ineffably different since childhood and articulate it as a sense of existing "outside" of the shared reality. Intersubjective reality appears progressively unreal or inauthentic, and simultaneously, the patient's intimate, subjective sphere is permeated by an alien otherness. Importantly, this outside position should be understood carefully as it is often accompanied by the sense of being invaded by social rules, other people's thoughts, or emotions.

We argue that the emerging psychosis is a gradual extension of precedent alterations of existential dispositions. We furthermore argue that the ontological feature of *Anderssein* can be conceptualized as an altered "being in-between"–that is, some sort of halting of the dynamic movement between particularity and intersubjectivity. Finally, we discuss the critical implications of these results for research into the "onset" of schizophrenia.

Co-author statement

- Helene Stephensen (HS) is the first author of this paper. She conceived of the design of the study in close collaboration with the two co-authors. HS elaborated the conceptual framework and drafted the first version of the interview guide, which was critically

revised by both co-authors. HS derived the key methodology together with both co-authors.

- HS collected the data, which consisted of performing qualitative interviews. One of the co-authors (AP) participated in most of the interviews, occasionally asking a few follow-up questions. HS transcribed the tape-recorded interviews. HS conceived of the data analysis and interpretation to which both co-authors contributed
- HS wrote the first draft of the manuscript, and all authors critically revised it, and approved of the final version.
- HS read and commented the final version of the manuscript.

Paper 4: Alienated from alienation: psychosis in light of Merleau-Ponty and Heidegger

Stephensen, H.

[in review], *Continental philosophy review*, submitted October 21st, 2023

In this paper, I shed light on a doubleness that pertains to alienating experiences in schizophrenia psychosis, which are rarely thematized in phenomenological or psychopathological literature. Patients report a sentiment of existing in two realities, namely a private or psychotic reality as well as an everyday reality, shared with others, from which they feel profoundly alienated. I argue that predominant accounts of psychosis as some type of loss of reality or *common sense* cannot account for this doubleness specific for the alienating experiences found in schizophrenia. Rather, with Merleau-Ponty, I demonstrate that the doubleness of psychosis can be conceived as an expression of ambiguity. Finally, by drawing on Heidegger's notions of everydayness and uncanniness (*Unheimlichkeit*), I show that psychosis expresses a *redoubling of alienation* – namely, an alienation from the alienating aspects of the shared everyday world going unnoticed by other people. I argue that these alienated aspects are constitutive and that there is no such thing as a simple opposition between an un-alienated subject, immersed in a self-evident and familiar world and a detached, psychotic subject. Psychotic experience is not just a loss of *common sense*, but rather a freezing or congealing of a dynamic tension involved in the structure of feeling at home in a shared world. As such psychosis reveals the paradoxical nature of subjectivity.

The relation between the papers

The conceptual-clinical work presented in the first paper constituted the framework that guided the design of the empirical study, identifying key areas of experience to be explored in the qualitative interviews. This qualitative study is presented in the two next papers. The first paper (paper 2) presents the general findings of the study while the second paper (paper 3) focuses on *Anderssein*. Through the phenomenon of *Anderssein*, the third paper looks specifically into the emergence and development of double bookkeeping preceding frank experiences of existing in two disjointed realities. One limitation which we pointed to in the first paper, was neglecting an exploration of basic intersubjective constitutions related to psychosis and the emergence of double bookkeeping as the articulation of subjectivity and basic intersubjective attunement are interrelated. The paper focusing on *Anderssein* will therefore furthermore contribute to the discussion of the intersubjective constitution related to emerging psychosis, since *Anderssein* pertains to precisely such a basic intersubjective structure. The phenomenon concerns an experience of existing in a world *outside* of the shared reality, where the latter appears progressively unreal and inauthentic.

The fourth paper deals with philosophical and conceptual issues arising from the insights from the first three papers. Psychotic subjects describe feeling to be 'somewhere else' and their psychotic world transcends the sensorial, intersubjective realm. This poses the question of the relation between these two worlds. From a phenomenological perspective, psychotic experience transcends the sensory and shared reality and is not integrated or "woven into the fabric of the intersubjective world." Does the phenomenological approach then risk to put madness outside the shared world, outside intersubjectivity? The very position of opposing the delusional and ordinary reality, which the thesis attempted to escape.

5. First Paper. Double Bookkeeping and Schizophrenia Spectrum: Divided Unified Phenomenal Consciousness

Josef Parnas[a,b,c], Annick Urfer-Parnas[d], Helene Stephensen[a,b]

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a) Center for Subjectivity Research, University of Copenhagen, DK-2300 Copenhagen S, Denmark
b) Mental Health Centre Glostrup, University Hospital of Copenhagen, DK-2605 Brøndby, Denmark
c) Faculty of Health and Medical Sciences, University of Copenhagen, DK-2200 Copenhagen N, Denmark
d) Mental Health Centre Amager, University Hospital of Copenhagen, DK-1610 Copenhagen V, Denmark

Corresponding author
Helene Stephensen
Center for Subjectivity Research, University of Copenhagen,
Karen Blixens Plads 8, DK-2300 Copenhagen S, Denmark.
E-mail address: hst@hum.ku.dk
Tel: +45 353-33699
ORCID ID: 0000-0002-6531-4954

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Double Bookkeeping and Schizophrenia Spectrum: Divided Unified Phenomenal Consciousness

1. Introduction

Clinical observations of the phenomenon of double bookkeeping, although not conceptualized with this term, can already be found in the works of Philippe Pinel [1] and Jean-Étienne Esquirol [2]. The notion of double bookkeeping was coined by Eugen Bleuler in his monograph on schizophrenia [3] and his subsequent textbook of psychiatry [4] referring to the patients' ability to separate their delusional world from the everyday socially shared world. According to Bleuler, this reflects a co-existence of two disjoint ways of orienting oneself to reality. This is well illustrated in the following quote from Bleuler.

> Kings and Emperors, Popes, and Redeemers engage, for the most part, in quite banal work. […] None of our generals has ever attempted to act in accordance with his imaginary rank and station [3, p. 129].

As an example, from our own clinical work, we can mention a hospitalized patient, who claims that the nurses are trying to poison him, but he nonetheless gladly consumes the food that he is served by the very same personnel. As in the example from Bleuler, the patient does not act according to the content of his delusional experience.

Bleuler introduces the concept of "double entry book-keeping" in the beginning of his book in the section of "intact simple functions" where he argues against a view of schizophrenia as a deficit of delimited cognitive capacities [3]. He observed that even when patients are absorbed in their psychotic experiences, nearly impossible to interact with, they are nonetheless quite acutely aware of what is happening in the shared-social world. One can find examples of double bookkeeping throughout the entire text of his monograph. However, he does not offer any clear definition of double bookkeeping, its potential phenomenological unity or psychological mechanism.

Even though the phenomenon is probably very well known to most experienced clinicians (though not in an explicit or conceptual way), it is completely neglected in contemporary mainstream psychiatry.

However, in the last ten years we have witnessed emerging interest in the phenomenon of double bookkeeping [5-8]. These contributions deal mainly with theoretical issues concerning delusion and are primarily based on autobiographical narratives of patients with schizophrenia (especially on Schreber's memoires [9]). In contrast to mainstream psychiatry, the basic idea in these latter studies is that the patient's experience of the world must not simply be mistaken, but somehow altered or transformed in a global way.

In this paper, we will address double bookkeeping as a situation in which the patient simultaneously lives in two different levels of reality. One reality is our shared, social, mundane (ontic) world with its implicit understanding of the laws of nature, mind-independence of the so-called "external world" and the principle of non-contradiction. The other reality involves a private framework that violates spatio-temporal and non-contradiction constrains of the intersubjective world. It is crucial to emphasize already at this point that the latter form of reality should not be considered as some kind of fiction, fantasy or imagination on the part of the patient. Rather, it possesses for her a significance of reality that is even more true and profound than the socially accepted reality, touching upon ontological structures.[24]

Double bookkeeping is not simply a reflection of harboring conflicting attitudes. Most people do in fact have inconsistent beliefs about different matters, but those beliefs are concordant with normatively acceptable rules of reasoning (e.g., one can be an ardent advocate of equal redistribution of wealth in society while at the same time adhere to the radical tenets of unrestricted capitalism).

Our paper is inspired by a clinical perspective, formed during long-standing empirical and theoretical research and clinical work with patients suffering from the schizophrenia spectrum disorders.

Our main proposal is that double bookkeeping manifests itself before the onset of overt psychosis, in the schizotypal disorders and across a *manifold* of characteristic psychotic symptoms. We claim that this phenomenon is associated with a certain structural alteration of phenomenal consciousness.

We will therefore start with the clinical exposition of the manifold manifestations of double bookkeeping across different psychopathological phenomena. In the discussion section, we will

[24] The distinction between these two levels of reality has an obvious affinity with Husserl's distinction between the natural attitude (our everyday attitude towards the world) and the transcendental attitude as well as to Heidegger's distinction between the ontic level (the level of mundane existing Beings) and the ontological level (the level of Being as such). We will not pursue these affinities in an explicit way in our text.

attempt to identify a shared psychopathological pattern that is indicative of double bookkeeping. Finally, while situating our analysis in an historical framework, we will present a phenomenological analysis of double bookkeeping, as being linked to a specific *dis*-order of selfhood that functions as a precondition of the formation of schizophrenia-specific psychopathology. A corollary of this analysis will entail a critique of the views of schizophrenia as a dissociative disorder akin to multiple personality disorder.

At the end of the paper, we will point to important implications of a phenomenological grasp of double bookkeeping for treatment and empirical research in schizophrenia spectrum disorders.

2. Clinical manifestations of double bookkeeping

Double bookkeeping appears across manifold phenomena of schizophrenia such as delusions, hallucinations, behaviors, existential orientation, and the nature of the insight into illness.
It is important to emphasize that in the descriptions of double bookkeeping we do not merely encounter a psychotic patient, who by necessity is forced to live in our common social world. Double bookkeeping is not a contingent feature of schizophrenia in a manner similar to the content of delusional beliefs, e.g., the patient feels persecuted by the CIA, rather than by the KGB. Moreover, it is important to note that this phenomenon of double bookkeeping is most clearly observed and informative in non-acute, stable patients or in patients in the initial stages of their illness. In the acute psychosis with flamboyant symptomatology, the patients tend to conflate their psychotic world with the shared world and may enact their psychotic experiences in the immediate environment.

In the following, we will present selected clinical manifestations of double bookkeeping in different domains of psychopathology, which we have divided into delusions, hallucinations, insight into illness, and *Anderssein* ("being different"). Such separate presentation is useful for didactic reasons, but we need to remember that the apparently distinct domains strongly overlap and mutually entail each other.

2.1. Delusions

In order to make clear how double bookkeeping appears in relation to delusions it is necessary to clarify the nature of delusions, which are characteristic of schizophrenia. In continental psychopathology, there is an agreement that a specific nature of delusion in schizophrenia is quite emblematic for this illness [10-15]. It is crucial to emphasize that this approach differs

from the mainstream psychiatric definition of delusions as some sort of erroneous belief about the "external world" [16], or as already Karl Jaspers stated it:

> To say simply that a delusion is a mistaken idea […] gives only a superficial and incorrect answer to the problem […] Delusion proper, however, implies a transformation in our total awareness of reality [17, p. 93-95].

Jaspers called the delusions, that are characteristic for schizophrenia, "primary" or "true" and distinguished them from "secondary" delusions (i.e., delusions-like ideas) [17]. Primary delusions were not accessible to a common sense understanding and were therefore not reducible to other psychological phenomena. In contrast, secondary delusions were diagnostically non-specific (occurring both in schizophrenia and in other psychoses) and could be understood as arising from other factors, e.g., delusional guilt in melancholia or systematized delusions emerging upon a paranoid personality organization.

In the following, we will address the nature of the epistemic and existential status of two distinctive features of delusions in schizophrenia: 1) mode of emergence and conviction and, 2) their typical content.

1) Primary delusions in schizophrenia originate in an affective, pathic experience, i.e., the delusional meaning is revealed to the patient in an imposing manner rather than being grasped through cognitive efforts [18-19]. During the formation of delusions, there is frequently an increase of basic affective tension followed by a crystallization of delusional conviction and insipient meaning [20]. This crystallization is not a product of a step by step inferential reasoning or reflection, but possesses a character of immediacy and revelation.

> *Case 1: One of our patients with schizophrenia, a 22-year old male, reported of the onset of his illness in the following way: One evening he met some old friends in an amusement park in Copenhagen and during this encounter, he was overwhelmed by a global feeling of intense happiness. On the way home, he suddenly got a thought that he was perhaps a savior, destined to bring peace in the world. This idea formed the basis of subsequent delusional elaborations.*

Such revelation is originally an affective, pathic experience with only vague meaning, but carries with itself an absolute affective conviction that precedes the concretization of the

delusional content. As the German psychiatrist Hemmo Müller-Suur writes, the delusional conviction in schizophrenia emerges immediately [21]. The consciousness of conviction (*Gewissheitsbewusstsein*) precedes its infusion with a specific content of what one is convinced about. In other words, the patient is convinced that something is happening, but he is not aware of what is exactly happening. This is the essence of the delusional mood [20, 22]. The experience of revelation becomes gradually transformed into a standard subject-object structure. In contrast to schizophrenia continues Müller-Suur, in paranoia, delusional disorder, the conviction is a product of a laborious step by step inferential cognitive process.

2) The content of typical delusions in schizophrenia is frequently colored by metaphysical, eschatological, or charismatic themes [11, 23]. The latter refers to issues concerning the meaning and purpose of human life, where patients may feel to have a central position, to be chosen for a special mission where the meaning of their life reveals itself to them ("charisma" means divine gift). The former refers to issues concerning respectively the essence of Being or existence (i.e., the schizophrenia cosmology is often of a magical character, consisting of a struggle between good and evil forces, or is penetrated by energies, rays, waves and so forth) and ultimate issues such as universal peace or the end of the world. Along the same line, Sass proposed that delusions in schizophrenia rather than being concerned with the mundane (ontic) issues focus on the very (ontological) horizons of human existence [24]. He emphasizes that the patient lives in a double reality with his delusional conviction forming a part of the reality with a "subjectivized" quality that is unconnected to the intersubjective world [5].

In a similar vein, the French psychiatrist Arthur Tatossian and the German psychiatrist Manfred Spitzer emphasize the "egological" nature of delusions in schizophrenia, i.e., comparable to the certitude of having a thought or feeling pain. Accordingly, delusions are reports of private, immanent experience affecting the self, rather than being the statements about the affairs in the public world [10, 16, 18, 25-26].[25]

Thus, we have touched upon the epistemic and existential nature of delusions, since the content of the delusions typically reflect this very nature, or as Müller-Suur put it, form and content are dialectically interrelated [29].

[25] The notion of belief in itself is quite vague, but in our common sense and psychiatric use of the term, it is ascribed to the statements of knowledge and conviction: "I believe such and such". Several anthropologists have pointed to the fact to a quite polysemic nature of the notion of belief [27-28].

In connection to double bookkeeping it is striking that even though primary delusions are in no way corrigible, because of the delusional conviction described above, they are usually never enacted. Jaspers described it in the following way:

> Reality doesn't carry always the same meaning as that of normal reality. With these patients, persecution does not always appear quite like the experience of people who are in fact being persecuted; nor does their jealousy seem like of some justifiably jealous persons […] Hence, the attitude of the patient to the content of his delusion is peculiarly inconsequent at times [17, p. 105].

These "inconsequential attitudes" concerning respectively a "delusional" and "empirical" reality are illustrated in the following vignette:

> *Case 2: One of our patients from an open ward claimed that the hospital was surrounded by the CIA agents only waiting to kill him. Nonetheless, he went to buy an ice cream apparently undisturbed in a kiosk outside the hospital.*

In contrast to schizophrenia, delusions in delusional disorder (paranoia) possess a clearly mundane, "empirical" character and involves mediation by reflective processes. The delusion in this case of paranoia is integrated in our shared social world and typically does not violate natural laws although the latter may be modified to support delusional content.

> *Case 3: A fifty year old woman living in own house complained about the quality of the running water; she had an impression that the water was somehow toxic and caused her skin problems and a general malaise. She frequently visited own GP and complained about it. There were several technical inspections from the municipality which did not find anything wrong with the quality of the water. The patient was absorbed in writing complains to different authorities and ended by believing in a conspiracy between the GP, the technical authorities, and the mayor of the municipality.*

On the contrary, in the following case of a patient with schizophrenia, we see with the same content of delusion concerning poison condition of tap water, a completely different and idiosyncratic attitude towards it.

Case 4: One of our patients with schizophrenia, who harbors a similar belief about the toxicity of the water did not contact any authorities, but figured out by himself a solution to the problem: he stored water in special containers in "fresh air" before using it for drinking or cooking.

To sum up, schizophrenic delusions are not beliefs about worldly matters, rather they concern a different realm transcending the shared-social world. Therefore, the delusional 'evidence' is not concerned with evidence rooted in the shared world and the two attitudes or ways of orientation – even in the case of explicit contradiction – can exist peacefully side by side.

2.2. Auditory verbal hallucinations (AVH)

AVH are one of the characteristic symptoms of schizophrenia. In contemporary mainstream psychiatry, the definition of hallucination is a variant of the classical definition of hallucinations as "perceptions without an object" [30]. However, phenomenological psychiatry has pointed out that AVH in schizophrenia do not possess perceptual features such as a perspectival giveness of the content and temporal contour. To use the phrase of Charbonneau [31], the sensory qualities of hallucinations are merely a "caricature" of the sensorial (see also [32-34]). Hallucinations are given as meaning fragments, often without sensorial quality ("soundless voices," [3]), the meanings are articulated all at ones without temporal stretch and the patient experiences the voices as an intrusive part of her inner most intimate sphere (hyperproximity). There are several features that point to the fact that hallucinations articulate themselves in another ontological space than that of intentional perceptual life. The patient only rarely confuses her AVH with real acoustic perceptions.

In a recent study of schizophrenia patients suffering from AVH there was a long time interval between the onset of hallucinations and their disclosure to the treating medical personnel [34]. The delay was especially long in patients whose onset of hallucinations was in childhood. In fact, the patients typically consider their experiences as "thoughts." These thoughts often acquire the status of "voices" only at the event of naming (nomination) by the treating clinician. Thus, the hallucinations were primary experienced by the patients in their private immanent sphere where thinking was felt to be at an experiential distance from the sense of subjecthood.

The link to another ontological domain was already emphasized by Schneider who wrote that the significance of psychotic experience in schizophrenia carries for the patient "a sign or message from another world" [35, p. 104].

> *Case 5: One of our patients wrote to the first author: I have read the text that you have recommended [on phenomenology of thinking]. What surprised me was that our thoughts are separated from each other. That your thoughts belong to you and just to you and my thoughts belong to me and just to me. Since I was a child I have been of the conviction that all peoples' thoughts and voices were mixed together in a collective whole. From this whole, came my voices, knocking sounds, voices, mumblings, whispers, or this occasional screaming.*

It is clear from this report, that the patient's sense of privacy and mineness of thinking is disturbed. There is an apparent continuity between thinking and hallucinations. Most importantly, the patient ascribes these phenomena to some kind of universal extra-sensorial space. It seems that this mode of experience is habitual for the patient. Some of these aspects are illustrated in the following vignettes.

> *Case 6: I have always known that this was my place, this was my reality. Away from other people's reality. I live in the shared world just like all humans. And then I also have my own reality. Of course, I know that there is not a man standing there talking to me… It all takes place in my head. I know that. And I am completely aware of that. But to me it is my reality. I have lived like that for years. I really feel that I live in two worlds [34].*

> *Case 7: One of our patients reported the following experience: "…Sometimes I can hear people that I know, talking about me, even if they are not there. It is distressing, because I do not know what to believe. If I have heard my mother talking about me and I confronted her with it when we meet in the evening, she says that she never did that, and then I do not know what I should believe: The things she said to me face-to-face or what I have heard…"*

What is interesting in the patient's statement is that she does not question the validity of her hallucinatory experience despite the fact that the experience violates all causal laws in our common reality, or differently put, if someone heard their mother's voice, knowing that she was miles away, a pressing question would be to how that was actually possible, given the causal laws in our common reality. The patient does not consider such questions, which for the patient are completely irrelevant, precisely because this experience is given as absolutely undoubtable. Nonetheless, the patient is distressed by this apparent contradiction between her experience and the mother's statement, which she seems to consider on the equal footing.

In most cases, the hallucinations possess subjectively convincing and a rather immanent character [30]. In other words, the hallucinatory "voices" articulate themselves in the midst of the patient's most intimate sphere, from which she cannot escape. The patient may feel to be subjected to a complete exposure, where the voices know everything, is omnipresent and yet, at the same time always alien and furtive [36]. Thus, rather than being integrated or "woven into the fabric of the intersubjective world" [14] hallucinations, with Merleau-Ponty's words "play out on a different stage than that of the perceived world" [37, p. 396].

2.3. Insight into illness

Lack of insight is perhaps the domain of experience where double bookkeeping is most clearly manifest. "Insight into illness" in contemporary psychiatry is defined as an awareness of the illness, its symptoms and consequences [38]. In general terms, lack of insight, is considered as a typical feature of schizophrenia and is responsible for discontinuation of treatment and frequent relapses.

In other words, insight is defined following the medical model and refers to when the patient is aware of suffering from diabetes and its symptoms and long-term risks. We think that this approach to insight is not entirely adequate in the case of schizophrenia [39]. This inadequacy has already emerged in our description of delusional and hallucinatory experiences. Bleuler draws attention to the fact that many so called "cured patients" harbor the original delusional conviction [3]. He mentioned a discharged professor who apparently "corrected" his delusional convictions, but nonetheless dedicated his latest scientific treaties to his delusional mistress. Another similar patient of Bleuler, continued after recovery to add "Lord" after his signature.

Case 8: One of our patients, a woman suffering from remitted schizophrenia and on constant depot anti-psychotic medication participated in a teaching interview. She described in detail her past psychotic episodes of which the first originated with a feeling that her telephone was bugged. She now declared herself to be free of hallucinations or strange ideas, but continued to suffer from lack of energy and social isolation. After the completed interview, the supervisor asked the question, "but misses Hanson why was your telephone bugged in the first place?" and the patient responded, "This question I ask myself too to this very day." Clearly, the validity of the original delusional experience was entirely intact for the patient.

In our series of patients with auditory hallucinations, none of the patients believed that they suffered from an illness analogous to a somatic disease.

Case 9: "Other people will say that I'm sick but I don't feel sick. I feel that it is a part of me and that it is just how I am" [34].

Professor Elyn Saks in an article on insight in schizophrenia raises the following puzzling question of how a person really can deny "her illness in the face of flagrant symptoms?" [40]. She gives the following account of her own view on being diagnosed with schizophrenia:

Case 10: "I completely recognized that the things I was saying and doing and feeling would be thought to amount to a diagnosis of schizophrenia; but I thought that it was not true— I didn't really have the illness (...) So, my thinking went, I looked like I had schizophrenia (...) but if we knew enough, we would see that I really did not" [40, p. 972].

Apparently, she experiences an access to a deeper layer of reality, not accessible to other people and not accessible to our current scientific methods. Thus, she uses an ontic, mundane terminology to explain her unique access to the ontological dimension.

2.4. Anderssein: "Being different"

One could now ask, whether double bookkeeping is an aspect of a psychotic, e.g. delusional or hallucinatory state. However, many patients in the pre-onset phases of the illness and in

schizotypal conditions, experience more subtle alterations of their subjective life and existential attitudes, already in childhood and adolescence, alterations that do not qualify as a flagrant psychotic condition.

Patients with schizophrenia spectrum disorders often experience that their subjective life and relations to the surrounding world are dramatically different from that of their peers'. Despite apparently normal social behavior, they report a sentiment of profound solitude. In other words, the nature of existence may be already altered quite early in life. Patients with schizophrenia spectrum disorders frequently report that they have felt different from others since early childhood or adolescence. In German psychiatry, this feeling is termed "*Anderssein*." It is a peculiar feeling of being different, in which the feeling of difference precedes finding out *what is different* [41]. The patients often have difficulties verbalizing the nature of difference and frequently use comprehensive and vague terms such as "I felt wrong", "I did not fit in", or "I failed to bond and connect." It is well described by Japanese psychiatrist Mari Nagai, who presents the following case.

> *Case 11: I'm somehow in all respects different from others. My facial features, the feeling I express, the environment I was born in … anyway, it's all different. I have to do everything anew from the beginning* [42].

Nagai emphasizes that although the patient lists specific features, the feelings of difference is not rooted in any of them but are merely illustrative of an almost ineffable subjective experiences. She contrasts Anderssein with the feeling of difference in what was called neurotic disorders, where the patient is concerned with her difference from "a specific other, unspecified multiple others, or even the others as 'norms'" [42]. The difference the neurotic case is anchored in a shared-social world, where the subject finds itself in a particular position in relation to the others. Articulating a difference presupposes a specific (ontic) dimension of comparison, whereas patients with schizophrenia have precisely a difficulty in concretizing the dimension, because the difference does not concern concrete mundane features (ontic), but the very nature of being-in-the-world (ontological dimension). Thus, it is the very sense of being that seems to be different.

In other words, the patient with schizophrenia spectrum disorders experiences his own subjectivity and its existence as profoundly detached from the common intersubjective reality.

The sense of difference may become gradually thematized, for example in childhood, there may be fantasies of being an elf or feelings of being an extra-terrestrial or of not really belonging to one's family.

