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# Schizophrenia, reification and deadened life

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## Abstract

Recent debates concerning the abolition of the schizophrenia label in psychiatry have focused upon problems with the scientific status of the concept. In this article, I argue that rather than attacking schizophrenia for its lack of scientific validity, we should focus on the conceptual history of this label. I reconstruct a specific tradition when exploring the conceptual history of schizophrenia. This is the concern with the question of the sense of life itself, conducted through the confrontation with schizophrenia as a form of life that does not live, or as Robert Jay Lifton termed it 'lifeless life' (1979: 222–39). I conclude by arguing that the contemporary attempt to deconstruct or abolish the schizophrenia concept involves a fundamental shift in concern. The attempt both to normalize psychotic experiences, and to conceive them purely in terms of cognitive processes that can be mapped onto brain function, results in a fundamental move away from the attempt to understand the experience of madness.

## Keywords

culture, life, reification, schizophrenia, science

In his book tracing the similarities between schizophrenia and modernist art and thought, Louis Sass has outlined two opposing ways in which madness has been understood within the wider culture (Sass, 1992). He describes two poles between which images of madness have oscillated as though caught in a magnetic field:

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... on the one hand, notions of emptiness, of defect and decrepitude, of blindness, even of death itself; on the other, ideas of plenitude, energy and irrepressible vitality – a surfeit of passion or fury bursting through all boundaries of reason or constraint. (Sass, 1992: 3)

Sass argues for a position on the meaning of schizophrenia that is a subtle middle way between these two poles: schizophrenia as a form of death-in-life. Schizophrenia is not conceived either as a cognitive deterioration or as an overflowing of vitality, but as an entrapment within a state of ‘morbid wakefulness or hyperalertness’ (Sass, 1992: 8). This perspective of viewing the significance of the experiences grouped under the label ‘schizophrenia’ as a form of experience of deadened life is the product of a particular tradition within psychiatry, commonly grouped under the title of ‘phenomenological psychiatry’.<sup>1</sup> However, the significance of such a view of schizophrenia was not confined to phenomenology but is central to the 20<sup>th</sup>-century Marxist tradition, particularly through the concept of reification as developed by Georg Lukács and the Frankfurt School.

Although it could not be argued that this was a central tradition in the development of the concept of schizophrenia in the 20<sup>th</sup> century, I argue in this article that this idea of schizophrenia as deadened life is at the heart of Bleuler’s original formulation of the schizophrenia concept, and that the conceptualization of schizophrenia as a form of deadened life is an important tradition that needs to be revived and thought afresh amid current redefinitions and refinements of the diagnostic criteria for schizophrenia.

The ‘discovery’ of schizophrenia was the awareness of a whole series of experiences of being alive but feeling dead, blunted, stunned, or cut off. It is important to understand that this is not a concept of ‘degeneration’, with all its hallmark affiliations to eugenics, that was certainly at the heart of Kraepelin’s initial formulation of dementia praecox, and that also maintained a pernicious influence throughout the 20th century. Kraepelin thought that he had identified a disorder of cognition (a dementia), that occurred in late adolescence, and was unremitting in its degenerative course (Kraepelin, 1919). Bleuler’s development of the concept of schizophrenia was in specific opposition to a concept of life as degeneration. He writes unequivocally that ‘we reject the idea of degeneration’ (Bleuler, 1950: 8–9). Schizophrenia becomes a central concern with an attempt to unveil the fundamental bases of consciousness itself, through the study of those who are conscious, but do not feel alive.

The first half of this article gives an account of the view of schizophrenia as a form of death-in-life outlined through the works of Eugen Bleuler, Eugène Minkowski, Joseph Gabel and R. D. Laing. These accounts of schizophrenia relate it both to an individual loss of a sense of vitality, and to a more generalized loss and destruction of experience in society as a whole. Schizophrenia is viewed neither as cognitive deterioration nor as an excess of desire or vitality.

The second half of the article is concerned with the significance of such a tradition, which is increasingly becoming hidden in current psychiatric thinking and debates around the label of schizophrenia. I offer some initial remarks on why I think that the matter of concern that I outline in this article with regards to schizophrenia, a concern with schizophrenia as deadened life, has more truth content than conceptualizing schizophrenia as cognitive deterioration.

## Life that Does Not Live

The concern with deadened life pre-dates Eugen Bleuler's formulation of the schizophrenia concept in 1908. Daniel Heller-Roazen in his book-length study of the mysterious sense of being alive, entitled *The Inner Touch*, dedicates a chapter, 'The Anaesthetic Animal', to a series of psychiatric inquiries into this sense of feeling dead when alive, that begin in the early 19th century. He quotes from a patient of Esquirol's in a book published in 1838:

I hear, I see, I touch . . . but I am not as before; things do not come to me, they cannot be identified with my being; a thick veil, a cloud has changed the colour and aspect of things.  
(Cited in Heller-Roazen, 2007: 272–3)

Heller-Roazen spends a great deal of time exploring Pierre Janet's writings on dissociative states that had an indirect influence on Bleuler. Janet writes of a patient, Laetitia, who reverses Descartes' famous *cogito, ergo sum*. 'Undoubtedly I think, but I do not exist', she says (cited in Heller-Roazen, 2007: 288). It is important to note that these are not delusional beliefs, say in the sense of Cotard's syndrome, in which the patient does feel like she or he has literally died. What these patients are trying to express is an all-prevailing feeling of deadness, vulnerability and isolation while still being conscious, still being alive. It is this feeling that lies at the heart of Bleuler's description of schizophrenia, not the more obvious hallucinations and delusions that spring to mind when we think of the name today.

