

**THE PHENOMENOLOGY OF PSYCHIATRIC DIAGNOSIS:
AN EXPLORATION OF THE EXPERIENCE OF INTERSUBJECTIVITY**

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ABSTRACT

This work is born out of previous research, conducted by this researcher, into the effects of psychiatric labelling on individuals thus differentiated. Informed by the investigative thrust of phenomenological inquiry, it is the aim herein to provide an illumination of the dramatic confrontation of the labelled individual with the classificatory branding that is his or her label. The question asked is: What is the experience of the labelled individual, and how does the label function as a ‘scientific fact’ (Kiesler, 2000) suffused within his being? In answering these questions, the researcher aims to abandon his own expectations, as is fitting with the phenomenological method, and to devote his sympathies entirely to the subjective disclosures which, it is hoped, the participants will offer. On this point, an obvious tension exists insofar as expectation and hypothesis necessarily constitute the inception of any research endeavour; and so, the notion of a complete bracketing of assumption and anticipation seems methodologically vague. The explorative impetus within this dissertation aims towards an elucidation of the effect of psychiatric diagnosis on the labelled individual, in terms of the individual’s experience of being-with-others. The impact of the offering of the label upon the individual’s interpersonal and intersubjective presence will be explored so as to establish whether psychiatric labelling unfolds as a disconnection of the individual from his co-existence with others.

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Dedication

To my parents, Pam and Trevor Bradfield, whose unfailing support made this work possible.

“And what is oneness without otherness?”

- John Wisdom, “Gods”

“Let us ever hold fast to what it means to be a human being.”

- Soren Kierkegaard

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CHAPTER 1

INTRODUCTION

The inspiration for this research comes from results obtained in prior work done by this researcher relating to the impact of the psychiatric label upon the individual who, through his “deviant” behaviours, is forced to bare it. It is therefore necessary to give a brief account of this work so as to alert the reader to both the justification and the complete necessity of this dissertation.

The psychiatric label, considered a scientific exactness, and grasped as an imperative statement of an individual’s manifest symptomatology, is realised within the psychiatric endeavour as an unequivocal description of the individual’s mental state (Kiesler, 2000; Bradfield, 2001). This description is emplaced upon the diagnosed individual’s consciousness, offered as a full delineation of that individual, thereby translating her consciousness into a scientific fact, a brute and differentiated thing (Goodwin & Guze, 1996; Bradfield, 2002). The consciousness of the labelled individual is created within the psychiatric motion as a thing identical in itself; immutable and delimited in accordance with the label which is its description (Bradfield, 2001 & 2002). The consciousness of the labelled individual appears therefore to be apprehended as that which, through its discrete and singular manifestation, occupies a real spatial location within the lived world of the individual (Boss, 1979; Romanyshyn, 1978).

The labelled individual, whose consciousness is thereby captured through scientific differentiation and judgment, is thus bound in his identity (Bradfield, 2002). Insofar as consciousness is grasped as that which is able to create itself in a manifold of expressions and identifications (Beauvoir, 1964), the notion that an individual consciousness can be circumscribed by the exactness of a psychiatric label appears jarring in its tendency towards the reduction and reification of consciousness (Szasz, 2000). Through the offering of the label, the individual consciousness - of which that label is considered a full description - appears to be situated within an enclosed medically discernible space, which is identifiable through the precise symptomatology that is that label’s definition. This locating of consciousness emerged in the research as a trans-substantiation, in which consciousness is altered through the label, metamorphosed from a swift and motional intentionality, into a changeless object (Bradfield, 2001).

In terms of the way in which this translation of consciousness unfolds within the lived world of the labelled individual, as was established in previous research done by this researcher, various rather unsettling reactions were noted. For the purpose of this work it is necessary to elucidate upon only one of the subjective implications of the label, as gleaned from the afore-mentioned work (Bradfield, 2001 & 2002). The psychiatric gaze, understood within the strictly scientific sense as an apprehension of an embodied consciousness constituting a discrete psychological structure, is present within the labelled individual's being-in-the-world as an identification and differentiation of that individual's consciousness (Kiesler, 2000). In this sense, consciousness is realised as a "thing" entirely constitutive of the psychiatric structure which is a specific label. The individual, the one who in her being is elementally creative, oriented, and intentional, is thus excluded from this evaluation and estimation. The full manumission that is consciousness' intentionality is bypassed through the psychiatric apprehension of the mental disorder, which then comes to occupy a tangible and irreducible space within the individual's being.

The label, as an undeviating scientific description, thereby unfolds as a corporeal mould within which the labelled individual is perceived, and within which he begins to perceive himself (Bradfield, 2001). This alternate apprehension of self, in which the individual begins to experience himself from within the confines of his label, as was gleaned through the analytic, is disclosed as an experience of dehumanisation. The experience of dehumanisation emerges insofar as the individual grasps his being-in-the-world as defined entirely by the circumscriptions of the label, detached from his personal identity and his consciousness of self. The label, as a full description of consciousness, eclipses the personal identity which is that consciousness' colour and its creation. The person, understood in terms of the psycho-biological anatomy which is his label, thus loses his humanness. His realisation as a consciousness unfolding in its autonomy is foreclosed, and he is stuck, enchained within his diagnosis.

Through the offering of the label, individual consciousness realises a sense of singularity, of changelessness, and object-likeness; and it is this apprehension which unfolds as the subjective experience of loss of self through the delimitation of the manifold of creative possibilities that is human consciousness (Bradfield, 2001). In

rendering consciousness wholly definable from within the encasement that is the label, the individual whose lot it is to be bound to such a label experiences a tightening of self. In this sense she finds she is only present to the world as a schizophrenic, or a bipolar, and she is unable to recreate herself beyond her diagnostic partition. She is thus dehumanised insofar as she has been robbed of her potential for regeneration and transcendence (Bradfield, 2002; Sartre, 1957). Her being-in-the-world as an intentionality in motion is constrained by the label, which now becomes her identity and her identification.

This brief recounting of the results procured in prior research conducted by the researcher serves the purpose of both setting the exploratory scene and stressing for the reader the full importance of this work. It has been shown that the label is disclosed within the lived world of the labelled individual as a potential harshness and injury. It has been shown that this injury arises as a clear result of the scientific partitioning of the labelled individual's consciousness within a systematically defined sect of medical apprehension. That an individual's being-in-the-world is reduced to an immutable diagnostic brand, as opposed to the multifarious motioning that is human consciousness, has been established (Bradfield, 2002). This researcher now aims to proceed with his exploration of the impact and implication which the label holds in relation to the individual who bares its marking. Insofar as the label is taken as a factual differentiation and partitioning of an individual, what is the experience of that partitioning? How is the label, as that which locates the individual within a scientifically delineated sect, met within the subjectivity of the experiencing individual? How does the labelled individual, as one within a shared world, face others in that world? It is towards an unclothing of this experience, the experience of being labelled as it relates to the mutual presencing of self to other and other to self, that this inquiry is directed. What is the experience of being as a labelled individual in a world, and amongst others in that world? Although it may be suggested that the prior establishment of a system of understanding and a framework of theoretical interpretation in relation to the results of this thesis may tarnish the results herein, the researcher has not allowed for these systems of understanding to be absorbed within his methodology. Certainly, there is a degree of theoretical and assumptive prejudice in relation to this researcher's understanding of the psychiatric

diagnosis. However, the way in which participants were approached in a non-coercive and non-manipulative manner, implies that the results gleaned through the analytic were drawn from the understandings and experiences of the participants only, and not from the experiences of participants of the previous study. The researcher's previous work into the subjective impact of the psychiatric diagnosis held no determining influence in relation to the results of this study, and are only considered important here insofar as they point to the need for further research into this dimension of human experience.

This research emerges as exploratory in terms of its antipsychiatric agenda. The antipsychiatrists of the 1950s, 60s and 70s, of particular importance here are Szasz (1961, 1973), Laing (1967, 1982), Goffman (1968), and Rosenhan (1992), focused their energies explicitly upon the impact of the psychiatric institution. These authors aimed at a deconstruction of the blatant inhumanities which, they advocated, characterised the functioning of the institution. The exploratory nature of this research is realised through the notion that this undertaking is engaged in eliciting the experience of psychiatric intervention as it is felt outside the psychiatric institution. How is the psychiatric function of diagnosis felt by the individual in his or her own world of lived experience? It is towards an evaluation of these issues that this researcher now turns. Intrinsic to the context of this research is the aim, as articulated by Giorgi (1970), towards a reestablishment of psychology as a human science, and as one which focuses not on measurement but on meaning in its approach to its subject. And it is in terms of this necessary focus on the impact of the diagnosis on the human subject, that this researcher aims in his work to challenge psychiatric diagnosis in terms of its existential validity.

“Does it heal us? Does it liberate us? Does it bring
harmony into our lives? Does it contribute to a sense of
peace, assurance? Does it fill us with a sense of gratitude?
Does it make it possible for us to find the answers we need
to the problems of daily living?” (Hora, 1983, p. 9)

If the answer to these questions is no when asked in relation to the validity of psychiatric diagnosis, then re-evaluation is essential.

CHAPTER 2

LITERATURE REVIEW

PART 1

2.1.1 Phenomenological ontology: An exposition

The principles of phenomenology, as a foundational ontology and methodology, shall form the perspective and the architecture of this work. It is therefore essential to inaugurate this, the evaluation of the literature, with a description of phenomenology as it shall be applied herein. Phenomenology, as a philosophy devoted to the clear elicitation of human experience, is grasped as a tool which can be successfully applied to psychological research and practice (Kusch, 1995) insofar as it concerns itself with the bringing to light of the lived experience of the individual. Phenomenology is the making visible of the world of lived experience from within that world, and has as its aim the revelation of the “experiencing self” (p. 229). In this sense, phenomenology is the articulation of felt apprehension and of the lifeworld which is man’s experiential situatedness. It is, to use Scheler’s words, “a philosophy out of the plenitude of the experience of life.” (In Kusch, 1995, p. 229). As such, phenomenology is opposed to the notion of scientific exactitude in its descriptions and articulations of meaning (Cooper, 1990). The circumscriptions and exigencies which plague the empirical sciences, and which arise as a naive conviction in science as the consummate repository of truth, are rejected within the phenomenological framework (Martin, 2001). Through a full exploration of phenomenological ontology I hope to make explicit the value of phenomenology in terms of its application within this work.

The most elemental phenomenological canon which must be elucidated is that of the devotion which this methodology manifests to the elicitation of *essences* (Muller, 1987).

“True philosophy, phenomenology, is not a science of facts, but... of essential being, ... which aims exclusively at establishing knowledge of essences.” (Cooper, 1990, p. 40)

Roger Brooke (1991), in his seminal text on Jungian phenomenology, articulated the phenomenological understanding of essences with lucidity. The essence is that which is given through the phenomenon which is its manifestation, but is not to be confused with the empirical contingency which is that particular phenomenon. Essences are disclosed

imaginatively through an intuitive modality, and therefore do not emerge within the positivist systematic which upholds a singularity of truth and meaning of the things of the world (Bevir, 2000; Visker, 2001). Essences are thus not grasped as ontologically immutable existents, but rather as potential illuminations of the things of the world as they reveal themselves to consciousness.

Fundamental within the phenomenological endeavour is the establishment of *essential intuition*, which amounts to an apprehension of the pure phenomenon, as it is subjectively lived. The attainment of this revelation emerges within phenomenological psychology as a motion towards the uncovering of what Ashworth (1996) describes as “pure consciousness”. The essence emerges as an immediate intuition; a seeing of the things of the world as they are, as they are felt, and as they give themselves to the experiencing individual. Phenomenology, as an approach to pure consciousness, is the study of these essences; it is the bringing to light of that which is not seen perceptually, but known intuitively by an individual consciousness (Ashworth, 1996).

Husserlian phenomenology was structured around the notion of the apprehension of essences; and in service of achieving this pure perception, Husserl (1931) aimed towards what is known as an eidetic reduction, in which existence is bracketed off, and it is the essence of a thing which affords ontological priority. Within Husserl’s schema, essence precedes existence. In terms of phenomenological psychological investigation, this functions as a bracketing out of all pre-existing systems of knowledge. In phenomenological research it serves as an aspiration towards presuppositionlessness within the research endeavour (Haggman-Laitila, 1999).

Phenomenology, based in an ontology which sites essential intuition as prior to existing theoretical theses within the genesis of knowledge, insists on the suspension of all presupposition in relation to the phenomenon, and by extension the essence, being examined. Phenomenological research approaches the phenomenon encountered with the aspiration towards unclothing the essence, intuiting the essence, and describing it freshly and in a non-influential manner (Giorgi, 1997; Kruger, 1988; Owen, 1994). Dreyfus (1991), in his analysis of Heideggerian phenomenology, echoes this notion of the unaffected proclamation of phenomena through the phenomenological method.

“The *formal* conception of phenomenology is ‘ to let that which shows itself be seen from itself in the very way in which it shows itself from itself.’” (Dreyfus, 1991, p. 31)

In this sense, phenomenological research aims at a pure elicitation of the thing in itself, as it is: a concrete situation in the world of lived experience. It is for this reason that the phenomenologist must withhold all presupposition, and must cast aside all interpretive tendencies which would otherwise thrust themselves on to us, thereby clouding the phenomenon, and diminishing access to the core of that phenomenon (Dreyfus, 1991). Of course, the phenomenologist is not perfect, and therefore a total bracketing off of assumption and postulation is inevitable. Theoretical sensitivity, to a certain extent, does influence the research process.

Phenomenology, as a motion towards the clean revelation of essences, and as an endeavour towards essential intuition and the bringing to light of that which is subjectively real, emerges as an approach to pure consciousness (Ashworth, 1996). It is towards the elucidation of this conception of pure consciousness that I turn next.

As an exploration of the objects of consciousness (Bevir, 2000), phenomenology is a gazing into the conscious motioning of the individual, aiming to uncover the location of consciousness from within its world of objects and essences. Consciousness is thereby grasped as an existence in motion, unfolding in co-relation to those objects in the world which are its co-constitution and its experience. Consciousness is grasped as an experiential emptiness, which, in its advancing, illuminates of the things of the world. Consciousness thus defined as an intentional motioning through the world of things, is grasped within the phenomenological lexicon as *intentionality* (Husserl, 1931).

Pure consciousness is consciousness as intentionality. This notion finds its experiential relevance within man’s world-situatedness in terms of the pronouncement, initially expressed by Husserl (1931), that consciousness is always ‘consciousness of something’ (Brooke, 1991). In this sense, an individual consciousness is apprehended as a world-receptiveness which unfolds as a project in relation to the intentional objects which gather and emerge within one’s ken. Intentionality, then, implies the simple fact that man, as a projection of consciousness into the world of things, is always directed outwards (Sartre, 1970). Intentionality functions within the phenomenological schema as

axiomatic, insofar as consciousness is always consciousness of something, and is thus primarily intentional (Stenner, 1998). In terms of phenomenology as a theoretical and historical evolution, this reduction of consciousness to pure intentionality, as formulated initially by Husserl, is seen as phenomenology at its most incipient stage of and conceptualisation.

Inherent within the Sartrean lexicon is the notion of consciousness as a space which, in its being, brings forth and illumines the things of the world. Consciousness, as a nothingness (Sartre, 1943, 1957 & 1970), an opening, is flung out, shot into the world. This world is grasped as a world wherein consciousness, as a being-in-the-world, finds its experience and its intentional objects, and in its pull towards these objects consciousness clarifies and irradiates them. Within the notion of being-in-the-world, which shall be further explicated, 'being-in' must be grasped as a movement of consciousness, an intentional impulsion. This is consciousness' way of existing in the world; to cast itself always outwards towards that which it is not, thereby creating for itself the encounter which is consciousness' lived experience. This is what is meant by consciousness as intentionality. Intentionality unfolds ontologically as a "world-opening" (Brooke, 1991, p. 42), in which man finds himself emplaced in the world, and establishes his 'thereness'.

It is thus that intentionality becomes visible within phenomenological ontology; as a revelation of the things of the world to an individual consciousness. This revelation is consciousness' bursting out into the world, and its finding itself in that world, where it stands, in all its glee, its agony, its elation, or its dejection. Consciousness, as a clear space, is thrust into the world of things, and in meeting these things finds that it is embroidered and inked by the manifold of colour that is the lived world. And this colouration, this entanglement of things which is consciousness' lived experience, unfolds as the penetrable situation that is man's ontological 'thereness' within his world. It is through consciousness as intentionality that man finds himself located within his world. Intentionality binds consciousness to the world of objects into which consciousness is cast. And it is towards an explication of this world-situatedness, as proclaimed within the phenomenological schema, that this researcher turns next.

2.1.2 Being-in-the-world: The Heideggerian Pallet

As an exploration into the individual's subjective experience in the lifeworld, this thesis manifests as an attempt to glean an understanding of man as situated immediately within his world of social co-existence. Where does man find himself? How does man live his experience of himself within his world? It is towards eliciting an understanding of the phenomenology of man's being-in-the-world that the researcher turns next, and it is in service of answering these questions that this exploration is initiated.

At the outset of this gazing into the phenomenology of self-amongst-others, Martin Heidegger's thematic constructions of being-in-the-world shall be explicated, so as to familiarise the reader with the foundation upon which this work bases its perceptions. Heidegger's ontological schema provides a description of the primary structures of human existence (Frie, 2000), and in terms of this dissertation as a manifest exploration into the realm of the human sciences, his schema is here advocated as being an essential foundation for such an analysis. Heidegger's work was ultimately intended as a foundational ontology, aiming to answer the question "What is the meaning of meaning?" (Schmitt, 1976). He aimed, in his work, to glean the expression of meaning through being-in-the-world. Furthermore, Heidegger's phenomenology unfolds as an attempt to language that meaning in a phenomenologically truthful system of expression. How can being, as a non-conceptual definiteness, be spoken of and explored? (Stenner, 1998). What is the meaning of being, and how does that meaning express itself? Heidegger's ontological system unfolds as a motion towards answering these questions. He provides, in his ontological design, a framework and a language within which these answers can be uttered, and it towards an expression of this framework that the researcher turns.

Phenomenology, as a gazing-into of lived experience, emerges as an investigation into the *lebenswelt*, or life-world, of an individual (McCall, 1983). The *lebenswelt* is grasped as the world as immediately experienced; the world as it is disclosed to consciousness in every moment of being. Fundamental in terms of phenomenological inquiry in general is the notion that the *lebenswelt* is a pre-conceptual experiential space that exists as a multifarious potentiality prior to our awareness of. In this sense, the *lebenswelt* is not a world that is thought, but rather one that is lived, and lived immediately (Muller, 1987). An investigation of the *lebenswelt*, therefore, is not a

conceptually bound evaluation of a specific phenomenon. Instead, such an investigation is taken rather as an attempt at making intelligible the full range of experience which the individual lives at every moment of being (Natanson, 1974). The lebenswelt is the manifold of objects which show themselves to us in our everydayness, and it is intentional consciousness which throws us towards those objects, and makes us live them as an experiential immediacy.

Our perception of the lebenswelt is grasped within phenomenological inquiry as a total and all-encompassing experiential revelation.

“This *lebenswelt* is not just the sensed world, but the world open to the full range of human experience, intellectual, aesthetic, emotional, socio-cultural, and historical, and the world of practical meaning and value as well.” (Natanson, 1974, p. 59)

The, lebenswelt, as approached by the phenomenologist, unfolds as a projection of the phenomenologist’s vision onto the full range of possibilities of world-disclosure (Librach, 1982). The phenomenon being glimpsed into is seen as an actualised possibility grounded in a plenum of realisable potentialities. The lebenswelt is thus evaluated both as an experiential openness within which the individual is situated, and as a specific actuality through which the lebenswelt is made manifest. The individual is at the centre of that actualisation, and is the one who, through her world-situatedness, and corresponding world-relatedness, makes possible the revelation of her being-in-the-world (Johnson, 2000).

Within the Heideggerian hermeneutic, the immediate experience of subjectivity is analysed and interpreted. The meaning of phenomena, in and of themselves, is questioned. (Owen, 1994). Heidegger examined the being-thereness of the individual as a lived subjectivity within his or her experiential space in his exploration of what in Heideggerian nomenclature is known as *dasein*, or - translated literally - there-being (Overenget, 1998). Dasein implies and immediate presence of an individual subjectivity within its own experiential space (Owen, 1994). In terms of dasein as a situated presence within a shared world, Heidegger defines dasein’s being-in-the-world as irreducibly intersubjective, occupying a shared world defined by inter-relatedness of self and other.

As an activity, a being always in ek-static motion, dasein is realised as a dwelling place wherein the individual is disclosed as an openness to being and to becoming (Dreyfus, 1991). The emphasis here is on 'be-ing' as a potential for becoming, and on dasein as a being through time.

Dasein, as an intentional consciousness existing through time, can be actualised variously according to the manifold of potentials which is dasein's openness to the world and to itself (O'Byrne, 1999). This emphasis on dasein's be-ing as a potentiality in the world underscores the notion that dasein's essence lies in its existence (Heidegger, 1962). Dasein is understood in terms of the ek-static motion that is the potential disclosure of being-in-the-world (Mulhall, 1996). In this sense, suggests Guignon (1993), dasein's existence is "futural" (p. 9) in that it is disclosed through its coming-toward itself as a being defined by goal-directedness and intentionality.

Dasein's position as a being-in-the-world is defined as ontologically ambiguous (Brooke, 1991). Dasein, grasped as the ontological revelation that is man's being-in-the-world, emerges on two levels of meaning.

"Man is never first and foremost on the hither side of the world, as a subject, whether this is taken as 'I' or 'we'. Nor is he ever simply a mere subject which is simultaneously related to objects, so that his essence lies in the subject-object relation. Rather, before all this, man in his essence is ek-sistent into the openness of being, into the open region that lights the 'between' within which a 'relation' of subject to object can 'be.'" (Heidegger, 1935, p. 229, in Brooke, 1991, p. 85)

Dasein is the illumination of the things of the world. Simultaneously dasein is the world in itself, as it (the world) is shown through an individual subjectivity, and as it shows itself to that subjectivity. Dasein is simultaneously that perceptual opening which brings the world into being, as it is the world itself, and the bringing together of that world (Guignon, 1993; Inwood, 1997). In this sense, suggests Brooke (1991), Dasein is disclosed as an experiential communication, a correspondence and disclosure of self and world, in which both are illumined. As an ambiguous relationship of being-in-the-world,

in which being is situated as a disclosive communion of world and self, dasein is revealed as an “illuminating realm” (Brooke, 1991, p. 87): a non-thematised executive intentionality, which shows itself always through the quiet breath of the ‘everydayness’ of being (Owen, 1994).