> *Case 12: One of our patients with schizophrenia told us that as a child he felt that it was strange that he was born in this particular place and lived in this particular home with his parents. He doubted that his parents and grandparents were his biological relatives and sometimes he had a feeling that he was not a human being.*

In adolescence, this feeling may become associated with feeling to be uniquely chosen, having special abilities, or with preoccupations with metaphysical or philosophical concerns. The patient may have an experience of having a better access to hidden dimensions of reality that are not available to others.

> *Case 13: One of our patients, a young female diagnosed with a schizophrenia spectrum disorder, said: "I've always felt different […] I've always felt like… that I was chosen to do something spectacular that would change the world. I feel like the Universe has something to do with it in some way. I have experienced a few times to be one with everything, where everything was connected. I was euphoric. I was like 'Yes! I'm part of the Universe.' Most of the time I feel like I'm not related or connected to the world.*

The sense of access to another ontological realm may persist on a subtle level in the schizotypal patient or may amplify into a moment of revelation with the emergence of flamboyant psychotic symptoms [14]. The experience of penetration into another ontological realm may be followed by cognitive and metaphysical elaboration of this experience with a formation of various delusional explanations, which the French psychiatrist Henry Ey termed "psychotic work" (*travail psychotique*) [18].

3. Discussion

The important issue is how to identify and clarify the shared phenomenological aspect of the presented clinical manifestations. We need to emphasize that in these clinical examples we do not merely encounter a psychotic patient, who by necessity finds himself in our common world. It nor isn't the case of simply harboring conflicting attitudes. As should be clear from the

clinical descriptions, psychotic experience cannot simply be understood as a single deficit in the formation of beliefs or the processes of perception. Rather, we encounter something more profound and radically altered, namely a sort of enigma due to the double attitude or double way of relating. More specifically, it seems to us that the patient's statements somehow express ontological convictions, which appear mysterious for us, but are apparently unproblematic for the patient. It seems that the patients operate with a kind of evidence, which we as observers are cut off from. This aspect, which strikes clinician as something enigmatic is not a symptom in the same discreet manner as thought pressure or flat affect. Rather, it is a phenomenon, which expresses a certain whole implicating a fundamental change in the structure of subjectivity. This fundamental change apparently confers a trait of specificity on the manifold of symptomatic and behavioral manifestations. An experienced clinician can perhaps notice in an atmospheric way that there is something paradoxical and strange in the patient's expression and her way of being. However, to go beyond this atmospheric stage, we need to conceptualize more clearly, what is at stake in this impression of paradoxicality and enigma.

In fact, this phenomenon of enigma and mystery was already a cardinal point in the discussion about madness in the beginning of "modern psychiatry" [43].

> [T]he embarrassments, impasses, advances, and discussions in the clinical discussions in the 19th century and later revolve around this complete elusiveness of madness, which must be thought of at the same time [as afflicting] (…) everything yet without being total or being at the same time always partial and always total [43, p. 33; our translation].

In other words, the paradox consists in a tension between madness understood as a total dissolution of subjectivity, while at the same time finding a preservation of the very same subjectivity. Pinel considered psychosis as a sort of foreign body with an intact subject behind or besides the psychotic symptoms [1]. His successor, Esquirol, had a much more complex view in which the subject was *both divided and unified in a strange fashion* [2]. He emphasized that madness involves a disintegration of the self. According to Swain:

> Everything takes place in the interiority of the single and same self, but a self in which the unity is defective, in the manner that he can be at the same time a victim of delusions on the one hand, and be his normal self on the other hand [43, p. 35; our translation].

Esquirol located the essence of psychosis in the very subject, who despite the cleavage or fissure remained experientially unified. Later in the 19th century, Morel, another French psychiatrist, used a metaphor of "Dédoublement du sujet" (duplication of subject), which unfortunately later came to be misunderstood. This was misunderstood literally as a kind of two numerically distinct personalities each with a separate subject as in dissociative states. Bleuler's view of schizophrenia continues to suffer from the same misunderstanding [44].

It is safe to say that some sort of splitting, or rather, disintegrations is at stake in subjectivity in schizophrenia. This peculiar paradoxicality of the subject is very clearly described by a Swiss phenomenological psychiatrist, Jakob Wyrsch. He discussed Ida, a patient with schizophrenia:

> Ida's world is larger than the everyday world; her subjective experiences (their content) are objectified as delusions and hallucinations. Contrary to the normal subject, her experience is not superposed in the world in the form of beliefs, assumptions and superstitions; her experiences immediately articulate a status of reality and conviction and occupy a specific space in the world. For an observer, these phenomena are symptoms, but for the patient, it is her own private world, in which nobody can participate [45, p. 23; our translation].

> In the case of Ida, we witness two persons, one involved in the everyday world and the other in the delusional world. However, it is not the case of alternation as in the case of multiple personalities. It is only from the observer's point of view that there are these two personalities; from Ida's point of subjective experience, these two worlds belong to the same experience. In the acute psychosis there may be a discontinuity and disintegration of the experience [and perhaps enactment of delusion in the empirical world]. It is not the case in chronic patient like Ida [45, p. 42; our translation; insertation added in square brackets].

This peculiar division in a unified or singular subject has recently been described in an autobiography of a patient with schizophrenia:

> Suddenly, often, because of a small trauma such as viewing an episode of the Star Wars in the movies- the mind starts to divide itself to a part, which is dark and evil and which

> appears as being external to the self, while the part, which one associates with oneself seems to be blocked in a corner of the consciousness and submits to the power of the strange oneself, who is the self without being it entirely.
>
> It is here that there is the essence of schizophrenia. It is not a duplication of personality where the interior persons succeed each other without mutual awareness; it is rather a division of the thinking, where the two parts brush each other and collide with each other [46, p. 74; our translation].

In order to understand this peculiar fissure of subjectivity, we have to address the nature of the patient's experiential evidence. Esquirol claimed that the patient's conviction is stronger than his reflective judgment: "You are right, said to me a patient, but you cannot convince me" [47, p. 42]. Obviously, as we indicated above in the discussion of primary delusional conviction the evidence is of an affective and not of cognitive nature. A grasp of the phenomenological structure of this evidence appears to be the key to understanding of the original articulation of the psychotic experience and double bookkeeping.

It seems that the patient's evidence does not come from an intentional experience, like seeing an object, listening to an argument or thinking about a potential solution to a problem, which may be all fallacious or questioned. It is an experience that is completely apodictic, leaving no room for doubt and therefore carrying with it a complete conviction and incorrigibility. This kind of experience is revelatory, in other words an immanent experience arising in the midst of the patient's innermost subjectivity or self [14]. In this revelation, the *what* of the experience (content) seem to be identical to the *how* (mode or form). Differently put, the experience does not have an 'object' as in the ordinary intentional subject/object structure of experience, or does not possess the noetic-noematic structure. The French phenomenologist Michel Henry talks here about auto-affection [48]. For Henry auto-affection is an internal affective pulse of subjectivity that is entirely immanently generated and non-intentional. Henry considers that phenomenality (appearing: articulation of conscious experience) of auto-affection or affectivity has a foundational ontological status, whereas the phenomenality of intentionality possesses a secondary and derivative role.

Henry sees in the auto-affection of affectivity the essence of self-manifestation, self-awareness or *ipseity* (in Latin "ipse" means self or itself). All intentional acts (e.g., perceiving, imagining, remembering, etc.) are self-aware or self-conscious because of being embedded and founded upon self-affection. Phrased differently, all intentional conscious acts articulate

themselves in first person perspective as my experiences because they are permeated by the auto-affective dimension of immanence. Thus, whereas all intentional appearance (e.g., a concept or percept) may be false or illusory, the immanent, auto-affective "lived" (*erlebt*; *vecu*) dimension of appearance can never be so. Henry ascribes this original insight to Descartes:

> I am now seeing light, hearing a noise, feeling heat. But I am asleep, so all this is false. Yet, *it certainly seems to me* that I see, hear and am warmed. This cannot be false [49; our italics].

It is clear that Descartes' perceptual experiences must have been false because he was asleep. However, that it *seems* to him to have perceived cannot be false and cannot be doubted. This "seeming" is according to Henry an example of auto-affection, that is, the subjectivity's intrinsic affectivity [48, 50]. If in my dream I am overwhelmed by a feeling of profound sadness, I cannot say that this feeling was fake or a kind of illusory representation. This feeling possesses an unquestionable first personal ontological reality [51]. It is the auto-affective articulation of self and self-experience, most clearly expressed in intransitive affective states. In this way, we can understand the schizophrenic primary and generative psychotic experience as being originally an alteration or breach of auto-affection.

Henry is insisting on the non-relational nature of self-affection, precluding any division or chasm, though he also emphasizes the dynamism and vital rhythm of subjectivity [52]. We have elsewhere discussed the profound self-alienating experiences occurring in schizophrenia (viz. self-alterization) as conditioned by a potential alterity implicit in the dynamic structure of subjectivity [41]. In other words, self-affection entails a ceaseless differentiation and merging of affective moments [53]. These affective moments have the potential to form an alterity in this process of bifurcations and fusions. This pre-reflective circular movement thus offers a chasm or fissure which normally becomes rapidly sealed ensuring the sense of self-coincidence. In schizophrenia spectrum disorders, this fissure remains unintegrated, allowing for the emergence of the characteristic self-alterization. The latter implies that the chasm of auto-affection thus allows moments of subjectivity to manifest a sense of affective otherness and independence. This is the essence of the originary psychotic experience with a revelatory character. It involves a feeling of a breakthrough to another ontological dimension that is experience with varying intensity and conceptual elaboration, ranging from a sense of having a unique immanent life to a solipsistic omnipotence, merging with the divine, or to other,

transcendent realities. The sense of otherness within the immanence of the self becomes eventually intentionally structured with delusional or hallucinatory content. Ey describes it in the following way:

> The experience of dis-structuration of the field of consciousness entails a fundamental experiential modification of the subjective-objective relation… This is the pathic [affective] (sensible) coefficient of this relation which is affected in the psychotic experience; we call this phenomenon in its generality the experience of alterity; the modality of feeling what is me or mine is changed. It consists of feeling oneself an Other… it consists to gradually experience what belongs to the subject, as becoming increasingly alien and ultimately other within the subject himself [18, *Tome I*, p. 417; our translation].

We have elsewhere suggested [54-57] that the fundamental trait disorder in schizophrenia consists in an instability of first-person perspective, i.e., a disorder of basic self. The notion of basic self implies that all our experiences are self-saturated (i.e., self-affecting), articulating themselves in first person perspective [58]. Experiences are self-affecting, assuring a sense of self-coincidence and affective self-presence [14, 59]. A correlated aspect of the disorder of basic self is an unstable tacit or pre-reflective relation to the social, environing world, i.e. "common sense." It results in an instability of the immediate grasp of contextual meanings and an unquestionable realness of the perceptual world [60-62]. In other words, the articulation of selfhood and the basic intersubjective attunement are co-dependent phenomena. As Merleau-Ponty stated it, subjects and objects are "two abstract moments of a unique structure, namely presence" [37, p. 494].

In sum, we claim that the disorder of basic self (instability of first-person perspective) leads to chasmic disruptions of the auto-affective homogeneity of the self. This immanent fissure allows for the emergence of an otherness within the very immanence of the self (the process of alterization). This immanent otherness is the kernel of the psychotic experience. This kernel is felt as a break-through to another ontological dimension and evolves into various psychotic phenomena accompanied by double bookkeeping. From the observer's point of view, double bookkeeping imbues the clinical picture with atmospheric paradoxicality, which reflects the underlying core of structural disorder of subjectivity.

Implications

We will point to four interrelated implications of the concept of double bookkeeping and its phenomenological structure: 1) Diagnostic 2) Epistemological 3) Therapeutic and 4) Pathogenetic.

A phenomenological grasp of double bookkeeping may help the clinician to comprehend the paradoxical strangeness of the patient in more clear and concrete clinical terms, perhaps concretizing his original atmospheric impression. The clinician should be especially alerted to a possible double bookkeeping when the patient's statements and behaviors manifest certain inconsistences, discordances or apparently paradoxical reasonings, expressions and attitudes. The phenomenon of double bookkeeping appears to be quite characteristic for the schizophrenia spectrum disorders as illustrated above.[26] However, it must also be clear that a phenomenological grasp of double bookkeeping does not allow for a creation of an "operational" diagnostic rule: the phenomenon is too complex to be converted into a simple symptom or sign that could be elicited by a structured or preformed interview-questions. It is characteristic of the phenomenon of double bookkeeping that it expresses multiple meaning-aspects of a fundamentally altered existential position. Therefore, it demands a comprehensive exploration of the patient's experiential life.

On the epistemological level, the formation of psychotic reality and its apodictic character for the patient point to the fact that the descriptive notion of psychosis as a defective reality testing or harbouring false epistemic assumptions cannot be maintained [65]. The alternative ontological framework originates in an undeniable first personal experience in the patient's most intimate sphere and can therefore not be merely viewed as a false representation of reality. This complication of the view of psychosis as an epistemic error has been, as mentioned, repeatedly emphasized in phenomenological literature (e.g., Jaspers, Tatossian, Spitzer and Parnas). Thus, the phenomenon of double bookkeeping seems to emphasize the fact that psychopathological manifestations of schizophrenia spectrum cannot be adequatly addressed by the medical notions of symptoms and signs [30].

This leads us to the therapeutic aspect. In dealing with non-acute psychotic patients, it is precisely paramount not to dismiss their experiences as being merely errors or fictions. Rather, it is important to acknowledge their first personal reality and existential significance

[26] The dutch psychiatrists Rümke talked about "praecox feeling," which he however was unable to specify more closely [63-64]. We believe that the recognition of double bookkeeping contributes to this atmospheric "praecox feeling."

and help the patients to negotiate a balance between the two incommensurable attitudes (see also [66-67]). This may indicate that to help the patient to find her own way entails negotiating the balance between social contacts and solitary interests and activities. Furthermore, most clinicians are familiar with the fact that patients often resist medication because it flattens out their immanent life. Here, the treating psychiatrist needs to realize that this immanent life has an existential value for the patient and for this reason, she has to adjust the medication in cooperation with the patient. These considerations are implicitly reflected in a very important statement by Jaspers:

> [The patient's] world has changed to the extent that a changed knowledge of reality so rules and pervades it that any correction would mean a collapse of being itself, in so far as it is for him his actual awareness of existence. Man cannot believe something that negates his existence [17, p. 105].

Finally, in terms of pathogenesis, it seems to us that empirical research should increasingly focus on the basic, generative aspect of schizophrenia such as disorders of selfhood and intersubjectivity instead of studying pathogenetically distant phenotypic features such as flamboyant psychotic phenomena or negative symptoms. There is a consistent evidence that schizophrenia is a developmental disorder, but the research conducted so far has neglected the psychological vicissitude of selfhood and sociality [68-69]. Such a new approach should take into account developmental aspects of subjectivity and sociality not only in neurobiological, but also psychological terms [70].

A limitation to our exposition is the lack of discussion of human rationality and its variations. Additionally, we have focused on the issue of selfhood, but we did not explore in depth the role of basic intentionality and intersubjectivity.

Conflict of Interest

The authors declare that they have no conflict of interest.

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6. SECOND PAPER. DOUBLE BOOKKEEPING IN SCHIZOPHRENIA SPECTRUM DISORDER: AN EMPIRICAL-PHENOMENOLOGICAL STUDY

Helene Stephensen[a,b], Annick Urfer-Parnas[c,d], Josef Parnas[a,b,d]

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a) Center for Subjectivity Research, University of Copenhagen, DK-2300 Copenhagen S, Denmark
b) Mental Health Centre Glostrup, University Hospital of Copenhagen, DK-2605 Brøndby, Denmark
c) Mental Health Centre Amager, University Hospital of Copenhagen, DK-1610 Copenhagen V, Denmark
d) Faculty of Health and Medical Sciences, University of Copenhagen, DK-2200 Copenhagen N, Denmark

Corresponding author
Helene Stephensen
Center for Subjectivity Research, University of Copenhagen, Karen Blixens Plads 8, DK-2300 Copenhagen S, Denmark.
E-mail address: hst@hum.ku.dk
ORCID ID: 0000-0002-6531-4954

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Keywords Schizophrenia; double bookkeeping; psychosis; insight; reality; phenomenology

Double bookkeeping in schizophrenia spectrum disorder: An empirical-phenomenological study

INTRODUCTION

Double bookkeeping is an important yet neglected feature of schizophrenia spectrum disorder. The term was first introduced by Eugen Bleuler in 1911 to capture the characteristic although paradoxical phenomenon of schizophrenia where psychotic reality can exist side by side with shared reality even when these realities seem mutually exclusive [1]. One of our hospitalized patients, who believed that CIA had surrounded the hospital in order to kill him, nonetheless unconcerned left the hospital to buy ice-cream nearby. Professor Elyn Saks offers an articulate illustration of this double reality from a first-personal perspective:

> [M]y life truly began to operate as though it were being lived on two trains, their tracks side by side. On one track, the train held the things of the 'real world'—my academic schedule and responsibilities, my books, my connection to my family (. . .) On the other track: the increasingly confusing and even frightening inner workings of my mind. The struggle was to keep the trains parallel on their tracks, and not have them suddenly and violently collide with each other. [2]

In recent years, double bookkeeping has gained increasing attention in phenomenological and theoretical literature on the nature of delusions [3-8]. However, these studies mainly deal theoretically with the phenomenon and question whether it is adequate to view delusions as beliefs at all.

We recently published a paper on double bookkeeping based on long-lasting research, clinical experience with schizophrenia, and literature studies [9]. We claimed that the phenomenon comprehends a more global transformation of the experience of reality and phenomenal consciousness, which appears to be specific for the schizophrenia spectrum disorders. Rather than merely concerning delusions, double bookkeeping seems to be characteristic of most psychotic symptoms in schizophrenia and to manifest itself before the onset of overt psychosis in more subtle changes of the structure of subjectivity. The formation of a psychotic world seems to be associated with an alteration of the way of being in the world where the patient feels profoundly estranged from the world, others, and herself. The idea is

that the original articulation of psychosis in schizophrenia consists in the emergence of an alarming openness to another presence within the patient's most intimate subjective life. This is accompanied by a sense of breakthrough to some kind of "other" layer of reality varying from an inner life of quasi-solipsistic character (i.e., a sense to be the only existing consciousness) to contact with other-worldly dimensions. Patients often describe their psychotic reality as more true and profound than the socially accepted reality. To grasp this different layer of reality, we used the notion "ontological," which refers to the nature of being as such, e.g., the structures of spatiality, temporality, or language. Importantly, this is a realm we do not ordinarily notice in our everyday lives, engaged in daily life activities, which is the so-called realm of the "ontic."[27] The idea is that psychotic experience by its ontological dimension touches upon different structures of meaning.

Since there are no systematic empirical studies on the issue of double bookkeeping, we decided to undertake a phenomenological-qualitative interview study of a group of patients with schizophrenia. In this report we address the following issues.

1) Experience of double reality
2) Emergence and development of two realities
3) Truth quality of psychotic or private reality
4) Insight into illness
5) Communication of psychotic experiences

A closer comprehension of double bookkeeping may have a significant import for the understanding of the nature of psychosis, its management and treatment as well as conceptual issues in research on schizophrenia.

METHOD

Sample

The patients were recruited from psychiatric services of the Capital Region of Denmark: Psychiatric Center Glostrup, Psychiatric Center Copenhagen, and Psychiatric Center Amager. All these services are affiliated with University of Copenhagen. The inclusion criteria comprised the diagnoses of schizophrenia spectrum (i.e., schizophrenia, other non-affective psychosis, and schizotypal disorder). The patients were required to be able to tolerate lengthy

[27] The terms ontic and ontological are technical philosophical notions, which we will not discuss in detail in this paper [10].

interviews because the study targeted detailed qualitative aspects of experience. The exclusion criteria comprised organic brain disorder, IQ < 70, clinically dominating alcohol or substance abuse, acute/agitated condition, forensic status, or exposure to coercive interventions. The patients were contacted by their primary care staff and informed about the study.

In total, 33 patients were contacted and 8 declined leaving the sample at 25 persons (8 males, 17 females, mean age 30,7 years; see Table 1). The reasons for decline comprised logistic problems or lack of energy to use the time for the study (especially among outpatients who did not wish to make an extra trip to the outpatient clinic). One patient was excluded because of an overlooked forensic status. The inclusion diagnosis was the diagnosis made by the treating clinicians. However, all hospital charts were reviewed by the senior investigators (AUP, JP) in order to assure the fulfilment of the ICD-10 criteria. Upon this review, 24 patients fulfilled the ICD-10 research criteria for schizophrenia and 1 patient for schizotypal disorder.

Eight patients were recruited during hospital admission, whereas the remainder was recruited from outpatient clinics (n = 17). Six of these patients were recruited from an outpatient clinic for patients who had lived several years with schizophrenia, whereas 11 patients were recruited from an outpatient clinic for young patients with recent onset of psychosis.

Table 1. Sociodemographic Data

Gender (n)	Male	8
	Female	17
	Other	0
Age (years)	Mean (SD)	30,7 (11,3)
	Median (range)	26 (18-54)
Education	Primary school	8
	High school	7
	Completing high school	5
	University	1
	Completing university	4

Occupational status	Disability pension	7
	Unemployed	3
	Sick leave	7
	Actively studying or employed	8

The interview

The interviewer (HS) is a philosophy PhD-fellow with four years of clinical experience as an employee at a psychiatric hospital where she had training in psychiatric interviews and the use of the Examination of Anomalous Self-Experience (EASE) interview [11]. AUP and JP are both senior consultants in psychiatry with clinical and research experience in the domain of schizophrenia. AUP participated in the majority of the interviews.

For this study we prepared an interview guide according to phenomenological interview principles [12]. The interviews lasted between one to four hours and were sometimes split into two or more sessions. The interviews were semi-structured and conversational giving the patients ample possibility to describe their experiences. The structured element in the interview consisted in the obligation to cover the first four domains of the study outlined in the introduction. We used 15 items from the EASE interview focusing on the subject's existential position, sense of basic self, and relation to the world and others (domain 1, 2, 4, and 5). We excluded domain 3 because of time concern. Domains 1, 2, and 4 are most specific to schizophrenia spectrum [13]. Domain 5 targeted existential issues and thus overlaps with the entire interview.

Data analysis

All interviews were audiotaped and subsequently transcribed. The data analysis consisted in obtaining a consensus about the four target domains (top-down approach) following the principles of qualitative, thematic analysis [14]. The fifth domain related to the difficulties of verbalizing psychotic experience, which emerged during the analysis (bottom-up).

The patients participated on the condition of informed, written consent and the study was approved by the Data Protection Agency (P-2020-4), University of Copenhagen (514-0045/19-4000), and the ethics committee of University of Copenhagen.

RESULTS

We present the results divided into target sections of the interview.

1. Experience of double reality

Most patients (n = 24) described a sense of existing in two realities. One reality being our shared, everyday world and the other reality being the world of private sometimes psychotic experience. In one case it was not possible to ascertain the information needed for the assessment of the patient's experience.

We found varieties of the experience of double realities that can overall be divided into two groups. The majority of patients (n = 18) described the psychotic reality as an insight or contact to a more true layer of reality (see 1.a). The remaining patients (n = 6), although living in two realities did not ascribe any form of special insight or transcendent connection linked to the private reality (see 1.b). The two groups should not be seen as two sharply separated categories, but rather as representing different ends of a dimension.

1.a) Double reality: the second reality as an expression of another dimension

Patients described existing in two disjoint realities, namely the reality of the shared world and the reality of psychotic experience (i.e., hallucinations and delusions). The psychotic world was described as something behind or beyond the appearing, physical world often with terms like "mystical," "supernatural," "quasi-religious," or the like. Hallucinations or delusions were considered as insight into or messages from a different dimension or parallel world.

> *Case 8: "I've always lived in two parallel worlds.. Meaning that I live in the world everybody else does, where we know that the table is a table, and then in my own world, where I have visions and hear voices. But my sense of reality is intact. I know that you can't see and hear what I can see. I can easily keep them apart."*

> *Case 27: "There is this common reality, that we share, and then I can tap into this other reality. It is some sort of understanding of how everything in the world is connected […] In the other world, I think there are some supernatural beings controlling the world and deciding how things are happening. Somewhat God-like. And I think everything is set up for me."*

Case 11: "I thought I was an alien from a faraway planet (...) I believe that there are several dimensions and that they are so close to each other that it is difficult to see the difference (...) I can feel a little difference, something strange, and then I think: 'I wonder if I just entered another dimension?' You can never be totally sure because the worlds look like each other. It's not like the sky is suddenly pink."

1.b) Double reality: the second reality as a private, quasi-solipsistic domain

Some patients experienced double reality in the sense of feeling divided between their private world and the shared, external world (n = 6; the only patient with schizotypal disorder belonged to this group). They described their inner world with a quasi-solipsistic quality, i.e., a transient sense of being the center of the universe or that their experiential field was the only truly existing reality. They felt to exist or being locked inside their own heads. This inner world felt to exist side by side with the shared world in a disjoint manner rather than being in dynamic contact with it. The patients did not report explicit feelings of contact or insight into another dimension of reality.

Case 20: "I live inside my own head (...) I know what is real and what is not real, but sometimes I get a little confused (...) It can be difficult controlling to [return to the real world], because sometimes I don't know where I am (...) It's not like I imagine that I'm in another dimension or that I exist in another physical world. It's more something that goes on in my head."