## Bleuler's Formulation of the Schizophrenia Concept

Eugen Bleuler formulated his concept of schizophrenia just over 100 years ago with a lecture given on 24 April 1908, although he did not publish his major text until 1911 (Bleuler, 1950). Despite what a number of authors seem to suggest, Bleuler's concept was not a continuation of Kraepelin's earlier formulation of dementia praecox, but a specific intervention against the understanding of these experiences as purely one of cognitive deterioration.<sup>2</sup> Bleuler formulated the concept in explicit dialogue with psychoanalysis, in a period of radical practice at the Burghölzli Clinic in Switzerland. He had been among the first psychiatrists to take an active interest in psychoanalysis, and during the formation of the schizophrenia concept, Jung was employed at the Burghölzli and was writing his own study on psychotic experiences (Falzeder, 2007). Bleuler moved away from Kraepelin's definitions in several important ways. As we have seen, he specifically positioned himself against a concept of degeneration. He disputed the unremitting course of the disease. He disputed that it always occurred in late adolescence. He was also admirably modest about the unitary nature of the experiences he was attempting to describe, tending to refer to schizophrenia in the plural. Most importantly, he argued for the application of psychoanalytic theories to the understanding of schizophrenia (Bleuler, 1950).

Schizophrenia, taken from the Greek, means a splitting of the 'soul, spirit or mind'. Bleuler understood this in a dynamic rather than static manner. It is a description of a process of a fundamental loss of a natural, pre-reflective way of being-in-the-world, not

literally a form of doubling, or splitting in two, which it was often associated with in popular discourse. Bleuler's definition of schizophrenia is commonly known in shorthand as the four 'As'. He argued that the fundamental symptom in schizophrenia is a loosening of associations. The normal patterns of forming and associating thoughts and feelings with one another becomes in some sense broken or loosened. This is a disruption of thinking, feeling and the relation to the external world, in which normal associations are loosened, and become attached in strange and unconnected ways. The model for Bleuler's understanding of loosening of associations was Freud's analysis of dreams. For Bleuler, this loosening of associations was the fundamental and primary symptom, which then gives rise to three further disorders. First is a disorder of affectivity. This is not primarily, or at least initially, a loss of affect, but the splitting of what Bleuler terms 'affectively charged complexes', which become predominant and seem to dominate the life of the person. So, the individual feels under constant threat or danger, or vulnerably exposed to the world and others. Bleuler is clearly arguing that in schizophrenia there is not a lack of affect, but a disorder of affectivity, whereby feelings and moods become split off, dominate at one time, and then subside at another. The lack of affect is actually an attempt to deal with the bewilderment caused by loosening of associations, and a disordered affectivity. This causes a fundamental ambivalence in psychotic behaviour that oscillates between different alternatives and different affects. Bleuler writes about a patient who both wishes to eat and refuses to eat, who constantly brings the spoon to his mouth and then puts it down again (Bleuler, 1950: 53). Eventually, under the pressure of such a situation, the person retreats to an inner world, cut off from others, still longing for contact but unable to feel a basic sense of connection, relatedness to himself or herself, the external world, or objects in the world. This is the state that Bleuler terms autism. He tends to describe autism in terms of a fundamental withdrawal from the world, an apathy and indifference to fundamental goals and desires. However, it is in the development of this concept by phenomenological psychiatrists after Bleuler, that it becomes predominant in an attempt to understand a fundamental all-pervasive mode of disordered being-in-the-world, as a form of deadened life.

### **Minkowski: Lack of Vital Contact with Reality**

The most important figure in this tradition is the psychiatrist Eugène Minkowski (1885–1972). Minkowski was born in Russia and raised in Poland, but spent most of his life in France. He was deeply influenced by the early work of the French philosopher Henri Bergson, particularly Bergson's writings about life and time. The notion that Minkowski takes from Bergson is this idea of 'lived time', that there is a fundamental contact with life through an intuitive immersion in the uninterrupted flow of temporality, which Bergson terms the '*durée*'. In most of our dealings with the world, we attempt to arrest and fix this flow of time, through attempts at spatializing and abstracting from temporality. For Minkowski, it is this form of abstraction and spatialization that comes to predominate in schizophrenia, and he redescribes Bleuler's autism as a loss of vital contact with reality – '*la perte du contact vital avec la réalité*' (Minkowski, 2002[1927]: 106).