Dasein is understood as the location of man in relation to his intentional quest. In this sense Dasein is perceived in relation to man’s being, which is the ontological disclosure of both man as a being-in-the-world. Through his being-in-the-world, man discloses and creates that world. Man and being, understood within the ontological structure that is dasein, are thus appropriated through each other, and are appropriately conditioned by their ontological togetherness (Winfrey, 1999).

As has been established, dasein unfolds as the ontological world-openness of being, which emerges as the co-creation of being, as a meaningful potentiality, and of being-in-the-world, as the location of man within that potentiality. Fundamental within dasein’s presencing of itself to the world is its simultaneous realisation of itself in relation to other beings which are co-constitutive of its being-in-the-world (Heidegger, 1962). For Heidegger it is elemental to being-in-the-world that we experience it as a world with others (Moran, 2000). Man’s being-in-the-world; and the world, grasped as a place of being human, are established subjectively in the realm of togetherness and reciprocal presence of one to an other. Being-with-others, says Moran (2002), is an *a priori* necessity in terms of dasein’s position in the world. Heidegger’s lexicon emblematises this aspect of being through his thematic construction of the *mitsein* (McCall, 1983). Mitsein, or ‘being-with’ is taken as a reciprocal inter-relatedness, an interhuman presencing of beings within and amongst themselves, such that self and other are aware of their simultaneity, their correspondence and their communion (McCall, 1983). This being-with-others is ontologically coeval with dasein’s being-in-the-world. That is, the world of social relations and the world of self are grasped in an ontological and thematic unity within Heidegger’s system. Francis Raffoul capitulates this disclosive communion succinctly in his statement, “The relation to entities is a relation to oneself. Being-with things is being-with oneself.” (In O’Byrne, 1999, p. 242). Mitsein, as a mode of being-in-the-world which constitutes the ‘with-ness’ of existence, is thus also constitutive of dasein.

Dasein is thereby grasped simultaneously as a singular existent and as a disclosive plurality, which brings the world into being as a place of co-constitution and reciprocal relatedness of self and other (O'Byrne, 1999). As the mode of specifically human togetherness (McCall, 1983), *mitsein* is afforded ontological priority within Heidegger's schema, and is grasped as a non-contingent and irreducible openness to 'one-another' within the meaningful clearing that is human commonality and common humanity.

“One cannot live in a world without living *with* other people: to exist as a human being is to coexist.” (McCall, 1983, p. 73)

This notion of coexistence as fundamental to man's being-in-the-world, and to dasein's disclosure of self and world, shall be further explored through an exploration of intersubjectivity, which shall succeed this chapter. It is now necessary to explore the notion of dasein in terms of man as a situatedness within his world of lived experience through an exploration of Heidegger's conception of *befindlichkeit*. This concept is one most frequently misunderstood within Heidegger's system, and yet is considered one of its most important constituents (Gendlin, 1988)

Befindlichkeit, understood as man's situatedness, is grasped within Heidegger's ontological system as the actuality, the concretised position within which man finds himself (McCall, 1983; Heidegger, 1962). Heidegger captures man's presence in the world within the mode of *befindlichkeit* as a “thrownness” into the world of things. It is where we find ourselves; it is the way we are cast into the world. Heidegger's description of *befindlichkeit* entails an understanding of being-in-the-world with reference to being in relation to a specific actuality, and as thrown into that actuality. In this sense, Heidegger explored the positioning of man as ontologically immediate, and as unfolding prior to dasein's disclosure of itself in the world. *Befindlichkeit* unfolds as dasein's apprehension of itself in the world, where it is, and how it finds itself (Heidegger, 1962).

This situatedness, this finding of self in world, is shaped by dasein's attitude, as that attitude is felt from within the dasein's occupation in the world as a self-disclosive and emergent being (Gelven, 1970). For Heidegger, *befindlichkeit* implies existing in the mode of actuality rather than potentiality, and is coloured by the individual's

apprehension of that actuality. As it relates to the phenomenology of the everydayness of being, *befindlichkeit* refers to the individual's feeling state in the world within which she is situated, and towards which she is thrown (Gendlin, 1988). *Befindlichkeit* is thus grasped as the individual's subjective state, as that state unfolds in an immediate and concrete world-situatedness (Moran, 2000). This state is understood within the Heideggerian schema as *dasein's* felt attunement to the world of its (*dasein's*) everyday existence, and emerges as a necessarily personal awareness of self-in-world. *Befindlichkeit* is that place in which the individual finds himself. It is that place in which he establishes for himself his own feeling state within a world in which he, as experiential centre, exists.

It is towards an elicitation of the individual's attunement to her own world-situatedness that this dissertation aims its investigation. Of specific relevance herein is *dasein's* realisation itself within its world of intersubjective co-relation. What is the nature of *mit-dasein* - or being-there-with-an-other? How does the individual grasp her co-responsibility with others in the *lebenswelt*? The exploration of self and world which is to follow will unfold as an expression of this mode of being-in-the-world as it is articulated in the literature.

PART 2

2.2.1 The phenomenology of intersubjectivity

The construct of intersubjectivity, grasped as a realm of experiential presencing of self to other and other to self (Schwartz-Salant, 1995; Reeder, 1998), constitutes the primary exploratory focus within this research endeavour. Intersubjectivity emerges within the lived world of the individual as an *a priori* imperative, operating as foundational in its situating of the self and of other selves. This chapter shall emerge as a characterisation of the simple and lived fact that is intersubjectivity. Intersubjectivity is disclosed most basically as the relation of a subjectivity to the world in and through which that subjectivity exists. It implies an interconnectedness of self and world, in which being-in-the-world finds its imperative relation to the world of things and to other selves (Zahavi, 2001).

Intersubjectivity can be defined as the “intersection of two or more subjectivities” (Schulte, 2000, p. 531). This notion of an intersection of subjectivities emerged within psychoanalytic theory particularly as a deconstruction of the prized conception of the “sovereign self” (Schulte, 2000, p. 533): a private, delimited and self-contained entity. The theoretical formulation of intersubjectivity therefore emerged as a shift in previously held assumptions relating to self and other. This criticism of the structure of subjectivity as discrete and private was grounded in a recognition - based in Wittgensteinian theory - of the social, and specifically external construction of meaning, as expressed by the self through language.

“Meaning resides in the external world, and is not to be hijacked into some unchallengeable private domain. Subjectivity does not imply privacy. Psychologically, we are born out of language, or communication in a broad sense, and our capacity to think at all derives logically and developmentally from others inviting us into their pre-existing world of language. Our connection with others is deeper than we think, and we are less private than we imagine.” (Schulte, 2000, p. 534)

This metaphysic, in which subjectivity is grasped as co-created by the structure of other subjectivities, voices an ontology of self and other in which both are situated within rather undefined and indistinct regions in relation to one another. The researcher has chosen to introduce his phenomenologically informed exploration of intersubjectivity through the route of metaphysics so as to illustrate one of the most fundamental aspects of the intersubjective turn in psychology; that is, the realisation that personal meaning unfolds as co-created through the web of interrelations that is interpersonal existence.

Meaning, as it emerges within individual consciousness, is found in the social, cultural and historical space in which individual consciousness, as a being-in-the-world, is immediately situated. Meaning is therefore not given as a creation of the individual as a particularised and separated existent (Schulte, 2000). The thick and diversely patterned social, cultural, historical and interpersonal space to which we are present as receptive subjectivities is given as the birthplace of the myriad potentialities of meaning upon which we may draw in our relation with our world. It is beyond ourselves, in the multifariously realisable system of meanings born out of our meetings with others that we find those meanings which, for us, are subjectively real. In terms of the relevance of this ontological consideration of intersubjectivity as it is to explored herein, it can be seen how meaning is located within, and manifested through, the betweenness which relates self to world and world to self. In that space that binds world and self, the two are exposed as meaningful relations, and are present as expositions of the systems of meanings which they, in their distinction and relatedness, hold and give. In terms of the fact that the experience of intersubjectivity is being explored here, the above mentioned consideration is important. The self cannot be understood in isolation. It is through connections that we find meaning.

In terms of the value of intersubjectivity as an exploratory consideration, it has thus far been shown that the realm of the interpersonal is one within which meaning is located, and made accessible. I would now like to proceed with an explication of intersubjectivity as it is grasped phenomenologically, as a mode of being and as an existential potentiality.

Who are others-in-the-world? What is their position in relation to myself as a being-in-the-world? As one within the world how do I find myself, phenomenologically, amongst others? Is my presence in relation to others an ontological imperative, or do I

decide for myself whether or not I, categorically, will have relations with others? Luijpen, in his seminal text, *Existential phenomenology* (1969), formulated a conception of intersubjectivity which conceptualised it as an existential imperative, which both locates the self, and brings it into existence as a self. Luijpen asserts the notion that aloneness, man's being as a singularity entirely exclusive of others, is an existential impossibility.

“No aspect of man's being-man is what it is without the ‘presence’ of other men in it. The presence of others in my *existence* implies that my being is a being-man and is a *being through others*.” (Luijpen, 1969, p. 261-2)

Luijpen's account of the phenomenology of intersubjectivity emerges as an existential imperative, in which man exists through, and necessarily in relation to, man. Existence, as a revealing of self and other in which both come together and are present to one another, is not existence in and of itself. As a self amongst other selves I am brought into awareness of myself through my awareness of my self-other relatedness. My existence can occur only through my relation to other existents, through whom my being gains its meaning. Existence, in its essence, is existence through and with others. To exist, as self amongst other, is to co-exist (Luijpen, 1969). My existence, grasped as the project of my being, is at the same time the project of my world. That which I am, and that which I am in my own becoming, is meaningful only through my relation to the world which houses that becoming. Existence, suggests Luijpen, unfolds as meaningful and authentic only if man finds himself within and amongst others with whom he shares his co-existence. This embodied apprehension of self with other, in which two or more subjectivities see themselves as belonging within a shared world as co-existents, is given phenomenologically, suggests Schulte (2000), as a mutual revelation of self to other and other to self. This revelation, this reciprocal disclosure of selves, unfolds as a “mutual gaze” (Schulte, p. 536) indicating the mutual implication of subject and world, in which both are present to the other as indications of what the one is in relation to the other. At this intersubjective meeting-place, self is present to world as a co-revelation of likeness; and world meets self, echoing what that self is, for itself.

“The encounter with the other - his presence - reveals the other to me as one ‘like-me-in-the-world’... Because the other is like-me-in-the-world, he is my ‘companion-in-the-world.’” (Luijpen, 1969, p. 283)

In this expression we find a core element of the phenomenology of intersubjectivity; that is, the simple fact of existential companionship disclosed through mutual recognition of self and other. It is suggested that through the apprehension of likeness - a theme which shall be fully explicated in the succeeding chapter - self and other emerge as present to one another in the mode of companionship. Being-with-others, as a mode of being-in-the-world, is therefore coloured by the experience of accompaniment, which leads to the experience of companionship between self and other (Luijpen, 1969).

In terms of the exploration of intersubjectivity as it is disclosed in the *lebenswelt*, companionship with an other, as an existential *a priori*, unfolds as a self-world-relatedness dialogue. In this sense, I am enabled to conceive of myself only through the world with which I, as a co-existing subjectivity, share my being and my becoming. Conversely, through my being in a social, cultural, historical and temporal space, I bring that space into existence as a world, occupied by, and co-created by myself and others with whom I share a likeness in being. Luijpen describes this intersubjective partaking within the world in terms of the relation of an independent “I” to an independent “You”, both of whom appropriate their own worlds individually, and yet both of whom exist through the other in that appropriation as companions within a lived world. I cannot know the world as if it were my own. I cannot take it to be mine. It is only through my meeting with the other, and my association with the other, that I come to see the world as it is, and as it is for me. The world in which I live as a subjectivity, conscious of that world, is not a world which I can know in isolation from those subjectivities with whom I stay in co-existence. I can only know my world as an “our-world”, and as a world which has meaning for me, in and through others. And so, the world can only have meaning through world-relatedness of ‘I’ and ‘You’, which emerges as a dialogue of self and other, and is disclosed as an existential imperative.

This consideration of intersubjectivity is here revisited from within the explorative realm of the phenomenology of companionship. This notion of companionship, as

articulated by Luijpen, bares an interpretive resemblance to Buber's notion of the I-Thou relationship (Buber, 1970). In Buber's system, 'I' and 'Thou' are posited as an intersubjective co-creation, in which both are brought into a realisation of self and other through a reciprocal recognition of the other. In terms of companionship as an existential theme within the phenomenology of intersubjectivity, it can be seen how my meeting with the other, and the relationship of acceptance and likeness which characterises that meeting, amounts to a co-creation of the world as a lived world, and as a shared world. It is at the same time a world which I take as my own, from within my own experiential space. I view my world in terms of this relatedness, as a scholar through other scholars, a South African through other South Africans. My being of a certain age I experience through others of my age. My commonness emerges through intersubjective experience as an appropriation of a world, and as an appropriation of the world of my lived experience.

It is through the other that I am brought into perception of that world as it is for me. And it is here that we are brought back to Luijpen's original statement, that my being-in-the-world is a being-through-others (Luijpen, 1969). The mere truth that is man's presencing of himself to man within a self-other reciprocal dialogue implies that man's existence unfolds through his presence to an other. Through my apprehension of the being of an other as it is in relation to my being, and through my meeting of the other in a world of shared meanings and potential shared realisations, I see my world, and grasp myself as I am within my world, through the other. It is through my being as a subject in relation to the world which I interpret (Gingras, 2001), and that world's interrelation to me, that I am brought into being, through others in the world, as a being-in-the-world-amongst-others.

2.2.2 Intersubjectivity and the likeness of being

The experience of the individual within her lived world of social occupation constitutes an important consideration in the exploration of man's being-in-the-world. "To exist", suggests Luijpen (1969, p. 261), "is to co-exist". Man, as a being-with-others, realises his existence through being present to the other, and through the other's revelation to him. This notion of *co-existence* is grasped within the existential schema as

an imperative, in which the existence of the individual is disclosed through the existence of an other. I come into being through the other's recognition of me (Natanson, 1974). I am brought into being through perceiving the other, whose envisioning of me implies my disclosure and my social emergence. In terms of the phenomenological unfolding of this co-existence, self and world are established through an interpermeation; a flowing of the one into the other, such that both are met in an experiential revelation that is being-with-others (Adams, 1999). An explanation of this notion of the being-with-an-other shall follow, so as to familiarise the reader with the phenomenological description of this facet of human existence.

I would like to begin this exploration by considering the experience of likeness, similitude and congruence within social engagement. Natanson (1974) proposes the notion of *typification* as being elemental to an individual's experience of herself as conjoint within her world. This conception implies a union of the embodied self within her world, such that she is able to recognise her likenesses with that world. This perception of likeness is enabled through the interpenetration of self with other, and through the other's presencing to the self (Natanson, 1974).

“In seeing the embodied Other, I am presented, strictly speaking, with only an aspect of his being, his face, his intonation, his gesture; but that glimpse is enough for me to perceive him as an individual having a multitude of attributes, all of which are features of a being *like* myself. That likeness is the initial typification which permits me to commence the movement from I to we.” (Natanson, 1974, p. 220)

This potential for permeation of the individual within his world, suggests Natanson, arises out of a functional reciprocation, in which I am able to experience myself within the modality of the collective. I, through my presence, typify the other's experience of self, and she, through her recognition of me and her concurrent typification of my attributes, allows me to apprehend my own likeness. Kruger (1988) echoes this hypothesis in his exploration of Heidegger's notion of the *Mitsein*, a key

phenomenological concept which has been discussed. Kruger examines the notion of our co-habitation within a common world in terms of our being-with-one-another (p. 81).

“Our world is a world which we share with others of whom we have an originary knowledge of being in the world in the same way as we are. Being human means being in relation to others.” (Kruger, 1988, p. 81)

Most fundamental within this assertion is the notion of the sameness which suffuses social co-existence. I am, in my being-with-an-other, revealed through that other in terms of our mutual sharing of a common origination. I am delivered into awareness of self, and self-amongst-others, through my knowledge of the similitude and likeness which glides and courses through all individuals, and is born out of the simple fact of being human. It is in light of this notion of suprapersonal commonness and likeness that participants within the study are approached.

Of course, this notion of a shared commonality does not imply a disregard for the uniqueness of an individual within his social occupancy. The manifold of attributes of an individual personality are those things which, by virtue of their revelation as elements of difference and dissimilarity, disclose the individual as being who she is; clothed in the convoluted fabric of her own uniqueness. However, the matchless fusion of attributes, which differentiate an individual personality, does not amount to the disconnection of that individual from her co-existence with others (Adams, 1999). The full plethora of attributes which could give colour and distinction to an individual are realised within Natanson’s scheme of typification, and Kruger’s notion of sharing a likeness with others, as being a range of potential disclosive capacities, which could emerge through that individual’s world-disclosure. These potentialities are the shades on the unbounded pallet from which an individual may draw his unique self-revelation within his social world; and are the birthplace of uniqueness and unsimilarity.

Whilst this limitless characterisation of personal identity is not denied here, it is hypothesised that our social co-existence unfolds as a manifest uniqueness constructed upon the originary likeness that is being human (Kruger, 1988). Adams (1999) recapitulates this sentiment in his examination of what he calls an “agency-in-communion”. In this sense, the self is grasped as an active individuality, a self-initiating

autonomy functioning within a collective, and situated as one within the communion that is social existence. Although the researcher does not intend here to hint at a transpersonal psychological conception of man-in-the-world, the description of social occupation and co-existence as a form of communion is useful insofar as it implies a metaphoric sameness which unfolds as the foundation of individual purpose and intentionality. This sameness constitutes a recognition of the suprapersonal evenness in being, which locates the individual as one emplaced within a collective commonness of potential disclosive capacities (Brooke, 1991).

An important connection to be made here concerns the transference of social man's recognition of his interpenetration within the socially constructed world which he occupies. As mentioned above, the literature suggests the notion of a prereflective experiential recognition of likeness and commonness, which arises out of our being as humans alike and amongst others with whom we share an originary likeness. This recognition of sameness can be transferred to man's disclosure as a social body within the plethora of constructions that are society's sects, classifications and groups. Just as I, by virtue of my humanness, exist as a being-like-others with whom I share a common origination, so do I disclose myself as a being like those who, by virtue of their similar manifestation within the social world, echo my personal manifest disclosure (Luijpen, 1969). In this sense, the particular manner in which I voice myself through my body (Sartre, 1943), as a man, a scholar, a South African; these attributes I find in others, and it is through my recognition of them as they are disclosed similarly by an other that my apprehension of self is constituted and created. It is through my perceiving the other's likeness, and my likeness in relation to the other, that I am enabled to become aware of myself from within that commonality and evenness.

“*Man* makes *man* be. For this reason we must say that ‘this’ man is a New Yorker through New Yorkers, a smoker through smokers, a philosopher through philosophers, a Christian through Christians.” (Luijpen, 1969, p. 267)

Collier (1977) has developed this notion of the interactive co-creation of self on a more functional and enacted level of analysis. In his analytic, Collier thematises the

“complementary identity” (p. 95), originally formulated by Sartre in his seminal text, *Being and nothingness* (1943). Complementary identity emerges, suggests Collier, as a differentiation of self in relation to other, in terms of the revelation of the other to the self. In this sense, I become aware of myself through my awareness of the other, and my recognition of his sameness and his disparity. “Every relationship implies a definition of self by other and other by self.” (Laing, 1969, p. 86)

Most fundamental, in terms of the implication of this notion of the co-creation of self through interaction with an other, is the idea that the self - as that which is in part or in whole constructed through apprehension of an other - is thereby also open to the destructive force which could potentially emerge through the other’s gaze. Further attention shall be devoted to this manifest threat which beclouds the individual’s being-in-the-world and her being-with-others.

In terms of the exploration of likeness as it unfolds within the lived-world of social man, within the context of the literature, we have thus far established two levels upon which this similitude is revealed. Firstly, on the more broadly ontological level of analysis, in which the individual experiences herself as a human being amongst others with whom she shares an originary ontological commonness. Secondly, this similitude was revealed on the level of social emergence, in which the individual is disclosed from within her specific societal parameter, as being one amongst others of a similar embodied manifestation in the world.

I would now like to proceed with this exploration of the phenomenological experiencing of likeness within social engagements and interactions. Von Eckartsberg (1989) examined the instance of relatedness, and in his explication emphasised greatly the value of the experience of commonness and mutual similitude within this experience. In his description of the experience of shared interaction, von Eckartsberg emphasised the sharing of a common subjective space and the awareness of correspondence as being primary within such an experience. The experiential unity of such interaction, it was suggested, is enriched through the common motion of individuals through a shared time and subjective space. In essence, the value of interaction with an other, suggests von Eckartsberg, finds its fruition through the realisation, on the part of the co-responding individuals, of their commonness and likeness. Likeness, as it is here explored, is present

as that which reveals the creation and sustenance of mutual interpretation and intersubjectivity as they are revealed in being-with-others (Von Eckartsberg, 1989).

2.2.3 Summary

To this point the notion of likeness within the phenomenological experience of the individual within her world of social co-existence has been explored. It has been advocated, based on the literature, that the experience of sameness and similitude unfolds as intrinsic within the individual's being-with-others, and various explanatory foci have been employed in the exploration of this notion. Firstly, the conception of typification was examined, in which self and world are met in an embodied union, and are born out of the reciprocal recognition of self and world. This reciprocal recognition, it was suggested, emerges as a recognition of the samenesses which appears in the other and in the self. Typification is an experiential understanding of likeness, created in my correspondence with the other whose likeness typifies me, and who is mutually typified by his perception of his likeness within me.

The notion of typification was then further expanded with an explication of the idea of a shared realisation, within man's being-with-an-other, of a common originary foundation upon which social existence is staged (Kruger, 1988). Social co-existence, in this sense, unfolds as that which is grounded in a sense of the sameness and existential evenness which characterises man's being-amongst-others and his being-with-others.

The conception of sameness and similarity as being phenomenologically definitive of man's social co-existence, as it has thus far been examined, unfolds on two experiential levels. Firstly, the notion of the individual's prereflective awareness of the likeness and similitude which arises out of the originary commonness of being as a human being amongst other human beings. This recognition of likeness appeared to manifest, in terms of its description in the literature, as an inherently abstract suprapersonal sameness. Secondly, the notion of likeness emerged on the level of societal emergence as a co-recognition between individuals of the sects and parameters within which one functions as a social being. On this level, man unfolds as embodied, and as an embodiment of his own unique potential within a specific social emergence. Man thus finds his definition, as a black man, or as an artist, a misogynist, a politician. This notion sees a connection

with the idea of typification, in which I establish my presence through my apprehension of the similar social presencing of an other; and she, through her envisioning of her self in me, is enabled to establish herself from within the likeness which is co-created between us.