Case 16: "It is as if I live between two worlds. There is my own, little world and then there is the surrounding world. And I need to juggle between what I focus on and where I am present [...] I spent most of the day being inside my own head rather than being in the real world. It takes a lot of time and energy to exist on two tracks at the same time."

Case 21: "It feels like I have to fight my way out of a daydream and all the time remind myself to be present or to try to focus on something present, to become less out of tune [with everyone else] (...) Sometimes it keeps running in the background, even if I'm for example in the middle of eating dinner [with my family]. It's like a movie that keeps running on the inside."

2. Emergence and development of two realities

Most patients experienced a sense of double realities since childhood or early adolescence. It was often difficult for the patients to determine an exact time of emergence since it felt to be a habitual part of their experiential life. They associated the emergence of double realities with feelings of a fundamental estrangement from the shared world (see 2.a), and their sense of self (see 2.b).[28] The patients with recent onset of schizophrenia remembered more vividly the beginning of these experiences than patients in later stages of psychosis. Concerning the development and course of two realities over time, most patients described that the sense of two realities remained constant across the intensity of the illness (see 2.c).

2.a) The emergence of double realities: feelings of being different and derealization

All patients described feeling profoundly alienated from the shared world in the sense of being fundamentally different from others ("*Anderssein*"), experiencing the shared world as unreal or somehow artificial (i.e., derealization), and a radical feeling of not truly belonging to the shared reality. The patients reported a profound sense of solitude and an unbridgeable distance from other people. Many patients associated this sense of being "outside" the shared world with feelings of being in a different world than others and a beginning sense of contact to this other world.

> *Case 18: The patient, 18 years old, described the sense of two realities as emerging gradually over the course of many years, and it became explicit and persistent 1 year ago. She always had the sense to fundamentally exist "outside" the world and that other people were not authentic: "When you watch a movie, and the cameras act as someone's eyes, that is how I feel. You see everything that goes on around you, but it doesn't feel like you are present (...) It is like a film that just runs while you sit and watch, and you cannot really be part of it, but you can also not,* not *be part of it, because obviously you are there (...) your body and your surroundings are unreal, but your head is the only thing that exists and is really real, and then there is somewhere else, a place." One day, out of the blue, the following thought emerged in the form of a voice: "They*

[28] This division should be seen as a pedagogical move because in most cases these two experiential domains seemed to be interdependent.

are in one world, and I am in another." This voice is not experienced as the patient's own voice, but feels like "contact" to another dimension.

Case 13: "It's just a feeling that it is difficult to fit in with other people.. I don't really know how to explain it but it's just like there is something that kind of stands out."

Case 28: "All that is visible of the iceberg is everything that you can observe.. as for example that one becomes psychotic and think that there is a lizard in the room (...) or get paranoid. But actually, I feel more sick in what happens in the iceberg below the surface of the water. This means a completely, concrete different way *of perceiving the world than all other human beings (...) It is much more frightening to fundamentally feel that one is from another planet [than being in a psychotic state] (...) I feel profoundly emotionally distanced from other people because I feel that I have access to a different level of consciousness than others."*

2.b) The emergence of double realties: self-fragmentation

All participants reported self-alienating experiences pivoting around a fragile sense of their most intimate sense of existing as a subject, e.g., feelings of not truly existing, not being fully present, or an experiential distance to their own thoughts, feelings, or actions. In relation to the emergence of double realities, patients typically mentioned self-alterization (i.e., a pronounced, anonymous otherness in the middle of subjective life) and simultaneous introspection (i.e., involuntary self-monitoring disturbing the patient to fully engage in various activities such as social interaction or watching television). These experiences were associated with a sense of division of the patient's own subjectivity between different realities or parts.

Case 25: The patient feels divided between himself as an "individual" and himself as "a person in society." He often questions "who is the true me?" He observes himself instead of being engaged in situations: "I become almost out of myself. I can observe myself existing (...) when I heard the squealing train tracks, I also heard the sound itself (...) and I became conscious that it felt like there was more in it than there maybe was (...) I felt there was a deep, inner voice that could observe (...) There is something rational, observing from the inside, simultaneously as there is the very thing that I experience or do."

Case 26: The patient relates double bookkeeping to a sense of being "two persons." "It feels like there is something inside your own self that you cannot relate to in your head (…) something that you cannot relate to, which is yourself. (…) Sometimes I am so much inside my head that I am without a body."

2.c) The course of double reality

Most patients described a persisting sense of double reality with fluctuating salience of one of the two. They mentioned the periods where they felt mostly at ease as when there was a balance between the two. This implied that they could keep these two realities separated. In these periods they did usually not enact their psychotic experiences in the shared reality. However, occasionally and typically in acute psychotic exacerbations, the two realities collided and became confused with each other. In the phases leading to hospitalization, the psychotic or inner world typically became increasingly invasive and out of control. Many patients, while in their psychotic condition, were acutely aware of what was going on around them but had a difficulty in communicating this awareness. Importantly, during the remission, the significance of psychotic experiences remained intact.

Case 27: A 29-year-old patient reported a "persistent feeling of another world" during the last 7 years. Previously, she experienced vague signs of this other world (e.g., she felt that other people were manipulating or controlling her and that things were staged). This other world was always there, also when she felt to "not exist in it."

Case 15: The patient described that even when she felt that her psychotic experience was not true, the sense or significance of these experiences was nevertheless preserved: "It was a strong feeling. I think it can maybe be defined as a delusion, maybe you can call it that (…) Now, I can see that it makes no sense that my frontal lopes are made of starlight, but I still have a feeling deep inside, believing that this is the case."

3. Truth quality of psychotic or private reality

The truth quality of psychotic (see 3.a) or private (see 3.b) reality was typically described as a different kind of truth than that pertaining to the shared world.

3.a) Truth quality of psychosis

Most participants were able to distinguish their psychotic experience from daily life experience. Patients were aware of their hallucinations or delusions as private rather than intersubjectively valid. This awareness would not make patients question the truth of psychotic experiences in the sense of their importance, relevance, or meaningfulness. On the contrary, patients often described psychotic experience in terms of being more "real" than the "real reality" and as something involving a deeper level of truth, transcending common sense knowledge. It was not possible to doubt the certainty of these experiences. Typically, patients reported that the meaning involved in psychosis came from the outside with a revelatory character, arising suddenly in the middle of the intimate or affective sphere of their subjectivity. The meaning did not always have a specific content and was often enigmatic and puzzling for the patients themselves. Although the meaning was vague, the patients knew undoubtedly that it uniquely had something to do with them. Psychotic experience was described with a quality of being alien or unfamiliar compared to ordinary perception, thinking, or imagination, resembling perceptual experience without in fact being like it (e.g., "seeing without seeing").

> *Case 26: "[The parallel universe] has a very different quality because it is not something that melts into my daily life. (...) Psychotic experiences are extremely alien. It's like if you are walking to your kitchen, open the door, and then it's a different kitchen (...) It is physically impossible things happening (...) When I'm in a psychotic state I can in fact differentiate it from what it should be from a logical perspective. But when you are in the situation, it is extremely difficult to think logically because you see it, hear it, or feel it, and it is very difficult to contradict something that you can see."*

> *Case 24:*
> *Pt: "I used to think that I'm [the center of the universe]. It doesn't sound good to say, but I thought that I was Jesus or that I was chosen to do something great."*
> *I: "Where do you know it from?"*
> *Pt: "I don't know. It is a truth like 'gravity exists.' I just know."*

> *Case 25: The patient reported a hallucinatory experience of seeing a woman. "It wasn't like I physically saw something change, but it was more like a mixture, dream-like, but more visual somehow. I looked up and saw a woman figure standing at the top of a*

staircase (…) If I close my eyes and move my arm, I can sense how my arm is moving without seeing it. It feels like that… It felt like it exceeded consciousness (…) It is like seeing without really seeing (…) It is there, but in the back of my head, inside the mind, not in my [physical] eyes."

3.b) Truth quality of private world

Most patients described their inner world with a different truth quality than other aspects of their inner life and ordinary perceptual experience. This inner world was populated by daydreams and fantasies that however differed from normal imagination by acquiring a certain autonomy, and spatial characteristics. This had some type of affective and immediate truth value, sometimes more true than the shared reality. The private fantasy world felt closed off from the shared world in a radical manner as something uniquely involving the patient and without any dynamic interplay with the shared world. In contrast, other parts of the patients' inner life were often described as too open, accessible, or transparent for others (i.e., transitivism). They felt to be both the sole creator of this universe and at the same time, a passive spectator. Furthermore, it was difficult or impossible to keep up with the inner and shared reality at the same time.

Case 21: "When I say I don't doubt what is real [and what is daydream], then it depends on what you mean by real. Because it has some sort of quality for me, when I daydream. But it doesn't have a quality like the table. (…) I think [the daydream world] has an emotional reality - not an objective [reality]. It can feel *true. (…) I think this is why it can be difficult to change between the two worlds, because if you are in one emotional reality, then you somehow have to twist and turn to join the rhythm everyone else is in."*

Case 13: The patient feels divided between a private, phantasy world and a public world. "What I make up in my own head has nothing to do with the public, real world […] it is what I think and feel that are easily accessible to others. My phantasy world is closed."

4. Insight into illness

None of the patients accounted for their symptoms of schizophrenia as being comparable to an illness in the ordinary sense of the term. Eighteen patients considered their psychotic symptoms

as signs from another dimension, parallel or supernatural world, or insight into a more true level of reality. The remainder, although not considering psychotic symptoms as signals from another dimension, nonetheless considered their schizophrenia as an integral part of their person. All patients except one found their "illness" to contain positive aspects, whereof most patients mentioned creativity. Several patients feared that antipsychotic medication would rob them of their creativity and flatten out their rich inner life.

Case 13: "I think there is a part of me that always will be schizophrenic, whereas somatic diseases most of the time will pass and be over with."

Case 10: "Well, I don't really know. 'Schizophrenia?' I've read some explanations and models of explanation of it. Both the official psychiatric diagnoses and explanations and it doesn't really explain anything. So of course, I have turned to the alternative (…) There are the psychotic symptoms, and what is that? To see things that are seemingly not there, which other people do not see or experience. Well, I have done that for 17 years now (…) The mystical and the supernatural. It just exists. (…) I actually think that both the voices and the visions originate from the astral dimension. It just makes sense to think about it in that way because I can't explain it in any other possible sense. (…) Anxiety, depressed thoughts, and pain, and those kinds of things are something one could consider illness."

Case 3: The patient has multiple psychotic symptoms. The constant theme in his thinking is the idea that he is Jesus: "Now that I feel better, I know that [the idea that I'm Jesus] is a part of my illness – a delusion. But it created a whole atmosphere so I cannot help that other people still think that I'm Jesus." Asked what he thinks about his schizophrenia diagnosis, he replied: "it seems quite true. All that with the split personality" I: "How so?" Pt: "When I'm happy, then I'm happy Jesus, when I'm sad, then I'm failed Jesus.. And sometimes I'm just myself, when I'm on medication."

Case 24: "When I feel bad, I think it is an illness (…) and then it's nice to be able to say it is an illness because then it's something beyond myself, but mostly it is difficult to call it 'illness' because it is me, and it's not like putting plaster on your leg (…) it's the very

way my mind functions (…) if you call it illness you will think of it as an enemy or something that you need to get rid of."

5. Communication of psychotic experiences

Most participants explicitly described difficulties in verbalizing their psychotic experience. Typically, they only disclosed their experiences to others after many years.

Case 27: A 29-year-old patient experienced psychotic symptoms for nine years but only disclosed these during her second contact with psychiatry one year ago. In her first encounter with psychiatry eight years ago, she did not feel listened to. "I [was angry about] only seeing [the psychiatrist] one time and it was a questionnaire (…) There was no conversation about how I was doing, my life circumstances, etc. (…) I really needed to talk to someone and she [the psychiatrist] didn't want to. She just wanted to diagnose me and get it done."

Case 25: "It [hallucinatory experience] felt as if it exceeded consciousness, like it 'bubbled over.' You can no longer describe it, because it is so.. it was so.. it was so.. so wild and it was so beyond, it was so beyond (…) It's extremely difficult to describe (…) like a pure sensing without logical thought."

Case 26: "I don't really know how to formulate it [psychotic experiences], the only word I can think of is "supernatural," but it's not really that. It's very alien."

DISCUSSION

In the following we will first address the methods and limitations of the study and then discuss the significance of our results separated into the overlapping sections: (1) the double in double bookkeeping: beyond the question of reality; (2) insight into illness; (3) the emergence of double realities: self-fragmentation and *Anderssein*; (4) communicating psychotic experiences. This overlap is unavoidable because double bookkeeping is not an isolated symptom but expressive of a specific change in the structure of subjectivity.

Methods and limitations

A key methodological challenge is that double bookkeeping is a phenomenon that pervades multiple aspects of experience, cognition, and behavior. Thus, the study involved in-depth, narrative interviews, and a subsequent time-consuming analysis involving the three authors. Given these difficulties, the sample size appears reasonable for a qualitative study of this type. We cannot be certain that the selected patients are representative of schizophrenia in an epidemiological sense, but we believe that our mixture of patients with recent onset of psychosis and advanced patients is comparable to patients with schizophrenia in general. It is important to note that none of the patients was in acute psychosis or a severe exacerbation of their illness.

The double in double bookkeeping: beyond the question of reality

From a phenomenological perspective, double bookkeeping is not simply a reflection of holding conflicting attitudes, beliefs, or perceptions. Rather, the delusional and shared reality can exist side by side without conflicting because these realities are incommensurable [5, 9, 15]. Jaspers termed the apparent incongruence between action and the content of a delusion as "inconsequential attitude" [16, 17].

The participants in our study did typically not experience any contradiction in the sense of incompatibility. Rather, they experienced the two realities as separate domains that are rarely confused. This means that the two realities are not simply different but that they cannot be judged by the same standard. As most participants reported, psychotic experience has a completely different quality than ordinary experience (e.g., the mode of givenness is characterized by hyperproximity because it happens in the midst of the subject). This is in line with the findings in recent phenomenological-empirical studies [18-21].

Now, the question is what this other realm of reality more precisely means? For a minority of patients, the other reality consists of an enclosure in a purely immanent, subjective life that is often solipsistically tainted and cut off from a dynamic exchange with the shared, social environment. The majority of patients reported an access to a dimension of reality hidden for others. Psychotic experience is distinguished from ordinary experience as it seems to be also concerned with a realm beyond the sensory. A patient described it as a truth "behind all appearance." Others compared it to mystical-like, other-worldly, or divine experience (see also [22]). Importantly, these experiences are imbued with a sense of absolute certainty (as apodictic truths), which precedes any specific *content* of delusional or hallucinatory experience [23]. In other words, the affective moment of experience precedes its cognitive elaboration. A patient

described a paranoid fear as a feeling that anteceded a specific content of that fear: “It was like the fear was already there from the inside and then it found its target.” This sense of certainty is different from everyday perception. Phenomenologically, the latter is imbued with doubt, or more precisely the possibility to be corrected by interaction with one’s surroundings [24]. The affective certainty of psychotic experiences is associated with another important feature, namely that these are profoundly singular and subjective. Patients describe the experiences as something uniquely concerning them. In sum, psychotic experience transcends the sensory and shared reality and does not seem to be integrated or “woven into the fabric of the intersubjective world” [15]. It is crucial to emphasize that this does not mean that psychotic experience is simply “outside” the shared reality in the sense of being completely unrelated to it. Rather, psychosis concerns a different ontological *layer* of reality, namely the very meaning or nature *of* reality. As one of our patients explained, she often struggled to grasp *what* people were saying because she started to think about the very *meaning* and *truth* of language. We can paraphrase Müller-Suur’s observation that the alteration of experience in schizophrenia concerns the “horizon of meaning” (“*Sinnhorizont*”) [25]. The same empirical object can be regarded upon different horizons of meaning, e.g., as something pragmatically useful, as something created, a sacred item, or an exemplar of materiality of the world. In a similar vein, Blankenburg pointed to an alteration of contextual framework of experience, rather than to a change in the content of experience [26]. When patients question the context or validity of reality it is different from questioning if something is real or not in the standard sense of the term. The latter often leading to misunderstandings between patients and clinicians. The phenomenological point is that when we perceive something, we also implicitly and tacitly perceive a whole network of significance and a familiarity within a given intersubjective framework. Briefly put, the other layer of reality involved in psychosis may pertain to the axioms or structure of reality (ontological level). The two realities involved in double bookkeeping can thus be incommensurable although they concern one and the same reality. In the face of this, many patients described a sentiment of being split or divided. It could therefore perhaps be more precise to speak of a rupture within reality rather than double reality. Rather than being two separate perceptions or beliefs, double bookkeeping is expressive of a specific “unified divided consciousness” as we phrased it elsewhere [9]. It makes no sense for the patients to speak of their psychotic experience as true or false by empirical or mundane standards and it is not possible to prove (logically or empirically) that a given delusion or hallucination is incorrect. The idea is that psychosis does

not primarily concern the sphere of reason (judgment or perception), but rather an alteration of the structure of subjectivity in its basic, pre-cognitive relation to the shared world.

Insight into illness

Our results, especially the tendency of persistence of psychotic reality between so-called "relapses" is consistent with the findings of Jones & Shattell [27]. Thus, the notion of "a psychotic episode" is often not valid for the course of schizophrenia. Briefly put, double bookkeeping begins to emerge early in life and may become a persistent condition. As we have already mentioned, the patients do typically not consider their psychotic experiences as an expression of illness, but rather as constant companions that they need to keep apart from their interactions in the social world. The participants were likely to consider depression, anxiety, lack of energy, and initiative as signs of illness. This finding is consistent with studies showing that first-contact with treatment facilities is motivated by these so-called non-specific symptoms, rather than complaints about psychosis [28]. As already noted, the patients do not consider their experiences as pathological but as phenomena testifying to their access to another domain or level of reality. In mainstream psychiatry, the insight into illness is defined as an awareness of the illness, its symptoms and signs, risk factors, consequences, and the need of treatment. This medical definition implies an experiential distance between the self and symptoms. In the case of schizophrenia, the patients have no possibility for such an experiential distance because psychotic phenomena originate in the intimacy of their own selfhood and therefore carry with them an apodictic certainty. This is the case notwithstanding the fact that psychosis often inflicts a severe suffering. As Mørck expressed it in her first-person account of living with schizophrenia: "I am 46 years old today, and I do not believe in the word 'recovery' […]. I coexist with schizophrenia, and it is as big a part of my identity, as part of me dealing with the outer world" [29]. In sum, when participants do not regard their psychotic symptoms as illness it does not seem to reflect poor insight, but rather to reflect double bookkeeping. Many patients have a double-awareness as it is well illustrated by the philosopher Wouter Kusters accounting for his first-personal experience of psychosis:

> For me, that was beyond strange. I knew exactly what a psychosis was – I was right in the middle of one – and yet I couldn't pull myself out. The psychosis presented itself to me as an inescapable truth and reality. [30]

The emergence of double realities: self-fragmentation and *Anderssein*

Double bookkeeping is not a contingent feature of schizophrenia, but rather an expression of its core *Gestalt*. Our patients described some sort of transformation of their existential position (basic relation to self, world, and others), including a feeling of being fundamentally different from others (*Anderssein).* This alteration of the self-world-relation can be either emphasized on the side of the subject or in its relation to the surrounding world and others [31-32]. On the purely subjective level there is a self-fragmentation (self-alterization), which consists of the parts of the subject acquiring an alien otherness: "It feels like there is something inside your own self that you cannot relate to in your head." These alien fragments constitute the kernels upon which the other reality progressively articulates itself and eventually becomes the stage for the psychotic phenomena. Phenomenologically, we can describe this as a fragile sense of basic self or first-person perspective. The first-person perspective implies that all my experiences are given to me as my own, as *my* experiences [33]. I do not need to ask myself if it is me who is now looking at my computer screen. In other words, all experience involves a tacit self-affection ("auto-affection") [9]. My experiences are self-saturated, shot through by a dimension of a tacit affective self-presence. However, this basic self is not an undifferentiated homogeneity but is a dynamic structure of diverging and coalescing affective moments. Subjectivity is open to the world and is always given to itself in this relatedness, affected by something other than itself and thus involving a structural, potential alterity. It seems that in schizophrenia, the moments of alterity become unintegrated or congealed, leading to the formation of intrusive, alien otherness, i.e., self-alterization or self-fragmentation [34]. Thus, this change of subjectivity is highly correlated with an altered relation to the world and others.[29] The basic vulnerability of schizophrenia implies a breach in the dynamic with the shared reality. Minkowski described this alteration as a "loss of vital contact with reality" [35] and Blankenburg designated it as a "crisis of common sense" [36]. It is an alteration of pre-reflective and pre-conceptual grasp of intersubjectively and contextually valid meanings resulting in an enigmatic and often threatening coloring of the world. The majority of our patients described this progressive self-alienation and alienation from others and the world as beginning already

[29] In terms of the EASE scale, the patients typically reported diminished sense of basic self, distorted first-person perspective, and loss of thought ipseity, as well as a sense of I-split. Furthermore, patients reported derealization, hyperreflectivity, loss of common sense/perplexity/lack of natural evidence, transitivism, and solipsistic-like experiences.

in childhood or early adolescence and apparently functioning as a precursor of the crystallization of double bookkeeping. Briefly put, we see elements of double bookkeeping before the development of frank psychosis. Psychotic experience takes place within the intimacy of the patient's subjectivity and simultaneously feels exterior, which gives rise to the sense of a rupture within reality. It is important to emphasize that the idea that the 'other reality' originates in the middle of subjectivity does not exclude a developmental or intersubjective aspect of psychosis [37-38]. In many cases patients described their psychotic experiences as something giving the patient a meaningful subjective position in the universe (see also [39]). Furthermore, patients described their private or psychotic world as a place where they felt at a safe distance from the unpredictability and ever-changing character of shared reality. It is important to note that the emergence of double realities should not simply be understood as a coping strategy. Rather, it is a "phenomenological compensation," i.e., not as a willed or intentional act on the part of the patient, but rather as an automatic re-organization of consciousness as a way to remain in contact with reality or preserving a sense of existing as a subject [40].

Communicating psychotic experiences

It is crucial to discuss the difficulty for the patients to verbalize these subtle phenomena and for the clinician to help patients to report them. First, it requires of the clinician to be attuned to the patient in a specific way, i.e., to let the patients unfold their self-descriptions without judgmental interruptions and premature categorizing. The latter requires a broad knowledge of psychopathological phenomena that are not yet converted into categorical symptoms [16]. Surprisingly, studies show that even trained psychiatrists are not always capable to facilitate self-descriptions of the patients. On the contrary, even when patients actively tried to talk about their psychotic symptoms, the psychiatrists avoided further exploration [41-42]. Secondly, it is difficult for most persons to respond to questions of how they experience reality, how their thoughts feel like, and so forth. Most participants mentioned explicitly the difficulties of finding the right words for the psychotic experience. A patient articulates that the other reality is "some sort of understanding of how everything in the world is connected." Thus, rather than involving a specific content, it involves a change in the very mode of experiencing and meaning. In other words, communicating this experience is difficult because it concerns a realm outside of ordinary experience, language, and rules of logic. The patients often use metaphors, which may be sometimes shifted into a private use of words. We have not found any psychiatric studies

that are explicitly concerned with the relation between pre-verbal experience and its expression in language. However, already in 1914, a French psychopathologist emphasized that in psychosis a central problem consists in the patients having experiences, which cannot be framed in an intersubjective discourse [43].

Conclusion and implications

The literature on double bookkeeping portrays it as paradoxical since patients appear to hold self-contradictory beliefs as in the prototypical example of the patient who gladly consumes poisoned food. This self-contradiction made Bleuler question whether the patients regarded their delusions as real or not, which to this day is a frequent concern of clinicians. However, this question of reality when it comes to psychosis seems to be misguided. If you ask the patients whether they think their psychotic experience is real or not it is nonsensical from the patients' perspective. It would be like asking someone with a toothache whether they believe the pain is real or not. Therefore, we argue that psychosis is not a question of real or not, but rather a question of reorganization of subjectivity and the meaning of reality. Consequently, we believe that the primary disturbance is located on the level of experience and affectivity rather than on the level of cognition.

We believe that double bookkeeping is an integral dimension of the schizophrenia *Gestalt,* involving alterations of selfhood and intersubjectivity. It is thus specific for the schizophrenia spectrum disorders. The awareness of this phenomenon is crucial in the interaction with patients with schizophrenia. The symptomatic picture of schizophrenia cannot be regarded on analogy with somatic illness where symptoms and signs are often well-delimited objective entities with referential function pointing to underlying pathology of the substrate. In schizophrenia, the psychotic phenomena have no referential function but are a configuration of altered structure of the subject's being-in-the-world. We would like to emphasize that our qualification of the inadequacy of the medical model is not motivated by any romantic version of schizophrenia but by a concern for adequate treatment and research. The phenomenon of double bookkeeping has consequences for the nature of clinical examination, which today has become simplified to checklists or structured interviews that are not designed to elicit and comprehend this experiential alteration.