As Minkowski accepts, what it means to be in a vital contact with reality is difficult to articulate. It is a pre-reflective, pre-predicative sense of belonging in the world, that one

could term a fundamental attunement to the world. In *The Divided Self*, R. D. Laing articulates what he terms the basic components of ‘ontological security’, which give a good definition of a vital contact with reality. He writes that they are:

... a sense of integral selfhood and personal identity, of the permanency of things, of the reliability of natural processes, of the substantiality of natural processes, of the substantiality of others... (Laing, 1975: 39)

However, we should not fool ourselves that this is something easy to describe or grasp. As the psychiatrist Wolfgang Blankenburg writes:

The very ‘sponginess’ of the concept rather, is connected with its richness and vitality. We should not presume that its vagueness signifies a lack of clarity on our part. It says at the same time something about the peculiarity of the matter itself. It withdraws from our efforts to conceptualise it unambiguously as an object. (Blankenburg, 2001: 308)

A vital contact with reality is a taken-for-granted being at home in the world, with oneself, with others, and with the environment. It consists of a fundamental pre-reflective givenness of experience. It also consists of the nature of human existence as involved in a projection into the future. It is all of these elements that break down in schizophrenia, according to Minkowski. We start to doubt the nature of things, of our selves, of other people, and the future becomes no longer something in which we project our hopes, plans and fears, but something that hovers over and threatens us. In his famous case study of a case of schizophrenic depression, Minkowski writes of living with a patient whose sense of time was distorted, as the patient felt that every day the world was going to come to an end (Minkowski, 1958: 127–39). Every morning he would wake up alive, but with the same fears. His only sense of time was as an imminent catastrophe. The person attempts to deal with this loss of vital contact through different methods of spatializing the world, the most important of which for Minkowski is a form of what he terms a ‘morbid rationalism and geometrism’, a splitting-off of the mind from the body, and a hyper-alertness and monitoring of the world from a position both removed and vulnerable (Minkowski, 2002[1927]: 126–52). The quality of time becomes spatialized, and loses its sense of flow, and the relationship to objects and the world loses its natural fluidity, and becomes one of either trying to control the environment by denuding objects of any human contact, or a feeling of being totally threatened by a dominating objectivity. There is a struggle to reconnect but, as a patient of Blankenburg’s states, something is missing:

What is it that I am missing? It is something so small, but strange, it is something so important. It is impossible to live without. I find that I no longer have footing in the world. (Blankenburg, 2001: 307)

What is missing, according to Minkowski, is a vital contact with reality, the fundamental basis of an affective subjectivity of experience. This is the quality that all experiences have of being given in this register of ‘mineness’. It is a disturbance in this subjective experience that causes this loss of a feeling, or sense of life.

Up to this juncture, the account I am giving reads as one of pure psychopathology. We are delineating experiences that are so fundamentally strange that they have no relation to normal processes. The larger question of the relationship between this concern with schizophrenia as lifeless life and the wider culture seemed ignored by psychiatry. However, the Hungarian sociologist Joseph Gabel, who was mentored by Minkowski, brought together this understanding of schizophrenia with a wider theory of a reified society to produce one of the most brilliant, flawed and neglected pieces of what he terms 'a socio-pathological parallelism', in his book *False Consciousness*, first published in 1962 (Gabel, 1975: xxi).

## Reification and Schizophrenia

Gabel took the theory of reification from Lukács and applied it to schizophrenia. Schizophrenia becomes the very incarnation and model of reified consciousness.

As Lukács described it, reification is the result of commodified capitalism. It is the process whereby human relations are turned into things and come to take on the appearance of a second nature. The relation of the worker to his or her product is transformed from a process of creation to a process where the object is disconnected from the labour invested in it. As commodity it comes to stand outside the worker, as both the property of another, and as simply an item of exchange. Under capitalism, people come to view other people purely in terms of their economic usefulness or as possible threats in the fight for economic survival. The individual takes a view on her or his own abilities and potentialities purely as a resource that can maximize her or his economic productivity, and this is how each life is viewed in the marketplace. The features of reification then are the mode in which a process or relation is turned into a thing, under the pressure of commodified capitalism; the feeling of being crushed by objects, overwhelmed by what are petrified human relations frozen as objectifications that come to have power over human being; a preponderance of quantification; the worker's time is divided up into units of profitable labour; a world of identity, in which everything is measured in terms of its value for exchange; the individual viewing himself or herself as a thing; and, finally, an ahistorical view of the world (the future can only be conceived in terms of the impingement of objective, natural forces not subject to human control) (Lukács, 1971).

Once we have this list before us, it is not difficult to see the links that Gabel will make with schizophrenia. A lack of feeling a subject, the alienation from relatedness, the loss of a sense of lived time: all of these elements are read in terms of both reification and schizophrenia. The analogies that Gabel outlines between schizophrenia and reification are as follows, explicitly drawing on Minkowski's work. There is the spatialization of duration, the feeling of being crushed by the world, a logic of pure identity, and a lack of lived time, as the future appears purely in the form of a catastrophic event.<sup>3</sup> What Gabel is claiming is that this lack of vital contact with reality is something endemic to society itself, and that the person with schizophrenia is the incarnation of a more generalized loss of life itself, while still alive.

