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Phenomenology, Psychopathology, and Pre-Reflective Experience

Anthony Vincent Fernandez

Abstract

In this chapter, I introduce phenomenology and phenomenological psychopathology by clarifying the kind of implicit experiences that phenomenologists are concerned with. In section one, I introduce the phenomenological concept of pre-reflective experience, focusing especially on its relation to the concept of implicit experience. In section two, I introduce the structure of pre-reflective self-consciousness, which has been studied extensively by both classical phenomenologists and contemporary phenomenological psychopathologists. In section three, I show how phenomenological psychopathologists rely on an account of pre-reflective self-consciousness to better understand the experience of schizophrenia and I outline some of the methodological challenges that arise in this field of research. This introduction should facilitate critical engagement and collaboration between phenomenologists and researchers working across a variety of disciplines, including psychology, psychiatry, the cognitive sciences, and analytic philosophy of mind.

Introduction

Phenomenological psychopathology is the study of the experience of mental disorders. But this field of research doesn't simply provide descriptions of what it's like to live with mental illness, like those found in memoirs, literary depictions, or even some qualitative studies. Rather, phenomenological psychopathologists are typically interested in how the structure of experience, including the "tacit" or "implicit" features of experience, may alter in cases of

mental illness. In this chapter, I introduce phenomenology and phenomenological psychopathology by clarifying the kind of implicit experiences that phenomenologists are concerned with. Such an introduction should facilitate critical engagement and collaboration between phenomenologists and researchers working across a variety of disciplines, including psychology, psychiatry, the cognitive sciences, and analytic philosophy of mind.

In section one, I introduce the phenomenological concept of pre-reflective experience, focusing especially on its relation to the concept of implicit experience. In section two, I introduce the structure of pre-reflective self-consciousness, which has been studied extensively by both classical phenomenologists and contemporary phenomenological psychopathologists. In section three, I show how phenomenological psychopathologists rely on an account of pre-reflective self-consciousness to better understand the experience of schizophrenia and I outline some of the methodological challenges that arise in this field of research.

1. Phenomenology and the Pre-Reflective

If one reads contemporary studies in phenomenology, it's not difficult to find references to implicit experience. Thomas Fuchs, for example, has popularized the distinction between implicit and explicit temporality (Fuchs 2013). And one can easily find discussions of implicit senses of selfhood, implicit feelings or affects, and implicit experiences of embodiment. However, despite widespread use of the term "implicit," this is not a technical term in classical or contemporary phenomenology. Rather, when phenomenologists describe experience as "implicit," it is usually more accurate to use the term "pre-reflective." But why should we concern ourselves with this terminological difference? Isn't a pre-reflective

experience, by definition, an implicit experience? It is, after all, an experience that hasn't arisen to reflective awareness. However, the term "pre-reflective" has additional connotations that are important for understanding the kind of experiences that phenomenologists study.

To start, phenomenologists distinguish "pre-reflective" from terms such as "non-conscious" or "unconscious," which may seem to refer to similar mental phenomena. Referring to something as unconscious suggests that it is not yet part of conscious awareness but may arise to the level of consciousness—a psychoanalyst, for example, might argue that we have unconscious desires that we can only become aware of through various kinds of self-reflective acts, such as those practiced in psychoanalytic therapies. Referring to something as non-conscious, in contrast, means that it cannot, in principle, arise to the level of consciousness—a neuroscientist, for example, might investigate subpersonal neural processes that are required for conscious experience, but can never be directly experienced by a conscious subject. Neither of these concepts, however, adequately capture what phenomenologists mean by the pre-reflective. That's because both the unconscious and the non-conscious refer to something outside of consciousness. The phenomenological concept of the pre-reflective, in contrast, refers to something that is very much part of conscious experience, yet is not an *object* of consciousness.