The notion of psychosis, which is basically undefined in contemporary psychiatry, heavily relies on the detection of delusions and hallucinations. These are considered as false beliefs and false perceptions where the patient is unaware of their falsity. However, as our and

other studies indicate, this is very frequently not the case. In other words, assessment of psychosis requires a more refined psychopathological exploration and description than the commonsense notion of "falsity." Moreover, the phenomenon of double bookkeeping questions the view of schizophrenia as a series of relapses and remissions of psychosis. Perhaps it would be more appropriate to speak of exacerbations because the change of subjectivity appears to have a tendency to persist. With respect to treatment and psychotherapy, it is most important to help the patient negotiate a balance between the two realities and prevent the exacerbations where the psychotic world overwhelms the patient and translates into severe suffering or maladaptive behaviors [44]. Finally, with respect to pathogenetic research, it is perhaps more important to focus on the phenomena of subjectivity rather than studying neuroscientific correlates of multifarious psychotic symptoms. More specifically, we believe that pathogenetic research can take advantage of a more refined psychopathology.

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7. THIRD PAPER. AN EMPIRICAL-PHENOMENOLOGICAL EXPLORATION OF *ANDERSSEIN* ("FEELING DIFFERENT") IN SCHIZOPHRENIA: BEING IN-BETWEEN PARTICULAR AND UNIVERSAL

Helene Stephensen[a,b], Annick Urfer-Parnas[c,d], Josef Parnas[a,b,d]

a. Center for Subjectivity Research, University of Copenhagen, Copenhagen S, Denmark
b. Mental Health Centre Glostrup, University Hospital of Copenhagen, Brøndby, Denmark
c. Mental Health Centre Amager, University Hospital of Copenhagen, Copenhagen V, Denmark
d. Faculty of Health and Medical Sciences, University of Copenhagen, Copenhagen N, Denmark

Corresponding author
Helene Stephensen
Center for Subjectivity Research, University of Copenhagen,
Karen Blixens Plads 8, DK-2300 Copenhagen S, Denmark.
Tel: +45 5123 7099
E-mail: hst@hum.ku.dk
ORCID ID: 0000-0002-6531-4954

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An empirical-phenomenological exploration of Anderssein ("feeling different") in schizophrenia: Being in-between particular and universal

INTRODUCTION

In schizophrenia, difficulties of existing in a shared everyday world of *common sense* come to the fore. These difficulties are richly described in the tradition of phenomenological psychopathology, accentuating the subjective experiences of the patients [e.g., 1-4]. One of the main ideas is that psychosis develops on the background of more fundamental, subtle subjective and intersubjective experiences of alienation. This approach pictures schizophrenia closer to its original formulation by the founders of the concept, where psychotic symptoms such as hallucinations and delusions were considered secondary or "accessory" [5-7]. Patients with schizophrenia spectrum disorders (SSD) frequently report that they have felt profoundly different from other people since childhood or early adolescence. In German psychiatry, this feeling of difference is, with a non-technical term, called "*Anderssein*." Blankenburg briefly mentions *Anderssein* as a sense of being "fundamentally other than the others," characteristic of schizophrenia [1].

It is now well established that schizophrenia is associated with an instability of the basic structures of subjectivity (i.e., "self-disorders"; [e.g., 8-12]). *Anderssein* is introduced as an aspect of this core disturbance of SSD. Patients often struggle to verbalize this experience and most typically describe it in vague terms such as "I just feel wrong" or "I do not fit in." The phenomenological-oriented psychiatrist Mari Nagai emphasized the intersubjective nature of this disposition [13]. She quotes one of her patients:

> I'm somehow in all respects different from others. My facial features, the feeling I express, the environment I was born in […] anyway, it's all different. I have to do everything anew from the beginning. [13]

Seemingly comparable feelings of difference in other conditions may be expressed in terms of concrete, mundane features, whereas in the case of schizophrenia, the difference precedes any such determination.[30] Rather, it is the very being or existence that feels profoundly detached from the shared reality, and as such, it reflects an ontological sense of difference.

[30] A recent study on self-disorders in a group of patients with, respectively, Asperger syndrome/autism spectrum disorder and schizotypal disorder showed a significant higher level of self-disorders in the latter group [14].

Despite the importance of *Anderssein*, mainstream psychiatry has completely neglected this phenomenon, and although mentioned in phenomenological studies, it remains generally overlooked and requires further empirical and theoretical elaboration.

We therefore present in this paper a detailed exploration of the phenomenon based on material from a phenomenological-empirical study on the mode and onset of psychosis in 25 patients with SSD [15]. We found that *Anderssein* plays a constitutive role as it is associated with the original articulation of psychosis, which consists of the emergence of a disturbing or haunting otherness in the middle of the patient's most intimate, subjective life. In this study, we will address *Anderssein* and its following aspects:

1) Experience of *Anderssein*
2) Social and existential position
3) Haunting otherness
4) Feelings of centrality, special abilities, or insight
5) Existential or metaphysical preoccupation

A closer comprehension of *Anderssein* may have significant import for the understanding of the specific ontological configuration of subjectivity and intersubjectivity in schizophrenia, the development of psychosis, and research into early detection and intervention.

METHOD

This study is part of a larger project concerning the mode and onset of psychosis as the emergence of double realities (viz. "double bookkeeping"; [15-16]). We interviewed 25 persons suffering from SSD (mean age 30.7 years; see table 1) from 3 different university-affiliated psychiatric services of the Capital Region of Denmark: Psychiatric Center Glostrup, Psychiatric Center Amager, and Psychiatric Center Copenhagen. The patients were initially informed about the project by primary care staff. Eight patients were recruited during hospital admission, and 17 patients were recruited from outpatient clinics. Twelve patients presented debuting psychotic symptoms, whereas the remainder (n = 13) had lived several years with pervasive symptomatology. In total, 33 patients were contacted. However, 8 patients declined or dropped out after initial contact, mainly because of logistic difficulties. One patient was excluded because of an unnoticed forensic status.

The inclusion criteria encompassed the diagnoses of schizophrenia spectrum and, furthermore, the ability to tolerate long-lasting interviews. The exclusion criteria comprised organic brain disorder, dominating alcohol or substance abuse, intellectual disability, agitated condition, or forensic status. The inclusion diagnosis came from the treating clinicians.

However, all the medical records were evaluated by the senior investigators (AUP, JP) to assure the fulfillment of the ICD-10 criteria. Twenty-four patients fulfilled the criteria for schizophrenia and one patient for schizotypal disorder.

Informed written consent was obtained from all the participants after they had received information about the project. The study was approved by the Data Protection Agency (P-2020-4), University of Copenhagen (514-0045/19-4000), and the ethics committee of the University of Copenhagen.

Table 1. Sociodemographic Data

Gender (n)	Male	8
	Female	17
	Other	0
Age (years)	Mean (SD)	30,7 (11,3)
	Median (range)	26 (18-54)
Education	Primary school	8
	High school	7
	Completing high school	5
	University	1
	Completing university	4
Occupational status	Disability pension	7
	Unemployed	3
	Sick leave	7
	Actively studying or employed	8

The interviewer (HS) is a philosophy PhD fellow with several years of clinical experience employed at a psychiatric hospital, where she was trained in conducting psychiatric interviews and in using the Examination of Anomalous Self-Experience (EASE) interview [17]. AUP and JP are both senior consultants in psychiatry with extensive clinical and research experience.

AUP participated in most of the interviews. The interviews were semi-structured and based on the principles of phenomenological interviews [18]. The interviews took between one to four hours sometimes divided into several sessions depending on the patient's wish. The interviews were conversational, beginning with open-ended questions on each individual's life story and circumstances leading up to their beginning psychotic experiences. *Anderssein*, which was one of the structured elements of the interview, had to be covered by the interview concerning double bookkeeping [15]. All the interviews were audio-recorded and afterwards transcribed. The data was analyzed according to the principles of qualitative, thematic analysis [19]. In the results section, we have grouped the characteristics of *Anderssein* according to how it emerged based on the data analysis (bottom–up).

RESULTS

In the following, we will present the results, divided into the experience of *Anderssein* and its different aspects.

1. Experience of *Anderssein*

Out of 25 patients, 22 patients described *Anderssein* as a habitual feeling of being different from other people. Eight patients always had the feeling, 12 patients since childhood, and 2 patients from early adolescence (14–15 years). In three cases, it was not possible to assess the presence of *Anderssein*.

The sense of difference was not exhausted by reference to concrete, mundane features but concerned an experience of a profoundly detached existence from the ordinary, shared reality – that is, the very nature of the patients' way of "being in the world." Some of the patients felt alien to such a degree that they questioned their very nature as human beings.

It is important to stress that some patients initially provided reasons for the feeling of difference (e.g., "bullying," "wrong clothes," "low self-esteem"). However, when explored in-depth, it became evident that these reasons were provided as explanations of a more elementary sense of difference.

> *Case 2: "I don't know how to explain it. I was just different […] It is difficult to explain what it is. I thought a lot about it. It is as if it is what is on the inside that is different."*

> *Case 16: "[Being different] was an overall feeling of not really fitting in."*

Case 11: "I was different. I posed questions other people didn't. I am different in my feelings. I do not at all belong here [on this planet]." The patient also stated, "I thought I was an alien from a faraway planet."

Case 19: "I still have difficulties relating to other people. I felt very different when I went to school, as if I was from a different dimension. I didn't understand much of what people did and why."

Case 15: "It gave me confidence, not to be like other people, but it also felt very lonely."

Case 8: The patient, born in Denmark, spoke about moving to a different city 20 kilometers from her hometown: "[In school] I felt different than the others. I couldn't read, I came from a family that was judged negatively, I came from a different city, I spoke differently, and I wore different clothes […] It is as if I came from another planet […] I was thinking in a different way than the others […] and also, I could see things that other people could not."

2. Social and existential position

Most of the patients associated *Anderssein* with a profound sense of not belonging or being "at home" in the shared world and as being at an unbridgeable distance from other people. The patients were perpetual outsiders no matter how much they tried to fit in or which milieus they tried to engage with. Most of the patients described failing to understand the tacit rules of social interaction, with metaphors such as feeling "blind" to what is going on around them (e.g., crisis of *common sense*). However, many of these patients elaborated that they were able to rationally understand these tacit, social rules, although they did not feel that they resonated with them on a more dynamic, affective level as these rules seemed artificial or made up. The patients described becoming increasingly self-conscious, which further impeded spontaneous social interaction, often leading to either social withdrawal or copying social rules or positions in an over-rigid fashion. Simultaneously, with this feeling of being detached from others, many of the patients felt that their immanent lives were contaminated by others' social rules, languages, or worldviews.

Case 23: "I struggled to form relationships with others because I didn't really know how to do it naturally. I always felt that most of it was very inauthentic or that it wasn't

genuine on some level. I always had the thought in the back of my mind 'Everything is fake!' I cannot form authentic relationships because of these circumstances. For example, when I went to school, forming bonds with the others implied some level of force or coercion […] when we are in the same institutions, we are, in a way, forced to be together, and then it is not in fact possible to form authentic relationships."

Case 25: "It is the idea that it has *to be a certain way. It's a lot of pressure […] to have a world view placed 'over one's eyes.' You don't really have anything to say. Any form of individuality is 'packed down.' This is very difficult for me. In school, for example. But I'm not a rebel or anything. I don't think you should rebel against the system just to rebel against the system."*

Case 24: "Often I can put up some sort of shelter or protection, but after a while, I cannot differentiate between my own emotions and the emotions of others […] Sometimes I get the feeling that I don't have any boundaries and that I kind of melt away or dissolve. If I see someone who is angry on the street, then I get angry because that person became me […] It helps when someone I like squeezes me because then I can sense where my boundary is."

Case 28: "Either I felt completely wrong or else I felt totally superior. It shifted according to my general state of mind. I always had a feeling of being different than other people. Since I was a little child. Already then, I perceived other people as less intelligent than me, and I always felt that I could see things other people couldn't. And as it turns out, I can *in fact see things that other people cannot see [viz. visual hallucinations]. Back then, it was more the connection between things that I could see. I was talented at analyzing and seeing through systems. It could be very frustrating because I knew exactly what was going on with, for example, the girls in my class, but I wasn't able to do anything about it. I could see how everything was working between them, but I wasn't a social chameleon. I wasn't able to adapt to these changed rules*."

Case 20: "I never quite understood if what I did was right or wrong. I think it was always like that. I just felt a bit weird […] But I am a human being, so I say to myself, 'Nothing can *be wrong!' But it feels like something* is *wrong […] It is like I'm forced*

to think the same way as everybody else does because that is just how it works. But at the same time, I don't want to do that."

3. Haunting otherness

Most of the patients associated *Anderssein* with a sense of estrangement from their own subjectivity and body—e.g., a fragile sense of existing as an embodied subject. This was accompanied by the sense of an alien otherness in the middle of their subjectivity.

Case 24: The patient often has "buzzing" sensations as if there is something inside her, like a "soul" or a "small human being," that is too small to "fill out" her body. "I am too small for my own body, and then I feel I am not welcome in the world. As if I am just visiting. And as if I am also just visiting my body. It is uncanny because the world is not made for me, and I look at other people, and I just know they don't feel like that."

Case 20: "Because I think in a different way than other people, I don't feel I can get close to them authentically. I'm not always myself […] I know I am me, but who am I? I get these shifts in my interests and moods and in what I think […] I always feel different from others. It is a fact."

Case 16: The patient heard voices for 9 years. She described the beginning as if there were two copies of herself ("mini copies") inside her, putting thoughts into her mind. "It is neither a male voice nor a female voice. It is my own voice, but it is not me *that thinks, not* me *that speaks. It is a different consciousness in my head. Later, it turned out that it is what you call a 'voice.'"*

Case 26: "I have ideas and thoughts that are my own, and then there are things that just 'fly' above my head constantly […] It is like the back part of my brain is thinking of something at the same time as I am thinking of something else […] I can think of things that I would not myself have been able to make up, so it must come from somewhere else. I think about things, and then simultaneously, thoughts enter from the outside, and they all begin to melt together."

4. **Special abilities, feelings of centrality, or insight**

Most of the patients described *Anderssein* as accompanied by having special abilities, feelings of centrality, insight, or a sense of breakthrough to a hidden layer of reality.

> *Case 3: "I was a child prodigy, and it was a lot of pressure to live up to." The patient cannot specify in which way he was a child prodigy. "I cannot really explain why—it wasn't something I was told directly, but I could feel it."*

> *Case 26: "Sometimes I wonder if other people really exist or if it is only me who exists and if the things around me are fake. I often think that the world and everything revolve around me. There is a difference between being egocentric and feeling that everything is in fact about you […] I literally feel that the world revolves around me […] For example, I sometimes sense that I am the color blue. When I look around, without really being able to explain it, I see that everything else is blue. It's like I'm very connected to the earth […] There is something in control, something that decides that you feel a certain way."*

> *Case 18: The patient always had the sense of being fundamentally different, which developed into the sense of existing in a different world than everyone else. The patient felt chosen as the only one knowing that the world was unreal and that it was her responsibility to make everything real. She felt to have "contact" to another, more real dimension through a voice: "I think it [the voice] is something inside me because I think it's something that is inside all humans. But something went wrong in my case because it [the voice] is there and can talk and think, and that's exactly where the error occurred. I must be sort of chosen."*

5. **Existential or metaphysical preoccupation**

Most of the patients reported a tendency to be occupied with metaphysical, philosophical, or existential questions since childhood or early adolescence, especially questions concerning the meaning and purpose of human existence, life after death, cosmological issues, and the nature of language, time, friendship, or love. The patients typically did not consider this a choice of preference but as imposing questions they could not prevent being confronted with. They associated this with feeling different and with experiences of inauthenticity of the world and others. It should be mentioned that the patients do not necessarily study metaphysical or

philosophical themes explicitly or reflectively. In many cases, it is a pre-reflective or spontaneous preoccupation.

> *Case 25: "Everything becomes too overwhelming, be it light, noises, or just other people's presence […] everything in itself becomes overwhelming […] it is like you can become aware of your blood running through your body, trees withering away every second we speak, only to grow back again. There is constantly a process happening […] everything is in movement, and because there is no security or stability, you have to be conscious of it."*

> *Case 7: "I don't like 'small talk'—talk that isn't about how we can change society. I think it is talking for the sake of talking. Like 'What is on the TV today?' or 'Did you hear this song?'—it's just not my cup of tea. I would rather speak about the meaning of life or why we are here."*

> *Case 28: "I think that the ability to make decisions, to tell if something is right or wrong, would give you a more easy life. But then again, I start to think, 'Is the purpose of existence to have an easy life?' […] I'm currently very occupied with a notion I call 'collectively accepted rules' such as 'Nature is beautiful.' Something we sort of collectively decided as truths. A sunset is, by definition, interesting to look at. But it is just not like that for me. If you mention that to other people, they think you are weird because there are so many collectively accepted rules we never question."*

DISCUSSION

In the following, we will first address some methodological issues and then discuss the significance of our results, divided into (1) the ontological feature of *Anderssein* as an alteration of "being in-between" and (2) the question of the "onset" of psychosis.

Methodological issues

To our knowledge, this is the first in-depth empirical and conceptual investigation of *Anderssein* in SSD. The sample size of 25 patients seems reasonable regarding the resource-demanding type of study. The sample contains recent onset as well as patients with advanced schizophrenia. It is important to stress that this study is part of a larger project concerning double bookkeeping [15-16], which impacts the range and scope of the study.

Another issue, of hermeneutic kind, concerns the retrospective nature of the patients' accounts of early experience and development of psychosis. On the one hand, past experience is shaped in light of one's current perspective, making it difficult in some cases to distinguish *Anderssein* from its later thematizations (being an alien, having special abilities, or the like). On the other hand, interviewing young adults or adults may have the advantage of their advanced vocabulary and framework for understanding previous experience. It is often after an event that we begin to understand what happened and develop our conceptual comprehension. This touches upon a complex issue concerning the relation of language and experience, which is beyond the scope of this paper.

The ontological feature of *Anderssein* as an altered "being in-between"

In the following, we argue that the different aspects of *Anderssein* presented in the results section are expressive of the same core vulnerability. The utterances of simply being "different" or "wrong,"[31] although characteristic, are in themselves nonspecific, or perhaps more precisely, they express a "specificity of the non-specific" with a term borrowed from Blankenburg [1]. When explored in-depth the apparently nonspecific statement is expressive of a more specific configuration of subjective experience.

In sum, most of the participants expressed *Anderssein* as associated with an elementary feeling of not truly belonging or not feeling "at home" in the shared world, which, in turn, was often experienced as unreal or artificial. Importantly, tacit rules of social interaction felt external or inauthentically imposed and not possible for the patients to integrate spontaneously into their existence. Typically, the patients felt invaded or "too open" vis-à-vis others and described permeable ego boundaries (i.e., transitivism). The sense of being different was associated with parts of the patient's immanent life feeling increasingly "other" (self-alterization) and a sense of having access to a hidden dimension of reality not available to other people. Simultaneously, a sense of fundamental singularity or particularity gave rise to feelings of being uniquely chosen or being the center of the universe or having some sort of special ability or insight. Crucially, *Anderssein* most often became poignant and a source of suffering for the patients when they felt urged to articulate or assert themselves in specific subjective positions with respect to social groups, which often preceded an articulation of clear-cut psychotic symptoms. Many of the patients described difficulties arising around early

[31] The notion "wrong," which is the term most frequently employed to describe the ineffable difference, is a translation of the Danish term *forkert*. Etymologically, *forkert* derives from the old German *vorkēren*, which connotes some sort of turning "in a wrong direction."

adolescence, where identity and the framework for social interaction became acutely crucial (e.g., what is right and wrong to do, which clothes to wear or what music to listen to). Overt psychosis most often emerged during these formative years, where the importance of belonging to a group, simultaneously with a demand for being unique or singular, is at its height [21]. One could perhaps argue that the metaphysical or existential preoccupations are merely compensatory mechanisms regarding these difficulties. However, they should rather be seen as interrelated aspects of the difficulty, articulating a more stable, subjective position in relation to others.

Now how can we comprehend *Anderssein* more precisely? One of the most important features to highlight is its ontological nature—that is, the patients' experience that it is their very way of "being" that is different. Although the patients may point to specific mundane features where they are different from others, their sense of difference does not seem to derive from any of these. As one of our patients stated, "I think I provided bullying as an excuse of why I felt [wrong]." Following Nagai, *Anderssein* can be contrasted with so-called neurotic or more ordinary feelings of being wrong compared to others. Here, the patient is occupied with a difference from "a specific other, unspecified multiple others, or even the others as 'norms'" [13]. This difference presupposes a specific (ontic) dimension of comparison where the subject finds itself in a more or less stable subjective position in relation to the world and others. In schizophrenia, this feeling of difference is anterior to any specification of a dimension of comparison. As such, *Anderssein* is expressive of existential and intersubjective dispositions characteristic of schizophrenia, designated as "ontological insecurity" by Laing [21]. It is crucial to stress that this estrangement from the social world is inseparably bound up with self-alienating experiences (viz. instability of the structures of subjectivity).

The term "common sense" is often employed in phenomenological psychopathological discussions of the basic disturbance of intersubjectivity in schizophrenia [22-23]. *Common sense* does not simply point to a deficiency in knowledge concerning rules of social interaction. Rather, it is tacitly at play in experience, constituting a fundamental horizon of meaning—i.e., a pre-reflective background framework of knowing and acting. According to Blankenburg, the patients' speculations and preoccupations are considered as compensations for a lack of this more immediate resonance with the social reality [1]. The term "lack of common sense" thus suggests some type of deficit in the pre-reflective capacity to grasp social rules. Such conception neglects the ontological transformation as expressed in *Anderssein* and the doubleness articulated by the patients. One thing is questioning specific commonsensical rules (e.g., "Why do we clap in theaters?"); however, patients moreover—and perhaps at a more

basic, sometimes nonverbalized level—seem to *question the unquestioned status* of "socially accepted truths," borrowing a phrase from one of the participants.[32] This reflects a tension of the intersubjective co-constitution of subjectivity discussed within phenomenology [25-26]. Here, shared everydayness refers to roles, situations, gestures, and languages that not just are external to the subject but, on the contrary, define its being [27]. This concerns the very existential or ontological structure of subjectivity and is not simply a question of conformity—that is, to be or not to be like the others—or a set of specific practices governing intimate and public life. As one of our patients put it, social laws and "world views" felt forced upon him and threatened his very individuality. However, the solution was not, for him, a matter of rebelling against these laws for the sake of rebelling. There seems to be no true escape since even an anti-position is a position. In other words, even our most intimate, subjective life can never completely escape the influence from general significations of the shared world, while at the same time, we can never be reduced to this influence.

Briefly put, the elementary difficulty for the patients amounts to the ontological constitution of subjectivity in its doubleness, tension or feeling of division between contradictory movements. Many of the patients expressed an overwhelming tension between being radically isolated or detached from others and simultaneously experiencing that their immanent lives were contaminated by others, social rules, language, or worldviews. The patients seem to play out their existence between two sharply distinguished oppositions: either you accept the social norms and laws at the cost of losing your particularity, becoming a mere copy, or you oppose these laws and exist in profound solitude with a progressive sense of emptiness. In contrast to a usual feeling of intersubjective alienation, which implies a specific dimension of comparison, the alienation in *Anderssein* concerns the very struggle to define a subjective position in relation to others as such. Another patient questioned, how is it possible to form authentic relations when the social rules are already "written"? Therefore, patients with SSD point to alienating elements already constantly at play in intersubjective reality [28].

We propose understanding these aspects of *Anderssein* as expressive of a transformation of the ontological "being in-between" with a notion borrowed from Bin Kimura [29]. He argues that subjectivity is constituted by a double in-between ("aïda")—i.e., a double relation *between* self and the other self and *between* self and world. Despite its spatial connotations, it is crucial not to understand this "in-between" as a static distance between two

[32] Kusters argues that such questions should not be neglected but rather reflected upon since it is a condition for the human existence to be confronted with these questions: "Being in a condition of madness means you are trying to resolve the most fundamental questions of existence but in an uncontrolled, wildly associative way" [24].

entities. With a reference to Kierkegaard's definition of the human subject as "a relation that relates itself to itself," Kimura stresses the relational and dynamic nature of subjectivity—viz. it is *in* its relations (to itself, the world, and others) that the self can relate to itself (as this relation or in-between) [30]. Noteworthy, in the case of *Anderssein,* is the emphasis on the dynamic nature of this "in-between"—that is, between moments that are at once unity and difference in a constant process of movement—which makes it possible to understand this otherwise ineffable experience of feeling different in schizophrenia. As we argued elsewhere, it is this differentiated nature of the subject that makes it vulnerable to the experiences found in schizophrenia [31].

What comes to the fore in this experience, is a being in-between a profound detachment or difference from the others (a sense of unlimited singularity) and a unity with the others (in an undifferentiated state with the other without demarcated boundaries). This doubleness of the in-between is generally overlooked in the literature on the intersubjective disposition in schizophrenia. In brief, *Anderssein* concerns elementary intersubjective and existential dispositions in schizophrenia where the subject seems to find itself "outside" intersubjectivity. This is, phenomenologically speaking, not possible since the subject is defined by its very world-relation. More precisely, *Anderssein* reflects a halt of a fluid movement or dynamic of subjectivity in its relation to the world and others. The patients are preoccupied or distressed by an appearing non-correspondence between particularity and the universal (being part of something "other"). At the limits of existence, the subject is faced with the insoluble tension of particularity and intersubjectivity.