Admittedly, the flaws in Gabel's book are glaring. For someone who is an avowed dialectician, he seems to lack any understanding of the concept of mediation. The strict identity between schizophrenia and societal reification, although at times he disavows

this, is glaring. The many questions about different levels of pathological life, of whether there is a necessity for a healthy form of reification, of abstraction, are largely left unanswered. However, what Gabel provides for this tradition is an explicit societal link between the pathology of social life and psychopathology proper. Schizophrenia comes to exemplify and reflect a more general deadness in society, a more general loss of vital contact with reality. One can then see in the utterances of those with schizophrenia, not only a loss of vital contact with reality, but a struggle with a more generalized destruction of experience as a whole.

An interesting example of how Gabel's analysis can illuminate both psychotic experience and the understanding of psychotic experience is given in an article by the philosopher Rupert Read, who is arguing that psychosis is fundamentally ununderstandable (R. Read, 2003: 135–41). Read quotes from the famous text 'Autobiography of a Schizophrenic Girl', in which the girl in question, Renée, is trying to explain a feeling of being threatened with objects that are alive. The only way that her doctors can understand her is through an interpretation of animism, that she is investing objects with human powers; but she is adamant that this is wrong:

The doctors . . . thought I saw these things as humans whom I heard speak. But it was not that. Their life consisted uniquely in the fact that they were there, in their existence itself. (Cited in R. Read, 2003: 138)

Read argues that this is the point at which Renée starts uttering nonsense. He states:

Her confusion is irredeemable, irrevocable. For surely, there just isn't anything it can be for the *life* of objects to consist uniquely in their existence. (R. Read, 2003: 138; original emphasis)

One wonders who is the more reified here. Read cannot countenance that an object can have a life; however one may want to conceive it. Objects can only be, in their fundamental existence, inert, petrified. For Renée, the object is alive, but she experiences it only as a threat. Her fear is a struggle with a non-identity that can be experienced only in terms of a threat within a reified society.

In his recent attempt at a critical rescue of the concept of reification, the philosopher Axel Honneth relates this concept to a loss of a fundamental form of recognition. This is not a cognitive form of recognizing identities and demands but a primordial sense of a 'caring comportment', and practical involvement with the self, others and the world (Honneth, 2008: 37). He excavates from Lukács a notion of 'empathetic engagement (*Anteilnahme*)', with the self, others and the world that is in some sense pre-reflective, and a necessary prerequisite for the accomplishments of cognition. He writes that:

. . . recognition and empathetic engagement necessarily enjoy a simultaneously genetic and categorial priority over cognition and a detached understanding of social facts. (Honneth, 2008: 52)



Drawing on the work of Adorno and Horkheimer, he argues that reification is a form of ‘forgetting’ of this antecedent involvement in the world, this antecedent empathetic engagement.<sup>4</sup> This ‘forgetting’ can take many forms, in terms of either an abstraction from empathetic engagement in the mode of an overly rational objectification of the world, in terms of its possibilities for use, exchange and manipulation; however, it may also be experienced as a loss, as a bewilderment, in terms of pathological experiences. Honneth’s text has a number of resonances with Gabel, and gives us a whole series of resources for thinking through the continued fecundity of the concept of reification for understanding both individual and societal pathologies. If we return to Read’s example, we can see two forms of ‘forgetting’ here, if we use Honneth’s terminology. Read’s unwillingness to accept a life of objects, appears to be a commitment to an abstract cognitive relation to objectivity that in itself is a blindness to a mode of being with objects that is not about dominating them, or using them, but letting them appear in their being, in their existence itself. It is precisely this appearance that Renée experiences, but she can only experience it in forms of feeling threatened, bewildered and dominated. It is as though there is an excess of empathetic engagement in Renée’s world.

What this account of the relation between reification and schizophrenia unearths is a sense in which the lifeless life of schizophrenia is not only a pathological aberration, but must be thought in relation to a wider societal sense that there is a deadened life at the heart of capitalist modernity. I want to conclude this exploration with the work of R. D. Laing, because it is in Laing’s work that we see both the clearest exposition of this matter of concern, and also a twofold movement away from it, in terms both of a normalization of madness and of an understanding of madness not as loss of vital contact but as a liberating excess of vitality.

## Laing and Transformations in the Schizophrenia Concept

Laing’s first book, *The Divided Self*, is the clearest exposition of schizophrenia as ‘lifeless life’. He is quite unabashed in this text in drawing a line between madness and sanity, and he is clear that this line consists in this sense of not feeling alive. He is explicit about his concern at the beginning of the book, which incidentally has as its epigraph a quotation from Minkowski. He writes:

In the following pages, we shall be concerned specifically with people who experience themselves as automata, as robots, as bits of machinery, or even as animals. Such persons are rightly regarded as crazy. (Laing, 1975: 23)

He gives a wonderful threefold definition of Minkowski’s lack of vital contact with reality, redescribed as ‘ontological insecurity’, the three elements of which are engulfment, implosion and petrification. In engulfment, the individual dreads any form of relatedness, due to a fear about his or her own autonomy, and, through this overwhelming fear of being engulfed, moves towards isolation. Implosion is the name given to how reality enters into this person’s world. Reality can only be experienced as a dreadful incursion into a desperate, solitary existence. It comes to be seen only in the form of persecution. Finally, there is petrification and depersonalization, which take three forms.