How can something be part of conscious experience without being an object of consciousness? Depending on one's philosophical commitments about the nature of consciousness, this may seem like a counterintuitive notion. However, phenomenologists operate with a deep or rich notion of consciousness in which much of our conscious life is

experienced pre-reflectively, rather than as a reflective object. In the case of pre-reflective self-consciousness, which we'll cover in more detail in the following section, phenomenologists argue that we have a tacit or implicit experience of ourselves, or of our own experiencing. As Shaun Gallagher and Dan Zahavi explain, "The phenomenologists explicitly deny that the self-consciousness that is present the moment I consciously experience something is to be understood in terms of some kind of higher-order monitoring. It does not involve an additional mental state, but is rather to be understood as an intrinsic feature of the primary experience" (Gallagher and Zahavi 2019). In other words, I don't become aware of myself or my experience only in those moments where I self-reflect. Rather, these reflective moments can only occur because I'm already aware of myself in a tacit or implicit way.

How, then, do phenomenologists investigate this relationship between pre-reflective and reflective experience? Phenomenology is typically characterized as a self-reflective method. But phenomenologists don't think of self-reflection as a way of bringing what was previously unconscious to the level of conscious awareness. Rather, self-reflection allows us to become explicitly aware of those features of experience that were already part of consciousness in an implicit or tacit manner. According to Zahavi, Edmund Husserl "spoke of reflection as a process that discloses, disentangles, explicates, and articulates all those components and structures that were implicitly contained in the pre-reflective experience" (Zahavi 2006: 88). The act of reflection, therefore, accentuates features of experience that typically operate in the background, allowing us to grasp them in a more concrete or immediate way (Zahavi 2006: 88–89).

With all of this in mind, we still need to clarify what kind of pre-reflective experience phenomenologists are interested in. When phenomenologists study the pre-reflective, they're not concerned with just any aspect of experience that we haven't reflected upon. Rather, they aim to identify and describe those fundamental features that constitute the form or structure of experience, rather than the particular content of one's experience. Martin Heidegger, for example, clarifies the subject matter of his investigation in *Being and Time* when he says, "...there are certain structures which we shall exhibit—not just any accidental structures, but essential ones," which are "determinative" for the character of human existence (1962: 38). Heidegger, and many other phenomenologists, have described a variety of these structures in their work, including temporality, affectivity, and embodiment. In this chapter, however, we'll focus on pre-reflective self-consciousness because this feature of experience has played an especially important role in the phenomenological study of mental disorders.

2. Pre-Reflective Self-Consciousness

Self-consciousness, in both everyday and philosophical discourse, is typically understood as a reflective act. To become self-conscious is to engage in an act of self-reflection in which one's own consciousness or experience is taken as an object. In this moment, one becomes conscious of oneself, rather than simply being conscious of other objects in the lived world. This kind of self-consciousness is certainly a core feature of human subjectivity. Such acts of reflection allow us to develop and formulate a social identity and to think more carefully about who we are and want to be. Phenomenologists, however, argue that this is not the only kind of self-consciousness. And, importantly, this reflective act is derivative of a deeper, pre-reflective self-consciousness.

But what does it mean to be self-conscious in a pre-reflective way? It means that, at a basic level, experience is always first-personal. Whenever I have an experience, I have the tacit sense that it is *my* experience or that *I* am the one undergoing the experience. This basic, fundamental sense that the experiences I undergo are mine, that they belong to or happen to me, is not something that typically arises to the level of reflective awareness. As Zahavi puts it, conscious experiences have “the quality of *mineness*, the fact that the experiences are characterized by first-personal givenness. That is, the experience is given (at least tacitly) as *my* experience, as an experience *I* am undergoing or living through” (2006: 16).

Therefore, phenomenal consciousness necessarily entails what Zahavi calls a “minimal or thin form of self-awareness” (2006: 16). There are a variety of terms that philosophers and psychologists use to refer to this aspect of experiential life. However, for the sake of simplicity, I will follow Zahavi in referring to it as “mineness” or, more recently, “for-me-ness” (Zahavi 2018).

This phenomenological view of self-consciousness is similar to views that have been advanced by some analytic philosophers, such as the views of Owen Flanagan (1992) and Uriah Kriegel (2003, 2004). But the phenomenological view should be sharply distinguished from higher-order theories of consciousness (Carruthers 2017; Rosenthal 2004). On the higher-order account, a first-order mental state becomes conscious by being the object of a higher-order mental state, which may be perception- or thought-like (depending on which theory one subscribes to). While higher-order theorists do agree that self-consciousness is a key feature of conscious experience, they disagree with phenomenologists over how,

exactly, a subject becomes self-conscious. On the phenomenological view, pre-reflective self-consciousness is understood as primitive or irreducible, in the sense that it does not depend upon some more basic structure of experience.