The question of the onset of schizophrenia

Our study indicates that the development of schizophrenia is typically insidious and gradual, with a continuous transition from disturbances of self-experiences to more flamboyant psychotic symptoms. This is in accordance with massive evidence from high-risk studies of children of parents with schizophrenia that indicates a wide range of early developmental and behavioral anomalies [32-33]. Studies concerning school behavior indicate a mixture of isolation, passivity, and acting out [34]. Two recent prospective studies [35-6] show the presence of alterations of self-experiences in early adolescence prior to the onset of psychosis. In contrast to the high-risk era, contemporary research into the onset of psychosis is mainly pragmatically oriented. The onset is defined as the clear-cut emergence of a psychotic symptom, an articulation of the full-blown schizophrenic syndrome, or a crossing of the threshold of a psychometric scale [37]. Structured interviews are not suited for eliciting more

subtle anomalies of experience, and even psychotic phenomena may remain undetected [18, 38]. In sum, our studies and other recent studies concerning the onset of schizophrenia are not comparable. It is also important to point out that the results of our study cannot be viewed as having any systematic import on the prediction of schizophrenia. However, an insight to the *Anderssein* phenomenon may be of value for the clinician in her diagnostic encounter with young patients.

CONCLUSION AND IMPLICATIONS

This study pictures the development of schizophrenia as a gradually emerging alteration of the constitution of subjectivity in relation to others and the world. There appears to be a certain continuity between early experiences of uniqueness and centrality and later articulation of frank psychotic phenomena. In this sense, the issue of the onset of schizophrenia becomes not only a technical problem of research but rather a fundamental question concerning the nature of this disorder. Most of the patients do not see their psychotic experiences as signs of illness, but rather as a habitual part of their manner of being in the world. The standard sense of the term "illness" implies a state of health or normality behind or without the illness, which may seem nonsensical on the part of the patient [39].

In terms of implications, we have already mentioned a potential value of the familiarity with the phenomenon of *Anderssein* in clinical dealings with adolescent patients. More generally, it is important, in both in diagnosis and treatment, to penetrate below the level of a simple, symptomatic description into the modes of the patients' experience. A simple removal of the symptoms does not bring the patient into a so-called "normal" or "healthy" state.

Studies have shown that "recovery," on the part of the patient, does not have to do with eliminating a certain number of psychotic symptoms but rather in re-finding a position as subject [40]. It is important to not assert ready-made interventions without further ado. We propose that psychotherapy should address individual sense-making [41-42]. The question is how to re-establish the psychotic patients' possibility to find a place in the world on their own, singular terms.

Finally, the critical insights often conveyed by patients with schizophrenia should be taken seriously in psycho-therapeutical settings. It is important not to ignore the paradoxical issues of existence often presented by patients in favor of an ideal world without these contradictions and tensions.

DECLARATIONS

Statement of Ethics

This study was performed in accordance with the ethical standards from the 1964 Declaration of Helsinki and its later amendments. This study was reviewed and approved by the Data Protection Agency of the Mental Health Services of the Capital Region of Denmark, (no. P-2020-4), University of Copenhagen (no. 514-0045/19-4000), and the ethics committee of University of Copenhagen. Written informed consent was obtained from all the individual participants prior to their inclusion in the study.

Conflict of Interest Statement

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Author Contributions

All authors contributed to the design of the study, data analysis, and interpretation. Helene Stephensen performed the interviews wherein Annick Urfer-Parnas participated in the majority. Annick Urfer-Parnas and Josef Parnas ensured the fulfillment of the ICD-10 criteria for the research diagnoses. Helene Stephensen wrote the first draft of the manuscript, and all authors critically revised it and approved of the final version.

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8. FOURTH PAPER: ALIENATED FROM ALIENATION: PSYCHOSIS IN LIGHT OF MERLEAU-PONTY AND HEIDEGGER

Helene Stephensen[a,b]

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a. Center for Subjectivity Research, University of Copenhagen, Copenhagen, Denmark
b. Mental Health Centre Glostrup, University Hospital of Copenhagen, Brøndby, Denmark

Contact:

- Helene Stephensen
- Center for Subjectivity Research, University of Copenhagen,
  Karen Blixens Plads 8, DK-2300 Copenhagen S, Denmark.
- E-mail: hst@hum.ku.dk
- ORCID ID: 0000-0002-6531-4954

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Alienated from alienation: psychosis in light of Merleau-Ponty and Heidegger

"In some sense I am *the world, but in another sense, I'm* looking *at the world"*

- *anonymous psychiatric patient*

INTRODUCTION

The madman is classically considered as someone who inhabits a world profoundly alien to that of the shared world of *common sense*. Psychiatrists were even called "alienist" at a certain time. This view remains prevalent in the contemporary understanding of "madness" – in psychiatric terms, schizophrenia or psychosis. In this paper, I focus on psychosis as it is expressed in schizophrenia – one of the most severe so-called psychotic disorders. Schizophrenia involves psychotic symptoms such as delusions and hallucinations, which are conditions that, as Karl Jaspers put it, can be considered "'mad' in the literal sense."[33] A hallmark symptom of psychosis is that of external influence, where patients experience that some type of outside power is controlling their thoughts, affects, or movements. Jaspers provides an example of a patient who wrote a letter about his experience of being controlled by a machine:

> [T]he machine – the construction of which was of course quite unknown to me – was fixed in such a way that every word I spoke was *put into me* electrically […] it is a fact that I know quite definitely that to a large extent *these are not my own thoughts* and that is the great puzzle. It must be a very complicated machine […] I try to fight these thoughts with all my energy but it cannot be done with the best will in the world as the thoughts are also actually *pulled out of me*.[34]

This example demonstrates a significant paradox involved in psychosis, namely, that something radically external is at the same time felt as interior, which the patient himself observes, writing that it is "a great puzzle."[35]

[33] Jaspers (1997, p. 577).
[34] Ibid., pp. 579–80.
[35] It is worth to note that at the same time as reporting of this influencing machine, the patient is fully aware that this would be considered mad from a common sensical perspective. The patient continues his letter writing, "When one reads all this it seems the greatest nonsense ever written but I cannot say anything else except that I have really felt all this, though unfortunately I have never understood it" (Jaspers 1997, p. 580). Thus, reflective insight into the status of this experience does not seem to serve as corrective of the truth of this experience.

The critical starting point of this paper is to argue against the widespread account of psychosis as a simple juxtaposition to reality because this account loses sight of the paradoxical aspects of psychosis, which are at the very heart of the phenomenon. In mainstream psychiatry, psychosis is conceived either as some form of loss of reality or as a lack of ability to distinguish the real from the imaginary.[36] By way of contrast, I propose that psychosis should be conceived as expressive of a specific alteration of the structures of (inter)subjectivity. This is in line with one of the key ideas in the tradition of phenomenological psychopathology.[37] I argue, however, that this tradition fails to move beyond a deficit model of schizophrenia in the conceptualization of the specific alienation from the social world as some type of loss of common sense, that is, a loss of an immediate resonance or attunement with others as well as a self-evident familiarity of the world.[38] This idea was first introduced in rich detail by the German psychiatrist and philosopher Wolfgang Blankenburg (1971), and the prevalent notion of common sense relies on this account. Yet this account tends to overlook precisely a paradoxical doubleness at play in schizophrenia. Psychosis involves not only detachment and separation from the world but also a sense of having no boundaries and a sense of fusion with one's surrounding.

Rather than a mere lack of attunement to the social world, I argue that the alteration of the structure of subjectivity in schizophrenia involves a sort of doubleness or double relation to the world, which has only recently been investigated systematically in a clinical, phenomenologically informed empirical study on the mode and onset of psychosis focusing on precisely this doubleness.[39] Patients report a sentiment of existing in two disjointed realities separating psychosis from ordinary experience, which is called double bookkeeping.[40] These two realities are respectively a private and sometimes psychotic reality and then an everyday reality, shared with others, from which patients feel profoundly alienated.

To move beyond a simple juxtaposition between ordinary and psychotic reality, however, further conceptual work must be carried out. By engaging with Merleau-Ponty's analysis of hallucinations from *Phenomenology of Perception*, [41] we can shed light on psychosis as an intensification of a doubleness *within* reality, namely "ambiguity," to use

[36] See, for example, Beer (1996) and Bürgy (2008).
[37] Jaspers (1997); Binswanger (1942); Minkowski (1970a).
[38] See, for example, Stanghellini (2004); Thoma and Fuchs (2018); Hipólito et al. (2018).
[39] The quotes from research participants presented in this paper are anonymized excerpts from this study, consisting of 25 qualitative interviews with persons suffering from schizophrenia. For a thorough description of this study and its method; see Stephensen et al (2023). An informed consent was obtained from all individuals participating in the study and the study was approved by the ethics committee of the University of Copenhagen.
[40] Bleuler (1950).
[41] Merleau-Ponty (2012).

Merleau-Ponty's own term. This experience of doubleness is not to be mistaken for a reduplication *of* experience, that is, two distinct perceptions next to each other.

Finally, by drawing on Heidegger's notion of uncanniness (*Unheimlichkeit*) from *Being and Time*,[42] I aim to show that psychosis is expressive of a certain form of *redoubling of alienation* – namely, an alienation from the alienating aspects of the shared everyday world seemingly going unnoticed by other people. The ordinary and basic experience of being immersed in the world is always already haunted by unhomeliness or uncanniness. I argue that these alienated aspects are constitutive and that we do not find a simple opposition between an un-alienated subject, immersed in a self-evident and familiar world, on the one hand, and a detached, psychotic subject on the other hand. Psychotic experience is not just a loss of everydayness, familiarity, or *common sense*, but rather a freezing or congealing of a dynamical tension involved in all experience – an intensification of something all too human. The paradoxical nature of subjectivity in its relation to the world and others seems to become magnified in the alienating experiences of psychosis. As the psychiatrist Manfred Bleuler suggested, in the phenomenon of psychoses, one recognizes something essentially human.[43] As such, this paper demonstrates how philosophy may be enriched by clinical cases of psychosis in schizophrenia and how, in turn, philosophy can help us think about the phenomenon of psychosis in a deeper and more nuanced way.

1. TROUBLESOME LIFE-WORLD: ALIENATION IN SCHIZOPHRENIA

In contrast to the mainstream psychiatric account of psychosis, the tradition of phenomenological psychopathology considers psychosis as expressive of an alteration of the "total awareness of reality," as Jaspers puts it[44] – rather than simple erroneous judgments, interpretations, or perceptions of an "external" reality. As Minkowski argued, psychopathology should be concerned with studying global alterations of "the *structure* of psychic life," rather than focusing on delimited deficits of the psyche.[45] In this context, he proposed using the notion of "difference" instead of the notion of "lack" (*moins*).[46] This different structure of subjectivity requires conceptual comprehension as well as a delicate clinical approach that attends to subtle experiential phenomena expressive of this altered structure, which is not characteristic of

[42] Heidegger (1962).
[43] Bleuler (1978, p. 434).
[44] Jaspers (1997, p. 95).
[45] Minkowski (1970a, p. 248).
[46] Ibid.

current-day psychiatry dominated by checklists and simple questionnaires.[47] In contrast to this mainstream approach, recent decades have seen a vast renewal of interest in the phenomenological approach to psychiatry.[48] Phenomenologically inspired research on schizophrenia has testified to its core vulnerability as a global alteration of the most intimate structures of subjectivity (what are often termed self-disorders).[49] Patients report of profound alienating experiences of their own subjectivity and their relation to the world and others. They frequently describe feeling fundamentally unanchored from the shared world, not really being present, being separated from other people by an unbridgeable barrier, and having a profound sense of not belonging. The idea is that overt psychosis such as hallucinations or delusions may develop from these more subtle alterations.

In a recent study focusing on the formation of psychosis, we argued that a sense of alterity within the immanence of subjectivity is at the heart of psychotic experience and may condition the sense of a breakthrough to a different dimension of reality.[50] Participants in this study described existing in two incommensurable realities, namely the reality of the everyday world, shared with others, and the reality of private and sometimes psychotic experience (double bookkeeping). Importantly, this experience was correlated with a fundamental estrangement from the social world, involving feelings of not belonging or not feeling *at home* in the social world, which, in turn, was experienced as artificial or unreal. One of the participants described it as follows:

> I began to feel that everything was unreal, and I felt outside […] I felt like a thing and the world was just a painting that I looked at […] It was like having two realities. The head and then the body next to it […] I felt the world was a big canvas and things were props, they just placed there […] a bench and a tree.. I thought the world looked like that. It was horrifying because I couldn't shake it off and when I looked at things it felt like a film set or like it was made of plastic […] Sometimes I got confused about whether I existed in a dream, or in reality, because everything felt so spacy and strange.

We see clearly in this vignette that it is not a matter of being mistaken or having simply lost touch with reality, but rather an alteration of the relation to reality, which appears redoubled.

[47] The development and predominance of the psychiatric diagnostic manuals (i.e., DSM-V and ICD-10) have gradually abandoned the subjective, lived world of the patients. See Parnas and Bovet (2015).
[48] See e.g., Stanghellini et al. (2019).
[49] See, for example, Sass and Parnas (2003); Henriksen et al. (2021); Raballo et al. (2021).
[50] Parnas et al. (2021); Stephensen et al. (2023)

The patient describes feeling like a "thing" against an external and once familiar world, now having become unreal and artificial. This feeling of unreality persists in a varying degree of intensity, and the patient adds that she often feels like "a floating head" disconnected from her body. Patients with schizophrenia frequently describe a sense of being estranged from the social world as associated with an estrangement from the sense of existing as an incarnated or embodied subject, as well as parts of intimate subjective life becoming increasingly other. Patients from our study furthermore described in detail that this specific form of estrangement was associated with a sentiment of being in another "place" or in a different world, feeling fundamentally different from their peers (viz. *Anderssein*).[51]

1.1. Blankenburg and the loss of common sense in schizophrenia

To specify the alienation involved in schizophrenia, an important reference can be found in the works of Blankenburg. Blankenburg distinguishes alienation in schizophrenia from other forms of psychopathological alienation where reality loses its persuasiveness (*Überzeugungskraft*), becoming lifeless, insignificant, or even meaningless.[52] In schizophrenia, however, the alienation is more fundamental, involving a loss of "natural self-evidence" (*der natürlichen Selbstverständlichkeit*).[53] Blankenburg argues that the phenomenological notion of *epoché* is especially well suited for shedding light on this specific alienation.[54] Something like an involuntary or "pathological" *epoché* is at stake in schizophrenia, which means that the relation to the life-world is not simply put into brackets but is somehow "undermined" or destabilized (ibid.). As such, it is the axioms of the everyday world that are at stake in psychosis and not reality as such.

According to Blankenburg, what is lacking is not knowledge, but some basic certainty. He quotes a young patient illustrating this: "Everything, really everything is so questionable. I somehow don't understand anything at all… You can't just simply live… Just simply live your

[51] Ibid.
[52] Blankenburg (1979, p. 128).
[53] Blankenburg (1971).
[54] Blankenburg (1979, p. 129). The well-known Husserlian notion of *epoché* refers to a specific philosophical reflection where the everyday world is suspended or put in brackets so as to gain sight of it and the correlation between subjectivity and the world (Husserl 1960, p. 20ff). Importantly, this is not a suspension of reality itself but rather a suspension of the tacit and general theses of reality found in the everyday naïve attitude ("natural attitude") – such as the idea of reality as a totality of physical objects existing independently of consciousness. As Merleau-Ponty writes concerning this operation: "Reflection does not withdraw from the world toward the unity of consciousness as the foundation of the world; rather, it steps back in order to see transcendences spring forth and it loosens the intentional threads that connect us to the world in order to make them appear; it alone is conscious of the world because it reveals the world as strange and paradoxical" (Merleau-Ponty 2012, p. xxvii).

life just like that, it's not possible at all."[55] It is important to highlight the use of "simply" or "just like that" (*einfach*). The patient points to the obviousness or naturalness that we normally take for granted. What for most people goes unnoticed appears to have become troublesome in schizophrenia. The loss of this natural self-evidence concerns the background, relevance, and context of reality. This is why Blankenburg speaks of a "loss of common sense," which refers to a capacity to "take things in their right light."[56] Blankenburg refers to a patient complaining of not being able to tacitly understand the rules, questioning what it was that she felt to be lacking: "Although she attempts to copy others to follow the complex rules of social interaction, she cannot connect to them."[57] Blankenburg stresses that there is a "frequent being off key when it comes to the topic," although we see that "the logic remains intact."[58] Common sense is concerned with the "logic of the 'life-world'."[59] He alludes to Husserl's definition of this as a "source of self-evident, taken for granted assumptions."[60] Blankenburg stresses that patients are lacking something that is not paramount to any knowledge gained through reflection, but rather some form of basic certainty touching upon an immediate, pre-reflective grasp on shared reality. He writes, "What first emerges for many patients is a being unable to play along with the rules of the game of interpersonal behavior."[61] This can, according to Blankenburg, also be expressed in an overcompensation to these rules: "In the face of their experienced deficits, our patients assume a mask of seeming banality and disdain. Behind the mask they conceal how what is naturally obvious and self-evident for healthy persons has withdrawn from them and been denied them."[62] According to Blankenburg, the natural self-evident "everydayness of Being" is the foundation for both doubt and uncertainty, meaning that even when "healthy persons doubt radically" they remain within this "larger realm of self-evidence."[63]

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[55] Blankenburg (1979, p. 133; my translation).
[56] Blankenburg (2001, p. 305).
[57] Blankenburg (1971, p. 49).
[58] Blankenburg (2001, p. 306).
[59] Ibid.
[60] Husserl (1970, p. 124).
[61] Blankenburg (2001, p. 306).
[62] Blankenburg (ibid., p. 308). This is described by several clinicians under different terms. Notably, Helene Deutsch termed it "as if" personality, stressing the roleplaying aspect and exaggerated identification with others (Deutsch 1942). Patients mold themselves according to others, almost having chameleon-like abilities, resulting in feelings of inner emptiness and a "shadowy quality to the patient's personality" (ibid., p. 334). Binswanger (1956) spoke in a similar fashion about a characteristic "manneredness" (*Manieriertheit*) in schizophrenia. Manneredness is a behavior that appears strikingly artificial or contrived, as if the patient is thinking about how to act, rather than acting naturally. It is a solidification, repetition, or mirroring of conform rules (*Vorschriften oder Prinzipien des Man*) (Binswanger 1956, p. 190).
[63] Blankenburg (1971, p. 75).

However, the conception of lack of common sense or natural self-evidence renders the doubleness reported by patients difficult to understand since it only emphasizes the sense of detachment from common reality. Yet patients frequently report a simultaneous sense of the contrary, namely feeling too attached to common reality, being unable to distinguish between oneself and others, and a contamination of public significations in their most intimate sphere of subjectivity.[64] One could also ask: if patients with schizophrenia were simply lacking a pre-reflective contextual grasp of social rules, how do we then comprehend the distress and occupation involved with this "lack" on the part of the patient? Let us now turn to Merleau-Ponty and Heidegger to see if they can help us to overcome this problem.

2. MERLEAU-PONTY: PSYCHOSIS AS EXPRESSION OF AMBIGUITY

The question remains open, if psychosis cannot be understood as a simple loss of reality, how then can we characterize the transformation of the relation to reality that occurs in psychosis? I propose that we can characterize it as an experience of an intensification of a doubleness within reality, or "ambiguity," to use Merleau-Ponty's own term. This experience of doubleness is not to be mistaken for a redoubling *of* experience, that is, two distinct perceptions of two unrelated matters next to each other, which I will clarify in what follows.

Merleau-Ponty introduces hallucinatory experiences as part of the overall philosophical objective, namely, to introduce a new notion of perception in stark contrast to the ordinary and misled sense of the term deriving from, respectively, an empiricist or intellectualist approach – placing either sensing or judging as primary in relation to reality. To illustrate this hallucinatory experience with regard to the world, Merleau-Ponty quotes a patient who says: "I hear the bird, and I know that it is chirping, but that this is a bird and that it chirps are two things so far remove from each other… there is an abyss."[65] For the patient, the bird and the chirping dissolve into separate objects. According to Merleau-Ponty, this experience makes it evident that the disturbance does not concern "the information that one can draw out of perception, and it reveals a deeper life of consciousness beneath 'perception'."[66] We note here that "perception" is written with quotation marks, which signals that he is referring to a secondary or derived form of perception. The psychotic experience seems here to serve as pointing to the "beneath" of this kind of object oriented perception, that is, to what he describes

[64] Stephensen et al (forthcoming).
[65] Merleau-Ponty (2012, p. 334)
[66] Ibid.

as the elementary relation of "being-in-the-world" – a term borrowed from Heidegger.[67] As such, hallucinatory experience offers an unique way to gain sight of the fundamental world-relation because it carries us "back to the pre-logical foundations of our knowledge and confirms what we have just said about the thing and the world."[68] They do so because they disintegrate "the real before our eyes."[69] The primary encounter with the world is not first and foremost an encounter with singular objects placed in a physical space; rather, there is a flow of experiences imbued with their own spatiality. As Merleau-Ponty provocatively states, "I have no *perceptions*."[70] When we encounter something, let us say, the city of Paris, this is not something like encountering a "thousand-sided object or a collection of perceptions."[71] Rather, any explicit perception traveling through Paris is, in Merleau-Ponty's words, "cut out of the total being of Paris, and only serves to confirm a certain style or a certain sense of Paris."[72] This is why perception is not a matter of encountering objects whether by way of sensing or judging them. When we look at a familiar face, we do not look at an object with eyes, mouth, nose, etc.; what we first and foremost see is "its gaze and its expression."[73]

Reality is thus not something like a privileged manifestation that remains *behind* or *beneath* appearance. Rather, "it is the *framework* of relations to which all appearances will conform."[74] Differently put, reality is nothing other than the perceived world. Merleau-Ponty argues that sensing as well as judging or thinking are secondary to a more primary position where the perceiving subject finds itself inextricably linked with the perceived world – hence the hyphens used in the term "being-in-the-world." Without such an understanding, the phenomena of hallucinations cannot be accounted for, let alone understood.[75] This is the first crucial point we can stress with the help of Merleau-Ponty. R. D. Laing writes something along the same lines:

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[67] Heidegger's concept of being-in-the-world implies that subjectivity does not simply "have" a relation to the world but, on the contrary, is this very world-relation itself (Heidegger 1962, p. 53ff).
[68] Merleau-Ponty (2012, p. 391). This access to the fundamental world-relation provided in psychotic phenomena, may explain why the treatment of the phenomena can be found throughout his entire authorship – cf. *Prose of the World* (pp. 18–20), in his lectures for Collège de France (1954–55) "Institution and Passivity" (p. 170ff), and in the series *Cours de Sorbonne* from 1960 (pp. 134, 154). To my knowledge, the treatment of psychotic experience in the authorship of Merleau-Ponty has yet to be unfolded systematically.
[69] Merleau-Ponty (2012, p. 391).
[70] Ibid., p. 332.
[71] Ibid.
[72] Ibid., p. 333.
[73] Ibid.
[74] Ibid., p. 353 (emphasis added).
[75] Merleau-Ponty argues that hallucinations do not concern sensory content, since patients most often distinguish clearly between their hallucinations and other perceptions (2012, p. 391–92).

> [U]nless we realize that man does not exist without "his" world nor can his world exist without him, we are condemned to start our study of schizoid and schizophrenic people with a verbal and conceptual splitting that matches the split up of the totality of the schizoid being-in-the-world.[76]

Now, returning to the nature of the transformation of reality in psychosis, we can ask how it is more precisely characterized. In which way is it expressive of the fundamental encounter with the world? Are these experiences simply – as Laing suggests – a separation of subject and object that reveals their ordinary intertwinement? Merleau-Ponty does not always seem to be completely clear on this matter; however, I argue that we can set forward a more refined point by taking a closer look at the notions of certainty and ambiguity.

2.1. Different stage of reality: reversed ambiguity

Merleau-Ponty points to an apparent paradox within hallucinatory experience when he questions how a person can believe he is hearing voices when he does not actually *hear* them. This enigmatic feature of psychotic experience cannot be explained by conceiving of hallucinations as ordinary sensory or cognitive interpretations. Merleau-Ponty suggests a different path, namely, that patients do not hold their hallucinations in "objective being," that is, the social world, shared with others. As he puts it: "Hallucinations play out on a different stage than that of the perceived world; it is as if they are superimposed."[77] Perceptions are ordinarily organized in an intersubjective framework with a temporal and spatial dimension, which appear altered in hallucinations. Merleau-Ponty writes: "the hallucination slides across time, just as it slides across the world. The person who speaks to me in a dream has hardly opened his mouth before his thought is magically communicated to me."[78] He stresses in several places that hallucinations are "not part of the world" (*ne fait pas partie du monde*).[79] One way to understand this is due to their lack of accessibility, or, as he puts it: "there is no definite road that leads from this phenomenon to all the other experiences of the hallucinating subject, or to the experience of healthy subjects."[80] He gives an example of this with an allusion to a patient of Minkowski who is unbothered by the fact that no one else can hear the voices he is hearing:

[76] Laing (1960, p. 20).
[77] Merleau-Ponty (2012, p. 396).
[78] Ibid., p. 397.
[79] Ibid., p. 396.
[80] Ibid.

> I remember in this connection a hallucinated patient who, speaking of his voices, asked me, "You don't hear them, then?"; after receiving a negative response, he concluded, without the least surprise, "Then I am the only one who hears them."[81]

It is interesting that this patient shows no surprise that other people cannot hear the voices he is hearing, and even more strikingly, it does not make him question the voices in the least. Minkowski mentions that the patient's hallucinations seem to take place in a "*desocialized* world."[82] In other words, the patient seems to operate with a kind of evidence, from which the other is cut off. It should be mentioned that this example from Minkowski is prototypical and familiar to clinicians working with psychosis.