In terms of the thematic structure of this work, the notion of typification finds an explanatory connection with the conception of the complementary identity, as formulated by Sartre, and exposed here by Collier (1977). The notion of the complementary identity unfolds as a realisation, on the part of the individual, of the interhuman similitude and dissimilitude which shapes my encounter with an other. I see in the other that which is co-constitutive of us, our humanness. I am aware also of her difference, and in that difference I find my definition. In her identity I see that which I am not. I see not-me (Sartre, 1943). And thus, I find myself through an identity which is, in its similarity and its unlikeness, complementary to me.

PART 3

2.3.1 Of being and becoming: Emergence in difference

This section functions as a theoretical sketching of an implicit dialectic in the work of Jean-Paul Sartre and Martin Buber. The opposition of Sartre's bleakness and Buber's idealism in relation to the realm of the intersubjective experience will emerge here as a structural synthesis, which, as noted in the literature, adds plausibility and relevance to both respective schemes. The thesis of Martin Buber shall be explicated first.

“Distance provides the human situation; relation provides man's becoming in that situation.” Buber, 1992, p. 61)

In his thesis, Buber explores the existence of man in terms of man's own emergence through his relatedness to others. Through my being-with-an-other, and my expression of self in relation to the other, my existence is confirmed in terms of my not-being-the-other. *Mitsein*, as it unfolds within the Buberian scheme, is thus established as a difference-in-relation, and is delivered into existence through a reciprocity of acceptance and confirmation of the dissimilarity which defines the individual. The “element of otherness”, as Buber (1992) so succinctly puts it, emerges as a priority within human interaction.

“Human life and humanity comes into being in genuine meetings. There man learns not merely that he is limited by man, cast upon his own finitude, partialness, need of completion, but his own relation to truth is heightened by the other's *different* relation to the same truth - different in accordance with his individuation, and destined to take seed and grow differently.” (Buber, 1992, p. 65)

Inherent within Buber's system, as can be heard through this quotation, is the notion of acceptance and reciprocal prizing of the self in relation to other. This receptive capacity was also expressed in Heidegger's ontology of “letting-beings-be”, in which intersubjective existence is coloured by an acceptance of otherness, and a respect for the direction in which the other, in her dissimilarity, chooses to progress (Gerhardt & Sweetnam, 2001). In terms of the bearing of this exploration of the research process, it is

questioned whether the labelled individual is prized, accepted, and “let be” in terms of his or her own subjectivity.

Buber articulates an ideal dialogue of human selves, in which an individual is enabled to come into full and authentic awareness of self through the other’s acceptance of that individual’s disparity, as it shows itself within the sphere of the interhuman (Goldberg, 2000). Buber calls this personal enlightenment the “realisation of human wholeness” (Goldberg, 2000, p. 565), and states that it is only through entering into an authentic relational dialogue with an other that this deliverance to wholeness can be realised. This interhuman realm, in which selves are delivered to one another in their own distinction and unlikeness, and are brought into full realisation and personal wholeness through this dialogue, is expressed within the Buberian system as the I-Thou relationship (Buber, 1970; Goldberg, 2000). I-Thou, as articulated by Buber, is realised as a mode of relatedness defined by an openness to being. This relatedness is defined by a mutuality on the part of the self in relation to the other; and on the part of the other in relation to the self (Friedman, 1999). The I-Thou relationship schema is employed to convey a structural dialectic of subjects as individuals, whose presencing to one another, and recognition of one another as subjects, allows for the co-creation of self, and the emergence of subjectivity within the sphere of interrelation with other subjectivities.

It is not towards an explication of Buber’s seeming idealism that the researcher would like to aim his exploration. Rather, it is necessary to explore Buber’s notion of difference as it corresponds to man’s emergence into Being as a self. Man is grasped here as one unlike others, and yet enabled, through the confirmation of the other, to realise his selfhood.

Buber’s thesis proceeds from the simple fact of man’s difference in relation to an other. The self, as the movement of a being in time, suggests Buber (1992), discloses a manifest wish for self-confirmation. In this sense, in the self’s presenting of itself to the other, it seeks out confirmation. The self, furtive and quiet in its motioning, probes for the affirmatory “Yes!” of the other, which, if heard, allows the self to emerge into being, proud and satisfied in its own unlikeness. It is in this instant of recognition and authentication that the individual finds the validation of her being. Buber points here to a reciprocity of recognition, which unfolds in the interhuman realm, disclosing the self as it

is, situated in its difference and uniqueness in relation to other selves. To be aware of the other, suggests Buber, is therefore to be aware of him as he is, in all his disparity and uniqueness. To be aware of the other is to esteem his “otherness”, and to affirm that otherness, thereby affirming the being and the becoming of the other. Interpersonal presencing, therefore, emerges as a co-construction of self, in which two subjectivities, by virtue of their realisation of self through their reciprocal recognition of the unlikeness which distances them, are delivered into their own affirmation of themselves as they are. This phenomenological co-evaluation emerges as Buber’s ontology of the “between”, in which an individual is enabled to establish himself through authentic dialogue and mutual presencing to and with an other (Friedman, 1988, p. 123).

Thus far, Buber has presented a relatively gentle ideal of interhuman co-existence; one reliant upon acceptance, affirmation, and mutual esteem for the difference held within the other. The ontological schema of Jean-Paul Sartre, as it relates to his notion of interpersonal existence, shall be explicated next, elucidating the way in which Buber absorbed and challenged this system in his own work.

Sartre’s ontology of relations with others, articulated in his seminal text Being and nothingness (1943), is one defined by an essential negativity and gloom. A brief description of his understanding of relations with others shall follow. Sartrean ontology is defined by a division of being into two distinct modes of existence (Warnock, 1965). Firstly, there is being-for-itself, which is the being of consciousness, and is defined by the free motion that is consciousness’ intentionality. Being-for-itself, says Sartre (1943), is an expression of the being of an individual consciousness through that consciousness’ own ek-static motioning, its own upsurge into the existence which it, as free consciousness, creates and sustains (Busch, 1990).

The second division of being within Sartre’s ontological structure is that of being-in-itself. Being-in-itself is diametrically opposed to being-for-itself. Being-in-itself constitutes those object-like components of being which, by virtue of their singularity and identity, are fixed and contained (Sartre, 1943). Being-in-itself is the being of objects, and is therefore constant in its identity and its manifestation.

This brief recounting of the Sartrean ontology of being-for-itself and being-in-itself, describes the theoretical stage upon which he sets his scheme of the ontology of relations

with others (Martin, 2001). Being-for-others, the terminology used by Sartre in his description of interpersonal co-relation, unfolds ambiguously insofar as the individual, a being-for-itself, is forced through her interaction with an other to partake in the mode of being-in-itself. Being-for-others, in this sense, amounts to an objectification of self through the presentation of self to other, and through the self's apprehension of the other's gaze directed at the self (McCulloch, 1994).

“I grasp the Other's look at the very centre of my act as the solidification and alienation of my own possibilities.”

(Sartre, 1943, p. 263. In Martin, 2001, p. 2)

Being-for-itself, in this sense, unfolds as an ontological ambiguity, in which the individual experiences himself as present to the other, and as an object for the other (Martin, 2001). This apprehension of self as object, suggests Sartre, emerges as a result of the individual's awareness of the other's position as one who is free in his or her interpretations and estimations. Being-for-others emerges as an uncertain and precarious position, in which the self is open to the many interpretations which others could hold, and is therefore present to the other as objectifiable through those interpretations (Sartre, 1943). In that you are free in your interpretation of me, I, as a self, am present to you as the object of your interpretation.

As is evident from this compressed exposition of Sartre's ontology of being-for-others, his attitude in relation to this mode of existence is relatively negative. I would now like to proceed with an explication of Martin Buber's theoretical positing of the realm of interrelation, elucidating the essential dialectic which his work presents in relation to Sartre's ontology of the interpersonal. Although not explicitly stated, Buber does acknowledge the existentialist's negativity, and through his work presents a contradiction, which he sees as manifesting in what he denotes as the interhuman space.

“It is well known that some existentialists assert that the basic factor between men is that one is an object for the other... But it is my privilege as man that by the hidden activity of my being I can establish an impassable barrier to objectification. Only in partnership can my being be perceived as an existing whole.” (Buber, 1992)

Buber does not intend here to imply interpersonal sustained relationships. Rather, he is speaking the relational dialogue which shapes interhuman betweenness. This interhuman space, defined by Buber as a confrontational place in which self is met by other, emerges within the Buberian scheme as that space within which the individual is brought into her own reckoning as a consummate self. And it is through her interactions with others that the individual is brought to this completeness of being. Does the labelled individual experience this sense of completeness? We shall see.

This notion of a more complete realisation of self, as the result of self-other interrelation, is echoed by Stolorow (1994) in his exploration of the *intersubjective field*. The intersubjective field, constituted by a mutual reciprocity of response between self and other, unfolds as a realm of mutual influence, in which the self is enabled to experience itself from within a broader spectrum of potentialities. Stolorow bases his thesis on the simple notion that the intersubjective field situates the individual within a fuller range of possible self-disclosures insofar as it presents a dimension beyond the self's pre-reflective awareness of itself as a manifest singularity. Put quite simply, I am enabled, through my co-relation with an other, to realise myself as I am, beyond myself. I am enabled to create myself beyond myself, in terms of my interactions with the other.

2.3.2 Summary

This, the second half of the exploration into the existential foundations of difference and likeness, emerged as an ambivalent expression of the diffuse functional relatedness which Buber and Sartre's systems hold. Firstly, Buber's thesis of relatedness in difference was explored as a notion advocating the confirmation of one's own being, through one's relation to an other. Identity emerges through the apprehension of difference and dissimilarity. *Mitsein* is thus thematised within the Buberian schema as a relation in difference, in which my being-with-an-other is experientially coupled with my perception of myself as 'unlike', and as 'not-the-other'. Buber holds an epistemic idealism in his conception of human interrelation through his assertion of a reciprocal acceptance of disparity in the interhuman realm. It is this acceptance, suggests Buber, which allows for the emergence within the self of a full and authentic awareness of self, as a consummate existent.

Buber's structure of being-with-others, his "ontology of the between", was considered in opposition to Sartre's ontology of being-for-others, which manifests a distinct negativity and obdurate bleakness. Sartre's ontological structure of being-for-others unfolds as a system defined by objectification of the self through the gaze of the other. Within Sartre's system the self is ensnared by the dense fact of the other's stare. In this sense, my capacity as a freedom in activity is diminished in that moment when I am caught within the other's free capacity to determine for himself what I am, who I am, and how I am to be, for the other.

It is at this point that the dialectic between Buber and Sartre, as discerned by this researcher, comes to the fore. Buber's idealism is not so far-reaching as to imagine that all interhuman relatedness is defined by this reciprocal respect and acceptance of which he speaks in his exploration of difference and of the "ontology of the between." Buber suggests that this barrier of objectification, of which Sartre speaks, is not impassable if self and other meet in a dialogical relationship defined by acceptance, justification, and intersubjective validation. This co-responsence is of course not the definitive quality of the interhuman realm, but clarifies that realm as a place of potential self-realisation. This interhuman space, formulated by Stolorow (1994) as the intersubjective field, emerges as a place of elucidation, in which the self, present in all her distinct unlikeness, is delivered into a full sense of self through reciprocal meeting-with an other. It is suggested in the literature that this enlightenment is the result of the emergence of potential realisations of self when presented to and with the other, as a difference in relation to the other.

2.3.3 A brief diversion

The relationship of self to other, as defined within Sartre's schema of being-for-others, implies an asymmetrical relatedness defined by a disregard for the difference embodied by the other, and a disregard for the other's subjectivity. In this sense, the self is captured by the other in terms of the other's interpretation of that self, and is thereby disrobed of its integrity, and its freedom as a self (Fromm, 1991). There is no sense, within this asymmetrical union, of the self maintaining its identity and its separateness. The self is rendered incomplete through the enforced imposition, on the part of the other, of the other's interpretation of that self.

Fromm suggests that symmetrical union defines the position of self in relation to other in any love-relationship. In this instance, self and other meet in a position which upholds and promotes the value and the distinction of both (Fromm, 1991). This union, suggests Fromm (1991, p. 31), is “an experience of sharing, of communion, which permits the full unfolding of one’s own inner activity.” What is considered important here, is the notion that in a relationship defined by mutual regard both individuals are enabled to emerge in their own completeness. In a relationship defined by a disregard for certain elements of the other, and a disregard for the other’s subjectivity, the other cannot emerge as complete and total. It is in light of this proposition that Sartre’s notion of being-for-others is grasped as understandable in terms of Fromm’s notion of the asymmetrical relationship. In terms of the research, how can the relationship between the labelled individual and other individual’s be understood? Is it a relationship defined by symmetrical and mutual prizing of the individual; or one defined by an asymmetrical connection in which the labelled individual’s subjectivity is deprived of its value and meaning?

2.3.4 Ambiguity, isolation, and knowledge of other minds

Thus far the researcher has posited the notion of intersubjectivity in terms of the emergence of self through a reciprocal co-recognition of self and other, as formulated by Buber. Intersubjectivity, as an interconnectedness between self and world, unfolds as an illumination of self through the perceiving of the self in the other and in the world. It is thus that the self is brought into being through the other. It is now time to put a theoretical spanner in the works.

Scheff (1973) expressed his understanding, as gleaned through the work of Sartre and Buber, of the disclosure of ambiguity within the intersubjective space. This ambiguity, suggests Scheff, arises through the problem of knowledge of other minds. The actions of the other, understood as expressions of his subjectivity, are open; they are the route through which I gain knowledge of the other, but only as he is for me. In this sense, I cannot know the other. I cannot understand him in his own motion, as he knows himself within his being. I cannot know his mind as he knows it, but only as I take it in my enframing of it. And it is of course the same for the other in his estimation of me.

This inability to know other minds unfolds within the lived world as the cause of the misunderstanding and ambivalence which shapes interpersonal existence (Scheff, 1973). In my interactions with the other, and in the dialogical presencing of to self to other and other to self, I find that I am unable to apprehend the other as she is within herself. My knowledge of the other is just that; my knowledge. And it is by virtue of this dislocation and disconnection of awareness that I find myself isolated, unfound, and misunderstood in relation to the other. Buber (1957), cited in Scheff (1973), describes this relational ambivalence superbly in his hypothetical construction of a meeting between two men, in which both manifest various disclosive configurations of the self, which are contrary to their own subjective truths:

“Imagine two men, whose life is dominated by appearances, sitting and talking together. Call them Peter and Paul. Let us list the different configurations which are involved. First, there is Peter as he wishes to appear to Paul and Paul as he wishes to appear to Peter. Then there is Peter as he really appears to Paul, that is Paul’s image of Peter, which in general does not in the least coincide with what Peter wishes Paul to see; and similarly there is the reverse situation. Further, there is Peter as he appears to himself, and Paul as he appears to himself. Lastly, there are the bodily Peter and the bodily Paul, two living beings and six ghostly appearances, which mingle in many ways in the conversation between the two.” (Buber, 1957, in Scheff, 1973, p. 504)

In his recounting of the ambivalence which defines this interpersonal situating of self and other, Buber has captured quite concretely the disconnection and misapprehension which defines the location of one individual subjectivity in relation to another. Through the various interpersonal constructions of self, and by virtue of the certainty that I, within myself, cannot know wholly the constitution of a mind other than my own, it appears that being with an other can never be being in a mode of certainty in relation to the other. That which I know of the other is only true within the limits of my own apprehension,

which is confined to knowledge of things, not of minds. And so, in knowing the other I always and inevitably miss him. My knowledge of the other is not knowledge of him as he is for himself, but rather as he is for me; as is his knowledge of me. Both are invariably incomplete.

It is at this point in the exploration of the realm of the interhuman that we return to Buber's conceptualisation of interhuman presencing, and Sartre's account of being-for-others. Buber's system of interpersonal existence, as expressed above, proposes a reciprocal meeting of beings, wherein, through a mutual offering of respect and acceptance, self and other move forward in an illuminating dialectic. Sartre's notion of being-for-others proposes an ontology based on the presence of an objectifying gaze, in which self is apprehended by other as a singular factual identity. As an object of the gaze of an other, the self is held as a contained and unchanging thing; incomplete and only partially known. In contrast to this, Buber's theoretical idealism presents a notion of the interhuman realm as a space in which two persons meet, and are delivered into a consummation through their mutual acceptance of the likeness and dissimilarity of self and other.

It is here advocated that the interpersonal schemas of Sartre and Buber emerge as a dialectic. In this sense, it is suggested that the objectifying gaze, in which the identity of the other is concretised and rendered immutable, applies only in those interpersonal exchanges where self and other are impenetrable in terms of their internal expressions. In relations of self and other defined by distance as opposed to closeness, it seems that one is more prone towards a concretisation and objectification of the other, insofar as one is not able to access the other as he is within himself. Self and other, in this sense, remain private and inaccessible. And insofar as I am unable to know the other, or to know him as he knows himself, because I am not present to him in a close and binding connection, I will know him as he is for me. I will know him as the object of my own apprehension. On the contrary, if the self-other relationship is one defined by a sense of communion, a greater degree of interpenetration defines that relationship. It is in such a relationship that self and other meet and create the illuminating betweenness wherein I am delivered into the other's private space, and can know him from within that space.

It is here that Buber's I-Thou relationship is realised as a replacement of the objectifying gaze which defines Sartre's notion of being-for-others. It is here that knowledge of other minds emerges as an interpersonal potential. This assertion appears to make sense experientially, and is supported theoretically in terms of the exploration of the therapeutic relationship; a relationship defined by the co-creation of awareness of self-and-other in both patient and therapist (Burke, 1989). This example illustrates the suggestion that both self and other, when present to one another in a relationship defined by closeness and interpersonal communion, can be delivered into a greater interpersonal awareness. This awareness, which amounts to a clarified apprehension of the mind of the other, emerges effectively through the presentation of self to other as transparent within the unfolding relationship (Kahn, 1991). Such a relationship is characteristic of the Buberian interhuman realm, and signifies an interpermeation of self and other, and a space between self and other coloured by mutual acknowledgement of sameness and dissimilarity (Buber, 1992).

In the analysis of data, which shall follow, it shall be seen how this comparison of Buber's notion of the I-Thou relationship, and Sartre's schematic construction of being-for-others, emerges as significant as a framework for understanding interpersonal relationships. These opposing systems of understanding shall be employed as a way of exploring such relationships, as these relationships are experienced by individuals branded as manifesting a specific mental illness.

2.3.5 The phenomenology of loneliness

This section functions within the context of the research as a brief description of loneliness as a personal and interpersonal phenomenon. I would firstly like to explore the notion of alienation as grasped within an existential phenomenological framework. Existentialism, suggests Burston (1998), asserts that despite different social, historical, cultural and interpersonal situations, and differences in age, gender and race, humans, simply by virtue of their existence, partake in the same basic structure of existence and of being-in-the-world. This evenness of being, suggests Burston, is something which precedes scientific inquiry and theoretical abstraction, and unfolds within human experience as immediate to that experience. In light of this apprehension of consistency

and commonness as intrinsic to our being-in-the-world, the problem of alienation has emerged as elemental to the phenomenologist's range of necessary explorations (Burston, 1998). Alienation, grasped here as a "state or process whereby one becomes separated or estranged from one's original condition", (Burston, 1998, p. 84), unfolds as something inconsistent with the notion of the evenness of being, which is a conviction held close to the existentialist heart. Alienation is explored here in relation to the experience of loneliness and separateness from the world, and from others in the world.

Loneliness is here defined as the subjective result of an inability on the part of the self to communicate to the other what the self holds as important, valuable and intrinsic to itself (Sadler, 1978). The lonely self is understood here as one which cannot communicate itself as it is to the other because its values or its way of being are seen as inadmissible or wrong. This conception of loneliness implies a self-awareness of separateness and non-belonging in the world. Loneliness, as conceptualised here, therefore emerges as chronic and pervasive in terms of its position within the lonely individual's lived world. The lonely individual is understood as one who is unable to make himself known to the other as he is for himself. He is unable to convey that which constitutes his own truth, as that truth is lived by him. He is 'the outsider'.

In terms of loneliness as understood within the field of mental health, it is seen to be attached directly to the construction of notions of normality and abnormality in terms of the individual's presentation of self within world (Kraft, 1979). The mentally ill individual, the labelled individual, is present in the world amongst others as one whose actions are deviant, abnormal, and uncommon (Wright, 1984). Whether this emergence of the labelled individual as being different impacts upon the experience of isolation or separateness from the world will be explored in the analysis of data.

PART 4

2.4.1 On the psychiatric diagnosis

And so we are brought to the mechanism within the psychiatric function at which this thesis aims its review. The psychiatric diagnosis: that unwavering tool of evaluative certitude; that scientific mark etched, stringent and unbending, upon an individual's consciousness. It is at this 'thing' that this critique is aimed. This section shall unfold as a description of the concept of psychiatric diagnosis in terms of its function, and shall present a definition of diagnosis, as grasped from within the psychiatric framework. The research aims explicitly towards an inquiry into Western psychiatric medicine, and towards a critique of diagnosis as captured within the Diagnostic and Statistical Manual of Mental Disorders-IV and the International Classification of Diseases - 10. The DSM-IV is formulated as an evidence-based descriptive nosology, grounded in observations of perceptible behaviours, signs and symptoms (Frances & Egger, 1999). It manifests as an attempt to glean a global description of the individual's complaint, which is descriptive of all spheres within which that complaint is disclosed, and is based in what can be objectively known of that complaint.

Firstly, I would like to explore the function of classification within the psychological sciences. Goodwin and Guze (1996) suggest that classification operates to allow for communication of disorders across social, cultural and geographical boundaries, and facilitates prediction of the course of a particular psychiatric syndrome. Diagnosis is prognosis. The system of psychiatric diagnosis manifests an attempt - based in empirical findings, to define clinical entities and to outline the expected course of mentally ill individuals' particular symptomatic presentation (Maxmen, 1980). The disorders articulated in the DSM manuals are grasped as scientifically informed natural categories, and, thus conceived, are considered to be rule-bound in their manifestation (Rentoul, 1995). The category, conceived as scientifically exigent, is approached as a class of entities or operations that are objectively real in the world; and it is this conception, as adopted in the DSM-IV, which shapes the systemic of psychiatric diagnosis. In this sense, the psychiatric diagnosis emerges from within a realist paradigm as a solid and objectively real system describing a specific pattern of scientifically knowable symptoms. These symptoms, grasped sociologically as acts of deviance (Wright, 1984), and

biologically a physiological deviations, are categorised in terms of their empirically established co-relation with one another.