First is a terror, where the person feels as though she or he is petrified, or turned to stone. Second is the fear that this is happening, as Laing writes:

... the possibility of turning, or being turned, from a live person into a dead thing, into a stone, into a robot, into an automaton, without personal autonomy of action, an it without subjectivity. (ibid.: 46)

Third, there is the act of petrifying others and objects, in order to negate such a threat; as he writes, 'one depersonalizes' or 'reifies' the 'other'. The response to this loss of vital contact is a feeling of deadness in life.

A 'truth' about his 'existential position' is lived out. What is 'existentially' true is lived as 'really' true. A man says he is dead, but he is alive. But his 'truth' is that he is dead. (ibid.: 37)

Although he argues that his intention is to make schizophrenia understandable, Laing does not opt in this early text for easy explanations. However, in his later work on schizophrenia and the family, he attempts to normalize these experiences through an account of how they arise from faulty patterns of relatedness and communication within family groups. These feelings become the sane reaction to intolerable situations rather than markers of insanity itself (Laing and Esterson, 1970). In this normalization of psychosis, Laing marks an important departure from the matter of concern I have been exploring. Suddenly madness is an understandable and comprehensible process, rather than something fundamentally different and strange.

Still later, in texts such as *The Politics of Experience*, Laing will argue that psychosis can be seen as a particular form of insight or mode of experience that is lost to supposedly normal people (Laing, 1990). Madness comes to be identified not with loss of life, but with an excess of vitality, a desire that escapes the bounds of a reified reason (Laing, 1990). This is a trope that predominates in a number of what might be termed 'postmodern' writings on madness, where schizophrenia is taken as a model for a flight not into isolation but into the possibility of a different way of living. This is accompanied by a general transformation of the schizophrenia concept into what were originally epiphenomal features. Schizophrenia is transformed into psychosis. Auditory hallucinations, delusions and altered perceptions generally are taken to be the markers of schizophrenia, rather than a fundamental alteration in the givenness of experience as described by Bleuler. For Bleuler, these were purely epiphenomenal features of schizophrenia that were accessory to more fundamental disturbances. From the late 1960s onwards, these features are taken as primary markers, both clinically, in the transformation of diagnostic categories, and culturally, in the postmodern understanding of psychosis. Schizophrenia no longer comes to be read as the incarnation of a generalized loss of life in terms of reification, but is mapped on to the speeded-up nature of modern life in general. The instability of identity, the fluidity and speeding-up of sensory inputs and perceptions, the inability to form lasting relationships; schizophrenia as psychosis becomes a mirror of the postmodern in a reversal of Gabel's original socio-pathological parallelism. Rather than too little life, there is now too much.<sup>5</sup>

## Schizophrenia and Psychosis

The transformation of schizophrenia into psychosis has been one of the predominant trends clinically, theoretically and conceptually in understandings of the experiences that were grouped under the schizophrenia label. In relation to the understanding of madness as oscillating between poles of either cognitive deterioration or excess of vitality that we saw Sass outline earlier in the article, this transformation of schizophrenia into psychosis returns this oscillation to the heart of cultural discourse. Psychosis is either seen as the very incarnation of a postmodern disintegration, or its various features are related to modes of cognitive deficits and deterioration in terms of memory, attention, inferential reasoning, and source monitoring deficits. In a way, this latter approach is an explicit return to conceptualizing psychosis in Kraepelinian terms as dementia. Schizophrenia is to be split into its constituent cognitive dimensions and quantified and assessed using a range of psychological measures (Pierre, 2008). It is this approach that I will concentrate my critique on in the final part of this article.

Psychotic experiences that can be discretely identified in terms of their various phenomenal features have come to replace a unified understanding of a loss of experience of selfhood that was central to the original conceptualization of the schizophrenia label. There has been a conscious splitting of the schizophrenia concept itself, to try to break down this cumbersome unwieldy grand narrative into constituent parts that can then be understood through various optics, the primary and dominant one being that psychotic features can be understood as problems with cognitive deficits that ultimately have some biological underpinning (an explicit return to Kraepelinian notions of cognitive deterioration).<sup>6</sup>

One way of responding to such a shift, if one accepts my description, is that it is just a reflection of both changing clinical and cultural realities. Both the reality of research into schizophrenia and the clinical presentations of individuals no longer conform to this understanding of deadened life. One paradigm for understanding these experiences has simply passed into cultural history. What is at stake in my resurrection of this tradition? In the final section of this article I argue that the shifts in concern, and the suppression of the tradition I describe, represent a loss of an attempt to respond to suffering. It is not just a matter of one way of understanding certain presentations versus another interpretation, but the truth of the relevant interpretations. Such a truth cannot be secured, though, purely through a notion of a correspondence with reality. When dealing with the complexities of the experiences grouped under the schizophrenia label, the idea of a truth content to the concept is going to be far more tenuous. In the final section of the article I want to argue why I think that the tradition I have outlined has a truth content that deserves reviving in one form or another.