We can ask why hallucinations and other psychotic phenomena have such a comprehensive conviction on the subject if they are not imbued with so-called "objective" or intersubjective truth. Does the evidence merely stem from the authority of the first-person perspective? To exemplify such a first-person authority, we could use a quite common example: If I suffered from a headache, no "empirical" proof (like a CT scan) would convince me that I was not in fact experiencing this pain. However, psychotic evidence seems to distinguish itself in yet another aspect. I suggest that we can understand this aspect as an expression of ambiguity involving a sort of reversal of the interplay between certainty and doubt. Differently put, when certainty and doubt change places, we seem to be in the domain of psychosis. Merleau-Ponty puts ambiguity at the heart of reality:

> [T]here is no choice between the incompleteness of the world and its existence, between the engagement and the ubiquity of consciousness, or between transcendence and immanence, since each of these terms, when it is affirmed by itself, makes its contradiction appear.[83]

When Merleau-Ponty in later works presents his notions of "chiasm," or "flesh" (*chair*), it is precisely to stress a fundamental intertwinement of opposites without resolving or rejecting neither.[84] He stresses that ambiguity is not expressive of an "imperfection of consciousness or

[81] Minkowski (1970b, p. 421).
[82] Ibid.
[83] Merleau-Ponty (2012, p. 389).
[84] Cf. Merleau-Ponty (1968).

of existence," but on the contrary is "their very definition."[85] What does it mean that the world is incomplete? The world and objects always appear as "open," which means that they "send us beyond their determinate manifestations, and to promise us always 'something more to see'."[86]

In other words, the world is real precisely because it is always different from what I thought. The world is something I am open to and with which I communicate, while I can never possess it since it is "inexhaustible."[87] The perceived, familiar world is always a world shared with others, permeated with the interlocking of a multitude of perspectives. These perspectives imbue the world with a sense of certainty as well as incompletion. It surprises and disappoints me, and the manifold, ambiguous, ever-changing significations escape my control. Doubt is therefore intrinsic to reality. The world is real exactly because I belong to it, and at the same time, I share it with others. In other words, the fundamental relation to the world implies a dynamic relation to alterity or otherness – otherness in the sense of doubt, insecurity, and the possibility to be mistaken. This dynamic relation to alterity is what makes things appear the way they do. In psychosis, what is at stake appears to be a transformation of this relation to otherness.

Lacan, who appears to have been at some point influenced by Merleau-Ponty's analysis of hallucinations,[88] captures this importance of certainty and meaning in psychosis quite precisely:

> Reality isn't at issue for him [i.e., the psychotic subject], certainty is. Even when he expresses himself along the lines of saying that what he experiences is not of the order of reality, this does not affect his certainty that it concerns him. The certainty is radical. The very nature of what he is certain of can quite easily remain completely ambiguous, covering the entire range from malevolence to benevolence. But it means something unshakable for him.[89]

It is important to stress this unshakable meaning. Psychosis does not concern reality in the sense of *objective* or *external* reality, but rather appears to involve a transformation of *meaning*. Instead of involving a sense of meaninglessness, a new type of meaning arises. Individuals in

[85] Merleau-Ponty (2012, p. 389).
[86] Ibid., p. 390.
[87] Ibid., p. 17.
[88] See, for example, Bernet (1992); Vanheule (2011).
[89] Lacan (1993, p. 75).

the debuting stage of psychosis often express a transformation of the very meaning *of* appearance, being, language, etc. – thus, the ontological domain. As one of our research participants reported:

> I remember looking at exactly that specific spot [a spot on the wall while riding in a bus]. It was not like anything *happened*… it was not like I hallucinated in any way. I just remember the deep, intense feeling of there being something behind the spot, but I just couldn't see it […] It was like my eyes or mind were searching for something not possible to find.

Now that it is established with Merleau-Ponty that ambiguity lies at the heart of our experience of the world it is important that we avoid the idea that, since psychosis appears neither to be interwoven into the intersubjective world, nor to be a purely private fantasy because it has some reality status that transcends the feeling of privacy, it produces a double world, like a world beyond the world, or a double perception. Rather, psychosis is an expression of the doubleness of perception itself, we can further specify this motif and the transformation of world experience in schizophrenia through Heidegger's notion of uncanniness and everydayness.

3. HEIDEGGER: ALIENATION AS CONSTITUTIVE

Now, the question is, if psychotic experience expresses some type of doubleness or alienation already constitutive of subjectivity, how then is it possible to understand the distinctive alienation at play in schizophrenia?

I argue that even when psychotic experiences seem to concern another world, they are still related to the world, which is exactly what makes the experience *split*. I propose that it is possible to illustrate this paradoxical "split" using an equally paradoxical schema: the opposite of an alienated self is not some authentic or non-alienated self, immersed in a familiar world, but rather singularization in which one is faced with uncanniness, which will be unfolded in the below.[90] We find this motif in Heidegger where alienation plays a key role as constitutive of the very structure of subjectivity – viz. being-in-the-world – albeit most often not conceptualized with this term.

[90] A somewhat similar idea of the "alienation-separation" scheme is presented by Verhaeghe (2019) – although in a Lacanian framework.

Several philosophical and social theories have pointed to the fact that we are somehow alienated without even being aware of it.[91] This leaves us with the problematic implication that there "behind" this alienation (deriving from external sources) can be found a "true" or non-alienated subject.[92] To counter this implication, I will, through a reading of Heidegger, shed light on how alienation can be said to be a structurally constitutive feature of subjectivity rather than something that would hamper or cover over some supposedly non-alienated subject or self. This alienation, however, can be difficult to gain sight of since it is an ontological feature of which we are mostly unaware. As already noted above, Heidegger puts a strong emphasis on the world-related nature of subjectivity. In fact, we find ourselves first and foremost engaged with the world and always already affected by it. Paradoxically, however, this engagement is at the same time the source of our self-alienation.

To capture this contradictory movement, we can take a brief look at Heidegger's curious term "Ruinance" (*Ruinanz*) presented in his 1921-1922 lecture series on Aristotle – a predecessor to his better-known term "fallenness" (*Verfallenheit*), introduced only one year later. The choice for this peculiar term is its origin in the Latin *ruina*, which means something like collapse, destruction, or fall (*Sturz*).[93] Heidegger remarks that subjectivity[94] "falls" toward the world in a constant movement. Even in its own counter-movements, it is bound up with that toward which it moves, namely, the world.[95] Importantly, this falling movement does not "see" itself and as such covers up its own "distance."[96] As Ruin puts it: "In its spontaneous ongoing movement, as a continuous absorption in its daily concerns, life does not 'see' itself. Ruinance is there, but 'repressed'."[97] The paradoxical point can be summed up as the following: life seems to become distanced or alienated from itself exactly by not recognizing its distance from itself. Perhaps more precisely, we are alienated from ourselves by not

[91] The idea of alienation as a constitutive of the modern individual stretches back to Rousseau, where it is viewed as some type of sickness of civilization *par excellence*. The main idea is that the social world alienates individuals from their own, authentic needs. In her thorough treatment of the notion of alienation (*Entfremdung*), Rahel Jaeggi (2016) argues that with Hegel, we witnessed a transformation of this dichotomy into a different kind of alienation or fragmentation of modern consciousness. As Jaeggi puts it, Hegel locates the problem in "the coming apart of the 'universal' and 'particular,'" that is, "in the *cleavage* between individual and society rather than in the individual's loss of self *through* society" (ibid., p. 8). According to Jaeggi, a condition for being alienated is that you are in some way related to what you are alienated from.

[92] It goes beyond the scope of the paper to present the different critiques of this idea (cf. Jaeggi 2016).

[93] Cf. Ruin (2012).

[94] For the sake of alignment, I keep using the notion of subjectivity throughout this paper. However, it is important to mention that Heidegger deliberately chose different terms like "the factical life" (*das faktische Leben*) and later "*Dasein*." He did this to avoid substantialist or essentialist connotations implied by classical notions such as human, subject, and the like.

[95] Heidegger (1985, p. 131).

[96] Ibid., pp. 102–5.

[97] Ruin (2012, p. 22).

recognizing our own being as a perpetual movement of relating, involving something like an intrinsic division or transcendence.

Yet, this contradictory movement of existence is self-concealing wherefore it is the task of phenomenology to gain sight of it – as famously stated in *Being and Time* from 1927.[98] The idea is that we always already find ourselves entangled with or immersed in a familiar and meaningful world absorbed in daily life activity, and this entanglement conceals something essential about our own being from us. We could speak about an *enigma of everydayness*.[99] The way the everyday shows itself at the same time conceals it.[100] In the shown there is always something that does not show itself. According to Heidegger, it is this movement of unreflective or inattentive absorption in daily life activity that philosophy had tended to overlook. Crucially, Heidegger considers "falling" as an *ontological concept of motion* (*ontologischer Bewegungsbegriff*) and not as a "corruption of human Nature."[101] This indicates both the structural feature of "fallenness" as well as the fundamental dynamic aspect of this notion as movement. There is no final destination outside of this movement, and neither is there a beginning point from which one has fallen; we are always already fallen.

An important aspect of this fallenness of the everyday is its social character – it is perhaps here that we most clearly see the constitutive alienation involved in the structure of (inter)subjectivity.[102] This social character is especially developed in the analysis of "the they" (*das Man*).[103] The anonymity implied by the German term *Man* is not preserved as clearly in the English translation "they." It is important to stress that "the they" does not refer to a specific group or a sum of individuals with which the subject can relate, identify, or not identify. Rather, it is an ontological structure (*existentiale*) of everydayness and the everyday mode of subjectivity.[104] This means that social practices, dispositions, or expressions such as language, traditions, aesthetic inclinations, habits, and tacit rules of interpersonal interaction are for the most part unattentively taken over by the subject as something one grows or slips into. Crucially, this defines the framework for one's own way of being, perceiving, and understanding – that it becomes an intrinsic part of a practical orientation that conditions our

[98] Heidegger (1962, p. 27ff).
[99] Cf. Dahl (2023).
[100] Heidegger (1962, p. 35ff).
[101] Ibid., p. 179. It should be noted that Heidegger's treatment of the matter is not without ambiguities. In several places fallenness is described rather negatively, e.g., as a tranquillizing "self-assurance" characterized by averageness and indifference (ibid., p. 170).
[102] Ibid., p. 175.
[103] The English translation of *das Man* gives the term a more enigmatic coloring than in German, where it is used in everyday language as an anonymous way of speaking about yourself, everyone, or no one in particular.
[104] Ibid., p. 123.

familiarity with the world. This means that these general significations, roles, and customs are enacted as if they were my *own*. They are not external to me, but on the contrary define my very own being: "This everyday way in which things have been interpreted is one into which Dasein has grown in the first instance, with never a possibility of extrication."[105] Everydayness is not possible to cast off since it defines my own "myself." "The they" outlines the attunement (*Befindlichkeit*) for what and how one "sees" and the possibilities for how one can be affected by the world.[106] As such, "the they" outlines the framework for how we take pleasure, judge, read, relax, work, and so forth. Even when we take a step back from the social world, we do this as *they* would do.[107] Social conducts and general or public significations influence and permeate the most basic and intimate understanding of oneself, the world, and others. In other words, nothing escapes the influence from the social world – not even critical counter-positions or deep solitude.

3.1. Singularization and uncanniness

Now, it is important to stress, that although we cannot escape from our attachment to the social everyday reality (the constitutive alienation), we cannot be reduced to a mere "the they" either. The question therefore is, how is it even possible to find oneself in the midst of social influence, or differently put, how do we become individuated? Heidegger writes that "Dasein has in each case mineness [*Jemeinigkeit*]."[108] This seems to be the escape from a world as totality. Differently put, the alienation is never exhaustive or completed. This is most clearly manifested in the concept of anxiety, capturing an irreducible exposure to a fundamental "not being-at-homeness" (*Unheimlichkeit*) and thus singularity of subjectivity: "In anxiety one feels 'uncanny' [*unheimlich*]."[109] Anxiety brings subjectivity "back from its absorption in the 'world'" (ibid). In contrast to the characteristic of the basic condition of subjectivity as always already being immersed in a familiar world, lost in the everyday publicness of "the they," Heidegger now describes a specific breakdown of this everyday familiarity. In fact, this breakdown is not just a negation of the familiar everydayness implying a "'being-at-home', with all its obviousness [*das selbstverständliche "Zuhause-sein"*]," but rather, this being-at-

[105] Ibid., p. 169.
[106] Ibid., pp. 134ff.
[107] Ibid., p. 126.
[108] Ibid., p. 42.
[109] Ibid., p. 188. The English translation of *Unheimlichkeit* as "uncanniness" apprehends of the strangeness, foreignness or eeriness implied by the term, however, it loses sight of a key element, namely of "heim" (home). Heidegger writes that 'uncanniness' (*unheimlichkei*t) means "not-being-at-home" (*das Nicht-zuhause-sein*) (Ibid., p. 188). We could therefore also translate it more literally as "unhomeliness" or as a "not-being-at-homeness."

homeness is always already haunted by a non-being-at-home.[110] Uncanniness is there as a constant threat, although not "explicitly."[111] Heidegger even conceives the 'not-at-home' as more primordial – meaning that it is not just a passing emotion or reaction, but rather something that makes the familiar and ordinary possible. The falling movement is understood as a "fleeing", but it is not fleeing *in the face of* any specific entity within the world, which is exactly what it flees towards, and which makes it dwell in "tranquillized familiarity."[112] On the contrary, we flee in the face of an (originary) uncanniness which is a structure of subjectivity or being-in-the-world. Heidegger does not explicitly explain why the 'not-at-home' is more primordial. However, one way to understand it, is, that we are underway and can only ever come to feel at home through leaving our home so to speak and this is not some arbitrary detour. Uncanniness opens a *possibility* of taking upon oneself one's ownness:

> Uncanniness is the basic kind of Being-in-the-world, even though in an everyday way it has been covered up. Out of the depths of this kind of Being, Dasein itself, as conscience, calls. The 'it calls me' [*es ruft mich*] is a distinctive kind of discourse for Dasein. The call whose mood has been attuned by anxiety is what makes it possible first and foremost for Dasein to project itself upon its ownmost *potentiality-for-Being*.[113]

Anxiety "individualizes" or "singularizes" subjectivity by bringing it before its falling movement and before itself as a primordial disclosedness (*Erschlossenheit*), that is, an openness in the terms of not-closedness and movement toward the world.[114] Here, the possibilities of being oneself and of not being oneself are revealed. This means that the singularization does not bring human existence in front of itself as a completely isolated subject – since there is no "non-alienated" or "authentic" self to return to. Rather, we are confronted with our own perpetual and paradoxical movement: "Dasein always understands itself in terms of its existence – in terms of a possibility of itself: to be itself or not itself."[115] We exist between

[110] Ibid., p. 189.
[111] Ibid.
[112] Ibid.
[113] Ibid., p. 277.
[114] Ibid., p. 190-1. As Michaelsen argues, the translation of the German term *Vereinzelung* is not without problems (2021a, p. 82ff). Drawing on Derrida, she argues for translating the term as "singularization" rather than "individuation" because, as she writes, "rather than alluding to a delimited and indivisible entity, the notion of 'singularity' alludes to a limit point at which our calculations and measurements are stymied because certain quantities become infinite" (ibid.).
[115] Heidegger (1962, p. 12).

the span of these two *possibilities* for self-understanding: singularization or alienation. As such, there lies a concealed unhomeliness at the (un)ground of our existence. Differently put, our repetition of or identification with social customs or significations – that provides us with stability and familiarity – are ungrounded in the sense that they are not naturally given. An illustrative image of this is the effect occurring when repeating a familiar word like "sky" or "doctor" numerous times, whereby the otherwise familiar words begin to sound strange or absurd. To summarize, reality is not simply a naturally given ground but involves some sort of fictional or constructed elements. Nonetheless, for the most part we engage and interact with the world *as if* there were a stable ground, *as if* the world was simply given as familiar and self-evident, forgetting our own constitutive nature as being-in-the-world. Subjectivity is only itself when it is outside itself. The unhomeliness pertains to what is most familiar, close, and intimate to subjectivity and simultaneously, as Michaelsen puts it, "also what is most strange and inaccessibly distant to it, wherefore the human being can come to be at home only in the most uncanny of ways."[116] With this in mind, let us take a final look at experiences of alienation in schizophrenia.

4. PSYCHOSIS AS REDOUBLING OF ALIENATION

Finally, we can ask: If a certain form of alienation lies at the heart of reality, how it is then possible to understand the profound alienating experiences as found in schizophrenia? As mentioned, patients frequently describe feeling fundamentally different or alien and a sense of estrangement or detachment from the social world. Through the Heideggerian perspective, we can now precise this alienation without relying on a simple opposition between an authentic self on the one hand, and an alienated, inauthentic self on the other. I propose to understand the alienation characteristic of psychosis as a certain *redoubling of the alienation* from the shared world. Patients appear to be alienated from the tacit and ordinary alienation; that is, they feel alienated from the alienating aspects of everydayness that for the most part go unnoticed by other people. As one of the participants from our study put it, social laws felt forced upon him, and his singularity felt threatened. Another participant questioned how it was possible to form authentic relations when the social rules are already "written"? As such, they point to alienating dynamics always already at play in institutional, intersubjective reality, but which seem to go unnoticed in everyday interaction. As a participant vividly said:

[116] Michaelsen (2021a, p. 208).

> I'm currently very occupied with a notion I call "collectively accepted rules" such as "Nature is beautiful." Something we sort of collectively decided as truths. A sunset is, by definition, interesting to look at. But it is just not like that for me. If you mention that to other people, they think you are weird because there are so many collectively accepted rules we never question.

This results in a sharp division between feeling like a perpetual outsider on the one hand, and feeling alienated or excluded from something that is artificial and alienating on the other hand.

Returning to Blankenburg's "mask of the banal," we can ask what we would find underneath such a mask. Most people are aware that we somehow are playing roles in public, e.g., that the ways we act in public are not coinciding entirely with the ways we act when alone. However, we may do so authentically inauthentic, so to speak. As Jaeggi argued, what is alienating is not the fact that we play a role *per se*, but not being able to articulate oneself in that role.[117] These role-playing or fictional elements *per se* are exactly what is troublesome in schizophrenia, and patients frequently complain that they themselves feel as if they are playing a role or that everyone else is doing so. One of the research participants articulated it as following:

> I feel that all my life is a role that I am playing, and simultaneously, when I play an actual role in a role-playing game, for example, then I cannot get out of that role again because it becomes so real to me. When I listen to jazz, I cannot distinguish between what is me and what is the music. I felt the same way when I read a book recently and I couldn't tell the difference between me and the main character […] I really struggle to differentiate between myself and what derives from the outside.

In this vignette it is evident that the problem does not concern any specific pre-scripted role or expected ways to behave, but the nature of the constitution of (inter)subjectivity itself. The question does not seem to be between alienation on the one side and shared familiarity on the other, but rather between alienation (being a copy, playing roles) on the one side and radical singularity on the other. As we saw with Heidegger, these are two moments in a constant dynamic, meaning they are *possibilities*, but not possibilities one can simply become, have, or possess like a quality. We therefore exist *between* these possibilities, meaning that subjectivity

[117] Jaeggi (2016, p. 18).

is never wholly authentic or inauthentic, singular or alienated, but rather always exists as split or divided in the between these possibilities.

In schizophrenia, patients seem to be divided by the division itself; a division that cannot in fact be divided or split. This conditions the suffering from some form of dividing division not possible to separate. An illustrative example can be found in the works of Artaud, who diagnoses his own disease to consist of "a split within his mind."[118] Artaud struggles with the fact that "language" and "flesh," thought and life, are at once indistinguishable and separate, or as Sontag stresses, "The difficulties that Artaud laments persist because he is thinking about the unthinkable."[119] Importantly, as Derrida emphasizes in "*La parole soufflée*,"[120] one must be careful not to fall into the trap of reading Artaud "as yet another poetic victim," witnessing a separation of thought from life, as Michaelsen puts it.[121]

Thus, schizophrenia patients do not simply suffer from a "separation" of thought–life, self–other, or inner–outer. Rather, patients seem to be caught in between, in a freezing of a dynamic movement between two contradictory possibilities. This is vividly illustrated in the following vignette from a patient suffering from schizophrenia:

> [T]here is a world inside which is *me* or my own private sphere, and then there is a world outside which I experience with my body, so there is a *me* and a *not-me*. Or a subject-object barrier. That barrier has melted down for me. So… for instance, my eyes no longer feel as windows that I look out through, but more like holes, and then everything just flows… in and out […] There is no clear line between what is subject and object. Sometimes it feels as if I don't even have a head. So, instead of my consciousness being something inside me, encapsulated, it more feels like a room or space where things just move in and out. I sometimes feel that I am the space outside myself. That I identify myself with everything.[122]

The concept pair of self–other are mixed together in a specific and complicated way in schizophrenia, which calls into question the very border between them. Many participants from our study expressed an insurmountable paradox or gap between feeling fundamentally detached or disconnected from the world and others and at the same feeling too open or lacking

[118] Sontag (1996, p. 39).
[119] Ibid., p. 24.
[120] Derrida (1981).
[121] Michaelsen (2021a, p. 65).
[122] Sandsten et al. (2022, p. 275).

boundaries between their innermost embodied subjective life and other people. As such, they seem to question the very frame for intersubjective reality. We can say that reality is "framed," as Michaelsen argues, which does not, however, make it a mere construction.[123] When the borders are disturbed, such as in schizophrenia, reality is exposed in its "porosity" – the borders "are not uncontaminated by that against which they are bordered up, that is, 'the outside'."[124]

The crucial nuance we can add with Heidegger is the "as if." That is, we live in the world *as if* it were familiar and naturally self-evident, *as if* there were a stable and unquestionable ground for our actions and interactions. One participant in our study stated:

> It is as if other people simply live, but there does not seem to be any system for it, and they do not really ask what they live for, or have any ambitions, or a goal to pursue. Or is there a code or ethic they live by? There is a lot of insecurity that it seems like people cannot even place.

This participant also stated that he did not conceive it a goal to obtain a job or a house since these things are material and not a "ground" for existing. It is the hidden unhomeliness of the familiar everydayness that makes it possible for it to appear artificial, and it is this artificiality that becomes involuntarily disturbing in psychosis. The redoubling of alienation signifies an alienation from the ordinary alienation, yet without implying that one, in contrast, stands within a familiar or authentic place, but rather in an isolated place feeling responsible as a sole creator of a closed universe.

CONCLUDING REMARKS

In this paper I argued against a simple juxtaposition of psychosis and reality as such an account loses sight of the very core of the phenomenon. In schizophrenia, we are not simply faced with an alienation from an otherwise familiar reality. It is not just a matter of lacking or missing a pre-reflective, contextual grasp of reality. What characterizes the alienated relation to reality in schizophrenia does not rely on a clear-cut opposition between a non-alienated subject on the one hand and an alienated on the other. With Heidegger, we can say that there is no opposition to overcome, rather this very doubleness or opposition is constitutive for the paradoxical nature of subjectivity. A deficit-model of psychosis overlooks this doubleness specific of the

[123] Michaelsen (2021b).
[124] Ibid., p. 75.

alienating experiences found in schizophrenia. Rather than seeing a delusional reality as opposed to a commonsense reality, we see in schizophrenia an alternation of the dynamic relation to otherness or ambiguity. Psychosis expresses an *alienation* from the alienating aspects of the everyday world involving a freezing of the dynamic interplay of being at home and not being at home. It is important to stress that such an account does not consider psychotic subjects to be *less* alienated than in an ordinary form of alienation. One could say, that in psychosis one suffers from the paradoxical nature of subjectivity common to all.

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9. DISCUSSION, IMPLICATIONS, AND FUTURE DIRECTIONS

As each of the four papers contains discussion, including contextualization to other significant research in the field, and most papers also comprise implications and limitations – this chapter will merely elaborate on a few of the points of discussion and implications and furthermore mention potential avenues for future research.

9.1. IS DOUBLE BOOKKEEPING AN ADEQUATE NOTION?

As already mentioned, double bookkeeping is a tricky notion that risks being misleading if we conceive of it in the Bleulerian sense as referring to a *true* reality and then a *false* (psychotic) reality. Bleuler already indicated that psychotic experience should be seen as a *different* kind of reality, although he did not elaborate further on this. Notions such as "double orientation," or "double registration," which Bleuler also used to describe the same kind of experience, may be more neutral (as to the question of true and false), yet seems to lack connotations to the idea of a *hidden* aspect of reality, which is essential to understanding the experience.

The PhD thesis proposes to understand double bookkeeping as a more comprehensive phenomenon that is expressive of an alteration of the structure of (inter)subjectivity pertaining to a rupture within reality, which leaves a trace of specificity on a range of different clinical manifestations. One could perhaps ask if broadening the concept of double bookkeeping risks rendering it difficult to use in a clinical setting. However, I argue that it on the contrary is problematic to limit the notion to the cases where patients do not act in accordance with their delusional conviction. Clinicians may dismiss the notion of double bookkeeping because patients *do* in fact sometimes act on their delusions, especially in acute phases of psychosis where the two "worlds" collide as we have seen.

9.2. A CRITICAL PERSPECTIVE ON THE NOTION OF ILLNESS

As we have already seen in light of double bookkeeping, the idea of poor insight into illness in schizophrenia seems inadequate. It is important to be aware that what may look like poor insight may in fact reflect double bookkeeping, that is, symptoms of psychosis are experienced as insights into a different kind of truth rather than illness akin to somatic illness.