Thus we see the emergence of the medical model of psychiatric intervention. The medicalisation of psychiatry has come to be known as bio-psychiatry, and has been established as a system in which psychiatric disorders are constructed as wholly describable and immutable entities which are biological and neurophysiological deviations (Keisler, 2000; Szasz, 2000). Psychiatry has therefore been translated into a treatment based in the application of modern biology, and psychiatric disorders have come to be evaluated from within this mode of inspection (Jablensky, 1999). And it is through this understanding of mental illness as related to a physiological aetiology that the psychiatrist, operating as scientist of the diseased soul (Van den Berg, 1972), is enabled to categorically state a communicable diagnosis.

The function of diagnosis as a prescriptive and predictive measure appears therefore to be a descriptive symptomatology aimed towards the delineation of an illness, that illness being understood as born out of a physical organic aetiology, and as progressing through a determinable and concretely discernible path. Symptomatological diagnostics, to which psychiatry as a bio-science subscribes, assumes such a causality, and functions to illumine this causal realism, as it is played out in the individual's presentation of his or her illness (Kraus, 1987). The symptom is understood within the psychiatric motion as an objectively real and observable entity, which occupies a place in a world, beyond the experiencing consciousness of the mentally ill individual. It is in this sense that we speak of "entities of illness" (Kraus, 1987, p. 34), where the illness is grasped as a mental object, which unfolds within a spatio-temporal realm. The illness is thereby understood from within the scientific empiricism which shapes our understanding of the spatial realm (Bradfield, 2002). Indeed the central assumption upon which diagnosis, as a medico-psychiatric strategy, is based, is that mental illness has an objective existence, a physical space which it inhabits, independent of the psychiatrist's perception (Summerfield, 2001).

Elemental within psychiatry as a biological intervention, and as a treatment of mental illness through strategies akin to the treatment of physical illness, is the notion of causality. And it is towards a more scientifically exigent understanding of such causality,

as it relates to the aetiology of mental illness, that psychiatric diagnostics is now headed (Frances & Egger, 1999). It is with the aim of establishing such a fixed notion of causality that psychiatry is now systematised. The diagnosis is perceived from within the psychiatric sciences as denoting a ‘disease’, or a cluster of symptoms definitive of a specific pattern of deviation. The mental illness, perceived and defined as a disease, is captured unequivocally as physiological and organic in terms of its aetiology (Szasz, 2000). Classification within psychiatry therefore emerges ostensibly as classification in the medical sciences, and by extension as classification of naturally occurring and concretely demonstrable physical entities (Szasz, 1961). But the question must be posed as to whether classification, even if so rigorously informed by biological medicine, can be considered exact and universally consistent?

Merskey (2000) suggests that it is unwarranted to expect such exactness from any system of classification, including classification in biological medicine. If the aim of a diagnostic system is to establish notions of cause and effect, which apply universally and are manifest in all cases similarly, surely the aim is beyond the scope of scientific possibility. No classification system in medical history, says Merskey (2000), has realised such an aspiration, least of all a system of classification which has as its aim the description of human consciousness. Symptomatalogical diagnostics, when applied to the biological sciences, holds a functional relevance, and the pattern of identification and treatment of a physiological anomaly is commonsensical in its application to biological medicine. But can the same be said of the science of human consciousness? Is the twisted thought always born out of the twisted molecule? (Szasz, 1973)

The psychiatric diagnosis, applied as a tool grounded in a biological medical framework (Szasz, 2000), when approached as an intervention in direct relation to human consciousness, appears to emerge as problematic in terms of its fittingness and relevance (Ross & Pam, 1995). Psychiatry, as it has emerged in contemporary medicine, unfolds as a callous bypassing of the subjectivity which it attempts to treat. In its function as a biological science, psychiatry circumvents those fundamentally human elements of existence which shape our being-in-the-world as social beings, connected to our world through cultural, interpersonal and familial networks (Bradfield, 2002). And so, within the human sciences can be discerned an elemental misplacement of the causal relevance

of such factors as these, and therefore a diminishment of their existential value. This work aims to explore the disclosure of the diagnosis in the lived world of the individual; and it is towards such an evaluation of the diagnosis that the researcher turns.

2.4.2 Science and the construction of the diagnostic object

As has been stated, mental disorders are apprehended from within the scientific paradigm as concretely discernible entities, born out of a physiological deviation in the individual (Kiesler, 2000). Bradfield (2002) articulates the notion that this positing of mental illness as physiological in its causation, and therefore detectable as a spatial locality within the biological constitution of the individual, amounts to the construction of the mental illness a thing, separate, unambiguous, and measurable. The psychogenesis of mental illness is therefore grasped as a biogenesis; and thus constructed, the illness is beheld as occupying a physical space. This notion of spatiality, as shall be explicated in this section, shall unfold as fundamental within this critique of psychiatric diagnosis as it is conceived herein. In terms of the research objective, the way in which the labelled individual experiences his or her diagnosis is being explored; and so the nature, definition and presentation of that diagnosis must necessarily be investigated.

Medard Boss, in his text Existential foundations of medicine and psychology (1979), explored the implications of the scientific attitude in relation to mental illness as being causally linked with biological deviation. In his work he has expressed the notion that the presence of the scientific attitude within psychiatry is disclosed as a destructive force, and one which lessens the value of the human subject within the psychiatric endeavour. Boss's phenomenological psychology pronounces a critique of the psychiatric endeavour as being a punctured and incomplete attempt at capturing human consciousness, and the lived complications infused within that consciousness.

Boss bases his critique on his exploration of the natural scientific attitude; a perspective which, he maintains, is disconnected from the mode of human existence. Scientific methodology, suggests Boss, functions explicitly as an objective reliant upon the notion of spatiality. The scientific objective can be seen as one which by epistemological necessity must secure the concept of spatiality so as to find a basis for its measurements and deductions. The object, the discernible unit of scientific inquiry, is

sought out; in its objectness it is thought worthy of evaluation and investigation. Science fascinates itself with the object, and is intrigued with the space which that object occupies.

“The first task of medicine as a strictly rational science is to define precisely prescientific notions of ‘somewhere in space’ and ‘somewhere in time’.” (Boss, 1979, p. 86, in Bradfield, 2002, p. 12).

This strict emphasis on the conception of spatiality as a scientific imperative is infused within scientific understanding, and impacts greatly upon the application and practice of medical science. The scientific object is rendered calculable insofar as it can be found in a world of discrete physical manifestations, and its location as a distinct entity can be judged in terms of its spatial relation to other entities. The apprehension of spatial relations is of paramount value to the scientist, whose analytic eye seeks fervently to reduce space so as to assess these relations. And it is towards an evaluation of this reduction, as it impacts upon the humanness of the psychiatric endeavour, that Boss’s critique is aimed.

The reduction of space to its mathematical and spatial relations, suggests Boss (1979), is achieved through emptying regions of space, and through constructing space as a void; clear, and drained of all complexity. As seen through the scientific gaze, space is that unblemished gap which lies between two points, and allows for a precise calculation of those two points in relation to one another. This notion of the depletion of regions of space, such that the space between points is unfilled, says Boss (1979), has been transferred with obtuse methodological obscurity to the psychological sciences.

“The geometrical representation of space, admirably suited to the mastery of inanimate objects, was transferred without thought to the spatiality of human existence.” (Boss, 1979, p. 36, in Bradfield, 2002, p. 13).

Insofar as the aim of this research is to explore the subjective impact of the diagnosis on the diagnosed individual, this transference which must be evaluated in terms whether it impacts upon the individual’s experience. How can it be said that such spatiality as defines the evaluation of inanimate objects can be applied to the appraisal of man, and of

man's being-in-the-world? As an unbound experiential motion, as an intentional consciousness, and as a being-in-the-world, how can man be considered calculable in terms of spatiality as a scientific objective? It seems methodologically apt that the human sciences devote attention to the entanglements which colour and shape the relationships which unfold in man's existence and his be-ing.

Karlsson (1992) extends Boss's argument, exploring the spatiality of the "psychological unit", as grasped from within the natural scientific attitude. The psychological unit, suggests Karlsson, is seen within psychological science through the lens of what he terms eliminative materialism (Karlsson, 1992, p. 405). This theoretical initiative amounts to the reduction of psychology to the science of neurology, and to the sedimentation of psychological phenomena, such that they are grasped as purely neurobiological effects. In terms of the manifestation of this reduction within scientific psychological practice, we see the diminishment of subjective, meaningful experience to a physiological description (Karlsson, 1992). This diminishment of subjective meaning within scientific psychological practice finds its origin in mainstream psychology's subscription to the premises of the natural-scientific framework. A brief exploration of the history of this attitude will assist in forming a clear conception of how it has come to function in modern scientific practice.

Edmund Husserl locates the genesis of modern natural science in the Galilean treatment of nature as pure, unmixed and therefore accessible to mathematical evaluation (Karlsson, 1992). Husserl proposed that the foundation of natural science can be understood only in terms of its connection to the origin of geometry, which was the original initiative in the motion towards the mathematisation of the objective world. Geometry, the 'original scientific initiative', emerged as an ideal system, within which all things could be quantified and appraised. Husserl's thesis pronounces an understanding of the Galilean motion towards mathematising nature through the rigorous application of a consummate intellectual imperative; that of approaching a world devoid of interruption, of cultural and subjective relevance. A vacuous world, a world of no meaning (Karlsson, 1992).

"In the life-world one experiences not only shapes, but shapes filled with content. One also experiences space, and

spatial shapes in one's life-world, but one never experiences them in a pure form, abstracted from the content. ... Their spatiality is neither pure nor exact.” (Karlsson, 1992, p. 409).

And is it this spatiality, this inflexible focus on measurement, location, and mathematisation that has converted the psychiatric sciences from the study of the human being, as a being-in-the-world (Giorgi, 1970), to the scientific evaluation of man as an embodied thing, determined by a neurophysiological causal process (Bradfield, 2002). “Man-as-object, or objective man, becomes the focus of study, and not man as a person.” (Giorgi, 1970, p. 113). And it is in this regard that the function of psychiatric diagnosis, as a blatant and immutable description of human consciousness, is most vigorously criticised in this thesis. And it is towards a necessary reappraisal, within psychodiagnostics, of the distinction between psychological phenomena, the phenomena of the lived world, and physiological phenomena that this work is aimed (Martin & Thompson, 1997).

CHAPTER 3

METHODOLOGY

In terms of the choice of a methodology most suited to this work, the researcher was guided in his decision by the nature of the research aim; that is, an exploration into the subjective encounter of an individual with that individual's psychiatric diagnosis. What is the experience of being labelled in terms of the impact of the label on the individual's experience of intersubjectivity? As a probing into the experience of being labelled, this work relied to a great extent on the researcher's ability to engage on a level of closeness with the participant. Throughout the research process, the exposition of a subjective personal reaction to the diagnostic label was targeted, and it was towards a description of the nature of that reaction that this research was aimed. Phenomenology, as an endeavour committed to an authentic recapturing of the experience of the individual (Lanteri-Laura, 1982), was chosen as most suited to the aims of the research. Grounded theory methodology, as formulated within the qualitative research framework, applied in a methodological triangulation with interpretive hermeneutics, was thought to be the most appropriate tool.

3.1 Data collection: Interviewing and the qualitative research tradition

It is firstly necessary to explore qualitative interviewing, as a tool in phenomenological research. The type of interview which characterised the data collection process is one formulated by Steinar Kvale (1996), known as the *semi-structured life world interview*. This tool is defined by Kvale as "an interview whose purpose is to obtain descriptions of the life world of the interviewee with respect to interpreting the meaning of the described phenomena." Kvale (1996) suggests that a methodology aiming to describe the lived experience of the individual necessitates an alteration in the researcher's conception of social knowledge, of truth, of reality, and of what can be known. The subject of such qualitative research becomes the co-researcher, whose own subjective expression is elevated to the level of expert (Terre Blanche & Kelly, 1999). It is here assumed, and this assumption is based on Steinar Kvale's method of interview through conversation, that the disclosure of experience through simply

speaking out allows for a phenomenologically accurate utterance of the meaning of being. And it is on the basis of a shift in the researcher's attitudinal stance that this mode of elicitation of text is founded.

The researcher, as situated within this mode of enquiry, became as one within an expressive dialogue, seeking out truth through the subjective pronouncements of the other, who was thus posited as the sole source of that truth. Participants were simply asked to tell their own story in their own words. The basic and fundamentally open question "What is your experience of being diagnosed as mentally ill?" was asked. The researcher refrained from asking more than one initial question: What is it like to be labelled as mentally ill? Other questions asked were not so much questions as attempts to probe further into what the participants were saying. Questions such as "What do you mean by this?", and "Can you expand on your statement?", and other such questions of a similarly coercive nature were asked? In this sense, the researcher did not direct the interviews in accordance with his own wishes. Participants were asked questions which allowed them to further explore the issues which they themselves had raised. Insofar as the participants were given reign to describe their experience using their own descriptive tenor, it was hoped that such disclosure would reveal a personal truth, as that truth is lived out in the participant's world of experience. In terms of the phenomenological aspiration towards returning to the essence of things, and towards eliciting essential intuition as disclosed in the lived world, it was found that this form of data collection, as formulated by Kvale (1996), lent a degree of integrity to the research process. The researcher attempted to merely be present to the interviewee as an empathic ear more than an interrogative scientist. With this in mind, as afore-mentioned, questions were kept to a minimum, and were based wholly in the participants' subjective disclosures. The ultimate aim of the loose and unconfined nature of the researcher's questioning method was to elicit the participants' experiences of their own mental health. To allow participants to express in their own space their struggle, and their understandings of that struggle. In terms of the demands of the study, it may be suggested that a developmental clinical history of each participants' mental illness would be fundamental to the

generation of results. However, the researcher chose to refrain from such specificities in favour of simply allowing the participants' to speak only of that which they wished to express. I reiterate: The methodological approach within this research was one of total non-manipulation and non-coercion in relation to the participants.

Interviews lasted an average of fifty minutes. All interviews were tape recorded and transcribed by the researcher. Transcriptions were exact written replicas of the interviews. In this sense the researcher not only wrote down the exact words which were uttered, but also signified such discrete expressions as pausing, laughing and sighing. Please refer to the appendix for examples of these transcriptions.

3.2 Data analysis and interpretation: On approaching the meaning of being

Phenomenological hermeneutics, as a motion towards gleaning a common sense understanding of a body of text (Kvale, 1996), formed the design of this work. It was decided that the phenomenological method would gain explorative integrity through the fusion of this methodology with certain elements of another qualitative tool, grounded theory.

The system of Hans-Georg Gadamer guided this researcher's understanding and application of phenomenological hermeneutics. Gadamer's is a dialogical method of interpretation in which the researcher is positioned in relation to the text, in interaction with that text (Aylesworth, 1991). The text is embraced within Gadamer's interpretive system as a 'thou' with whom the researcher stays in empathic closeness. This proximity, as became evident throughout the research process, amounts to the dissolution of any positivistic alienation of the subject from the researcher. Insofar as the text is approached within Gadamer's system as a presence in actualised relation with the interpreter of that text, the understanding which defines that relationship promotes, it is suggested, a greater potential for the disclosure of the truths hidden within the fissures of that text.

Central to Gadamer's hermeneutic is his adherence to the Husserlian maxim: to 'return to the things themselves' (Gadamer, 1991; Chessick, 1995). This motion towards

grasping the things themselves implies an empathic capturing of phenomena in the lived world of the individual (Fuller, 1990). Fuller conceptualises the search for an interpretation of the thing in itself as a confrontation between two ontologically similar forces; the one being the researcher, and the other, the thing as it is found in the world. This confrontation is echoed by Heidegger (1985) in his exploration of meaning as existing in relations, and as emerging through the apprehension of those relations. “Things recede into relations”, says Heidegger (1985, p. 187).

“Meanings indeed stand where they stand, but it is an invariant of events of meaning that meanings do not stand alone. No meaning is ready-made in itself, self-defined, able to be itself without the co-operation of anything else. ... Meaning exists in a network of references to one another. This network in its totality, is what Heidegger calls world.” (Fuller, 1990, p. 43).

And so we come to a hermeneutic approach defined by the co-constitution of meaning through the dialogue through which that meaning is born. In the same way as two beings are present to one another, and in the same way as these beings illuminate the meaning present in the other, so the researcher and text unfold in a similar relationship. And it is in the betweenness which defines this relationship that meaning is found through the interpretive process (Lawlor, 1991). Becker (1992) articulates superbly this notion of the co-constitution of meaning through the confrontation of self and other, in this case the confrontation between researcher and text:

“The co-creation of meaning occurs between self and object and also between one person and another. Meaning is created in the back-and-forth movement, the dialectic, between self and object or self and other. It does not reside in the object, in the person, or in the other. Meaning occurs in between, and both person and object are necessary participants in its co-creation.” (Becker, 1992, p. 19)

It is thus that, throughout this research process, the researcher grasped himself in relation to his text. In terms of the closeness between researcher and text, this proximity was established through reading the text many times over, so as to gain complete familiarity with the text. Over and above simply reading the text over and over again, the researcher approached the text on a more imaginative level, in an attempt to enter fully into the participants' experiences, thereby enabling a deeper empathic resonance with the participants' stories.

Before proceeding with an explication of grounded theory as a qualitative research tool, it is necessary to locate this research endeavour within the phenomenological attitude which shall inform this inspection. The phenomenological method emerges as a simple mode of vision, which demotes cognitive reflection, and brings to the fore the simple fact of *seeing* as a research tool. Phenomenology is disclosed as a looking into, and as a hearing, of the manifold of meanings which an individual holds in relation to the experience which that consciousness is relating through the research process. Phenomenological enquiry amounts to a focus on the way in which experience is given directly through the participants' expression, prior to the researcher's interpretation of those expressions (Knaack, 1984). In this sense, the phenomenological question is focused upon eliciting the lifeworld. Within phenomenological research the lebenswelt is awarded explorative primacy, and it is towards an uncovering and understanding of meaning, as revealed within the lebenswelt, that phenomenology directs its inquiry (Knaack, 1984; Giorgi, 1975).

Fundamental to phenomenology is the notion that experience "occurs at the meeting of person and world." (Polkinghorne, 1989). This experiential confrontation is taken within phenomenology as being the location of research. And it is from the nature and implication of this experiential meeting-place that phenomenology draws its inferences and its convictions. It is for this reason that experience, the reciprocal disclosure of man and world, must be clearly and fully understood before any assumption or interpretation can be pronounced. Within the context of the clear elicitation of experience, phenomenological research emphasises an adherence to the notion of a plurivocity of

meaningful relations which may leak out through an individual's confrontation with the objects of his world. The phenomenological researcher must always maintain integrity to the simple fact of human experience, which denotes that experiential reality is not bound by the particularities of the concrete (Polkinghorne, 1989)). No experience can be universally describable and rendered exactly comprehensible.

Within the hermeneutic tradition meaning is supreme to the human sciences (Stolorow & Atwood, 1994). This approach to meaning within the human sciences is structured around an emphasis on understanding, or *verstehen*, by which meaning is elicited through a methodological bypassing of the manifestation of a thing, towards a focus on the meaning which that thing holds for the individual, and for that individual's subjectivity.

This method of hermeneutics, suggest Stolorow and Atwood (1994), can be traced to Wilhelm Dilthey's pronouncement that any understanding of an event is necessarily achieved through a process of "re-experiencing" that event (Dilthey, 1926). This attempt at elicitation of meaning through re-experiencing the context out of which that meaning arose manifests methodologically as an attempt to reconstruct "the world of meaning belonging to an event and then comprehend that world from the viewpoint of its own intrinsic structure." (Dilthey, 1926, p. 15). It appears evident that the adoption of this approach, one which strives towards an internal understanding of the experiential structure of a lived event (Von Eckartsberg, 1998), is based upon a devotion to the knowing subject in its motion towards rediscovery of an experience.

In the exploration of the data collection process the fusion of the hermeneutic tradition within the approach to the text, as drawn from the participants, shall be explicated.

3.2.1 Grounded theory methodology

"At the beginning of my journey I was naive. I didn't yet know that the answers vanish as one continues to travel, that there is only further complexity, that there are still

more interrelationships and more questions.” (Kaplan, 1996).

This recounting of Kaplan’s experience is one which voices the nature of the research process, as it unfolds within such qualitative research as seen in this thesis. In search of neither deduction nor conclusion, the phenomenologist finds himself gaping at the full expanse of the individual’s lived experience. And it is this experience which must be articulated. Through a series of steps, the grounded theorist aims to render clear and intelligible the experiences of an individual subject, from within the situation of that subject’s experiential world. The understanding which grounded theory aims to procure is ‘grounded’ in our being-in-the-world (Heidegger, 1927; Miller & Crabtree, 1992). In this sense, grounded theory emerges as an investigation which stays always close to the subject of that investigation, and aspires towards maintaining a contextual embeddedness in relation to the subject (Terre Blanche & Durrheim, 1999).

Grounded theory methodology manifests various specifically qualitative characteristics, which must be explicated. Firstly, grounded theory is perspectival in its approach to man’s being-in-the-world (Eager, 1999). This notion of the perspectival nature of grounded theory functions on two levels. Firstly, epistemological primacy is given to the perspective of the experiencing individual, who is grasped as the one situated within the lived context being studied. Secondly, the perspective of the researcher is grasped in engagement with the participant in the generation of knowledge and of meaning. These perspectives are situated in a reflexive correspondence within the research process (Strauss & Corbin, 1998; Parker, 1994). Born out of this conception of the intervolvement of perspectives is the presence of complexity as an important feature within the qualitative research endeavour. In this sense, qualitative research is an attempt to capture the complexity of human experience (Rennie, 2000). Meaning is grasped within such a method as being polysemic, insofar as a multiplicity of meanings may emerge in the researcher’s attempts to gain understanding of one simple phenomenon (Bauer & Gaskell, 2000; Burman, 1994). In this sense, one text cannot be comprehended as bearing a single system of meaning. In its interaction with the experiencing individual,

that text may disclose a multitude of meanings and implications (Strauss & Corbin, 1967).