## What is the Truth of Schizophrenia?

The constant controversy surrounding the diagnosis of schizophrenia has been centred on the question of its validity as a diagnostic construct.<sup>7</sup> Does this concept pick out specific, unified features of pathological experience, or is it purely an arbitrary way of classifying a range of heteronomous clinical features that do not have the

connections claimed by the invention of the label schizophrenia? The critics of the schizophrenia label argue that it is flawed as a scientific label because it has no correspondence with any reality. First, there is no identifiable biological causation. Second, the Kraepelinian division of major mental illness into bi-polar disorder and schizophrenia ignores the many shared symptom groups across both classifications (Bentall, 2003, 2006). Third, schizophrenia does not even describe a syndrome as there is no agreement on course, onset or prognosis in the purported disease entity (Boyle, 1990). Schizophrenia as a concept does not describe a reality that is out there, and should be dispensed with as a label.

However, this argument stands only if we accept a correspondence theory of truth. If the experiences that are grouped under the schizophrenia label are of such a complex nature that they are to do with the very basis of what it means to be conscious, or, more accurately, a loss of such a basis, as I have argued earlier, then what can we point to in the world that corresponds in some way to these experiences? It seems increasingly unlikely that there is going to be a single discrete biological cause that works in a mechanical way. What we are trying to capture with our concepts is not a correlation with a simple reality, but a framework for understanding. Such a framework, of necessity, does have to refer to some form of reality. It cannot be a purely coherence concept of truth, as it is attempting to respond to the reality of a range of experiences that have up to now been classified under the schizophrenia label.<sup>8</sup>

The tradition I have outlined understood these experiences through conceiving them as a fundamental loss of a pre-reflective givenness of the experience of self, others and the world. I would contend that this loss of self-experience does not occur in the same manner in people labelled with bi-polar disorder, although I agree that it is of the nature of psychiatric classifications that they will blur at their boundaries. If the focus moves away from psychosis to a core level of pre-reflective self-experience, then the experiences grouped under the schizophrenia label do cohere with a level of acceptable unity. The range of thoughts and feelings that can be conceptualized in this way is as follows. Persons lose their normal sense of their experience as continuous over time, and tend to spatialize the temporal flow of experience. They lose a sense of ownership over their thoughts, agency and bodily experience. Their cognitions may be accentuated and abstract to an abnormal degree, resulting in a hyper-alertness and monitoring. People may feel a lack of connectedness to themselves, others and the external world. While these experiences do occur in other forms of mental disorder, it is the continuous nature of these experiences that marks them out in a particular manner in schizophrenia.<sup>9</sup>

If the existence of such a range of experiences linked to a notion of a fundamental loss of the givenness of a being-in-the-world is accepted, the question of how to understand them conceptually relates to an understanding and a commitment to a philosophy of mind that we should utilize to conceptualize these experiences. As these experiences relate fundamentally to a loss of what it means to be alive, how do we understand this feeling of consciousness itself, in order to try to understand this loss? I want to conclude by arguing that the tradition I have outlined of understanding schizophrenia as deadened life gives us the best range of resources for a continued understanding of these experiences.

## Schizophrenia and Philosophy of Mind

Since Christopher Frith's book entitled *The Cognitive Neuropsychology of Schizophrenia* was published in 1992, there has been a dominance of cognitivist understandings of schizophrenia in much of the psychiatric literature and research.<sup>10</sup> This is a commitment to a particular form of philosophy of mind, although it is often presented neutrally as a matter of an accurate picture of how the mind works. This commitment to a cognitivist model has been further entrenched with the increasing use of neuro-imaging techniques to scan brains of those diagnosed with schizophrenia, and the associated discipline of neuroscience which is dominated by cognitivist understandings. It would be a misrepresentation to argue that cognitivism is a dogmatic set of principles, rather than a diverse array of theories within neuroscience, psychology, philosophy and linguistics. However, one can outline a number of key principles of cognitivist approaches to the philosophy of mind which are germane to the understanding of schizophrenia.

First, the basic operations of the mind can be understood in terms of a forming of either representations or meta-representations. When we are trying to capture the experience of consciousness, we are attempting to understand a mind that is forming representations of the external world and ultimately meta-representations of those representations. For example, when I want to understand that I am a conscious being or that others are conscious beings, I require a theory of what it means to be a conscious being that I then apply (so-called 'Theory of Mind'). Experience is always fundamentally mediated theoretically through the forming of representations of states of affairs (Frith, 1992).

Second, the operations of cognition are best understood on a model of computation. These computations are performances of symbolic representation. Therefore, consciousness is best understood as a form of processing information through a rule-based manipulation of symbols that form representations. We will know that any cognitive system is operating appropriately when this rule-governed manipulation of both information sources and symbols accurately represents an aspect of the external world (see Varela, Thompson and Rosch, 1992).

Third, this model holds that a variety of cognitive tasks, such as attending, reasoning, remembering and believing, can all be broken down into the core schema of input, followed by processing, followed by rule-governed representation (i.e. manipulation of symbols).