At this point, one may be concerned that the phenomenological account doesn't actually have much to say about pre-reflective self-consciousness beyond the claim that we are, in fact, self-conscious in this way. However, one may characterize pre-reflective self-consciousness as primitive or irreducible while also acknowledging that this basic feature of subjectivity is amenable to further analysis and articulation (Gallagher and Zahavi 2012: 63). As we'll see in the following section, it's precisely phenomenology's careful and systematic articulation of basic, fundamental structures of experience that makes it so valuable to the study of mental disorders. Phenomenological studies of schizophrenia, for example, penetrate beyond symptoms like hallucinations and delusions to inquire into how the basic structures of consciousness must have altered for these symptoms to arise in the first place.

3. The Pre-Reflective and Psychopathology

Phenomenology provides conceptual and theoretical foundations used across the human sciences, including in nursing, psychology, sociology, anthropology, and the cognitive sciences. But the longest running and most established application of phenomenology is in the field of psychiatry, producing the interdisciplinary field of phenomenological psychopathology. This field owes its existence, in large part, to Karl Jaspers, who argued that our understanding of mental disorders must be underpinned by the kind of conceptual clarity produced by phenomenological research (Jaspers 1968, 1997). He pointed out that, despite the widespread use of concepts such as "delusion" or "hallucination," we have a fairly impoverished understanding of what we actually mean when we use these terms.

Jaspers believed that phenomenology could provide nuanced descriptions of signs and symptoms, thereby mapping the terrain for psychiatric research and clinical practice. However, when he originally proposed the field of phenomenological psychopathology in 1912, phenomenology itself was still in its infancy. Jaspers' vision of a careful and systematic description of disordered experience, while certainly valuable, therefore did not incorporate phenomenology's deeper concern with the fundamental pre-reflective structures of experience.

Those psychiatrists and clinical psychologists who came after Jaspers—such as Ludwig Binswanger, Wolfgang Blankenburg, Medard Boss, Kimura Bin, Frantz Fanon, Eugene Minkowski, Erwin Straus, and Hubertus Tellenbach, among many others—did the difficult work of integrating philosophical phenomenology with psychopathological research. Drawing on the work of figures such as Heidegger, Jean-Paul Sartre, and Maurice Merleau-Ponty, in addition to Husserl, they provided not only nuanced descriptions of disordered experience, but also attempted to understand and explain such experiences by appealing to alterations at the implicit, pre-reflective level of consciousness. This thoroughly integrated approach to phenomenological psychopathology still characterizes the field today, with some of the best work being produced by interdisciplinary teams of psychiatrists, clinical psychologists, and philosophers.

In this section, I illustrate how phenomenological psychopathologists study alterations in pre-reflective experience to better understand psychiatric symptoms that may at first seem anomalous or even incomprehensible. Phenomenological psychopathologists have investigated a wide range of disorders, including depressive disorders, personality disorders,

and substance misuse disorders. But psychotic disorders, especially schizophrenia spectrum disorders, have been studied in the most detail. For this reason, I'll confine the following discussion to recent phenomenological studies of schizophrenia.

To appreciate just what phenomenology offers the field of psychiatry, we should start with a brief overview of how contemporary psychiatry conceptualizes mental disorders. Since the 1980s, the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), which is the dominant classificatory manual in North America, has used an operational, polythetic system of classification and diagnosis. This means that each category of disorder includes a list of symptoms, some subset of which the patient needs to exhibit for a specified duration. The other dominant classificatory manual, the *International Classification of Diseases* (ICD), does not use operational criteria, but instead provides a brief description of the disorder that includes a list of symptoms. Despite this difference, the latest versions of both manuals (DSM-5 and ICD-11) typically present the same basic symptoms for each disorder. Phenomenologists are critical of these approaches to conceptualizing disorders for at least two reasons: First, the experiential symptoms are typically described in a superficial manner; second, there is no attempt to find an organizing principle among the apparently diverse symptoms (see, e.g., Fernandez 2016; Parnas and Bovet 2015; Parnas and Zahavi 2002). Phenomenologists argue that without careful, nuanced descriptions of experiential symptoms, psychiatrists risk conflating what are, in fact, distinct psychopathological symptoms or conditions. And, without identifying an underlying organizing principle, there's no way to understand how or why this cluster of symptoms tend to co-occur.