Qualitative research is a naturalistic enterprise, focusing on real world situations, as they are lived by the participants. Such enquiry amounts to a non-manipulative investigation, and is born out of a devotion to epistemological realism and ontological relativism as elemental within the research process (Rennie, 2000). Within the context of naturalistic research the researcher functions as one who, in his explorations, must remain open to whatever may emerge through his meeting with the text. This approach to research discloses a phenomenological integrity insofar as it opposes the imposition of constraint or presupposition on the experience of the research participant (Terre Blanche & Durrheim, 1999).

Grounded theory is a technique formulated by Glaser & Strauss (1967), and Strauss & Corbin (1997). It is an iterative process, which remains fluid and flexible throughout. The technique of grounded theory constitutes an approach to the conceptual analysis of unstructured data (Pigeon, Turner & Blockley, 1989). Central to the research process is the positing of a researcher-co-researcher relationship, in which both participant and researcher collaborate in the process of knowledge elicitation. This element of the research process is based on the assumption that knowledge elicitation in relation to human behaviour is bound to the context in which that behaviour occurs.

Throughout the research process, the approach to and analysis of data is staged upon a fluid relationship between the researcher and participant. This relationship evolves through an initial closeness between researcher and participant, transforming throughout the research process into a relationship defined by increased interpretive distancing (Terre Blanche & Durrheim, 1999). Initially the researcher's position in relation to the participant is one characterised by an interpretive empathy, in which the researcher immerses himself within the text as it emerges through the data collection process. This was done in the research process by reading the text many times over, so as to gain total familiarity with the data. The researcher therefore drew close to the data by "spending a lot of time with it", essentially. At this stage in the research process, theory and systems

of knowledge are ignored in favour of the informative richness held within the participants' expressions. Assumptions and presuppositions drawn from the literature are at this stage held at bay.

Although grounded theory is an iterative process, it is nonetheless a technically rigorous procedure which proceeds through a number of steps. The first step is that of unpacking, in which the text is subdivided into smaller units of analysis known as codes. Codes are understood as categories of meaning, cleaved together due to their perceived relevance in relation to the participant (Pigeon, et al, 1989). The coding process thus involves the breaking up of data into units of analytical relevance (Terre Blanche & Durrheim, 1999). This analysis of raw data which characterises the coding process can emerge on varying levels of analysis. In this sense, data can be scrutinised more broadly, in terms of whole paragraphs, or more intricately, in terms of sentences, phrases, words, and specific semantic constructions (I refer the reader to Appendix 4 for an example of a semantic code). This researcher chose to adopt a microanalytic method of evaluation, focusing attention on smaller units of meaning such as particular words chosen, ways of expressing sentiment through individual linguistic usage, and more subjective elements of expression, such as body language and the emotional content with which participants voiced themselves. In the research process, codes were created through evaluating words, phrases and sentences, and assessing the relations of such expressions to one another. This process of splitting the data up into codes was approached in a very systematic manner in the research process. In this sense, words, phrases, sentences, and questions uttered by each of the participants were isolated and put into perceived codes. Particular statements were not limited to any specific code, and were seen as relevant within and between codes. It was thus that codes were seen to interact with one another, insofar as units of meaning which applied to one code, applied to other codes simultaneously.

The generation of codes is significant insofar as it allows for an evaluation of the relationships existing between these codes, and thus facilitates a comparison of the relationships as they emerge within the context in which the data exists. This comparison

of codes, known as constant comparison, pervades the analytic process. Constant comparison manifests in three different coding procedures: open coding, axial coding and selective coding (Strauss & Corbin, 1998). Open coding is the initial dissection of data, breaking data into themes and codes representing systems of meaning (Eager, 1999). The process of comparison of codes is incipient within the coding process, insofar as the evaluation of likeness, correlation and resemblance is a natural effect of ascertaining distinction, unsimilarity and differentiation. The researcher at the same time perceives a split in the meaning of bits of text as he perceives how those bits of text are similar and therefore connected. In this sense, units of text are understood in terms of how they fit in, and therefore contribute to the formation of the text as a whole.

In terms of the researcher as occupying a specific position in relation to the co-researcher, at this point the researcher remains in empathic proximity to his participant, remaining open to the plethora of meaning which may be unclothed through the participant's expressions. Here the researcher focuses only on the participants' expressions; separating himself from other systems of knowledge which may influence his understanding of these expressions. In the research process, open coding occurred as a natural process, in which data were broken up into units, and then reassembled in terms of how those units correlated with one another. Categories of meaning were established, such as the experience of being different and wrong through being labelled, and these codes were understood in relation to other codes, such as being isolated through that sense of wrongness, experience oneself as being different and thus wrong, and experiencing oneself as being concretised within the experience of wrongness, which thus becomes a permanent and pervasive experience.

The next step in the coding process is that of axial coding.

“This is the process of relating categories to their subcategories, termed ‘axial’ because coding occurs around the axis of a category, linking categories at the level of properties and dimensions.” (Strauss & Corbin, 1998)

Axial coding is effectively the reassembling of data which have been subdivided into codes through open coding. This process constitutes the establishment of connections between codes and subcodes through the elicitation of an axial code. The axial code is understood as the most pivotal code, and as that code around which all other codes function. In axial coding relationships between and within codes are elicited, resulting in the creation of new knowledge, meaning and implication. In the research process, axial coding emerged as the researcher determined what appeared to be the central category of meaning, that of the experience of being wrong, different, and unlike others who are not labelled. All other codes and categories were then approached in terms of their relation to this code. For example, the experience of isolation and disconnection from others was grasped in relation to the experience of being “wrong”, or “different”. In terms of the interaction between codes, as it emerged through the analytic, the researcher took phrases, sentences and other expressive media and combined them in terms of the subjective and meaningful weight which they carried in relation to the participants’ utterances. For example, all statements expressing the experience of “being wrong in relation to the other” were isolated, regrouped, and looked at together, so as to glean a complete sense of how this experience is felt by the participant. All statements carrying similar meanings in terms of the participants’ experience were taken out of the dialogue as a whole, combined, and looked at in terms of their interrelations with one another, so as to gain a full sense of exactly how the experience is grasped, as a singular experience, by the individual. This is what is meant by the generation, within the research process, of categories of meaning. (I refer the reader appendix 4 for an example of a category which the researcher generated from the text.) In terms of the interaction between codes, and the establishment of an axial code, it was the experience of this researcher that the axial code, or that code which appeared most fundamental in relation to other codes, changed throughout the researcher’s interaction with the text. At the end of the research process the axial code was considered to be the experience and expression of feelings of isolation and social disconnection. This will appear evident in the exploration of the development of integrative diagrams which shall follow.

The next step is that of selective coding. This phase focuses on the integration of codes. In selective coding, conclusions drawn at this stage in the analytic process are systematically developed into a comprehensive representation of the participants' accounts, which is conceptually grounded in the experience out of which those accounts arose (Eager, 1999). Data are, at this point, related to the particular theoretical and interpretive pallet upon which the researcher bases his understanding. Selective coding thus unfolds as the channel through which data are converted into theory. In this sense, codes are apprehended in terms of their inter-relatedness, and this understanding of relation allows for an integration of codes. This results in the genesis of a broader theoretical scheme, leading to the emergence of theory (Strauss & Corbin, 1998). In terms of the research process, it was at this stage only that the researcher began to see the data in terms of the systems of Sartre, Buber, Heidegger, and Fromm, which were central to the literature review. The way in which experience was expressed through the data collection was now perceived in terms of possible interactions with the data and the theory explored. The detailed and particular focus on codes and categories in terms of their relations to one another allows for the elicitation of meaning as it is based within the context of the participants' lived world. The process of integration involves establishing relationships between codes. In terms of the researcher as active within the research process, his position in relation to the participant becomes one of increasing distancing and interpretive objectivity (Strauss & Corbin, 1998).

Thus far the researcher has recounted the development of the grounded theory process in terms of the first two stages of immersion in the data, and consequent unpacking of the data through the coding process. The third stage, that of association, involves the construction of models of understanding, and is done with reference to the context within which the text is located (Terre Blanche & Durrheim, 1999). The process of association is led by the researcher's specific theoretical framework. Association, in which relationships and interactions between codes are ascertained, is facilitated through the use of integrative diagramming. The researcher, now functioning within the mode of third-person perspective in relation to the text, begins to work with concepts,

abstractions, and theoretical schemas in his appraisal of the data. For example, the Sartrean construction of being-for-others, and Buber's construction of the I-Thou relationship now came the fore in terms of the researcher's approach to his text. For example, the of "being-wrong-in-relation-to-others" was looked at in terms of the Sartrean construction of being-for-others, in which the self is solidified and objectified through the others' interpretation of the self. In this sense, being-wrong was seen in terms of being-for-others as a potential solidification of the individual within that experience of wrongness. Erich Fromm's notion of the asymmetrical relationship was here examined in terms of how it could shed an interpretive light on the relationship between the labelled individual and the unlabelled individual. In this sense, it was asked whether the experience of "being-wrong" in relation to the other, who is thereby positioned as "being-right", effects the nature of the interaction and interrelation between diagnosed and un-diagnosed people.

At this point in the investigative process, the researcher has arrived at a system of core codes, a lucid presentation of the relationships and interactions between those codes, and a system of theoretical propositions in explication of these interconnections (Pigeon, et al, 1989). It is through this conceptual creation of codes and their interrelations that integrative diagramming, which is the schematic representation of codes and sub-codes, is made possible. In this research process, the researcher developed a diagram of all codes, six in total, which showed the central code, and mapped out the relations between the central code and all other codes. This was done by developing a hierarchical structure of the codes, showing which appeared more impactful in terms of the individual's experience. (Please refer to Appendix 5 for an example of an integrative diagram) The reader will see that the experiences of isolation and disconnection from others emerged as central to the participants' experiences, as understood by this researcher.

The final analytic motion in grounded theory is that of translating the schematic into the narrative, converting diagram into story (Strauss & Corbin, 1998). This narrative account unfolds as the transfiguration of theoretical and conceptual abstractions, thereby returning to the subjective telling of the participant's situation. The narrative emerges as

a description of the tensions existing in relation to the codes and sub-codes, and expresses these tensions as they are present within the lived world of the participant. It is through such a narrative account that the theory is validated and the data grounded (Eager, 1999). In terms of presentation of results, which is where this narrative will be told, it is the function of this telling to describe the individual's *lebenswelt*, as it is felt, and how it is grasped by the participant. In the research process, the narrative was constructed simply through re-writing what each participant had said, but this time putting each statement in the code to which that statement belonged. The researcher chose not to write the narrative in his own words, sticking rather with the expressions of the participants only. This was decided so that the specific and personal nuances of all participants' expressions could be preserved, thereby maintaining integrity to the phenomenological method, which aims to stay close to the lived experience of the individual.

3.3 Participants

Participants for the study were chosen according to a simple set of criteria. The criteria include the following: It was necessary that participants had been informed of their having a specific psychiatric diagnosis, defined according to the Western system of psychiatric classification, as stated in the Diagnostic and Statistical Manual of Mental Disorders - IV. The nature of the diagnosis was not considered relevant, as this work aimed towards an appraisal of the felt experience of being-diagnosed, as opposed to having a specific diagnosis. What was considered relevant was the chronicity or acuteness of the diagnosis. It was considered essential that all participants had been diagnosed at least one year before the time of the interview. This was considered relevant insofar as this research aimed at an elicitation of the lived experience of the diagnosis, as it is suffused within the individual's being. It appeared obvious that an individual who had experienced 'being diagnosed' for a greater length of time would be of greater value in terms of the aims of the study. This makes sense in that the longer an individual has lived with a diagnosis, the more experience that individual will have of being-diagnosed.

Secondly, it was decided that all participants be over the age of twenty-one, and younger than the age of sixty. This prescription might appear arbitrary, however it does make sense in terms of the fact that diagnosis in child psychiatry and geriatric psychiatry may emerge as experientially very different, thereby complicating the range of this work. Being diagnosed could possibly be experienced very differently by children or the elderly. The aim herein is to explore the diagnosis in terms of the lives of adults. Taking this work into the realms of child and geriatric psychiatry would be too great a task considering the practical confines of this dissertation. Further exploration into the impact of the label on children and the elderly specifically would be a potentially significant endeavour.

Most fundamental, in terms of the exploratory nature of this research, is the notion that all participants should not, at the time of the interviews, be in a mental institution. The diagnosis, as it is felt in the lived world, beyond the psychiatric institution, is all that is being evaluated in this work. It is towards a phenomenological dissection of the diagnostic label only, and not the effect of institutionalisation, that this work is aimed. And it is this explorative specificity which renders this work new, and thus valuable. It was decided that individuals participating in the study may at some time in their life have been in an institution, prior to the time of the interview. The only requirement was the participants not be in an institution at the time of the interview.

It was also considered essential that all participants be fluent in English, so as to avoid the complication of translation. This requirement was considered important also in terms of the fact that the interviews required a high degree of exploration into the participants' subjectivity, and it was thus essential that participants could articulate themselves with ease and expressive fluidity so as to make their subjective pronouncements clear and understandable.

Finally, it was decided that participants must all have been informed of their diagnosis by a psychiatrist, not a psychologist. This requirement was considered important insofar as the function of psychiatry as a biomedical endeavour is a significant

consideration within this study. Being diagnosed by a psychiatrist would therefore be more appropriate in terms of the focus of the study.

The culture or sex of participants was not considered important in terms of the results of the study. Whether an individual is a man or a woman; whether white, whether English, European, Asian, did not enter into the equation. As long as the individual was diagnosed according to the Western system of psychiatric classification, the individual's cultural background did not factor in. The experience of the label, no matter who experiences that label, is all that is being evaluated here. The researcher is evaluating the commonness of the experience of the label, as experienced by a common humanity, and so the difference which participants embody is essential to the study. I refer the reader to the exploration of the notion of the evenness of being, as expressed By Burston (1998), stated on page 35. Experience, being-in-the-world, suggests Burston, unfolds as common and consistent transhistorically, transculturally, and transindividually. Burston asserts that despite situational differences, all humans, simply by virtue of their existence, partake in the same structure of potential experience. For this reason, considerations of participants' sex, culture, socio-economic status and the like, were not considered necessary to the study. As long as participants met the relevant criteria, specifically related to the study, they were considered suitable for the demands and nature of the research process.

With these criteria in mind, the participants were sought through the following avenues: Local psychiatrists were asked to give a letter, written by the researcher, which described the nature of the study, the details of participation, as well as the criteria for inclusion (Please refer to appendix). The researcher's contact numbers were given. The psychiatrists were asked to pass this letter on to potential participants. This method of finding participants was thought most fitting insofar as it ensured that participation was a free endeavour, and that no participant was led into the research process against their will. This notion of freedom as definitive of the participants' contribution in the study was considered fundamental. Participants were made aware of the fact that the research

process was unfettered, and so they should feel at liberty to explore at their will, and to terminate their participation at their will.

Participants were also sought through an outpatient programme run in Port Elizabeth through the Psychiatric Care Haven.

Three participants were sought as case studies for the research. In view of the fact that the interviews were quite deeply personal the participants' confidentiality was of prime importance. Participants were ensured that their identities would not be revealed in any way, as pseudonyms would be used throughout the report.

In terms of ethical considerations, participants were informed their of rights in the consent form (Please refer to appendix). Participants were informed of their right to read the results of the study following its completion. They were informed of their right to refrain from answering questions. Finally, as mentioned above, participants were made aware of their freedom to discontinue their involvement in the project if and when they desired.

CHAPTER 4

RESULTS

This chapter shall unfold as a phenomenologically grounded expression of the experience of the diagnosis in the lived world of the individuals who contributed to the study. Although this section is not to be seen as an interpretation, but rather a description of experience, it shall be language in the Heideggerian tenor which influenced the approach of this endeavour. Heidegger's ontology, his examination of what is real, and how that realness is felt in the lived world of the individual, is used here simply as a mode of expression within the exploratory context of this research. Where does the labelled individual find herself, in her lebenswelt? How is the diagnosis felt in everyday life? It is the initiative of this chapter to tell the story in answer of these questions. The researcher shall structure this section according to the various themes which were gleaned through the analysis of data.

It is necessary at the outset to introduce each of the three participants, whose names have been altered for obvious reasons relating to confidentiality. My first interviewee, I shall call her Katherine, is a musician in her early twenties. She has been diagnosed with generalized anxiety disorder, social phobia, bipolar phase 1, as well as borderline personality disorder. Katherine stated that after all this confusion regarding her diagnosis, borderline personality disorder and bipolar mood disorder "were the ones that stuck". My second interviewee, I shall call her Sasha, is an Afrikaans woman in her late twenties. She is married, with one child, and has been diagnosed with bipolar mood disorder. Sasha is currently unemployed. My third interviewee, Abel, is a Chinese man in his early thirties. He is a student. Abel was initially diagnosed with schizophrenia. This diagnosis was changed thereafter to bipolar mood disorder. Abel and Katherine were chosen specifically because of the fact that they have both been diagnosed with more than one psychiatric illness. In terms of their contribution to the study, of the three interviewees Katherine was most contributory in terms of both hours spent with her, and her own written contribution.

4.1 “And what’s wrong? I’m wrong”

Certain common themes emerged through the researcher’s interaction with the data. Most significant, in terms of the amount of times that this concern emerged was the experience, once being diagnosed, of a sense of wrongness, difference, and abnormality in relation to others. In that world where the self finds itself there is a feeling of “being wrong”, and moving in a direction defined by wrongness and difference. As Katherine stated so simply,

“It’s sort of like there’s something wrong. And what’s wrong? I’m wrong. It’s that sort of feeling. I mean what is a disorder? It’s something that’s wrong. Something that’s not right.”

The labelled individual experiences himself, and his situation in the world, as being unlike those who surround him, and in this unlikeness he feels his unfolding wrongness.

“It makes me feel a bit funny sometimes. Like I feel separate from the world. Like I feel different. Like a bit of an **odd-ball** maybe.”

“I feel different because I’m diagnosed with a psychiatric illness. It’s not the norm.” (Abel)

These words, spoken by Abel, suggest an awareness of difference and dissimilarity as being fixed within the lebenswelt of the labelled individual.

And so, this experience of self as being different, in connection with the realisation of wrongness in the consciousness of the labelled individual, emerges simply in relation to the fact that being diagnosed as mentally ill implies some sort of statistical rarity, and by extension implies a manifest unlikeness of the individual as a being-in-the-world. But there is another experiential level on which this difference and wrongness is disclosed. Katherine and Sasha expressed the notion that coupled with this consciousness of one’s being-in-the-world as being wrong, is a self-reflection of one’s own being, defined by an objective monitoring of the wrongness and rightness of one’s actions, thoughts, and expressions. This monitoring of self is to be understood as an appraisal of abnormalities, as they are captured within the diagnostic system. Saying the wrong thing, being in the

wrong way, and allowing oneself to act from within the descriptive boundaries of the label, and thus acting in the wrong way.

“I have been taught to watch, be aware of every shifting mood and change. Although I do not really believe in diagnosis and labelling, I live it everyday. One becomes just aware of the wrong things. Things one shouldn’t be aware of.”

“Anticipation and judgement of mood and behaviour is not natural, and does not allow one to live freely, but externally; always out of oneself; like an observer. ”

(Katherine)

These concerns seem to pervade the lived experience of Katherine and Sasha’s being-in-the-world, and result in a scrutinising self-awareness and an evaluation of self in terms of the difference and unlikeness which is exhibited through the actions of the self. Sasha in particular experiences this monitoring of her action, thoughts, and expressions as some sort of obligation. Her behaviour must be “right”, in the sense of being beyond the prescriptions of her diagnosis; and in her finding of herself within her world of lived experience, Sasha looks always on herself as someone whose be-ing is in need of rectification, stabilisation, and alignment.

4.2 “It’s a mental illness full stop!”

The label was met by the individual as a concrete offering, attached to a sense of permanence and constancy in terms of its manifestation. A few examples of expressions of this realisation of permanence will clarify this statement.

“Suddenly I have a host of diseases. Psychiatric ones, for life they say.” (Katherine)

“More care should be taken that patients retain a sense of self and individuality and be made to realize that permanence does not exist; in life plans, in disorders, in diagnoses.” (Katherine)

“It’s a mental illness full stop!” (Sasha)

“People need to learn to accept it, and to live with it, until they die; I suppose.” (Abel)

The realisation of permanence and finality, as it is expressed in these utterances reveals a subjective response on the part of the labelled individual, defined by either an acceptance or rejection of the label as being permanent in its manifestation. I shall explore this notion of acceptance or rejection in relation to the label and its perceived meanings further on. It is now necessary to probe into the ways in which this notion of permanence is inscribed within the diagnostic system, and how it is felt emotionally and subjectively by the labelled individual.

As was disclosed through the data analysis, the inscription of permanence within the offering of the psychiatric diagnosis emerges in two ways. Firstly, it is in the way that knowledge about psychiatric illness is imparted that the labelled individual, in these three cases, realizes a sense of permanence in her illness. This seems most evident in Katherine’s expressions quoted above. How, then, is such knowledge regarding the nature of the individual’s illness imparted, such that a sense of the permanence of the illness is instilled? It is in terms of the fact that mental illness is equated with physical illness that it is grasped by the labelled individual as something lasting. It is in terms of the illness being a physical anomaly that the psychiatric illness, as a chemical imbalance of some sort, unfolds within the labelled individual’s experience as a concrete and sustained presence. And it is precisely this awareness of the illness as a physical illness that leads to a feeling of being robbed of a part of oneself through having one’s psychological and emotional self converted into a chemically describable disease entity.

“I have no feelings, or moods; no thoughts, no inspirations, no individuality. I’m not a person, but a chemically controlled one of many.”

“The diagnosis takes you out of yourself as a human being into sort of like an organism. You become like an organism.”

“I appear in a manual.” (Katherine)

Through the translation of the mental illness into a physically discernible disease entity, and the translation of “person” into “organism”, that illness becomes something constant

and permanent. And it is this translation of the mental into the physical which robs that experience of its humanness and its subjective weight in relation to the individual. “They are saying you appear in a manual”, as Katherine said. This manual, which is given as an exact presentation of symptoms, recounts for the labelled individual their “condition”; their fixed and scientifically discernible situation.

4.3 “It’s a sickness. You get used to it.”

As mentioned above, the diagnosis effects labelled individuals differently in terms of the degree to which those individuals choose to accept or reject the implications and meanings which they perceive the label to hold. The range of acceptance or rejection, as it was revealed throughout the data collection across the three participants, manifested an important diversity of subjective responses to the label. Significantly, the level of acceptance or rejection of the diagnosis appeared to impact greatly on the individual’s appraisal of, and presentation of, self amongst others. Before presenting the understanding which this researcher gleaned through his confrontation with the data, it is necessary to quote a few examples of the participants’ expression which hint at their acceptance of the label, and reveal the impact of this acceptance or rejection.