Fourth, the question for reductionists in the cognitivist field is how to correlate particular representational states with certain physical changes, particularly changes in brain activity that can be monitored through a variety of various neuro-imaging techniques (which are themselves, of course, representations, although this is often not discussed; see Dumit [2004] for a discussion of representational issues in neuro-imaging).

These four elements of a cognitivist approach are central to many diverse understandings of schizophrenia or psychosis. Therefore, psychotic features are discussed in terms of a poor monitoring of inputs (auditory hallucinations), a failure to form representations adequately (paranoia, and some delusional beliefs), cognitive failures in attention and memory (thought disorder), and failures in inferential reasoning (delusional beliefs). However, often the underlying philosophy of mind goes unchallenged and undiscussed (Bentall, 2006).

The tradition that I have discussed has a commitment to a phenomenological philosophy of mind that is fundamentally different from the cognitivist approach. In broad outline the differences are as follows. First, the fundamental experience of self and others is not representational. My experience, the experience of the external world and the experience of other people is not mediated at a basic level through forms of representations. When I meet other people, I do not need to form a representation of them to act towards them as to other conscious beings; their existence as conscious beings is given to me as a basis of my being-in-the-world (Gallagher and Zahavi, 2008). Likewise my first-person experience of myself is a given of every experience I have, and not a matter of forming representations of that experience. There is a fundamental 'mineness' to the quality of my experience (Zahavi, 2005). This does not mean that forming representations and cognitive thought is not central to human experience; it is just that it is not fundamental to self-experience and the experience of others and the external world in the way that cognitivists argue.

Second, the understanding of the world that cognitivists outline in terms of a picture of a mind as a manipulator of inputs in terms of computation is a crude abstraction from human experience. Humans are always engaged and involved in an external world and in actions with others, not standing separately and awaiting a source input. This involvement is not only rational and cognitive, but also affective, embodied and engaged. The picture that cognitivists tend to outline is of a mind separate from the external world that operates as a filter for sorting inputs into representations that can be manipulated symbolically to produce cognitions. However, phenomenologists will argue that the mind is always immersed in an embodied interaction with the world and others which is prior to any abstract, cognitive representation of such a world.

Third, the idea that cognitivists hold that cognitions can be broken down into a series of discrete tasks does not give a rich account of the overlapping, plural nature of human cognition. Processes of attending, remembering and believing cannot be broken down into the discrete units that cognitivists tend to use in experimental psychology. If I try to remember a certain experience, I will not only recall something, but often, imaginatively, re-create and integrate a memory with my own current beliefs about my history and identity. Memory is then a matter not only of recall, but also of imagination and of belief. To try to solve this problem, cognitivists will often have recourse to analysing simple discrete tasks in various functional modes, but, in doing so, they abstract from the richness of human experience.

Finally, the reductionism that is inherent to much cognitivist philosophy of mind will be opposed by a different phenomenological understanding of the mind. It is not possible to map discrete cognitive functions strictly onto neural correlates, because those discrete cognitive functions exist only in the extreme abstractions of a certain philosophy of mind (Noë and Thompson, 2004).

What does this have to do with an idea of deadened life? If we return to the concept of reification that I outlined as one of the important components of the means of understanding schizophrenia as deadened life, then we can see why this cognitivist mode of understanding schizophrenia is itself a form of reified thinking.

In his recent reformulation of the concept of reification, Axel Honneth argues that reification can be understood as an overemphasis of an abstract, neutral, contemplative

attitude towards the world. Drawing on the work of Dewey and Heidegger, he argues that this 'spectator' model of the human mind fundamentally ignores and downplays a more primordial sense of 'empathetic engagement' in the world, which Heidegger has termed 'care', and which Dewey terms 'interaction'. Honneth argues that:

... our actions do not primarily have the character of an affectively neutral, cognitive stance toward the world, but rather that of an affirmative, existentially coloured style of caring comportment. (Honneth, 2008: 38)

Honneth supports this concept of caring comportment in terms of developmental psychology and attachment theory, rather than outlining a phenomenological understanding of the experience of self, others and the external world, but such an understanding is implicit in his argument and his use of philosophical sources. He then gives some fascinating formulations of a definition of what a reified stance to other people, the world and the self looks like.

Honneth is clear that this is not just about taking a neutral stance towards the world, as this is clearly necessary and important for any form of thought. Forming representations and meta-representations is a central activity of a developed human consciousness. However, when we try to interact with others or to understand other people, reification occurs when we take a detached, neutral stance which suppresses an 'antecedent stance of empathetic engagement' (ibid.: 56). In doing this, we tend to 'perceive other persons as mere insensate objects', and 'we lose the ability to immediately understand the behavioural expressions of other persons' (ibid.: 57). Honneth discusses this as a form of 'reduced attentiveness' that so focuses on one aspect that it tends to lose the background emotional and engaged colour of every interaction.