As we argued, this also concerns the undefined account of illness tacitly at play in current psychiatry. The medical definition of illness entails an experiential distance between

the person and their symptoms. In the case of schizophrenia, the patients do not experience such a distance because psychotic phenomena pertain to the *way* they are in the world.

The results from the study on double bookkeeping testified to this idea. As mentioned, most patients from the study did not see their psychotic experiences as signs of illness, but rather as a habitual part of their manner of being-in-the-world.[125] It calls for a discussion of the nuances of the conception of illness and the related discussion of what should be the focus and aim for treatment, which often concentrates on eliminating psychotic symptoms. However, as one of our research participants stated – despite suffering from multiple psychosis symptoms, causing great distress – "If my symptoms could be treated and disappear, I think I would still say no. Because I don't know what person I would then become."

The standard sense of the term illness implies a state of health or normality behind or before the illness, which can often be nonsensical on the part of the patient.[126] This problematic distinction is vividly illustrated in the following, lengthy quote from a first-personal account of living with schizophrenia:

> I'm still trying to figure out […] whether there exists a normal version of myself beneath the disorder, in the way a person with cancer is a healthy person first and foremost. In the language of cancer, people describe a thing that 'invades' them so that they can then 'battle' the cancer. No one ever says that a person *is* cancer, or that they have *become* cancer, but they do say that a person is manic-depressive or schizophrenic […] In my peer education courses I was taught to say that I am a person with schizoaffective disorder. 'Person-first-language' suggests that there is a person in there somewhere without the delusions and the rambling and the catatonia. But what if there isn't? What happens if I see my disordered mind as a fundamental part of who I am? It has, in fact, shaped the way I experience life. […] [T]his I why I use the word 'schizophrenic,' although many mental health advocates don't. […] There might be something comforting about the notion that there is, deep down, an impeccable self without disorder, and that if I try hard enough, I can reach that unblemished self. But there may be no impeccable self to reach, and if I continue to struggle toward one, I might go mad in the pursuit. (Wang 2019, pp. 70-71)

An approach to schizophrenia as a simple lack of contact to reality overlooks the ontological transformation of existence and imposes an inadequate dichotomy between health and

[125] Furthermore, this pertains to the debate of whether psychosis should be conceived as an event that is triggered or something that emerges (e.g., Trichet 2011; Vanheule 2011).
[126] See Canguilhem (1991) who critically discusses the dichotomy of healthy, normal, and pathological.

pathology on the patient. With Bovet's words, one could perhaps speak of psychosis as an "illness of existence" (Bovet 2010). That is, patients are confronted with the fundamental enigmas of human existence concerning their identity and place in the world and society. Questions of existence are not something one can simply solve once and for all since there are no correct, objective solutions.

9.3. NEW PATHWAYS FOR PSYCHOTHERAPY

The focus on existential and ontological transformations of (inter)subjectivity has important implications for treatment. In the investigation of *Anderssein*, it became clear that one of the sources of suffering for the patients pertains to the difficulty of articulating a subjective position in relation to others as such. This difficulty is often accompanied by a sense of being invaded by social laws, worldviews, an unspecific other, or the like. Patients point to alienating elements always already at play in institutional, intersubjective reality, which has important therapeutical implications. Corin (2002) points to an important yet often overlooked aspect concerning treatment of schizophrenia. She argues that without a discussion of the implied norms for what it means to lead a meaningful life that is tacitly at play in the notion of recovery, there is a serious risk that we enact these norms implicitly when evaluating if someone is recovered. For example, she identifies "prevalent psychosocial rehabilitation strategies," as endorsing "dominant cultural values of efficacy, instrumentality, and autonomy" (Corin 1992, p. 277). She argues that we should take seriously the critical insights of the patients and integrate them into psychotherapeutic treatment (ibid.). As Corin writes, "this would better sustain the patients' attempt to find a place within a real world whose contradictions they perceive, rather than purporting to reintegrate them within an ideal society that they will hardly find around them" (ibid.). Instead, she proposes an approach that focuses on meanings and strategies that may already be created by the patients themselves regarding the difficulties they confront.

In continuation of this, it is worth mentioning that many of our research participants mentioned different kinds of strategies vis-à-vis double bookkeeping. One participant, for example, described that she managed to keep her psychotic universe – consisting of both severe hallucinatory and delusional experience – separate from her daily life tasks and demanding job because they only took place in her bedroom:

> Case 15: "There were three creatures living in my bedroom and I could see smoke coming from under my nails… There were a kind of portal. I could see a highway inside my bedroom, it could just as well be in an office in Tokyo, because the physical laws were annulled in the bedroom […] Because it was in my bedroom all these things happened, I could sort of close the door to the apartment and go out and perform in the world."

As mentioned with respect to the implications of double bookkeeping for psychotherapy, it is critical to support the patient negotiate a balance between the two realities (see also Škodlar and Henriksen 2019). For example, it is important to assist the patient in avoiding the exacerbations where the psychotic world overwhelms the patient and converts into a source of severe suffering. A promising avenue for future research would involve exploring how double bookkeeping may have implications for psychotherapy in more empirical and psychodynamic details.

Finally, an important area that emerged in the interviews was the difficulty of communicating psychosis. Many patients spontaneously mentioned that they had rarely shared their psychotic experiences with others (if ever). They only disclosed their psychotic experience many years after its emergence. Yet, most patients mentioned after the interviews that it alleviated them to speak about these experiences and that the reasons for not disclosing them mostly pertained to the fact that it seemed nearly impossible to express in common (ontic) language. As Humpston stated, "these experiences are quite literally beyond what human language can accommodate" (2022, p. 7). A potential direction for future research would involve investigating these difficulties pertaining to the nature of the relation between experience and language in much more qualitative and conceptual detail.[127]

[127] For this purpose, both phenomenology and psychoanalysis could bring important perspectives (cf. Legrand and Trigg 2017).

10. CONCLUSION

The present PhD thesis attempts to provide a novel account of double bookkeeping unfolding how it is experienced from the subjective perspective of patients suffering from schizophrenia and furthermore aims to conceptualize the shared phenomenological pattern of these experiences.

In sum, the thesis argues that double bookkeeping is not simply a matter of holding contradictory beliefs, but rather reflects a structural alteration of the global relation to reality. From a phenomenological perspective, the two different realities in double bookkeeping can exist side by side without conflicting because the evidence pertaining to psychosis is not rooted in the evidence of the everyday world, shared with others. In other words, the two realities are not simply dissimilar but cannot be judged by the same standards. The thesis proposes to grasp double bookkeeping as a comprehensive phenomenon pertaining the core of the mode and onset of psychosis and the clinical core *Gestalt* of schizophrenia.

The thesis is built around four papers. In the first paper we argued that double bookkeeping plays across a variety of psychotic symptoms and is furthermore at stake in pre-onset phases as well as schizotypal disorder (i.e., a non or pre-psychotic part of the schizophrenia spectrum). We identified the shared phenomenological pattern as an instability in the affective articulation of subjectivity. This is expressive of a *Gestalt* leaving a trace of specificity on diverse and heterogenous clinical manifestations such as delusions, hallucinations, insight into illness, and *Anderssein*. More precisely, there is a specific form of alterity within the intimacy of subjectivity at stake in schizophrenia involving a sense of a breakthrough to another ontological dimension. This ontological structure pertains to the core of double bookkeeping as well as the mode and onset of psychosis.

The second paper presented the empirical-phenomenological study addressing double bookkeeping. Most importantly, research participants described an experience of being in contact with another incommensurable dimension of reality considered as being more profound or true. Psychotic experience such as hallucinations and delusions concerned this different reality, which the patients most often kept separated from the shared everyday reality. Many of the participants mentioned spontaneously during the interviews that the psychotic experiences were nearly impossible to express in common language because they felt radically different from ordinary experience. None of the patients considered their condition as an illness analogous to somatic disorders.

Most of the participants described an elusive sense of doubleness as preceding the development of a more explicit sense of existing in two different realities. This emergence of doubleness was associated with a profound alienation from oneself, the world, and other people stretching back to childhood or early adolescence. Furthermore, this sense of doubleness was most often described as being persistent across remissions.

We argued that psychosis moves beyond the question of reality, that is, it does not make sense for patients to speak of their psychotic experience in terms of being true or false by empirical (ontic) standards. The domain of psychosis transcends the sensory and shared reality and as such it does not seem to be integrated or interwoven with ordinary reality.

Through the phenomenon of *Anderssein*, the third paper looked specifically into the emergence and development of double bookkeeping preceding outspoken experiences of existing in two disjointed realities. The most important results were that most of the participants reported to have felt profoundly and almost ineffably different since childhood. This was often articulated as a sense of existing outside or in a different place than the intersubjective reality, whereof the latter appeared increasingly artificial or unreal. Simultaneously, patients experienced their intimate, subjective sphere as penetrated by an external otherness. Crucially, this sense of existing outside the world should be understood carefully as it was often associated with a feeling of being inescapably influenced or invaded by this social world.

The concept of *Anderssein* captures that the profound feeling of difference does not appear to be embedded in the mundane (ontic) world but is rather reflecting an alteration of the existential position of the subject in its relation to other people appearing early in life. It is the *being* of the patients that feels detached from common reality, which appears to be associated with a sense of access to another ontological level of reality.

We argue that the emerging psychosis is a gradual extension and development of these preceding alterations of existential and intersubjective dispositions. We propose that the ontological feature of *Anderssein* can be comprehended as an alteration of "being in-between" – that is, a freezing of the dynamic movement between particularity and intersubjectivity.

The fourth paper dealt with philosophical and conceptual issues that emerged from these investigations. Specifically, if psychosis pertains to another ontological dimension and is as such not interwoven with the fabric of the intersubjective reality, does such an approach then rely on the simple juxtaposition that the thesis set out to criticize? Namely, the very position of opposing the delusional and ordinary reality?

Through engagement with the philosophy of Merleau-Ponty, I argued that double bookkeeping can be conceived as expressive of an alteration of the structure of

(inter)subjectivity pertaining to *ambiguity* – that is, a redoubling of a tension already involved in reality. Furthermore, with Heidegger I took a critical look at the idea of alienation in schizophrenia. I argued that patients with schizophrenia are not merely faced with an alienation from an otherwise self-evident and familiar world. It is not just a matter of lacking *common sense* as it is it suggested in phenomenological psychopathology. Rather, what characterizes the alienated relation to reality in schizophrenia does not rely on a clear-cut opposition between a non-alienated entanglement with a familiar world and an alienated, isolated, and detached position. The alienation rather relies on an opposition between alienation and singularization, which makes possible the feeling of being *split*. With Heidegger, we can say that there is no opposition to overcome, but on the contrary, this very contradiction is constitutive for the paradoxical nature of subjectivity.

We can now conclude by repeating the question we began with through the opposition of Descartes and Hegel, namely, how is madness to be positioned in relation to reality or subjectivity? Is psychosis something outside thinking and subjectivity that invades subjectivity like a foreign body? Or is it, on the other hand, expressive of the very contradictory nature of (inter)subjectivity itself? The thesis argues that we should comprehend psychosis as expressive of a structural transformation of (inter)subjectivity pertaining to a freezing of the dynamic interplay of the familiar and unhomely, the particular and universal.

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12. APPENDICES

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12.1. APPENDIX I. INFORMATION FOR RESEARCH PARTICIPANTS (IN DANISH)

Information til projektdeltagere

Beskrivelse af forskningsprojekt angående "dobbelt bogholderi"

Kære projektdeltager,

Vi søger deltagere til et forskningsprojekt, som du kan læse om på disse sider.

Undersøgelsen består i et interview som udføres af ph.d.-studerende Helene Stephensen, Københavns Universitet & Psykiatrisk Center Glostrup og overlæge Annick Urfer-Parnas, Psykiatrisk Center Amager.

Formålet med forskningsprojektet
Formålet med projektet er at undersøge fænomenet "dobbelt bogholderi" – dvs. en fornemmelse af at være delt mellem en privat og fælles verden. Man behøver ikke at kunne genkende denne oplevelse for at deltage i projektet. Vi vil spørge mere overordnet ind til din livsanskuelse og din måde at opleve sig selv og omverdenen på. Det er af stor betydning at dine og andre patienters subjektive beskrivelser inddrages, således behandlingen for fremtiden kan forbedres.

Hvordan vil det foregå?
Vi ønsker at lave et interview, hvor vi taler om ovennævnte emner samt dit livsforløb. Interviewet tager mellem 2-3 timer og kan foretages over flere dage alt efter hvad du foretrækker. Samtalen kan finde sted enten på dét psykiatriske center, hvor du er i behandling, eller hjemme hos dig selv. Alle dine oplysninger behandles fortroligt. Det er frivilligt at deltage, og deltagelse ændrer ikke ved dit planlagte behandlingsforløb. Fortryder du undervejs, kan du når som helst trække dit samtykke tilbage.

Mulige fordele og ulemper?
Vi lægger stor vægt på at deltagelse i undersøgelsen skal være en god oplevelse. Det er vores erfaring, at de fleste sætter pris på muligheden for at fortælle detaljeret om betydningsfulde oplevelser. Man kan godt føle sig træt efter undersøgelsen, selvom vi holder pauser efter behov.

Hvad så nu?
Vi håber, at du har lyst til at bidrage med dine oplevelser. Hvis du ønsker at deltage kan du give besked til os eller din behandler. Herefter laver vi en aftale, som passer dig.

Hvis du har spørgsmål er du meget velkommen til at kontakte os.

Mange hilsner fra

Annick Urfer-Parnas
Overlæge
Psykiatrisk Center Amager
Gammel Kongevej 33,
1610 KøbenhavnV

&

Helene Stephensen
Ph.D.-studerende i filosofi
Københavns Universitet
Karen Blixens vej 8,
2300 København S

Kontakt
Mail Annick: annik.francoise.parnas@regionh.dk
Mail Helene: helene.borregaard.stephensen@regionh.dk

12.2. APPENDIX II. INFORMED CONSENT FORM (IN DANISH)

Samtykke til deltagelse i forskningsprojekt

ID-nr.:

Jeg har fået skriftlig og mundtlig information, og jeg ved nok om formål, metode og ulemper til at sige ja til deltagelse i et forskningsprojekt med titlen: ” Dobbelt bogholderi og indsigt ved skizofreni-spektrum lidelser”

Projektet forestås af overlæge Annick Urfer-Parnas, Psykiatrisk Center Amager, Gl. Kongevej og Ph.d.-studerende Helene Stephensen, Psykiatrisk Center Glostrup, Brøndbyøstervej og Københavns Universitet, Karen Blixens vej.

Jeg ved, at det er frivilligt at deltage, og at jeg altid kan trække mit samtykke tilbage uden at det har nogen indflydelse på mine nuværende eller fremtidige rettigheder til udredning og behandling.

Jeg er informeret om, at al information om mig bliver behandlet fortroligt. Se punkt 8 i oplysningsskemaet.

Jeg giver hermed samtykke til, at

- ☐ deltage i interviewet og derved indgå i forskningsprojektet.
- ☐ interviewet bliver lydoptaget.
- ☐ projektansvarlig (overlæge Annick Urfer-Parnas) må indhente oplysninger i min journal til brug for det aktuelle projekt.
- ☐ mine oplysninger må videregives til Ph.d.-projektet ”Dobbelt bogholderi ved skizofrenispektrumlidelser” (projektansvarlig Helene Stephensen) på Københavns Universitet.
- ☐ mine oplysninger må offentliggøres i anonymiseret form i forbindelse med offentliggørelse af ovennævnte Ph.D.-projekt samt videnskabelige publikationer.

Dato: _____

Navn: _____

Underskrift: _____

Cpr.nr.: _____

12.3. Appendix III. Supplementary information for consent form (in Danish)

Bilag vedrørende oplysninger om projektet

1. Kontaktoplysninger på den dataansvarlige og den primær projektansvarlige

Region Hovedstaden er dataansvarlig for behandlingen af de personoplysninger, som vi har modtaget om dig. Du finder vores kontaktoplysninger nedenfor:
Region Hovedstaden/v. Videnscenter for Dataanmeldelser
Blegdamsvej 9
2100 København Ø
Mail: videnscenterfordataanmeldelser.rigshospitalet@regionh.dk
Den primærprojektansvarlige er den person, som er ansvarlig for udførelsen af det projekt, som du deltager i. Du finder kontaktoplysninger på vedkommende nedenfor:

Annick Urfer-Parnas
Overlæge
Psykiatrisk Center Amager, Gammel Kongevej 33
1610 København V
Mail: annik.francoise.parnas@regionh.dk

2. Kontaktoplysninger på databeskyttelsesrådgiveren

Hvis du har spørgsmål til vores behandling af dine oplysninger, er du altid velkommen til at kontakte vores databeskyttelsesrådgiver.
Du kan kontakte vores databeskyttelsesrådgiver på følgende link:
https://www.regionh.dk/kontakt/henvendelser/Sider/Kontakt-Region-Hovedstadens-databeskyttelsesraadgiver-(DPO).aspx
Vi vil altid anbefale, at du anvender den sikreste løsning som er E-boks. Det skyldes, at mails såsom hotmail, gmail, yahoo eller lignende ikke har den tilstrækkelige kryptering og sikkerhed.

3. Formålene og retsgrundlaget for behandlingen af dine personoplysninger

Vi behandler dine personoplysninger til følgende formål:

- Formålet med forskningsprojektet er at beskrive "dobbelt bogholderi" og sygdomsindsigt hos patienter, som er diagnosticerede indenfor det skizofrene spektrum for at få et indblik i de subjektive oplevelser og forbedre behandling.

Retsgrundlaget for vores behandling af dine personoplysninger følger af:

- Samtykke fra dig til at måtte indhente oplysninger fra journalen som autoriseret sundhedsperson til brug for det konkrete projekt jf. Sundhedslovens § 42d, stk.1. Den efterfølgende behandling og opbevaring følger af samtykkekravene i Databeskyttelsesforordningens artikel 6 og 9.

4. KATEGORIER AF PERSONOPLYSNINGER

Vi behandler følgende kategorier af personoplysninger om dig:

- Helbredsoplysninger
- Identifikationsoplysninger
- Kontaktoplysninger
- Uddannelsesoplysninger
- Politisk/religiøs/filosofisk overbevisning
- Arbejdsmæssige oplysninger
- Familiemæssige relationer
- Race eller etnisk oprindelse
- Seksuelle forhold eller -orientering
- Økonomiske forhold
- Strafbare forhold

Du interviewes om dine subjektive oplevelser af dig selv og omverdenen og en eventuel oplevelse af at leve i to verdener og sammenhæng til andre symptomer. Vi vil komme ind på din generelle livsanskuelse og eventuelt herunder filosofiske/religiøse overbevisninger, etnisk oprindelse eller lignende. Det er derfor ikke sikkert at alle ovennævnte kategorier bliver berørt i interviewet og heller ikke et krav for at deltage i forskningsprojektet. Derudover spørger vi til hvordan du oplever din sygdom, din sygdomsdebut og udviklingen af denne.
Der gøres opmærksom på, at nogle af de indhentede data er personfølsomme, men at alle data pseudonymiseres, dvs. tildeles et tilfældigt identifikationsnummer. Dette identifikationsnummer og dets sammenhæng til specifikke personer vil blive opbevaret særskilt fra videoklip/lydklip og begge i lukkede mapper.

5. DATABEHANDLERE

Projektansvarlig
Annick Urfer-Parnas
Overlæge,
Psykiatrisk Center Amager,
Gammel Kongevej 33, 1610 København V
Mail: annik.francoise.parnas@regionh.dk

Andre som har adgang til data
Helene Borregaard Stephensen
Ph.d.-studerende
Institut for Kommunikation, Københavns Universitet
Karen Blixens Vej 8, 2300 København S
Mail: helene.borregaard.stephensen@regionh.dk

Josef Parnas
Vejledning og analytiker
Klinisk professor,
Region Hovedstadens psykiatri,

Brøndbyøstervej 160, 2605 Brøndby
Mail: josef.stefan.stanislaw.parnas@regionh.dk

6. VIDEREGIVELSE TIL NY DATAANSVARLIG

Hvis vi bliver kontaktet af en anden dataansvarlig med henblik på at få videregivet projektdata om dig til et andet formål end beskrevet i dette bilag eller i deltagerinformationen til dit samtykke vil vi forinden videregivelse af dine data, rette henvendelse til dig med henblik på samtykke til, at vi må videregive dine oplysninger til en ny dataansvarlig til selvstændigt brug.

7. HVOR DINE PERSONOPLYSNINGER STAMMER FRA

Fra interviews: identifikationsoplysninger, helbredsoplysninger (heriblandt din beskrivelse af dine symptomer, uddannelsesoplysninger.
Fra journaloplysninger: Identifikationsoplysninger, helbredsoplysninger (diagnose, hvornår diagnosen er stillet og hvilke symptomer, den beror på).

8. OPBEVARING AF DINE PERSONOPLYSNINGER

De optagede interviews (film eller lyd) vil blive krypteret og herefter opbevaret sikkert i en lukket mappe i Region Hovedstadens regi. De vil blive pseudonymiseret, hvilket vil sige, at personoplysningerne (film/lyd) ikke længere kan henføres specifikt til dig uden brug af supplerende oplysninger (filerne tildeles et id-nr. Navn og CPR-nr vil ikke fremgå her).

Disse supplerende oplysninger opbevares separat i en lukket mappe på et andet drev og er underlagt tekniske og organisatoriske foranstaltninger for at sikre, personoplysningerne ikke kan henføres til en identificerbar fysik person.

Samtykkeerklæringerne vil blive opbevaret i et aflåst skab på et aflåst kontor på en af Region Hovedstaden Psykiatris matrikler.

Vi opbevarer dine personoplysninger til senest d. 1/8 2028, hvorefter de slettes.

9. RETTEN TIL AT TRÆKKE SAMTYKKET TILBAGE

Du har til enhver tid ret til at trække dit samtykke tilbage. Dette kan du gøre ved at kontakte os på de kontaktoplysninger, der fremgår ovenfor i punkt 1.
Hvis du vælger at trække dit samtykke tilbage, påvirker det ikke lovligheden af vores behandling af dine personoplysninger på baggrund af dit tidligere meddelte samtykke og op til tidspunktet for tilbagetrækningen. Hvis du tilbagetrækker dit samtykke, har det derfor først virkning fra dette tidspunkt.

10. DINE RETTIGHEDER

Du har efter databeskyttelsesforordningen en række rettigheder i forhold til vores behandling af oplysninger om dig.
Hvis du vil gøre brug af dine rettigheder skal du kontakte den projektansvarlige.

RET TIL SLETNING

Der gælder særlige regler for statistiske og videnskabelige undersøgelser, herunder forskning jf. databeskyttelsesforordningens artikel 17, stk. 3, litra d. Det betyder, at vi forsat gerne må opbevare og anvende de data, som vi allerede har behandlet på dig. Men

al fremtidig behandling af dataene vil blive indstillet. Såfremt du beder om at få dine data slettet, får du en bekræftelse på, at vi indstiller behandlingen af disse.

RET TIL AT TRANSMITTERE OPLYSNINGER (DATAPORTABILITET)
Du har i visse tilfælde ret til at modtage dine personoplysninger i et struktureret, almindeligt anvendt og maskinlæsbart format samt at få overført disse personoplysninger fra én dataansvarlig til en anden uden hindring.

NOGLE RETTIGHEDER ER UNDTAGET I FORBINDELSE MED STATISTISKE OG VIDENSKABELIGE UNDERSØGELSER, HERUNDER FORSKNING
Du kan læse mere om dine rettigheder i Datatilsynets vejledning om de registreredes rettigheder, som du finder på www.datatilsynet.dk.
For en god ordens skyld vil vi bemærke, at en række rettigheder er undtaget i medfør af Databeskyttelseslovens § 22, stk. 5. Det er Databeskyttelsesforordningens artikel 15 (Indsigtsret), artikel 16 (Ret til berigtigelse), artikel 18 (Ret til begrænsning af behandling) og artikel 21 (Indsigelsesret). Det skyldes, at alle forskningsprojekter i Region Hovedstaden er undersøgelser, der foretages i statistiske eller videnskabelige øjemed af væsentlig samfundsmæssig betydning, hvor databehandlingen er nødvendig af hensyn til undersøgelsen jf. artikel 89 i Databeskyttelsesforordningen.

11. KLAGE TIL DATATILSYNET
Du har ret til at indgive en klage til Datatilsynet, hvis du er utilfreds med den måde, vi behandler dine personoplysninger på. Du kan finde Datatilsynets kontaktoplysninger her: https://www.datatilsynet.dk/kontakt/

12.4. APPENDIX IV. INTERVIEW GUIDE

Interviewskema angående dobbelt bogholderi ved skizofrenispektrumlidelser

Interviewet er semi-struktureret og indledes med grundig social og psykiatrisk anamnese. Interviewer er inddelt i 4 typer af oplevelsesområder/spørgsmål, og rækkefølgen følger patientens narrativ. Forslag til spørgsmål skal ikke følges struktureret men kan benyttes i det tilfælde at patienten ikke selv kommer ind på det i løbet af samtalen.