“Having internalised them, indulged them, played with them, I’m not sure I can get rid of these labels. It seems that what you embody is a disorder. So then um, now I’m borderline. I played the part very well.” (Katherine)

“I’ve come a long way. To living with it, and accepting it, and dealing with it, and carrying on as much of life as I can. Sometimes I’m trying to make friends and then I might bring it up because I want to be accepted for who I am, with this difference.” (Abel)

“Knowing I’ve got the sickness, we can work on it. We work out certain strategies. Sometimes I feel bad over it.

But so what. It’s a sickness. We can work on it.” (Sasha)

These three expressions reveal the participants’ attitudes to the label, and to living with the label, in terms of the degree to which they have accepted or rejected its meaning and

implication. Katherine's reaction to the label is one which shifted throughout in her subjective confrontation with her labels. At first she rejected them vehemently. She fought, sometimes violently, against her diagnoses, and against the people who gave them to her. Katherine received her diagnoses as an insult, an attack on her personality.

"I was so offended; I was really offended. I thought, well, 'Fuck you! You're attacking my personality; you're attacking me. You're attacking the very soul of me, you know; who I am, and what I am, and that's a disorder.'"

Following this initial reaction, Katherine's feelings in relation to the label changed, resulting in a transformation in the way she lived and acted. She allowed the labels to become infused within her consciousness. She reported that she indulged them, internalised them, and assumed the role of the sick one, in accordance with the prescriptions of her label. Her interactions with others were defined by her understanding of the label which she "embodied". The label therefore emerged as that which displaced a part of her personality, and indeed her humanity. She became a borderline, and a bipolar, in a very concrete interpersonal sense.

In terms of their relative rejection or acceptance thereof, Abel and Sasha responded to their diagnoses in a similar manner. They both absorbed their diagnoses, and accepted them as a truth entirely relevant to their being-in-the-world. In Sasha's case, what she called "the sickness" seemed to occupy a tangible space in her life. Her acceptance of her sickness led to the emergence, within her interpersonal existence, of a system of self-control, in which she said she developed certain "strategies" within her interpersonal repertoire. How she acts in her lived world therefore emerges as the result of her observations of herself as a bipolar, and her attempts to conceal this for the sake of her interactions with and relations to others.

"Knowing I've got the sickness, we can work on it. My personality must be right." (Sasha)

Abel identified with the label, and drew comfort from the fact that his behaviour was exactly describable from within the scientific lexicon. Abel absorbed the diagnostic symptomatology, and in his interactions with others he felt compelled to "explain" himself, as being a person with bipolar, so that others may understand him from within

that diagnostic construction. He felt the need always to make others aware of this “limitation”, as he put it, so that they may expect of him only what he is capable of being, as a bipolar. As a result of his total acceptance of his diagnosis, Abel allowed the diagnosis to unfold as a fixture within his being-in-the-world, and seemed to take it with him into all his interactions and engagements.

It is towards an exploration of the acceptance of the label, and how that acceptance impacts on the lived world of the three participants that I turn next. As has become evident, acceptance of the label is disclosed as an absorption of the label within the individual’s being-in-the-world, both interpersonally and subjectively. If accepted, the label becomes internalised, and is expressed from within the individual’s subjectivity as being a part of that subjectivity. To use Katherine’s words: “I lived it.” This internalisation is to be understood as the result of an acceptance of the label as being present within the individual both physically - as a psychophysical anomaly, and socially and interpersonally - as a behavioural and subjectively real part of the individual. In this sense, the participants, in accepting the diagnosis as a description of their physical self, allowed that it was at the same time a description of their emotional and psychological state. Abel and Sasha, in particular, conceded to say that the mental and physical could be considered identical in the terms of the diagnosis. In Abel’s case, this belief is seen reflected in the following statement regarding his attitude to medication:

“Like a diabetic would need insulin to survive, a person with bipolar would need medication to survive. Somebody may be diabetic, somebody may have high-blood pressure. Somebody may be crippled. I’ve got limitations. I’ve got a disability, people must understand that.” (Abel)

Abel grasps his mental illness as if it were a physical illness. It is real, definable, and objectively discernable; and Abel accepts it as such. Katherine’s process of first rejecting her labels, then accepting them, and then trying to “rid herself of them” revealed a metamorphosis in the way she experienced her diagnosis. Her initial rejection of her diagnoses unfolded as a complete refusal and dismissal of the idea that her psychological and emotional state could be delineated from within a scientific system of description and understanding. The idea that she manifested a “condition” was something that Katherine

found inadmissible and offensive. Even more unacceptable to Katherine was the notion that her subjective state could be described in physical terms. Katherine's subsequent acceptance of her labels led to a fascination with that which she now "embodied", both physically and psychologically. Katherine suggested that once accepting the label, she came to "inhabit" a different person: a diagnosed person. This person which she came to inhabit, this "organism" with a "condition" which she came to "embody", became something which, as Katherine claimed in retrospect, took up the space which she, as an individual, once occupied. In this sense, then, Katherine became her illness; and her label subsumed her. This increasing weight which the label came to carry in Katherine's lived world was then something which she began to despise, as she began to feel it a displacement of her individuality and her personhood.

"Because somebody has decided to label me as a certain thing, my emotions do not feel as though they are mine. They are part of this other person; this disorder. I'm not a person, but a chemically controlled one of many. Where is the space for one violinist? The artist? There is none, can't you see? The space is taken?"

Katherine is here expressing a rejection of the label as a full description of being, and wants to reclaim that part of her self which has been taken up by the label. She will no longer inhabit the diagnosed person. She will reclaim her individuality, her selfhood, but feels that this is possibly very difficult, considering how her labels have been internalised and concretised. It is thus that a rejection of the label emerges as a refusal to allow the label to occupy any real internal space within the individual. This rejection is disclosed as a need to realize one's selfhood, again, as a complete individual, beyond the prescriptions of the label.

Fundamental in terms of the aims of the research endeavour is an understanding of the ways in which the label impacts upon the individual within his or her world of being-with. How does the label effect the individual's functioning and subjective experience within the I-Thou relationship? It is now necessary to present the three participants' reflections on this particular issue.

4.4 “They think that you should be wacky, or in an institution or something.”

One of the most significant themes to have emerged, in terms of the amount of times which it was expressed, relates to the idea of expectation on the part of the other.

“People that know that you have diagnoses will relate to you in the way of saying that your reactions and your feelings are purely because of your supposed problem. Others would use it against me. Everything became a part of my condition. I no longer had feelings, but moods and disorders; and I was related to in that way. And it’s like I always have to get rid of a part of myself to relate to other people.” (Katherine)

“Yeah. Maybe they think when you’ve got a problem like that that you should be wacky or in an institution or something.” (Abel)

In these words Katherine and Abel express similar sentiments relating to their understanding of the expectations of others. Once diagnosed, as was suggested by these two participants, people relate to them in terms of their diagnosis. In this sense, Katherine’s interaction with the other becomes an engagement defined by the other’s expectation of how Katherine should behave, in accordance with their knowledge of her diagnosis. Katherine specifically mentioned the example of her mother, who found comfort in the fact that she could now grasp Katherine’s behaviour in terms of the delineations of her label. Katherine expressed the feeling that she experienced her mother as relating more to her as someone with a condition than as being an individual, above and beyond the condition which she was said to manifest.

“My mother tells me how fucked up I am, and how happy she is now that she’s got a name to call it. And she says things like ‘my condition’. That’s what she calls it. And then I become a condition. So, if I get angry; if I express any anger; if whatever happens, it’s my condition.”

In terms of the exploration of the notion of expectation as being a key factor in the relation between the diagnosed individual and the other, it can be seen here that the other, in this case Katherine's mother, expects certain types of behaviour, and seeks out such behaviours. When these behaviours do arise, she ascribes the behaviour to Katherine's 'condition'; understanding that behaviour from within the parameters of that condition. In terms of Katherine and Sasha's understanding of mental illness specifically, it can be seen how the psychiatric function operates to construct this awareness of an expectation of roles.

“To look in a book and see, ‘These are eight or ten things that your general borderline personality will have.’ And oh, tick, tick, tick, tick, tick... There I am on that page. Which is a bit shit. Because I’m not really, but I am.”

Here Katherine expresses her ambivalent feelings in relation to the idea that her behaviour can be fully described from within the symptomatological confines of her illness. The understanding that there are certain expectations attached to the way in which she behaves is evident here. Sasha's acceptance of the psychiatric function, and her complete faith in the 'rightness' of her psychiatrist reveals an acceptance of the notion of expectancy in relation to her behaviour.

Abel's case represents an expectation of a different sort. In Abel's experience, people have expected that he would be more “wacky” than he is. They expected something beyond normality. Abel suggested that in order to eliminate this expectation he feels he must explain his disorder to others, and let them know that he is controlled by the medication upon which he is so reliant.

“You’ve got to explain to people what this funny, funny diagnosis is, and how it works. I explain to people about it. And they look at me and say, ‘Well, there’s nothing wrong with you.’ And I say it’s because I’m taking the medication.” (Abel)

In this Abel feels he must present himself to others as a ‘diagnosed person’, explaining that although he does have bipolar mood disorder, his behaviour is not abnormal because he is on medication, which renders his illness under control. In these expressions relating

to other's expectations of the behaviour of the diagnosed individual can be seen a key element in the labelled individual's being-in-the-world and being-with others. That the labelled individual is expected to act in a certain way, as was disclosed through the data, is considered fundamental in terms of the aims of this research.

The evaluation of another core analytic theme which emerged through the data analysis process will now follow in this exploration of the data in terms of the labelled individuals' being-with others. It became evident through analysis of the data that there also exists an expectation, on the part of the labelled individual in relation to her self, that she "must", or "is supposed to be" exactly like other people with the same disorder.

"And then going to hospital and meeting other borderlines
and thinking, Oh my God, I'm supposed to be like them."
(Katherine)

"When I was in the hospital I saw on the charts, and the
diagnosis was schizo. And I thought 'Good grief. Am, I
really like that.'" (Abel)

Sasha's complete acceptance of the label impacted greatly on her expectation in terms of being like others with the illness. She grasped bipolar mood disorder as something of descriptive uniformity, and drew a certain amount of comfort from this sense of sameness with the other (the other in this case being individuals diagnosed with bipolar).

As can be seen in the expressions of Katherine and Abel, they were both displeased with this idea of identity in terms of a common illness. Although these reactions are reflective of their experiences in hospital, it can nonetheless be seen how the idea of sharing an identity with an other by virtue of sharing a common mental illness seems distasteful to both Abel and Katherine. To return to what Katherine said earlier:

"More care should be taken that patients retains a sense of
self and individuality."

Katherine was most anxious about the possibility of losing her identity to the label, and reacted vehemently to any notion of being-alike others with borderline personality disorder. However, when Katherine accepted her label, she "played the part" such that she became a borderline, categorically. She expected that, being borderline, she would behave in certain prescribed ways, and allowed herself to adopt those ways. This notion

of expectation in relation to the self as being someone diagnosed with a specific mental illness emerged in a very subtle and almost undetected manner. But nonetheless is very important in terms of the labelled individual as a being-with others.

4.5 “I feel the need to explain to people.”

The exploration of the impact of the label on interpersonal exchange and interpersonal relationships revealed another important element of the individual's experience of being-with-others in the context of being labelled as mentally ill. As was gleaned through the data analysis, the participants felt compelled to explain their illness to others. This need to explain oneself, to present oneself within the delineations of one's illness, emerged differently in all three cases. It also appeared that the explanations were received in different ways by others, which effected the nature of relationships greatly.

In terms of Abel's experience of his being as a diagnosed person, he expressed a definite need to explain to others the nature, cause and treatment of his illness.

“Sometimes I'm trying to make friends and then I might bring it up because I want to be accepted for who I am with this difference. But other people may say ‘Oh, that's weird. You're a weirdo.’ I feel the need to explain to people because it helps them to understand me better.”

It therefore appears that Abel's explanations of his illness serve as a protective mechanism, in which, in presenting himself as bipolar and explaining in full the details of his illness, he eliminates the possibility that others might misinterpret his disorder as “weird”, or as something to be “scared” of.

Katherine experienced her need to explain her illness as the source of a great deal of frustration in terms of her own process of dealing with the diagnosis. Apart from her mother, who drew comfort and security from having a name to call her daughter's ‘condition’, and a defined parameter from within which to understand that condition, Katherine felt that others would not hear her in her attempts to explain her illness.

“Nobody wants to hear. Nobody wants to listen to it, nobody wants to accept it. Nobody want to indulge it.”

During the period of time when Katherine accepted her diagnosis, and acknowledge it in some respect, it was important to her that others did the same. But in her presentation of herself as someone manifesting a specific diagnosis she felt “invalidated”. People, said Katherine, would not hear the explanations, even when she needed them to be true. What unfolds here is an ambiguity in the way Katherine relates to others. In relation to her mother, and certain others, Katherine feels that her actions are read prior her being allowed to explain them, and are judged as being typical within the parameters of her label. Other people view Katherine as a diagnosed person, but will not allow that part of her to emerge when she needs it to, in terms of her own process of dealing with mental illness.

“Other people, they’re sort of, well, anti the whole diagnosis thing, and then they tend to disregard it completely.” (Katherine)

4.6 “I feel a sense of isolation from the world.”

Sasha experienced the need to explain her illness to others for the same reasons as Abel. It seemed commonsensical to her that if she did not explain her diagnosis to others they would become afraid, thereby isolating her. Isolation was one of Sasha’s main concerns, as she felt that if people did not fully understand the delineations of her illness they would abandon her.

“It feels as if our friends got fewer and fewer and fewer because it is as if they got scared, because they don’t know anything about the sickness. Before I knew the sickness we were very sociable people.”

This experience of isolation, and indeed of the expectation that one will be isolated, also emerged as a common theme within the data analysis. Abel and Sasha in particular expressed a sense of disconnection from the world.

“I feel lonely, in the sense that I feel isolated. They don’t have the illness.” (Sasha)

“It makes me feel a bit funny sometimes. Like I feel a bit separate from the world.” (Abel)

“I feel a sense of isolation from the world.” (Abel)

It can be seen through these expressions of Sasha and Abel that their experience of being isolated as a result of being diagnosed with a specific mental illness arose in relation to the element of difference, abnormality and unlikeness which they felt that they represent as labelled individuals. As mentioned above, one of the core subjective impacts of being diagnosed as mentally ill was the experience of a sense of being characteristically ‘unlike’ others who are not diagnosed. This sense of difference emerged in relation to a subjective apprehension, within the consciousness of the diagnosed individual, of a sense being wrong in some way. For Katherine, the feeling of isolation arose as a result of her own process of dealing with her diagnoses; trying to understand them, and trying to evaluate whether or not her diagnoses were in any way verifiable. The fact that Katherine had to “step out of herself” due to others not being able to understand who she was as a diagnosed person was the source of much loneliness for her. Not being understood, having one’s actions, feelings and moods “invalidated”, and having to disconnect from oneself in interactions with others was, for Katherine, something which robbed her interpersonal relationships of “all meaning and value”. This resulted in a very real sense of being isolated and detached from others and from the world.

4.7 The critical denouement

As indicated above, various codes have been established relating to the labelled individuals’ experience of their own being-in-the-world, and being-amongst-others. These categories are presented as a dissection of the subjective reaction to the label. The labelled individual’s story has been told in as clear a manner as possible, thereby maintaining integrity to the phenomenological method upon which this work is based. It is now necessary to present a synthesis of these categories, thereby returning the story back to its origin.

The individual whose self has been defined as presenting a specific psychiatric diagnosis feels a distinct sense of being *wrong* in some way. Wrong in terms of their own being, and wrong in terms of their relations and interactions with others. This sense of wrongness, characterized by an awareness of the complete difference which the diagnosed self represents, as it was revealed, emerged on two levels. Firstly, it emerged

on the level of simply experiencing oneself as unlike others, as an “odd-ball”. Secondly, this sense of being wrong was seen to be connected to a monitoring of the self, and of the wrongness which the self, as diagnosed, is said to manifest. The labelled individual experiences him or herself as always being aware of these “wrong things”, and as constantly judging his or her moods and behaviours in accordance with the diagnosis, or indeed the diagnoses.

It is here that we are brought to one element of the experience of the label which was crucial. The experience of isolation, although it was disclosed in relative degrees, was constant throughout the data. The experience of isolation, separateness and disconnection also emerged as an isolation of the self due to the feeling of being different, and wrong. In this sense, the situation of self as diagnosed, and of other as being part of the group of people who “don’t have the illness” unfolded as a source of much loneliness. The experience of isolation, as expressed by the three participants, also emerged as a result of being misunderstood as a diagnosed person. This notion of being misunderstood was connected both to the fact that others perceive the actions of the diagnosed individual in relation to their perceptions and understandings of the diagnosis. These perceptions and understanding, as was suggested, are often wrong. “People”, said Katherine, “don’t know anything about these diagnoses.”

And so we are brought to the need, as expressed by all three participants, to explain oneself to others, and to explain to others the details of the diagnosis. The participants feel that their diagnosis represents a specific mode of behaviour which others expect they will exhibit. In this sense, based on the participants’ reports, the individual’s engagements with others comes to be coloured by the others’ specific expectations of how the individual, as one who is diagnosed, will behave, in accordance with their knowledge of the labelled individual’s specific illness. Added to this is the expectation of “wackiness”, as Abel put it. The participants felt that there are certain instances, in their interactions with others, wherein the other is surprised by the fact that the labelled individual is not “wacky”, or “abnormal”. Here we see the experience of being misunderstood due to being diagnosed as mentally ill, as reported by the participants. This misunderstanding, as it appeared, was the core reason why the labelled individual feels he or she needs to explain his illness to the other. It became evident that the three

participants felt the need to explain themselves in terms of their diagnoses. This need to explain manifested differently in all three participants, in terms of their own process of dealing with their diagnosis. However, the compulsion to present oneself from within the diagnostic boundaries of the label emerged commonly throughout all participants.

The three participants experienced their diagnoses differently, both positively and negatively, in relation to their relative acceptance or rejection of the label and the meanings and implications which that label holds for them personally. The aim of this dissertation has essentially been accomplished. It was the objective of this work to present a clean and honest description of the experience of being-in-the-world as a labelled individual. The participants' expressions, and their own disclosure of their experience, has been presented. It is now necessary to provide a framework from within which to draw a clearer understanding of these expressions. It is in service of this objective that the researcher now proceeds.

CHAPTER 5

DISCUSSION

In the preceding section the researcher aimed to present a simple formulation of the subjective responses of the three participants. The objective was to show how the label is revealed to the individual, and how it is lived in that individual's being-in-the-world. The direction of the preceding chapter was towards letting "that which shows itself be seen from itself in the very way in which it shows itself from itself." (Dreyfus, 1991, p. 31). In this sense, it was intended that a pure representation of the thing (in this instance, the diagnosis) be shown in itself, as it is, in immediate lived experience. The participants' immediate situatedness, and their felt reaction in relation to that situation, has been revealed. The position of the participants, as they understand it in terms of their relation to both self and other, has been disclosed. It is now necessary to further explore this elicitation of the participants' lived world by relating what has been presented to an understanding, as drawn from the literature, of being-in-the-world, being-diagnosed, and being-with-others in the world. Remember that it is the position of the labelled individual as a diagnosed individual in interrelation with others that is being explored here. It is in this vein that we proceed.

5.1 The label embodied

This section shall serve as an exploration, grounded in the data collected, of the diagnosis as it functions within the lived world of the individual. It shall be examined herein whether the labelled individual's reception of the label bares any relation to the actual nature and intention of the diagnostic motion. In other words, does the diagnosis, and indeed the diagnostic process, manifest specific conceptual characteristics in terms of its meaning and implication, and is the individual receiving the diagnosis aware of these characteristics? What does the label mean for the labeller, and how does the labelled individual understand that meaning, and respond to that meaning in his or her lived world? Most importantly within the context of the research, how does the labelled individual's understanding of the label impact upon his or her experience of self in relation to others?

I would like to return briefly to the exploration of the nature of the psychiatric diagnosis, as expressed in the review of the literature, so as to recapitulate the understandings which were drawn. The psychiatric diagnosis, as it has emerged in contemporary psychiatry, is grasped as an attempt to delineate “clinical entities” and to predict the expected course which, it is assumed, the illness will follow (Maxwell, 1980). Psychiatric diagnostics, as mentioned above, is bound in its descriptions to the Diagnostic and Statistical Manual of Mental Disorders. As a scientific description of psychiatric disorders, the DSM manuals present disorders as natural categories in terms of their manifestation as specific illnesses. Conceived as such, psychiatric disorders are evaluated as classes of entities or operations which are understood as objectively real and scientifically discernible (Rentoul, 1995).

Psychiatric diagnosis, in terms of the epistemology which informs it, is largely influenced by a realist paradigm of scientific thought. This framework implies an understanding of mental syndromes as scientifically knowable and exactly discernible disease entities (Jablensky, 1999), and is strongly related to the bio-psychiatric movement so fundamental to contemporary psychiatry (Keisler, 2000). The medicalisation of psychiatry, which is the trend out of which bio-psychiatry arose, has resulted in an understanding of the psychiatric disorder as being a scientifically exact and immutable disease entity, grasped as being based in a neurophysiological deviation (Keisler, 2000; Szasz, 2000).

In terms of the foundational issues which this approach to psychiatric disorders raises, it was suggested, based on the literature, that the predictive and prescriptive functioning of bio-psychiatry operates to construct a specific and concrete conceptual understanding of psychiatric illness. Bradfield (2002) expressed the notion that the positing of the diagnostic brand as a physically discernible and scientifically exact disease entity amounts to the construction of mental illness as a fixed, concrete and unambiguously defined thing. The genesis of mental illness is translated from being born out of a psychosocial causality, to being born out of a biological causality. Thus understood, the illness becomes a tangible existent, which is grasped as taking up a physical space within the mentally ill individual. That mental illness is conceptualised within the psychiatric sciences in terms of physicality and scientific exigency, and that

such illness is grasped within psychiatry as physically discernible in terms of its presence and its manifestation, is considered fundamental to the outcome of this work.