Honneth's reformulation of the concept of reification gives us a means of understanding a kind of symmetry between cognitivist understandings of schizophrenia and the experiences themselves. One could characterize them as both forms of 'forgetting' of the basis of consciousness in empathetic engagement, but there are different forms of forgetting here. In the person with schizophrenia, there is a bewilderment that operates at the level of a fundamental loss, and an inability to negotiate her or his dealings with other people, herself or himself and the external world. This is a loss of this basic empathetic engagement with the world, or, to be more accurate, not a loss, but a confusion, or bewilderment. One is no longer sure that the world has any significance, or it has too much significance. One no longer knows how to understand the thoughts or behaviour of others, or how to take one's own bodily position in the world for granted. One becomes bewildered about a sense of lived time and the future. This can force the person into an abstract relationship towards the world as a means of trying to resolve such a bewilderment. This abstract position is what Bleuler termed 'autism' and what Sass has more recently termed 'hyperreflexivity' (Sass and Parnas, 2003). This core loss of self-experience is not just a matter of a loss of cognitive function, but a bewilderment that is to do with this core empathetic engagement with the world.

The cognitivist understanding of schizophrenia in terms of discrete psychotic experiences is itself a forgetting of empathetic engagement, because the cognitivist conceives of the mind on the model of a spectator of the external world and others.

Clearly, the cognitivist project by its very nature as a scientific endeavour is involved in a process of abstraction in order to understand experience. However, this process of abstraction already contains a commitment to a particular philosophy of mind. It is not as neutral or objective as is often claimed.

## Conclusion

The tradition of thinking of schizophrenia in terms of deadened life and reification may no longer be central to current conceptualizations and deconstructions of the schizophrenia concept. However, I have argued that this tradition gives us a number of theoretical resources for developing frameworks for understanding the experiences grouped under the schizophrenia label. Particularly, the phenomenological understanding of schizophrenia as a form of disordered self-experience, and the concept of reification, give us not only means of understanding psychotic experiences but also various current ways of trying to understand them. Psychiatric concepts are products of their own historical formation, which often makes them sedimentations of plural meanings and interpretations. This is particularly true of the schizophrenia concept. The tradition of understanding schizophrenia that I have outlined in this article is just one aspect of that historical sedimentation. However, the debate around changing and deconstructing labels should consider the question of the underlying philosophical commitments to any way of trying to understand complex mental disorders. The truth content of such concepts does not only lie in their purported scientific validity, but in their potential to respond to human suffering. The strand of psychiatric discourse that attempted to understand the experiences of schizophrenia as deadened life in terms of both reification and loss of self-experience gives us a number of important philosophical, historical and clinical resources in trying to respond to human suffering, and deserves not to be forgotten.

## Notes

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1. For a comprehensive account of the phenomenological tradition in psychiatry, see Spiegelberg (1972).
2. It is striking how many critics of the schizophrenia label flatten out the divergences, differences and complexities in the development of the concept and merge Kraepelin and Bleuler together in their account of the history of the concept. See J. Read (2004), where the differences are mentioned and then skated over, and Boyle (1990), who dismisses Bleuler's distinctive contribution, and downplays the differences and critique of Kraepelin in Bleuler's work. Both authors fail to mention the contribution of psychoanalysis to Bleuler's development of the schizophrenia concept.
3. For an excellent introduction to Gabel's work, and his philosophical influences and trajectory, see Sica (1995: 66–99).
4. Honneth's use of the word 'recognition' which he uses to link this work with his previous work on social recognition rather confuses things as it gives the understanding of something that requires an effort of cognition. I think the use of the term 'empathetic engagement' or



- even the Heideggerean 'care' that he references, is more helpful, as it has more of the connotation of a pre-reflective engagement of concern with oneself, the world and objects.
5. For a series of different perspectives that view psychosis in terms of a parallelism with the postmodern, see Fee (1999). For an account of transformations in the cultural understanding of schizophrenia from the modern to the postmodern, read specifically in terms of reification, see Bewes (2002: 157–63).
  6. See Holden (2003), Pierre (2008), Gaebel and Zielasek (2008) for accounts of cognitivist understandings of schizophrenia, and accounts of a dimensional approach to breaking down the schizophrenia concept into different forms of psychoses.
  7. See J. Read (2004) and the Campaign for the Abolition of the Schizophrenia Label website for examples of these arguments: [www.caslcampaign.com](http://www.caslcampaign.com)
  8. As an attempt to negotiate a path between the traps of either correspondence theories of truth or coherence theories of truth, I find Bruno Latour's writings on scientific concepts as 'matters of concern' illuminating. Latour tries to trace a position between social constructionism and realism in articulating the multiple actors that are required to stabilize scientific concepts. The key difficulty I have with Latour's concept, though, is that it is agnostic as to deciding which particular 'gatherings' of concern should be preferred over others. It absolves itself from questions of truth, and therefore cannot completely serve my purposes in this article. See Latour (2004, 2008).
  9. For a comprehensive defence of the view of schizophrenia as a loss of self-experience, or ipseity drawing on current clinical data, see Parnas *et al.* (2005).
  10. See Pierre (2008) for an example of this mainstream view. Richard Bentall's work offers a nuanced defence of cognitivist understandings of schizophrenia that is supplemented with attachment theory. However, the theoretical underpinning of his complaint-orientated approach is largely indebted to cognitivist theories. See Bentall (2006).

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