It's important to emphasize that phenomenologists are not alone in critiquing the DSM and ICD for failing to identify any kind of meaningful relationship among signs and symptoms, or to inquire into potential causes. Other philosophers and cognitive scientists have also sought to remedy this shortcoming (see Murphy 2008, 2010 for an overview of some of these approaches). Even within psychiatry, we find new approaches that prioritize explanatory accounts. Perhaps the prime example is the US National Institute of Mental Health's Research Domain Criteria initiative, which prioritizes psychiatric research into brain circuitry, but also aims to investigate disorders across a broad set of domains, including behavior and genetics (Cuthbert 2014). However, these other explanatory approaches proposed by philosophers, cognitive scientists, and psychiatrists tend to differ from the phenomenological approach in at least one key respect: They typically prioritize mechanistic explanations at biological, neurological, or cognitive levels. Phenomenological accounts, by contrast, prioritize the experiential level. We might assume that these are therefore competing approaches, and they are sometimes presented as such. However, phenomenologists don't discount the importance of neurological and biological explanations. Rather, they typically argue that, even if our goal is to explain disorders at a neurological or biological level, we still need a clear formulation of the explanandum. Some psychiatrists have even referred to phenomenological psychopathology as "the basic science of psychiatry," since it first maps out the phenomena that other researchers aim to explain (Stanghellini and Broome 2014). While there's certainly more work to do to clarify how, exactly, phenomenological accounts can guide various kinds of mechanistic explanation, there are at least some recent attempts to characterize this relationship (Fernandez 2019; Pokropski 2019, 2021).

To return to the classificatory frameworks of the DSM and ICD, we can look at how schizophrenia is classified in the DSM-5. According to this manual, schizophrenia should be diagnosed only if the patient exhibits two or more of the following five symptoms over the same one-month period, where at least one of these symptoms must be items (1), (2), or (3):

1. Delusions
2. Hallucinations
3. Disorganized speech (e.g., frequent derailment or incoherence)
4. Grossly disorganized or catatonic behavior
5. Negative symptoms (e.g., diminished emotional expression or avolition).

(American Psychiatric Association 2013: 99)

Moreover, while the DSM-5 does provide definitions of these symptoms, they remain brief and cursory. Consider, for instance, the DSM-5 definitions of delusions and hallucinations: “*Delusions* are fixed beliefs that are not amenable to change in light of conflicting evidence” and “*Hallucinations* are perception-like experiences that occur without an external stimulus. They are vivid and clear, with the full force and impact of normal perceptions, and not under voluntary control” (American Psychiatric Association 2013: 87). These definitions focus primarily on the content of experience (i.e., the delusional belief or the hallucinated object) and fail to characterize the kind of experiential background that makes the delusion or hallucination possible in the first place. By contrast, rather than ask only “What is a delusion?” or “What is a hallucination?”, phenomenologists also inquire into how one’s overall experiential structure must shift or alter such that delusions or hallucinations can occur in the first place.

What have phenomenologists concluded by investigating schizophrenia in this way? The dominant phenomenological theory of schizophrenia characterizes it as a self-disorder or an ipseity disturbance—that is, the primary alterations that characterize schizophrenic experience occur in the structure of selfhood, including in pre-reflective self-consciousness. Louis Sass and Josef Parnas highlight two characteristic ways in which one’s sense of self is altered in schizophrenic experience, which they call “hyper-reflexivity” and “diminished self-affection”:

...this ipseity disturbance has two fundamental and complementary aspects or components. The first is hyperreflexivity, which refers to forms of exaggerated self-consciousness in which a subject or agent experiences itself, or what would normally be inhabited as an aspect or feature of itself, as a kind of external object. The second is a diminishment of self-affection or autoaffection—that is, of the sense of basic self-presence, the implicit sense of existing as a vital and self-possessed subject of awareness. (Sass and Parnas 2003: 428)

However, they don’t simply describe these features of schizophrenia in detail. They also reflect on why these particular experiences tend to co-occur:

In our view, these two features are best conceptualized not as separate processes but as mutually implicative aspects or facets of the intentional activity of awareness. Thus, whereas the notion of hyperreflexivity emphasizes the way in which something normally tacit becomes focal and explicit, the notion of diminished self-affection emphasizes a complementary aspect of this very same process—the fact that what once was tacit is no longer being inhabited as a medium of taken-for-granted selfhood. (Sass and Parnas 2003: 430)

One way to think about the relationship between these two disturbances is that when our implicit sense of self is diminished or reduced, we compensate by engaging in acts that make our sense of self explicit, attempting to hold onto an aspect of ourselves that seems to be fading away. However, whether this is best conceptualized as a compensatory relationship is still debated. Sass and colleagues, for instance, suggest that these might be “complementary facets or tightly interacting processes”—but also admit that both conceptions might be required for adequately understanding the relationship (Sass *et al.* 2018: Supplemental Material Note II).

This kind of analysis demonstrates that phenomenology isn’t a purely descriptive enterprise. It can also be explanatory, insofar as it identifies various kinds of motivational relations among different experiential alterations (see, e.g., Parnas and Sass 2008; Sass 2010, 2014). When phenomenological psychopathologists seek out these kinds of motivational relations, they often attempt to identify what Minkowski (1948) calls the *trouble générateur* or “generating disorder” and Parnas calls the “core gestalt” (2012). The aim is to identify the core disturbance in a particular category of disorder—but also to explain how this core disturbance helps us make sense of the broad range of signs and symptoms that are characteristic of the condition in question, thereby clarifying the overall gestalt structure of the condition. This addresses phenomenology’s second major criticism of psychiatry: that it presents disorders as clusters of apparently unrelated symptoms, with little attempt to understand why these symptoms co-occur.

As we see from Sass and Parnas' descriptions of diminished self-affection, it's precisely the implicit sense of for-me-ness—the sense that I am the subject of my own experience—that is in some respect compromised in schizophrenia. And they argue that this disturbance of pre-reflective self-consciousness, once properly understood, can also help us understand some of the symptoms of schizophrenia that may at first appear anomalous or incomprehensible.

Consider, for instance, the experience of thought insertion. In the DSM-5, thought insertion is defined as “A delusion that certain of one's thoughts are not one's own, but rather are inserted into one's mind” (American Psychiatric Association 2013: 820). A phenomenological psychopathologist will approach this in two ways: First, they'll ask if this definition accurately characterizes the experience in question; second, they'll ask how one's pre-reflective experience must alter in order for such an experience to occur—or, if there's already some consensus about the pre-reflective alteration that characterizes the relevant diagnosis, then they may ask if this particular symptom can also be understood as a product of this pre-reflective alteration.

In the case of phenomenological research on thought insertion, the standard view is that the root of schizophrenic experience is an alteration in pre-reflective self-consciousness. Since thought insertion is a symptom associated with schizophrenia, one should therefore ask if this experience can also be attributed to this alteration—and, if so, how exactly this structure would need to alter for the experience of thought insertion to occur. This is not, however, the kind of insight that a patient can simply report or describe. Rather, identifying which experiential structure has altered and how it has altered can require a complex and

sometimes contentious interpretive process. For example, a number of philosophers have argued that thought insertion involves an experience in which one has neither agency for nor ownership of the thought in question, and, therefore, the basic sense of for-me-ness is entirely absent from the experience (see, e.g., Lane 2012, 2015; López-Silva 2018, 2019; Metzinger 2004). Mads Gram Henriksen, Parnas, and Zahavi, by contrast, argue against this interpretation. They agree that pre-reflective self-consciousness is altered and that this can be understood in terms of a distinct change in the sense of for-me-ness that's typically an integral part of experience (Henriksen, Parnas and Zahavi 2019). But they argue that this alteration in the sense of for-me-ness should not be understood as the complete absence of this aspect of pre-reflective experience.