Now to return to the expressions of the three participants. One of the most notable reactions, in terms of the present consideration of psychiatry as a bio-science, was the idea that the diagnosis turns the diagnosed individual into “basically just an organism”, as Katherine put it. Insofar as the diagnosis is given as a biological description of a psychological state, this offering is felt by the individual as a translation of that state from something mental, emotional and subjective, into something physiological. It becomes a “sickness”, as Sasha put it. And insofar as this sickness is understood as neurophysiologically based, it renders the individual who has such a sickness “chemically controlled” by that sickness, according to all three participants understandings of mental illness. For Katherine the notion that one’s emotional state and one’s subjectivity could be described as being constituted by an abnormality in one’s chemical constitution was felt as an “insult” which “robbed” her emotional reactions of sincerity and validity.

“What you’re feeling, is it sincere or not? Because an emotion as opposed to a chemical is quite a different thing. When feelings becomes labels it becomes blurred and dangerous.”

Katherine’s expression here reveals an obvious tension which exists in relation to the nature of psychiatric description. That an emotion can be understood entirely in terms of the neurophysiological occurrences in the body which, it is proposed, are causally connected to that emotion, seems to Katherine a reason for concern. Although I diverge here, it is only to illustrate the way in which the diagnosis is felt by the diagnosed individual to be a total description of a psychological state, which evades the nature of that state and describes only a presumed physiological causal origin of that state. The disorder becomes a “disability”, to use Abel’s word, which is grasped as a “physical disability”, by both the psychiatrist and the diagnosed individual.

What is considered fundamental here is the notion that mental illness is grasped by the labelled individual as something embodied, and physically concretised within that individual. The label is realised as something internal, physiologically manifest, and scientifically discernible. Abel equates his bipolar mood disorder with something as

tangible and objectively real as diabetes. Sasha constantly refers to her bipolar mood disorder as a “sickness”, and draws a certain amount of comfort from the knowledge that because her sickness is physiologically based, it can be treated with medication. Furthermore, Sasha refers to her disorder as an “it”, which, she states, “Anyone can get.”

Before proceeding with the participants’ responses in relation to the notion of the diagnosis as an object-like disease entity, I would like to return to the exploration, as presented in the review of the literature, of Medard Boss’ formulation of spatiality as a function of science and psychiatry.

Boss (1979) explored the notion of spatiality in relation to medicine and psychology. In his work, Boss articulated an understanding of the construction of the scientific object; in this case the diseased mind. In brief, it was suggested that the estimation of spatial relations between entities is considered within science to be a function of complete significance. To secure an object within space and time; to ascertain its position as an object in relation to other objects, is fundamental to science (Boss, 1979). This movement towards dissecting space so as to ascertain mathematical and spatial relations, suggests Boss, involves the elimination of those things which occupy the space between objects. It is suggested that this motion seems commonsensical when applied to the physical sciences. However, Boss proposes that this attitude has been translated from the physical sciences, and applied in the same manner to the “science” of mind. Karlsson (1992) has extended Boss’s argument in his exploration of what he calls the “psychological unit” (p. 405). The psychological unit, as grasped by Karlsson, emerges with the reduction of psychology to neurological science. In this sense, the diagnosis, as a unit of scientific measurement, and as a locating of a physiological anomaly, is grasped as a self-contained, space-occupying thing-in-itself. It is grasped as a discrete entity, which is measurable and substantial.

In terms of these elements of the psychiatric diagnosis as a scientific object, then, how does this impact on the diagnosed individual? As it appeared, all three participants realised a sense of the label as being present, physically, within themselves. Sasha and Abel’s understanding of the label as being a physical disability is one example of this. Sasha’s discourse in relation to her understanding of her diagnosis revealed an awareness of the label as an encasement, a tangible “boundary”, to use her word. This boundary is

not to be understood, as Sasha experienced it, as a restriction of freedom, but as a solid diagnostic encasement, which cannot be fully disbanded. Sasha has confidence that “50%” of the illness can be “gotten rid of”. This discourse is interesting insofar as it implies a sense of the substantiality of the psychiatric diagnosis, as it is experienced by the individual. For Sasha, her illness represents something that is physically embodied by her.

Abel’s acceptance of his diagnosis unfolded, as mentioned above, as an acceptance of the fact that he is in some way ‘physically disabled’. In his reflections on the nature of his illness, that is, bipolar mood disorder, Abel, spoke of himself mostly in terms of physical limitations. In his understandings, he seemed to grasp his illness as a measurable scientific unit insofar as he understood his illness as being wholly embodied, in a very real sense. For Abel, his illness was understandable in terms of the physical symptoms, such as mild tremors, which he manifested. He did not speak much at all of the psychological experience of his disorder.

Most explicit, in terms of her understanding of the label as embodied, and her response to the label as descriptive of a space-occupying disease entity, was Katherine. Katherine fought against the notion that her mental and emotional state could be completely described and understood in terms of the functioning of chemicals in her brain. It has been shown, through presenting some of Katherine’s reactions to her labels, that the idea that her illness is a scientifically detectable disease entity in her body is detestable to Katherine. Most importantly, in terms of the notion of the spatiality of the disease entity, is the subjective experience of being “displaced” by the label, which now comes to inhabit that space.

“... I’m not a person, but a chemically controlled one of many... Where is the space for one violinist? The artist; The sensuous creature? There is none – can’t you see? The space is taken up?”

Katherine appears to feel that part of her self is replaced by the diagnosis, which functions as a new and more solidified description of that self. The space is taken up by a label, which becomes internalised within the individual, and which is understood as a description of who or what that individual is.

“When I was in hospital I saw on the charts, and the diagnosis was schizo. And I thought, ‘Good grief. Am I really like that?’” (Abel)

“Because somebody has decided to label me as a certain *thing*, my emotions do not feel as though they are mine. They are part of this other person, *this disorder*.”
(Katherine)

And so it seems that the notion of spatiality as a function of science impacts greatly upon the labelled individuals’ experience of his or her illness. As a physical and embodied entity, which occupies a specific spatiality, the diagnosis appears to be realised within the lived experience of the individual as an object in relation to the self. This object takes up part of that self, and emerges as a description of that self’s constitution. The label is an object of science, and it is felt as such by the individual who bares its description.

5.2 Intentional consciousness and the label

I would now like to explore the notion of consciousness, as understood within phenomenological ontology. As was suggested in the review of the literature, consciousness is disclosed as a clean space, defined by the openness that is intentionality (Brooke, 1991). Consciousness as intentionality implies a receptive world-openness, in which consciousness illuminates the things of the world, thereby bringing them into the individual’s awareness. As a clear space, consciousness allows for the world of things to come into being within the individual’s experience. In terms of its relation to the self, consciousness is taken here as a reciprocal presence, in which self constitutes consciousness, and is constituted by consciousness. Consciousness of the world is at the same time a consciousness of self (Brooke, 1991), and these three, consciousness, world, and self, are grasped as synthesised within the union that is individual experience. Fundamental to the phenomenological understanding of what consciousness is, is the notion that consciousness, as a being-in-the-world, is always and only a projection of itself out into the world wherein it finds itself (Sartre, 1943). Consciousness is grasped as an outward oriented intentional motion. Insofar as the label is grasped as a description of

consciousness, an exploration into the nature of consciousness, and the impact which the label has on consciousness lived experience, is essential here.

This understanding of consciousness is fundamental to the consideration of the impact of the diagnosis on the individual. The diagnosis emerges as a description of a mental, emotional and behavioural state, which is offered simultaneously as a description of a physiological abnormality. Abel's equating of his diagnosis with a physical illness such as bipolar mood disorder is an example of this. As a description of a mental state, the diagnosis emerges also as a description of consciousness. It is posited herein that the diagnosis, as a description of an individual, emerges as a framework from within which that consciousness can be explicated, evaluated and understood (Bradfield, 2002).

“To look in a book and see, ‘These are eight or ten things which your general borderline personality will have.’ And oh, tick, tick, tick, tick, tick, ... There I am on that page.”
(Katherine)

Insofar as the consciousness of the labelled individual is revealed as a consciousness described, appraised, and judged, that consciousness emerges as something which is not, by definition, clear, unclouded, and open. The consciousness of the labelled individual is disclosed in the world precisely as ‘the consciousness of the labelled individual’. This means, essentially, that the openness and uncoloured consistency that is consciousness is somehow “channelled”, to use Katherine's word.

Participants revealed the experience of a sense of permanence and constancy in relation to the emergence and unfolding of the diagnosis.

“Suddenly I have a host of diseases. Psychiatric ones, for life they say.” (Katherine)

“It's a mental illness full stop!” (Sasha)

“People need to learn to accept it, and to live with it, until they die; I suppose.” (Abel)

This apprehension of permanence was also related to a subjective reaction to the diagnosis in which it was felt that the diagnosis occupied a definite “space” in relation to the individual and that individual's consciousness. There is a sense that a certain part of

the self is displaced by the label as it becomes concretised within the individual's consciousness.

“Everything became a part of my condition. I no longer had feelings, but moods and condition; and I was related to in that way.” (Katherine)

“My mother tells me how fucked up I am, and how happy she is now that she's got a name to call it. And she says things like ‘My condition’, that's what she calls it. And then I become a condition. ... It sort of takes you out of yourself as a human being into sort of like an organism.”

(Katherine)

This displacement of self, in which the diagnosis was felt as a substantial space-occupying thing, is considered here in terms of its impact on consciousness as an intentional world-opening. If consciousness is understood to be a clear and open motioning towards something which is not itself (Sartre, 1943); that is, if consciousness is understood as intentionality, then it seems that the introduction of a concrete and permanent diagnostic brand into that consciousness would change consciousness' experience of itself. In this sense, it is posited that a consciousness defined as manifesting a specific psychiatric diagnosis would experience itself, as consciousness, differently in terms of its being-in-the-world.

Insofar as the diagnosis was seen to emerge within consciousness as a real and tangible occupant of consciousness, it seems that the individual, who “lives the diagnosis” (as Katherine put it), moves in her world “channelled” by the delineation that is the diagnosis. In this sense, the individual *lives* as a bipolar, or as a borderline. This statement echoes the experience, as gleaned from the data, of having a part of oneself displaced by the label. Katherine's experience of becoming her condition, and Abel's experience of being incompletely or incorrectly understood before explaining his disorder to others are examples of the label subsuming part of the person, and taking up part of that person's subjective space.

The motioning of the self, once diagnosed, is no longer to be defined by consciousness as intentionality. Instead, space is literally taken up, as consciousness

becomes painted by the obtuse shades of the diagnostic brand. The diagnosis becomes “stuck” to the individual whose consciousness it describes. The question that needs to be answered at this point is how this usurpation impacts upon the way in which the labelled individual lives as a being-in-the-world. To live as labelled; to have one’s conscious motioning described, and to move in the world exhibiting this description. This is the situation being explored, and it is a situation in which the individual experiences himself or herself from within a descriptive system in which his or her consciousness is given a physicality, a realness and a sense of permanence in terms of its potential manifestation. The diagnosis, for the diagnosed individual, becomes “permanent”, “just like diabetes”, “a sickness”, “a mental illness full stop”, and something that you must “live with, until you die”. But how can consciousness, as that which the diagnosis describes, be understood as such? Can consciousness be delineated by diagnostic science? If so, how does this delineation impact on the experience of the diagnosed individual?

5.3 On the finding of self in world: An exploration of being-with-others

The Heideggerian notion of *befindlichkeit* (Gelven, 1970), as explored in the review of the literature, was presented as an ontology of the situatedness that is man’s being-in-the-world. *Befindlichkeit*, as articulated by Heidegger, is grasped as man’s finding of himself within his immediately lived world of experience, and his felt reaction to that situation within which he finds himself (Gendlin, 1988). *Befindlichkeit* emerges within Heidegger’s schema as the “thrownness” of the individual in his or her world; the propulsion of the individual into the world of things. And it is in terms of this understanding of thrownness that being as a labelled individual is approached.

The label is experienced as something internal to the individual, and as something which the individual comes to “embody”, as Katherine put it. Understood as such, the label is given as the situation from within which the individual experiences his or her world, and as the condition within which he or she moves, as an intentional being, into that world.

“You want to know what you embody, and what you embody is a disorder... so then, no, now I’m a bipolar.”

(Katherine)

“Having internalised them (the labels), indulged them, played with them, I am not sure I can rid myself of these labels. Although I do not really believe in labelling, I live it every day.” (Katherine)

“It’s like learning to live again. But this time, with a disorder.” (Katherine)

“After they told me, when I looked back I could see, ja, um, the way I was living, I had all the signs.” (Sasha)

“I’ve come a long way, to living with it, to accepting it, and to carrying on as much of life as I can.” (Abel)

The label becomes that which is “lived everyday”. In terms of the felt reaction of the three participants to the presence of the label as a fixture within their consciousness, it was seen that these reactions differed in relation to the degree to which they accepted or rejected the label. The range of subjective responses to the label was diverse. What was common to all reactions was the perception of their situation as being defined by their diagnosis, and their consciousness as coloured by their label.

“Everything became a part of my disorder. ... I appear in a manual.” (Katherine)

It is therefore important to explore this in terms of the ways in which it manifest itself within the lived world of the individual. Most important, in terms of the aims of this research, is the exploration of the impact of this situatedness on the individual’s being-with-others in the world. I would like to explore this presencing of the individual amongst others firstly through the understanding of Heidegger’s notion of the *mitsein*. A brief recapitulation of this concept is therefore necessary.

Mitsein, or “being-with”, is described within Heidegger’s system as an interrelatedness of beings, in which both self and other are brought into being through the togetherness which defines their situation (McCall, 1983). Being-with-others, as it is understood by Heidegger, is qualified and co-determined by being-in-the-world, and both are grasped as ontologically coeval in terms of their relation to one another (McCall, 1983). In this sense, being-in-the-world and being-with-others are co-constitutional. And it is in terms of the co-constitution of self and world that the individual is grasped as

a being-with others, such that to exist implies existence through and with others. To exist is to co-exist, as Luijpen suggests (1969). In terms of this notion of co-existence then, how can the situatedness of the labelled individual, and that individual's co-existence with others, be understood?

The position of the labelled self in relation to the unlabelled other is one defined by a sense of wrongness, abnormality and difference. In that place where the individual finds himself with and amongst others, in that meeting of self and other, the labelled individual seems to experience a strong sense of his unlikeness and dissimilarity as a result of his being labelled.

“It's like there's something wrong. And what's wrong?

I'm wrong. It's that sort of feeling.” (Katherine)

“My personality must be right. Knowing I've got bipolar, and other people don't, it's hard to socialize. They don't understand.” (Sasha)

“It makes me feel a bit funny sometimes. Like I feel separate. Like a bit of an odd-ball maybe” (Abel)

“I feel I need to explain to people because it helps them to understand me better. Maybe they understand me better because I tell them I've got bipolar and there's this difference.” (Abel)

It can therefore be seen that the lebenswelt of the labelled individual is one defined by being present to others in terms of being ‘unlike’ the other. The labelled individual's situation, as one defined by a sense of difference, shall be explored here in relation to the impact which this perception of difference and wrongness has on the individual's experience of being-with-others.

The experience of “being-wrong” as it relates to difference and dissimilarity is explored in this work through the framework, as presented in the review of the literature, in terms of two interpretive foci. Firstly, I shall appraise the individual participants' experience of difference and unlikeness in terms of the notion of typification, as formulated by Natanson (1974), and the notion of the complementary identity, as formulated by Sartre (1943).

Natanson (1974) explored typification as being fundamental to the intersubjective experience. The concept of typification implies a union of self and other, and self and world, such that the self is enabled to perceive the likeness and commonness which unites the two. In this sense, I can see in the other that which I am in myself, and through this recognition I perceive the likeness which exists in my relation with the other. Kruger (1988) expresses this notion in his exploration of the Heideggerian *mitsein*, in which being-with-others is posited as a necessary condition to being human, and that part of this co-existence is the recognition of commonness in being as a human being. Fundamental to the individual's grasping of self and other, and of the experience of being-with the other, as has been seen, is the perception of the similitude and commonness which illuminates social co-existence.

Let us then consider these themes in relation to the utterances of the three participants in terms of their relative experiences of being-with others. Firstly, the labelled individual, in experiencing himself as “different”, “abnormal”, and “wrong” in his “disordered” self appears to have no experience of being typified in his being-with others. There is no sense in which the individual finds his or her likeness in the other. The labelled individual is present to others in the world as one who is not-like those around him. In this sense, there appears to be a subjective experience of meeting the other as one who is “not-like-me”. Luijpen (1969) explored the notion of intersubjectivity in terms of the apprehension of likeness in self and other, and it is precisely this apprehension which does not seem to emerge in the labelled individual. Katherine and Sasha hinted at the notion that the only place in which the labelled individual can find this likeness is in confrontation with other labelled individuals. However, this expression did not suggest any sense of relief or security.

“And then you meet other borderlines, and think, ‘Oh my God I’m supposed to be like them.’” (Katherine)

In this utterance we see how Katherine experienced a certain expectation, on the part of the other, that she is “supposed” to be in a certain way, as a person with a specific label. Katherine sees in other individuals with her diagnosis an image of what she is supposed to be like. In this sense there is the experience of likeness and similarity with an other. However, there is obviously no degree of comfort drawn from this recognition. On the

contrary, there appears to be a relative degree of distress and uncertainty in feeling that one is supposed to be like someone else in terms of how that someone manifests a specific psychiatric illness.

“When I was in hospital I saw the charts, and the diagnosis was schizo. And I thought, ‘Good grief. Am I really like that?’” (Abel)

Sasha experienced a sense of commonness with other mentally ill individuals only inasmuch as she felt a degree of alignment with them in terms of their having a chemical anomaly. She felt “not alone” because she knew that there were others like her who were mentally ill “full stop”. This notion of fitting into something was relatively important to Sasha. However, she experienced a sense of detachment from other mentally ill individuals insofar as she did not feel any form of reciprocal recognition of similarity and likeness with them. She could not see herself in the other, and felt no sense of similitude in relation to other mentally ill individuals in terms of her behaviour and her being.

As far as Abel’s perception and experience of interpersonal commonness was concerned, he searingly appeared to be aware of his own difference, suggesting that he is “abnormal”, in some way. Abel’s response to this feeling of being “weird” in relation to others was his compulsion to explain himself completely, such that others may understand this difference which he believed himself to embody. Abel in particular experienced a sense of isolation as a result of his dissimilarity from others, and his inability to find in the other that which he sees in himself.

“It makes me feel a bit funny sometimes. Like I feel separate from the world. Like I feel different.”

How can this awareness of difference from the other be understood? In answering this question I would like to return the reader to the exploration of intersubjectivity, as presented in chapter two. As was articulated therein, according to the theoretically diverse, and yet similar propositions of such thinkers as Luijpen (1969), Schulte (2000), Kruger (1988), and Buber (1970), the experience of intersubjectivity is grounded to a large extent in the mutual revelation of self to other and other to self, such that both are disclosed through that meeting. This reciprocal illumination of both self and other, suggests Schulte (2000), emerges as a mutual gaze in which subject and world are present

to each other as an image or indication of what the other is for himself. At the point where self and other meet it is suggested that both are present to the other as a corresponding revelation of the likeness which each holds in relation to the other.

Von Eckartsberg (1989) explored the intersubjective relationship in terms of the value which this recognition of likeness and commonness holds for such a relationship. Von Eckartsberg emphasized the importance of being present to an other within a common subjective space; realizing the interpersonal similarities which define that space, and experiencing the correspondence and mutuality which characterizes and enriches that space. This communion, as it has been suggested, emerges through the apprehension of likeness in the other; and it is precisely this recognition of likeness which is the birthplace of value and meaning in interpersonal relationships, as understood by Von Eckartsberg (1989).

This brief revisiting of the material presented in the review of literature functions as a stepping stone into gaining a clearer understanding of the nature of the labelled individual's experience, and of the impact of the experience of the label on the individual's being-in-the-world and being-with-others. As has been seen through the evaluation of the data collected, the participants experienced a sense of being-in-the-world as one who is different, fundamentally, from others in that world.

“I feel different. Like a bit of an odd-ball maybe” (Abel)

“I’ve got limitations that are different from other people.

So it makes me feel different.” (Abel)

The only sense in which these individuals experience themselves as alike others in any way was in terms of their encounters with other mentally ill individuals. This thesis is aimed in its explorations only at those individuals who are labelled as mentally ill, outside of mental institutions. It is therefore towards an exploration the labelled individual's encounter with others who are not labelled as mentally ill that this work is directed.

As mentioned above, intersubjectivity is defined as the relation of a subjectivity to the world in which that subjectivity exists; and is the interconnectedness of self and world in which being-in-the-world establishes itself in relation to the world and to other selves (Schulte, 2000; Zahavi, 2001). Fundamental to this notion of the betweenness of human

existence, in which self and world are established in that space which connects them, is the idea that meaning is found and created in that meeting place (Schulte, 2000). Man exists through man, and in relation to man (Luijpen, 1969). In light of this, then, what is the situation of the labelled individual in terms of his or her existence as a being-with others? It is precisely the situation described above, that of the experience of dissimilarity, unlikeness and separateness, which appears to define this situation.

The brief recapitulation of the Sartrean and Buberian constructions of being-with-others which is to follow, and which was presented in the review of the literature, shall give light to the experiential relevance of this situation. It is necessary to bare in mind at this point the reflections of the three participants, as presented above, in terms of the acceptance and rejection of the label, both by the labelled individual and by others with whom that individual interacts. The impact which accepting or rejecting the label has on the individual's experience of being labelled will come to the fore in the following exploration.

Sartre's understanding of the relationship of self to other, his conception of being-for-others, as was suggested in the review of the literature, is based in the perception of an objectifying gaze as being characteristic of that relationship. In this sense, Sartre suggests, in the moment of being caught by the gaze of the other, the individual is robbed of his intentional freedom, and becomes, for the other, the object of the other's apprehension (Sartre, 1943). In this instance the individual experiences herself as present to the other as an object of the other's gaze, and is thereby solidified. Being-for-others is a position of uncertainty insofar as the individual has no control over how she will be taken by the other, and how she will be interpreted (Martin, 2001). In being-for-others, the self exists for the other in the mode of an object, and is stuck in that object-likeness. It is thus that the individual, as she is understood in relation to the other, becomes singular, univocal, and contained as an object for the other (Sartre, 1943).