- Anamnese
- Del I: dobbelt bogholderi og eksistentiel position
- Del II: selvforstyrrelser
- Del III: psykose
- Del IV: sygdomsindsigt og behandling
-

DEL I: Dobbelt bogholderi og eksistentiel position

1. Eksplicit følelse af at leve i 2 verdener

Forslag til spørgsmål

- Har du nogensinde haft en fornemmelse af både at være 'indenfor og udenfor' den fælles virkelighed/verden? Kan du have en fornemmelse af at være delt mellem en indre/privat verden og en fælles-social verden? Kan du beskrive hvordan det er for dig?
- Kan du huske hvornår/hvordan det begyndte?
- Er det mere udtalt i bestemte situationer?
- Har du nogensinde oplevet et dilemma eller en konflikt mellem dem – Eksempel? Hvordan løser du det?
- Blandes de nogensinde sammen? Kvalitativ forskel?
- Har du nogensinde oplevet noget, som forekom helt umuligt at forklare med ord?" – noget der forekom meget anderledes, mere sandt, noget der var svært at få til at passe med det vi til daglig går rundt og oplever?

2. Mange eksistentielle spørgsmål

Generelt mange overvejelser om meningen med livet etc. der synes at udspringe fra manglende forankring. Evt. konstant søgen og uro ved at svar*et* ikke findes.

Forslag til spørgsmål

- Vi vil gerne tale lidt om dit livssyn/filosofi, syn på verden og dig selv. Har du nogensinde haft eksistentielle tanker så som 'hvad er meningen med livet?', 'hvem er jeg?', 'hvad forventes der af mig/hvad vil de andre mig'? Har du været generet af disse spørgsmål eller ikke at kunne svare én gang for alle? Hvad gjorde du for at løse dem?
- Har du tænkt på spørgsmål om livet efter døden, metafysiske spørgsmål etc. Hvordan opfatter du din egen rolle eller betydning i verden/hvorfor du er til?
- Re-orientering: har du nogensinde ændret din livsanskuelse og hvorfor?

3. Privat verden

Fornemmelse af at leve i en 'verden'/'sit hoved' som ikke kan deles med andre, som føles fundamentalt privat, som andre ikke forstår.

Forslag til spørgsmål

- Har du nogensinde følt du levede i din egen verden? Haft tendens til at dagdrømme, sådan at det kunne forstyrre dine daglige aktiviteter? Hvilket tema angår dagdrømme?
- Har du nogensinde fået at vide at du kan virke fraværende/distræt, som om du går i egen verden?
- Har du nogensinde oplevet at være 'lukket inde' i din egen verden/eget hovede, som du ikke kunne kommunikere til andre?
- Er der en særlig betydning af denne verden som du alene forstår?
- God fantasi/kreativitet?

4. Transitivisme

Gennemtrængelighed af selv/verden afgrænsningen.

Forslag til spørgsmål

- Har du oplevet at der ikke var en tilstrækkelig grænse mellem din krop og andre/omverdenen? Som om der manglede en barriere? Har du oplevet at være 'for åben eller gennemsigtig'?
- Har du nogensinde oplevet at du ikke kunne skelne helt mellem dig selv og en anden person? Som om det var svært at adskille hvor du den anden begyndte og sluttede. I tvivl om, om det var dig eller den anden der sagde/tænkte noget?
- Har du nogensinde oplevet at verden/virkeligheden/andre var for påtrængende/invaderede dit 'personal space'? Som om du må forsvare dit 'territorie'?
- Har du nogensinde oplevet at være i ét med universet? (Mystiske oplevelser)

5. Selvhenføren

Umiddelbar forbindelse mellem sig selv og ydre hændelser.

Forslag til spørgsmål

- Har du nogensinde oplevet at der var en forbindelse mellem dig og begivender der sker rundt om dig?
- Folk kigger på gaden uden grund?
- Har du meninger som andre synes er lidt specielle. Fx magiske eller overnaturlige?

6. Særlig indsigt

Forslag til spørgsmål

- Har du nogensinde følt at du var noget særligt/specielt? Eller har indsigt i en skjult virkelighed/sandhed?

7. Centralitetsoplevelse

Forslag til spørgsmål

- Har du nogensinde haft fornemmelsen af at være unik? Som om universets centrum?

8. Ansvar for verden/pres

Forslag til spørgsmål

- Har du nogensinde følt et uforklarligt 'pres' – indefra/udefra? Har du følt dig meget ansvarlig for verden på uforklarlig måde eller ansvarlig for konkrete begivenheder?
- Har du nogensinde følt dig udvalgt til at spille en særlig rolle eller skulle ændre noget vigtigt?

Del II: selvforstyrrelser

9. Nedsat basalt selvnærvær

Følelse af ikke gennemgribende indre tomhed/mangel på kerne og på at eksistere fuldt ud som subjekt for oplevelser.
(omfatter EASE 2.1 "nedsat basal selvoplevelse")
Forslag til spørgsmål

- Har du nogensind følt at du ikke er fuldt ud til stede/ mangler en indre 'kerne'/tomhed/ikke-eksistens?
- Kan du føle at du har en form for indbygget usikkerhed?

10. Anderssein

Følselse af at være fundamentalt (før-prædikativ) forskellig. "Ren forskel"
Forslag til spørgsmål

- Har du nogensinde følt dig forskellig eller anderledes? Hvordan?

11. Simultan introspektion/Jeg-spaltning/Hyperreflektivitet

Oplevelse af at være delt (i observerende og interagerende dele). Tendens til at reflektere over eget oplevelsesliv (fordobling: 'oplevelse af af *at* jeg oplever'). Forstyrrer evne til at agere spontant og umiddelbart.
(omfatter EASE 2.6: "Hyperreflektivitet" og 2.7 "Jeg-spaltning")
Forslag til spørgsmål

- Har du en tendens til at observere dig selv mens du interagerer med andre/ser TV?
- Har du tendens til at tænke meget? Så meget at du kan opleve at tænke over dine egne tanker? Og sådan at det kan være svært at være spontan eller ubekymret?
- Opleve at have en 'indre dialog' – hvor du kan blive overrasket over noget der bliver sagt/tænkt?
- Har du nogensinde følt dig delt/dobbelt eller som om du ikke er en samlet helhed? (disintegration)
- Har du nogensinde været bange for at gå i stykker/opløsning? (*angoisse morcellement*)

12. Self-alterization: Eksternalitet ifht eget selv/oplevelsesliv

En distance mellem subjekt og oplevelsesliv. Udtalt fremmedhed i subjektivitet mest intime indre..
(Omfatter EASE 2.2 "forstyrret førstepersonsperspektiv" og 1.2 "Tab af tanke-ipseitet" m.fl.)
Forslag til spørgsmål

- Har du nogensinde oplevet at tanker (eller oplevelser generelt) var fremmede? Eller næsten ikke føltes *som dine egne tanker*? Har du nogensinde været *i tvivl* om hvem der snakker eller tænker, når du tænker eller siger noget?
- Har du nogensinde oplevet dele af dig selv føltes fremmede eller næsten ugenkendelige?

13. Forandret self-affection/"intim eksterioritet"

Følelse af tilstedeværelsen af noget 'andet' i subjektets mest private, intime oplevelsessfære. Følelse af en slags 'kommunikation' udefra der angår den mest intime del af subjektets væren (og derfor ikke kan ignoreres - opleves betydningsfuldt)
Forlag til spørgsmål

- Har du nogensinde oplevet noget i dit indre, som du følte stammede fra dig/kom udefra? Som gjorde dig forvirret eller overrasket fordi de virkede til at komme ud af det blå? Oplevelser der føles som et "indbrud" i dit øvrige oplevelsesliv
- Har du nogensinde haft fornemmelse af en anden tilstedeværelse meget tæt på dig? Følt at det nærmest var som om *nogen*/ubestemt anden der kendte/kunne fornemme dine indre tanker/følelser og at du
- måtte skærme dig?

14. Common sense

Forstyrret umiddelbar, spontan forståelse af dagligdags situationer og andre mennesker. Verden og andres selvfølgelighed mangler.
(EASE 2.12)

Forslag til spørgsmål

- Har du nogensinde været forbavset over at andre bare 'lever deres liv' uden at stille spørgsmålstegn?
- Har du nogensinde undret dig over hvorfor tingene er som de er, eller spekuleret over hvorfor en stol hedder "stol", hvorfor man går over for grønt og ikke rødt osv?

15. Forstyrret social identifikation

Indikeres både ved en for 'løs' relation til den sociale orden (andre mennesker, arbejde, institutioner) eller en for stærk/ufleksibel relation til samme – på et umiddelbart, ureflekteret niveau. (Binswanger + Lacan)

Forslag til spørgsmål

- Er der et sted du føler du hører til? I så fald hvor? En særlig social gruppe/forening/sport/gamer-online fællesskab/arbejdsplads?
- Har du en tendens til at tilpasse sig andres meninger/holdninger. Kopiere/gentage hvad andre har sagt? Eller haft en tendens til at mene det modsatte af andre?
- Hvordan har du generelt haft det med regler/konventioner i fx skole/på arbejdsplads om at gøre visse ting på bestemt måde? Fx at skulle møde kl 8/skulle skrive en stil på lærerens måde?

16. Afstand til/fremmedgørelse fra verden

Fundamental afstand/manglende forbindelse til verden og andre
(omfatter EASE 2.4: "mindsket nærvær")

Forslag til spørgsmål:

- Har du nogensinde oplevet at være 'uden for' verden, adskilt, som om det var svært at få forbindelse til verden eller andre mennesker? (nogen beskriver sig som en "satelit der kredser rundt om jorden")
- Oplevet at du ikke bliver berørt/påvirket af situationer? Ikke rigtig var engageret eller deltog?
- Har du nogensinde følt at du ikke hørte til/var del af/havde en plads i denne verden

17. Ontologisk angst & wahnstimmung

Gennemtrængende følelse af usikkerhed, fritflydende angst. Følelse af at være udsat og følelse af at noget er ved at ske/umærkelig forandring
(omfatter EASE 2.14 "ontologisk angst")

Forslag til spørgsmål

- Har du nogensinde oplevet at selve virkeligheden var skræmmende/truende?
- Oplevet verden/andre ikke længere var stabile og trygge men mærkelige, uforståelige eller truende? Som medførte en grundlæggende følelse af at være udsat/usikker/utryg/angst?
- Oplevelse af at omgivelserne var ændrede eller som om noget var ved at ske/noget var i gærde?

18. Uvirkelighedsfølelse/Derealisation

Den omgivende verden synes uvirkelig/fremmed. Det er meningen/betydningen af verden der er forandret – den er uklar, forvirrende osv.
(omfatter EASE 2.5: "Derealisation")

Forslag til spørgsmål

- Har du oplevet at dine omgivelser virkede fremmede, ændrede eller kunstige – som i en film?

DEL III: PSYKOSESYMPTOMER

Patient har muligvis fortalt om psykosesymptomer i anamnese – hvis ikke, så spørges til primær VF eller AVH (hørelseshallucinationer)

19. Primære vrangforestillinger (VF)

- Har du nogensinde oplevet at se noget og vidst at det angik dig, havde en særlig betydning?
- Har du nogensinde oplevet en form for betydning/meddelelse, der kom udefra men angik dig meget personligt?
- Har du nogensinde oplevet en slags åbenbaring, eller at noget med ét blev meget klart for dig?

20. Hørelseshallucinationer (AVH)

- Har du nogensinde oplevet at høre nogle lyde/stemmer andre ikke kunne høre? M.fl….

HVIS psykosesymptomer, så eksploreres videre →

Begyndelse på psykosesymptomer

- Kan du huske første gang du hørte stemmer (eller andre hallucinationer) eller havde en VF? Hvad der skete op til osv?
- Hvordan vidste du det var stemmer?

Reaktion – kommunikeret/private?

- Kan du huske reaktion – blev du bange/overrasket/nysgerrig?
- Fortalte du andre om oplevelserne (hvorfor/hvorfor ikke)?
- Fortalte du det til nogen? Hvem?
- Havde du en fornemmelse af at andre kunne høre det samme? Eller omvendt; hvad fik dig til at tænke at det kun var dig, der kunne høre det?

Hvor kommer oplevelsen fra?

- Hvad tror du at den bestemte psykotiske oplevelse skyldes?
- Hvor kommer den fra? Har du nogensinde forsøgt at lede efter årsag?

Integration af psykosesymptomer i det intersubjektive?

VF/AVH tilhører andet 'betydnings-domæne' og opleves ikke som konsistente med andre aspekter af det psykiske liv. De har en anderledes kvalitet.

- Har fx stemmerne samme kvalitet som stemmer i den fælles verden? Undersøg det perceptuelle ved AVH eller 'overbevisnings-kvaliteten' i tilfælde af vrangforestilling. Er den anderledes end andre oplevelser?
- Kan du beskytte dig fra fx stemmerne? Løbe væk fra dem?
- Har betydning af VF forandret noget ved dit liv?

DEL IV: Sygdomsindsigt & behandling

- Hvad tænker du om din diagnose? Er den meningsfuld for dig? Hvad er i så fald meningsfuldt eller ikke?
- Føler du dig syg? På hvilken måde?
- Hvad hjælper medicinen dig med?
- Hvordan er det for dig, når en sundhedsperson siger at dine oplevelser er psykotiske?
- Hvornår lærte du at det hed 'hallucination'/'vrangforestilling'/'psykose'? tænkte du selv at det var forkert/tegn på at du fejlede noget før?
- Kunne man have kommunikeret bedre med dig i dit behandlingsforløb – hvordan?

- Når psykiatere vil behandle symptomer så om vrangforestillinger eller AVH vha fx medicin – er det så også det du ønsker?
- Ville det give mening hvis behandlere kendte bedre fænomenet vi har talt om i dag?
- Medicin: har du nogensinde stoppet med at tage din medicin og hvorfor?

12.5. APPENDIX V. OVERVIEW OVER EASE ITEMS

Appendix B: EASE Item Key List

1	Cognition and stream of consciousness
1.1	Thought interference
1.2	Loss of thought ipseity ('Gedankenenteignung')
1.3	Thought pressure
1.4	Thought block
1.4.1	Subtype 1: blocking
1.4.2	Subtype 2: fading
1.4.3	Subtype 3: combination
1.5	Silent thought echo
1.6	Ruminations-obsessions
1.6.1	Subtype 1: pure rumination
1.6.2	Subtype 2: secondary rumination
1.6.3	Subtype 3: true obsessions
1.6.4	Subtype 4: pseudo-obsessions
1.6.5	Subtype 5: rituals/compulsions
1.7	Perceptualization of inner speech or thought
1.7.1	Subtype 1: internalized
1.7.2	Subtype 2: equivalents
1.7.3	Subtype 3: internal as first-rank symptom
1.7.4	Subtype 4: external
1.8	Spatialization of experience
1.9	Ambivalence
1.10	Inability to discriminate modalities of intentionality
1.11	Disturbance of thought initiative/intentionality
1.12	Attentional disturbances
1.12.1	Subtype 1: captivation by details
1.12.2	Subtype 2: inability to split attention
1.13	Disorder of short-term memory
1.14	Disturbance of time experience
1.14.1	Subtype 1: disturbance in subjective time
1.14.2	Subtype 2: disturbance in the existential time (temporality)
1.15	Discontinuous awareness of own action
1.16	Discordance between expression and expressed
1.17	Disturbance of expressive language function
2	Self-awareness and presence
2.1	Diminished sense of basic self
2.1.1	Subtype 1: early in life
2.1.2	Subtype 2: from adolescence
2.2	Distorted first-person perspective
2.2.1	Subtype 1: mineness/subjecthood
2.2.2	Subtype 2: experiential distance
2.2.3	Subtype 3: spatialization of self
2.3	Psychic depersonalization (self-alienation)
2.3.1	Subtype 1: melancholiform depersonalization
2.3.2	Subtype 2: unspecified depersonalization
2.4	Diminished presence
2.4.1	Subtype 1: not being affected
2.4.2	Subtype 2: distance to the world
2.4.3	Subtype 3: as subtype 2 plus derealization
2.5	Derealization
2.5.1	Subtype 1: fluid global derealization
2.5.2	Subtype 2: intrusive derealization
2.6	Hyperreflectivity; increased reflectivity
2.7	I-split ('Ich-Spaltung')
2.7.1	Subtype 1: I-split suspected
2.7.2	Subtype 2: 'as if' experience
2.7.3	Subtype 3: concrete spatialized experience
2.7.4	Subtype 4: delusional elaboration
2.8	Dissociative depersonalization
2.8.1	Subtype 1: 'as if' phenomenon
2.8.2	Subtype 2: dissociative visual hallucination
2.9	Identity confusion
2.10	Sense of change in relation to chronological age
2.11	Sense of change in relation to gender
2.11.1	Subtype 1: occasional fear of being homosexual
2.11.2	Subtype 2: a feeling as if being of the opposite sex
2.12	Loss of common sense/perplexity/lack of natural evidence
2.13	Anxiety
2.13.1	Subtype 1: panic attacks with autonomous symptoms
2.13.2	Subtype 2: psychic-mental anxiety
2.13.3	Subtype 3: phobic anxiety
2.13.4	Subtype 4: social anxiety
2.13.5	Subtype 5: diffuse, free-floating pervasive anxiety
2.13.6	Subtype 6: paranoid anxiety
2.14	Ontological anxiety
2.15	Diminished transparency of consciousness
2.16	Diminished initiative
2.17	Hypohedonia
2.18	Diminished vitality
2.18.1	Subtype 1: state-like
2.18.2	Subtype 2: trait-like
3	Bodily experiences
3.1	Morphological change
3.1.1	Subtype 1: sensation of change
3.1.2	Subtype 2: perception of change
3.2	Mirror-related phenomena
3.2.1	Subtype 1: search for change
3.2.2	Subtype 2: perception of change
3.2.3	Subtype 3: other phenomena
3.3	Somatic depersonalization (bodily estrangement)
3.4	Psychophysical misfit and psychophysical split
3.5	Bodily disintegration
3.6	Spatialization (objectification) of bodily experiences
3.7	Cenesthetic experiences
3.8	Motor disturbances
3.8.1	Subtype 1: pseudo-movements of the body
3.8.2	Subtype 2: motor interference
3.8.3	Subtype 3: motor blocking
3.8.4	Subtype 4: sense of motor paresis
3.8.5	Subtype 5: desautomation of movement
3.9	Mimetic experience (resonance between own movement and others' movements)
4	Demarcation/transitivism
4.1	Confusion with the other
4.2	Confusion with one's own specular image
4.3	Threatening bodily contact and feelings of fusion with another
4.3.1	Subtype 1: feeling unpleasant, anxiety provoking
4.3.2	Subtype 2: feeling of disappearance, annihilation
4.4	Passivity mood ('Beeinflussungsstimmung')
4.5	Other transitivistic phenomena
5	Existential reorientation
5.1	Primary self-reference phenomena
5.2	Feeling of centrality
5.3	Feeling as if the subject's experiential field is the only extant reality
5.4	'As if' feelings of extraordinary creative power, extraordinary insight into hidden dimensions of reality, or extraordinary insight into own mind or the mind of others
5.5	'As if' feeling that the experienced world is not truly real, existing, as if it was only somehow apparent, illusory or deceptive
5.6	Magical ideas linked to the subject's way of experiencing
5.7	Existential or intellectual change
5.8	Solipsistic grandiosity

12.6. APPENDIX VI. CO-AUTHOR STATEMENTS

Paper 1

UNIVERSITY OF COPENHAGEN

Co-author statement

PhD student	Helene Stephensen
Date of birth	03-05-1987
Faculty (Department)	Faculty of Humanities (Center for Subjectivity Research)

"Attribution of authorship should in general be based on criteria a-d adopted from the Vancouver guidelines, and all individuals who meet these criteria should be recognized as authors:

A. Substantial contributions to the conception or design of the work, or the acquisition, analysis, or interpretation of data for the work, and
B. drafting the work or revising it critically for important intellectual content, and
C. final approval of the version to be published, and
D. agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved."

Article/paper/chapter/manuscript
This co-authorship declaration applies to the following:

*Title	Double bookkeeping and schizophrenia spectrum: divided unified phenomenal consciousness
*Author(s)	Josef Parnas, Annick Urfer-Parnas, Helene Stephensen
Journal	European Archives of Psychiatry and Clinical Neuroscience
Volume (no)	271
Start page	1513
End page	1523

Contributions to the paper/manuscript made by the PhD student
What was the role of the PhD student in designing the study?

Helene Stephensen (HS) contributed substantially to the conception of the entire work.

October 2021

1

Co-author statement

PhD student: Helene Stephensen

Date of birth: 03-05-1987

How did the PhD student participate in data collection and/or development of theory?

HS worked extensively and in close collaboration with her co-authors in conducting literature studies, developing the conceptual framework, ideas, and arguments in the paper.

Which part of the manuscript did the PhD student write or contribute to?

HS contributed extensively to writing and critically revising all parts of the manuscript.

Did the PhD student read and comment on the final manuscript?

HS read and commented the final version of the manuscript.

Signatures

If an article/ paper/chapter/manuscript is written in collaboration with three or less researchers (including the PhD student), all researchers must sign the statement. However, if an article has more than three authors the statement may be signed by a representative sample, cf. article 12, section 4 and 5 of the Ministerial Order No. 1039, 27 August 2013. A representative sample consists of minimum three authors, which is comprised of the first author, the corresponding author, the senior author, and 1-2 authors (preferably international/non-supervisor authors).

By their signature, the authors agree that the article/paper/chapter/manuscript will be included as a part of the PhD thesis made by the PhD student mentioned above.

Date 31/7/23 Name Josef Parnas Signature

Date 31/7-23 Name Helene Stephensen Signature

Date 31/7/23 Name Annick Parnas Signature

Paper 2

UNIVERSITY OF COPENHAGEN

Co-author statement

PhD student	Helene Stephensen
Date of birth	03-05-1987
Faculty (Department)	Faculty of Humanities (Center for Subjectivity Research)

"Attribution of authorship should in general be based on criteria a-d adopted from the Vancouver guidelines , and all individuals who meet these criteria should be recognized as authors:

A. Substantial contributions to the conception or design of the work, or the acquisition, analysis, or interpretation of data for the work, and
B. drafting the work or revising it critically for important intellectual content, and
C. final approval of the version to be published, and
D. agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved."

Article/paper/chapter/manuscript
This co-authorship declaration applies to the following:

*Title	Double bookkeeping in schizophrenia spectrum disorder: an empirical-phenomenological study
*Author(s)	Helene Stephensen, Annick Urfer-Parnas, Josef Parnas
Journal	European Archives of Psychiatry and Clinical Neuroscience
Volume (no)	
Start page	
End page	

Contributions to the paper/manuscript made by the PhD student

What was the role of the PhD student in designing the study?

Helene Stephensen (HS) conceived of the design of the study in close collaboration with the two co-authors. HS elaborated the conceptual framework and drafted the first version of the interview guide, which was critically revised by both co-authors. HS derived the key methodology together with both co-authors.

Co-author statement

PhD student: Helene Stephensen

Date of birth: 03-05-1987

How did the PhD student participate in data collection and/or development of theory?

HS collected the data, which consisted of performing qualitative interviews. One of the co-authors (AP) participated in most of the interviews, occasionally asking a few follow-up questions. HS transcribed the tape-recorded interviews. HS conceived of the data analysis and interpretation to which both co-authors contributed.

Which part of the manuscript did the PhD student write or contribute to?

HS wrote the first draft of the entire manuscript, which was subsequently critically revised by all authors.

Did the PhD student read and comment on the final manuscript?

Yes

Signatures

If an article/ paper/chapter/manuscript is written in collaboration with three or less researchers (including the PhD student), all researchers must sign the statement. However, if an article has more than three authors the statement may be signed by a representative sample, cf. article 12, section 4 and 5 of the Ministerial Order No. 1039, 27 August 2013. A representative sample consists of minimum three authors, which is comprised of the first author, the corresponding author, the senior author, and 1-2 authors (preferably international/non-supervisor authors).

By their signature, the authors agree that the article/paper/chapter/manuscript will be included as a part of the PhD thesis made by the PhD student mentioned above.

Date	31/7-23	Name	Helene Stephensen	Signature
Date	31/7-23	Name	Josef Parnas	Signature
Date	31/7-23	Name	Annick Parnas	Signature

Paper 3

UNIVERSITY OF COPENHAGEN

Co-author statement

PhD student	Helene Stephensen
Date of birth	03-05-1987
Faculty (Department)	Faculty of Humanities (Center for Subjectivity Research)

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A. Substantial contributions to the conception or design of the work, or the acquisition, analysis, or interpretation of data for the work, and
B. drafting the work or revising it critically for important intellectual content, and
C. final approval of the version to be published, and
D. agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved."

Article/paper/chapter/manuscript
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*Title	An empirical-phenomenological exploration of Anderssein ("feeling different") in schizophrenia: Being in-between particular and universal
*Author(s)	Helene Stephensen, Annick Urfer-Parnas, Josef Parnas
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Did the PhD student read and comment on the final manuscript?

Yes

Signatures

If an article/ paper/chapter/manuscript is written in collaboration with three or less researchers (including the PhD student), all researchers must sign the statement. However, if an article has more than three authors the statement may be signed by a representative sample, cf. article 12, section 4 and 5 of the Ministerial Order No. 1039, 27 August 2013. A representative sample consists of minimum three authors, which is comprised of the first author, the corresponding author, the senior author, and 1-2 authors (preferably international/non-supervisor authors).

By their signature, the authors agree that the article/paper/chapter/manuscript will be included as a part of the PhD thesis made by the PhD student mentioned above.

Date 31/7-23 Name Helene Stephensen Signature

Date 31/7/23 Name Josef Parnas Signature

Date 31/7/23 Name Aaucick Parnas Signature