How do they develop and defend this argument? Henriksen, Parnas, and Zahavi do not defend their position by simply holding to the phenomenological orthodoxy that pre-reflective self-consciousness, including the sense of for-me-ness, is a necessary and universal feature of experience—and, thus, could not be absent from any experience at all. Rather, they argue that many accounts of the experience of thought-insertion are based on misinterpretations of the empirical evidence. They point out that many philosophers who write on the experience of thought insertion developed their accounts based on limited and, in some respects, non-representative examples. Moreover, they argue that many of these philosophers adopt a literal approach to interpreting reports by people who experience thought insertion. As they write, “In an effort to take patient’s descriptions of their own experiences seriously – ‘patient phenomenology’ as it sometimes is termed – philosophers sometimes slip and mistakenly take this to involve taking patients’ descriptions literally” (Henriksen, Parnas, and Zahavi 2019: 4). Even making sense of one’s own experiences from

a first-person perspective still requires conceptualization and interpretation. And this means that we're also capable of misunderstanding, misinterpreting, and ultimately misdescribing our own experiences. In the case of thought insertion, for instance, what one means by "hearing voices" may differ from person to person. Henriksen, Parnas, and Zahavi give examples of patients who deny "hearing voices" because they attribute the voices they hear to real people, and therefore fail to acknowledge that they are experiencing auditory verbal hallucinations (2019: 5). This is just one example of why taking first-person reports seriously does not necessarily require that we take them literally. Rather, to genuinely understand these kinds of experiences, one will typically require empirical methods, such as well-formulated, semi-structured interviews, that can be used to inquire into the experience in question from a variety of angles. By drawing on a broader range of examples than those used by other philosophers engaged in the study of thought insertion, Henriksen, Parnas, and Zahavi argue that thought insertion does not involve a complete loss of for-me-ness and, therefore, conclude that for-me-ness is altered but not absent in the case of thought insertion.

As we see in discussions of the relationship between diminished self-affection and hyperreflexivity as well as the debate over how the sense of for-me-ness alters in thought insertion, developing the best phenomenological interpretation of a pre-reflective experience is a challenging task. But phenomenological psychopathologists also face an additional challenge in the collection of experiential data. For the most part, phenomenological psychopathologists assume that they can obtain the data they require through first-person reports, which might be facilitated through various second-person practices, such as interviewing (Henriksen, Englander and Nordgaard 2022). However, some

phenomenological psychopathologists, such as Sass and Elizabeth Pienkos, acknowledge that this approach has a built in selection bias, since it is limited to studying the experiences of those who can provide such reports through verbal or written expression (Sass and Pienkos 2013: 108).

But what about those who cannot accurately describe their own experiences, either because they lack adequate capacities for verbal or written expression, or because they do not understand their own experiences in the first place—for instance, in cases of confabulation? Despite its importance to the discipline, this question has received surprisingly little attention in phenomenological psychopathology. The continued success of this field will depend not only on the soundness of its interpretive arguments, but also on its ability to obtain novel experiential data for further interpretation and analysis.

Phenomenologists must think carefully, for instance, about how best to formulate a qualitative interview that will help the interviewee accurately report their pre-reflective experiences (Høffding and Martiny 2016; Køster and Fernandez 2021). And it may even be worth rethinking phenomenology's traditional privileging of first-person, self-reflective evidence. Classical phenomenologists, such as Husserl and Merleau-Ponty, sometimes made claims about experience that could not be supported by first-person, self-reflective reports—such as claims about experience in infancy. Considering this, it may be possible for phenomenologists to use behavioral evidence as a replacement for, or in conjunction with, first-person reports (Klinke and Fernandez 2022). Such an approach may open the door for phenomenologists to investigate a broader range of conditions, and to avoid the kind of selection bias that's built into approaches that rely strictly on interviewing.

Conclusion

In this chapter, I've introduced the field of phenomenological psychopathology by clarifying the concept of pre-reflective experience. Using the example of pre-reflective self-consciousness, I've shown how phenomenologists approach the study of psychopathological conditions. In contrast with psychiatry's traditional approaches to characterizing mental disorders, which rely on clusters of superficially defined signs and symptoms, phenomenologists develop rich descriptions of psychopathological experience and inquire into how one's pre-reflective structures must have altered for such an experience to come about. By providing a better understanding of the overall organization of the disorder, phenomenology helps us to make sense of signs and symptoms that may at first appear anomalous or incomprehensible, ultimately illuminating the experience of mental illness in ways that extend far beyond what contemporary psychiatry offers. However, while phenomenology may be key to a proper understanding of mental disorders, it should also be seen as just one among many approaches that are critical of mainstream psychiatry and aim to provide more comprehensive accounts.

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