

**Phenomenology and its role
in description and
explanation
- A clinical point of view**

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Three important domains

- **Explanandum – Explanans**
- **Understanding (space of reasons) –
Explanation (space of biological/physical
courses)**
- **DSM descriptive approach –
Phenomenological approach**

IDENTITY DISTURBANCE IN THE DSM-III – DSM-5

- **DSM-III (self undefined)**
 - Uncertainty about self-image, gender identity, or long-term goals or values, problems tolerating being alone, feelings of emptiness or boredom.
- **DSM-III-R (identity and self undefined)**
 - Uncertainty about self-image, sexual orientation, long-term goals or career choice, types of friends or lovers to have, or values associated with chronic feelings of emptiness or boredom.
- **DSM-IV, DSM-IV-TR, DSM-5 (identity and self undefined)**
 - There are sudden and dramatic shifts in self-image, with shifting goals, values, and vocational aspirations, opinions and plans about career, sexual identity, values, and types of friends.

IDENTITY AND SELF

1. Narrative identity/self

2. Core identity/Basic self

- Minimal self (first person articulation of experience/self-presence)
- Temporal persistence
- Self-coincidence
- Privacy and demarcation
- Embodiment (psychophysical unity)

Clinical case: schizophrenia spectrum

31-year-old, unmarried woman, always single, biochemist, working in a hospital lab. Admitted to a psychiatric ward because disturbed by thoughts about being confused at birth with another infant.

Highly guarded, turning her head sideways without eye contact.

Asked about her name and age, she replied that she could not answer, because she did not know who she was born as and therefore did not know her “true identity.”

Convinced about the substitution for several months, suddenly became evident to her when she was reading some old family letters. The letters signaled a hidden message that she had been substituted as an infant. She, then, searched online to find her biological roots and found out that she was a secret descendant of a Jewish, mystical family known from 200 B.C.

She had the impression that strangers in the street knew that she was the secret descendant and that other people somehow read her thoughts.

Clinical case (continued)

She was relieved by discovering the explanation because she had always felt that there was something “wrong” and that something “didn’t add up.” She always had the feeling that she was “weird” or “just wrong,” and she always had the tendency to observe herself when talking to other people as if there was an “extra consciousness” about how she should say things, how her face and hands looked. She always felt that when people were talking to her, they never addressed her true self but somehow talked “passed” her.

- When people talk to me, they talk to the other child, and not the real me. That is because I’m substituted with the other child (...) Communication [with other people] goes awry from the beginning because I don’t have my real identity and I’m being judged as a wrong person (...) There is no connection between who I am and who the other child is, they do not know who I am and I do not know it either. I couldn’t explain that before. Back then, it was just a question mark: Why do I not belong?

Assessment

- **1. Formation of delusion**
- **2. Delusional elaboration (“travail psychotique”)**
- **3. Being different – Anderssein-Self-disorders**
- **4. EASE evaluation: Multiple Self-disorders**

IMPLICATIONS FOR MULTI-LEVEL APPROACH TO SCHIZOPHRENIA

- **Implications for theory of schizophrenia**
- **Implications for biological research**
- **Implications for psychology: considering schizophrenia as a developmental and not only neuro-developmental disorder**
- **Implications for psychological treatment**

Thank you for your attention!

Suggested Reading

- Zandersen M, Parnas J. (2018). Identity disturbance, feelings of emptiness, and the boundaries of the schizophrenia spectrum. *Schizophr Bull*. <https://doi.org/10.1093/schbul/sbx183>.
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- Parnas J, Henriksen MG. (2016). Mysticism and schizophrenia: A phenomenological exploration of the structure of consciousness in the schizophrenia spectrum disorders. *Conscious Cogn*, 43:75-88. doi: 10.1016/j.concog.2016.05.010.
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- Stephensen H, Parnas J. (2017). What can self-disorders in schizophrenia tell us about the nature of subjectivity? A psychopathological investigation. *Phenomenology and the Cognitive Sciences*. <https://doi.org/10.1007/s11097-017-9532-0>.

Theoretical texts on psychiatric phenomenology

- Nordgaard J, Sass LA, Parnas, J. (2013). The psychiatric interview: validity, structure, and subjectivity. *Eur Arch Psychiatry Clin Neurosci*, 263(4):353-64. doi: 10.1007/s00406-012-0366-z.
- Parnas J, Zahavi D. (2002). The Role of Phenomenology in Psychiatric Diagnosis and Classification. In *Psychiatric Diagnosis and Classification* (pp. 137-162). IEEE Computer Society Press.
- Parnas J, Sass L. (2011). The Structure of Self-Consciousness in Schizophrenia. In S. Gallagher (Ed.), *The Oxford Handbook of the Self* (pp. 521-546). Oxford University Press. doi: 10.1093/oxfordhb/9780199548019.003.0023.
- Parnas J, Sass LA. (2008). Varieties of 'Phenomenology': On Description, Understanding, and Explanation in Psychiatry. In K. S. Kendler, & J. Parnas (Eds.), *Philosophical Issues in Psychiatry: Explanation, Phenomenology, and Nosology* (pp. 239-277). Baltimore: Johns Hopkins University Press.