Buber's system of interpersonal relations presents a pleasing ideal in terms of the meaning of self to other, and the reciprocity defining this relationship (Buber, 1992). Buber speaks of the "interhuman space" which defines human interactions and relationships (Buber, 1992). The space in which self and other meet is grasped by Buber as that place in which the self is enabled to realize itself as a complete being. Through

interactions with others, the self is enabled to see itself more completely, and to behold itself in its entirety. In the meeting of self and other there unfolds a sense of reciprocal confirmation, in which the self finds that it is enabled to emerge authentically, in all its disparate wholeness. In this sense, the self is validated through its encounter with the other, and this validation serves to allow the self to unfold in its own difference, uniqueness, and authenticity (Buber, 1992). The encounter between self and other as grasped within Buber's system is therefore defined by a mutual perception of the unlikeness which the other manifests, and a reciprocal recognition and acceptance of this unlikeness. Within Buber's schema, to perceive the other is to perceive his difference and unlikeness in relation to the self. And to perceive this unlikeness is simultaneously to accept and esteem that unlikeness. To be aware of the other is to prize his "otherness", thereby affirming that otherness. In view of the fact that this formulation of the self-other relationship is defined by reciprocity, we see how Buber clarifies his notion of the "betweenness" which exists in interpersonal relations (Friedman, 1988).

It is suggested herein that the labelled individual's position in relation to other individuals who are not labelled, can be understood more clearly through an appraisal of this position in terms of Sartre and Buber's construction of the interpersonal space.

Before exploring the ways in which this connection has been made, it is necessary to return to a brief restatement of the nature of the psychiatric diagnosis, as presented in the review of the literature. The psychiatric diagnosis emerges as a scientific description of a specific system of behaviour. That system of behaviour, understood as the symptoms of a specific illness, is grasped as being causally related to the individual's neurophysiological and biophysical constitution (Kiesler, 2000). The diagnosis emerges as a classificatory brand (Goodwin and Guze, 1996) which locates the individual within a specific scientifically delineated sect. As such, the psychiatric diagnosis is disclosed within the "psy-sciences" as a real and scientifically exigent description of the individual's state. This state, as it is grasped within psychiatry, is understood as based in a rule-bound symptomatology, in which the individual's symptoms emerge in a uniformly interpretable manner (Rentoul, 1995). It is through this understanding of the diagnosis as a biologically based description that it becomes communicable as a singular disease entity. It is important here that the notion of the psychiatric illness is grasped as

singular and immutable in its unfolding, and is taken as a disease entity (Kraus, 1987). This understanding, it is suggested, impacts greatly upon the individual's experience of being labelled with a specific mental illness. The psychiatric disorder becomes a diagnostic object, in terms of how it is grasped scientifically (Bradfield, 2002). Katherine reported having been told by her doctor that "Being bipolar is like having diabetes. It is a disease that needs to be managed with medication."

I would now like to return to the expressions of the participants, presenting these expressions in an interpretive synthesis, showing how Buber and Sartre's systems of interpersonal existence can bring light to the nature of these participants' experiences.

As has been seen, the following elements emerge in the individual's experience of being labelled amongst others in the world: The individual appears to experience a sense of being different, wrong and dissimilar in his being amongst others.

"I mean what is a disorder. It's something that's wrong.

Something that's not right." (Katherine)

This experience of difference emerged in relation to being diagnosed with a psychiatric illness.

"Being bipolar, having a diagnosis, having a psychiatric illness, having a disability. It makes you different from other so-called normal people." (Abel)

Secondly, the notion of acceptance or rejection appeared to be central to the diagnosed individuals' response to being labelled. Accepting or rejecting the label, on the part of both self and other, did not emerge as a common theme in all three participants. Katherine accepted her illness initially, allowing it to become internalised, and to subsume a large part of who she felt she was. Katherine then rejected her label, refusing to allow that her self could be described and delineated as a clinically definable disease entity. She would not accept the notion that her emotional state was physiologically based.

"You're attacking my personality, you're attacking me.

You're attacking the very soul of me, who I am and what I am, and that's a disorder; and a borderline one at that."

(Katherine)

Abel and Sasha accepted their labels as being descriptions of their being, and allowed that this description was biologically based. This acceptance emerged in relation to a realisation that the diagnosis is descriptive of something permanent, immutable, and concrete. Sasha's reference to her illness as "the sickness", and as a "mental illness full stop" suggests a sense of her awareness of her disorder as being a singular disease entity which is unchanging and always present.

As far as the acceptance or rejection of other individuals who were not diagnosed was concerned, a common theme was seen to emerge. In Katherine's case, those close to her, most specifically her mother, sister, and close friends, grasped her diagnosis as a complete description of her being. The diagnosis was grasped as a discrete explanation of an exact system of behaviour, which Katherine was thought to manifest. Her diagnosis was accepted to the extent that it came to define exactly who she was for the other.

"People that know that you have diagnoses will relate to you in the way of saying that your reactions and your feelings are purely because of your supposed problem. Others would use it against me. Everything became a part of my condition. I no longer had feelings, but moods and disorders; and I was related to in that way. And it's like I always have to get rid of a part of myself to relate to other people." (Katherine)

"Having a diagnosis, people say that you have a problem and that's why you are the way you are." (Katherine)

Sasha and Abel experienced a degree of anxiety at the possibility of being rejected by others, and their response to this was to give others a full explanation of the nature of their illness, so as to "explain" why they are "different". This tendency to explain the illness emerged as a presentation of the self through the diagnostic description, such that the self came to be understood through the terms of the diagnosis. Abel suggested that he wanted others to know him, and to accept him as he is, "with this difference." He wanted to be understood as a bipolar, and to let other know him as having bipolar mood disorder, and yet as being the "normal" person that he is.

“Sometimes I’m trying to make friends and then I might bring it up because I want to be accepted for who I am with this difference. But other people may say ‘Oh, that’s weird. You’re a weirdo.’ I feel the need to explain to people because it helps them to understand me better.”

It was important to Abel that in order to feel fully accepted, he tell others exactly what bipolar mood disorder is, and what it means to be “a bipolar”.

It is here that we find a connection with the interpersonal theories of Sartre and Buber. It is suggested in this work that the experiences of the participants, in terms of their existence in relation to others who are not labelled, is effected by the difference constructed through the positioning of labelled individuals in relation to those who are not-labelled. How, then, does this experience of difference emerge in the relation of self to other? As was seen through the analysis of data, the labelled individual experienced his label as a signification of something permanent, immutable and concrete. And so it is that the individual participants came to “embody” that which is experienced as “different”, “wrong”, and “abnormal”. More importantly is the notion that the individual is present to the other as a labelled-individual-in-relation-to-a-non-labelled-individual.

This presentation of the labelled individual in relation to others in the world emerged in relation to two causes. Firstly, the participants felt a compulsion to present themselves to the other through the delineations of their own label. This need arose as a result of a total acceptance of the label, and of what the label represents as a clinical entity. This response was seen in Abel and Sasha specifically. They accepted the ‘truth’ which the label held as a description of themselves, and presented themselves to others as a living embodiment of that description. Katherine refused to allow that she could be understood entirely in terms of her label, and felt “insulted” at the notion that her labels were understood as a description of her self. In Katherine’s case, those close to her interpreted her actions in the terms of her label, and were comforted by the idea that they now had an full understanding of her behaviour, and the clinically defined reasons for that behaviour. These two responses, as seen in Katherine, and as seen in Abel and Sasha, appeared to be related to their respective rejection or acceptance of the label. What emerged as common in both instances, however, was the interpretation of the diagnosis as a full description of

a concretely definable clinical disease entity. This disease entity could be understood as a complete account of the individual's neurophysiological state, and of the individual's resultant behavioural deviations.

In Katherine's case, she would not accept this notion as true, but those close to her believed it fully. Her mother and sister, said Katherine, understood her entirely in terms of her "condition". Her behaviour was grasped in terms of symptomatology. And this systematized perception of Katherine's being-in-the-world was defined by an understanding of the permanence and singularity that was her diagnosis.

In the case of Abel and Sasha we see a similar presentation of self to other through the interpretive lens of the psychiatric label. In this instance, however, the understanding of the self as definable and understandable in terms of the label is imposed on the self by the self. Both Sasha and Abel appeared to present themselves to other individuals as being labelled with a specific mental illness.

"Sometimes with a very close friend of mine it's more difficult because they didn't always see me as a person with a disability and the limitations that I have. And they'd expect things from me that you'd expect from a person functioning normally. But then I'd bring it up with them, you know, that I've got limitations, I've got a disability.

And then they were more understanding." (Abel)

It was important to Sasha and Abel that their illness be understood by others. In this sense, then, Sasha and Abel entered interpersonal relationships as labelled individuals, and allowed that the construction of themselves as labelled individuals emerged in their interactions. They entered into interpersonal relationships as people with bipolar mood disorder. Katherine's entry into close interpersonal relationships came to be defined by an expectation on the part of the other that she fit, exactly, the mould which is her diagnosis. She is understood as bipolar, and as borderline, and her behaviour is expected to unfold in relation to these parameters.

"So then no, now I'm bipolar. I played the part very well."
(Katherine)

It is proposed herein that this presentation of the labelled individual to others who are not labelled, in which the individual comes to exist purely as a discrete manifestation of a specific symptomatology, unfolds within the interpersonal realm as an objectivisation and solidification of the labelled individual as a being-in-the-world. The individual, as it appears, comes to inhabit the label. He or she comes to exist in relation to the other as being-labelled. As it appeared through the data analysis, this inhabitation of the label arises as a result of two things. Either the expectation on the part of the other that the other that the labelled individual will behave in direct accordance with the prescriptions of the label, or as a result of the labelled individual presenting him or herself to the other as being-labelled. In both instances the individual appears to operate within the context of interpersonal relationships as one who is labelled, and who behaves in certain concretely defined ways, as defined by the label.

Elemental to this idea of the objectivisation of the labelled individual is the notion of observation and the presence of an external gaze. All three participants experienced a sense of being interpreted or read by others in terms of the other's expectation of what the labelled individual's behaviour should be. This experience emerged as an awareness on the part of the labelled individual of an external gaze, which was focused upon that individual in terms of his or her label.

“Only when I'm by myself can I just sort of 'be'.”

(Katherine)

“They (other people) think if you've got a problem like that you must be wacky or in an institution of something.”

(Abel)

It can thus be seen how the individual, as one labelled with a specific diagnosis, comes to be seen as an objectifiable presence in relation to others. The individual becomes, for the other, a living embodiment of a “condition”, or a “disability”, or “symptom”. As has been suggested, the psychiatric diagnosis emerges as a concrete description of an exact and scientifically defined disease entity. In light of this, the participants in being understood in terms of their label, “condition”, “disorder”, or “disability”, are by extension also understood as exact, and definable, and concrete. It is precisely this understanding which Katherine fought against in her reaction to the label.

The diagnosis, in its unfolding as a discrete scientific unit, comes to define how the diagnosed individual is understood by others with whom that individual interacts. In this sense, the individual comes to be understood through her diagnosis, in “concrete”, “permanent” and “object-like” terms. This way of perceiving the labelled individual also manifested as an internal gaze, in which the labelled individual was seen to be very watchful of him or herself, essentially monitoring the course of symptoms which belong to the diagnosis. Katherine felt that she became her own ‘objective observer’.

“I have been taught to be aware of every shifting mood and change. Anticipation and judgement of mood and behaviour is not natural and is not allowing one to live freely; but externally, always out of oneself, like an observer.” (Katherine)

When she internalised her label, and embraced it as a description of her subjective self, she would evaluate herself in terms of her label. Her estimation of herself as self, was at the same time an estimation of herself as borderline or bipolar. And so it seems that there exists an objectivisation of the labelled individual in relation to both self and other. This objectivisation of self was also seen in Abel and Sasha’s experiences in their continual monitoring of their own behaviour in order to ensure that their actions are “right”, and “proper”.

As mentioned above, it is suggested here that this element of the experience of the labelled individual can be understood in terms of Jean-Paul Sartre’s interpersonal system of being-for-others. In this case, the self exists as an object for the evaluation, appraisal and interpretation of the other. It is in terms of the other’s evaluation of the self as a labelled-self that the labelled individual is present to others. And so, it can be seen that the labelled individual emerges within interpersonal engagement as an object which is understood only in terms of the symptomatology which defines the individual’s particular label. The individual is present to the other through the circumscriptions of the diagnosis. The full meaning of this presentation of the labelled self to the unlabelled other will become clear through a presentation of the Buberian schema of interpersonal relations, and a clarification of the way in which this system operates both as a contrast and a dialectic.

Buber's notion of the I-Thou relationship is defined by a confirmation of a mutual and reciprocal acceptance of the likeness and dissimilarity of the other in relation to the self. As mentioned in the review of the literature, Buber does not suggest that all interhuman relatedness is characterized by this ideal. He maintains that the objectification of the self, of which Sartre speaks, can be overcome through the meeting of self and other in a dialogical relationship defined by acceptance, confirmation of unlikeness, and validation of difference. This interhuman space is understood in stark opposition to Sartre's formulation of being-for-others.

It has been suggested in this work that these two systems can be understood as operating in terms of a dialectic, in which both come to be defined by a relative degree of knowledge of other minds. It is suggested that the interpersonal realm, the realm of being-with-others, is affected by the degree to which both self and other are able to enter into one another, to interpenetrate, and therefore gain a more complete understanding of the other, and of the self. In relationships defined by acceptance, confirmation and justification of similarity and unlikeness, it appears that both self and other are able to realize this mutual understanding (Stolorow, 1994; Von Eckartsberg, 1989).

In light of this, then, how can the relationship of the labelled individual to the other be understood, in terms of how that relationship was expressed by the three participants? As became evident through the data analysis, it appears that the labelled individual, in experiencing himself in relation to the other as being "different", "weird", "abnormal", and "wrong", does not experience any degree of confirmation and validation by the other. He feels "stuck" in his wrongness and his difference, and feels that he is defined by his label in terms of the other's interpretation of him as a labelled individual. Katherine was repulsed by this experience of being stuck to her label, and being stuck to the other's interpretation of her as being-labelled.

Sasha and Abel felt that they needed their diagnoses in order to understand themselves more completely. However, they felt the need to explain their diagnoses to others so that others would not interpret them as "weird", "wrong", and "abnormal". They sought confirmation from the other by showing the other that they are not abnormal. Abel and Sasha wanted to be accepted with their label, and so presented themselves to the other in the terms of their diagnoses. This was done with the purpose

of eliminating the possibility that the other would reject them on the basis of their being diagnosed as mentally ill. They attempted in their interactions with others to create the diagnostic object in an acceptable manner through explaining the diagnosis.

In all three cases it seems evident that the labelled individual relates to the unlabelled individual as being-labelled, and as stuck to the diagnostic object or the scientific unit (Karlsson, 1992), which comes to define that individual. The labelled individual therefore appears to exist amongst others as a being-for-others, who is stuck in his being through the other's interpretation of him as labelled. It is here that we see connections with the data presented. The label is experienced by the participants as being permanent, concrete and immutable. It appears that this sense of permanence and object-ness finds its way into the labelled individual's world through his or her interactions and relationships with others. The labelled individual comes to exist as an object for the other, and it is in the capacity of object that the labelled individual is related to by the other as a "condition", a "disorder", a "deviation", a physical anomaly with specific behavioural symptoms. The individual becomes a scientific unit; an object for interpretation; an existent in the mode of being-in-itself.

5.4 Labelling and the phenomenology of being-lonely

One element of the labelled individual's experience of being-in-the-world and being-with others as one who is labelled, which has not yet been explored, is the experience of isolation and separateness. All three participants expressed a sense of loneliness in relation to their experience of being labelled.

"I generally don't see myself as part of any whole thing, like any sort of community or whatever I'm supposed to be part of." (Katherine)

"I feel lonely... I feel isolated. They don't have the sickness." (Sasha)

"It makes me feel a bit funny sometimes. Like I feel a bit separate from the world." (Abel)

“I feel a sense of isolation from the world. Having a disability I feel a bit on the sidelines. I feel a bit different from other people.” (Abel)

The experience of isolation and loneliness is a problem most often encountered by health professionals, but is one to which insufficient attention has been devoted (Olds & Schwartz, 2000). The sense of alienation and separation which emerged through the data was disclosed both as an alienation from self and an alienation from the other. Burston (1998) suggests that these two kinds of alienation are tightly bound to one another.

As was expressed in the review of the literature, loneliness is the subjective result of an inability on the part of the self to convey itself to the other, in its own way. The lonely self, in this sense, is fundamentally misunderstood. In her loneliness she cannot express herself truthfully to the other, and therefore remains in a state of being unknown and misread (Sadler, 1978). This experience of being misinterpreted, of being perceived as a diagnosed individual and therefore incompletely understood, emerged through the data analysis.

“People may not understand or accept me. It’s something that other people don’t have.” (Abel)

“I feel lonely... I feel isolated. They don’t have the sickness.” (Sasha)

The sense on the part of the labelled individual that “people don’t really know anything about these labels”, as Katherine put it, contributes to the experience of being alone with one’s condition. Of course this experience of loneliness seems to come to the fore with individuals who live beyond the institution, with others who are not labelled. It was seen that the close juxtaposition of the labelled individual with others who are not labelled interferes with the labelled individual’s capacity to relate to others on a simple social level. Sasha especially felt this impact, which she expressed as a difficulty in “socialising”.

“It’s hard to socialize. I feel isolated because I never actually talk to people that has got that. They don’t have the sickness. I feel isolated because I feel they don’t understand.” (Sasha)

And so it seems that there is an evident connection between the labelled individual's perception of his being misunderstood by the unlabelled individual, and the labelled individual's experience of loneliness, isolation, and disconnection. This experience of loneliness can be understood in terms of the exploration of the phenomenology of loneliness, as presented in the literature review. Sadler (1978) relates the experience of loneliness to the individual's inability to convey himself, as he is for himself, to the other. The individual, in this sense, finds that he is fundamentally misunderstood and misinterpreted. This conception of loneliness implies a construction of normality and abnormality in terms of the individual's presentation of self to other. In this sense, the individual experiences that which he is as being fundamentally abnormal, wrong, and inadmissible. The result of this, it is suggested, is a profound sense of loneliness, separation and disconnection (Kraft, 1979). It is suggested here that the labelled individual's loneliness, as it emerged through the analysis of data, can be understood in terms of this conception of loneliness. The labelled individual, in his presentation of himself as being different, wrong, abnormal and unlike the other, experiences a loneliness which is defined by that difference. In his difference he feels that he is isolated through his inability to convey to the other that which constitutes him, as an individual. He cannot be understood, penetrated, fathomed. He is labelled, and in the stuckness and concretisation which that label implies, he remains misperceived, and incompletely known. He is estranged. In his realisation of the label as a concrete, permanent reality, he finds that he is unknowable. In his relations to others he therefore appears to be alone, detached, and isolated. In his being-different he finds that he is stuck. He is stuck to his label; to his wrongness; to his disconnection.

The notion of being isolated through the inability to know other minds was explored. It was suggested that although we may know the other through our interpretations and understandings of his actions, we can never know him as he is, within himself, and for himself (Scheff, 1973). This inability to know other minds, it was suggested, emerges within our experience as the origin of misunderstanding and ambivalence in our interpersonal relationships. It was suggested in the literature review that knowledge of other minds, and therefore an increased association and connectedness with the other, arises through close interpersonal relationships, as defined here through the structure of

the Buberian I-Thou presencing. Now if we consider this position in relation to the experiences of the labelled individual, it appears that the sense of alienation, isolation and disconnection is worsened through being labelled. The label, as has been seen, is something which can only be truly known from within the lived experience of the labelled individual.

“People don’t really know anything about these labels anyway.” (Katherine)

“It feels as if our friends got fewer and fewer because they don’t know anything about the sickness.” (Sasha)

“I feel the need to explain to people because it helps them understand me better.” (Abel)

The labelled individual appears to be fundamentally unknown, misunderstood, and mysterious. And it is as a result of this that the labelled individual’s experience of disconnection from the world, and from the other, is consolidated and solidified.

In the discussion of the Sartrean system of being-for-others Erich Fromm’s notion of asymmetrical relatedness was briefly articulated (Fromm, 1991). In terms of the results of this dissertation, the brevity of this exposition is wholly misleading insofar as the construction of asymmetrical relatedness is understood as being definitive of the relationship between the labelled individual and the non-labelled individual. Fromm’s construction denotes a relation between self and other in which the self is rendered incomplete through being robbed of its integrity and its separateness. This occurs, suggests Fromm, as the subjectivity of the self is denied by the other. A theoretical link was drawn in the literature review, between Fromm’s notion of asymmetrical relatedness and Sartre’s explication of being-for-others, in which the self is present to the other as an object for the other, and is deprived of its freedom and completeness through being present as such.

The labelled individual experiences a sense of existing as an object for the other, a diagnostic object - and exists in the world as a being interpretable in terms of his or her diagnosis, “condition”, “disorder” or “disability”. This construction appears to emerge as an asymmetrical relationship, in which the diagnosed individual is apprehended only as

“the diagnosed individual”, and thereby exists in relation to the other as an incompleteness for the other.

“Having a diagnosis, people say that you have a problem and that’s why you are the way you are. This takes away all your reasons for doing things and says it isn’t valid. It says your life and your past isn’t valid.” (Katherine)

“I feel that with this disability somebody would consider me handicapped or incomplete. If you were to marry someone like me, it’s like marrying someone that’s not complete.” (Abel)

The individual who is not labelled is apprehended as an entire subjectivity, whereas the labelled individual exists only as a labelled individual, prior to being an individual subjectivity in his or her own right. This sense of being incomplete, of not being whole emerges through the labelled individual’s sense of their being interpreted only as being-labelled. The interpersonal position which this relationship implies suggests the depletion of the labelled individual’s subjectivity, as an individual, in relation to the other who is “not-labelled”. In this sense, the individual is no longer present to the other as an integral subjectivity, but rather as a scientific object, which can be understood and interpreted as such. This goes back to the notion that the participants explained their illness to others, and revealed themselves to others in terms of their illness. In revealing themselves to other individuals from within the parameters of their diagnoses, the participants essentially locked themselves into the diagnosis, and by extension, into the experience of difference, wrongness, disconnection and detachment which the diagnosis implies.

It is therefore suggested that the loneliness and disconnection from the other, which emerged through the data collection, can be understood as emerging in connection with the position of asymmetrical relatedness (Fromm, 1991) which defines, according to this researcher, the relationship between the labelled individual and the one not-labelled. This pattern of relatedness between self and other, suggests Fromm, puts the one whose subjectivity is denied in a position of separateness, depletion and isolation. As can be seen through the data collection, this isolation and separateness defines the relationship

between the labelled individual and the other. The individual is grasped as a “condition”, a “disorder”, and is thus incorrectly and incompletely grasped. He is misunderstood, and detached from others through their misunderstanding. In terms of the exploration of the impact of the diagnosis on the individual’s experience of being-with-others, it appears we have a problem.

CHAPTER 6

CONCLUSION

This dissertation aimed towards a phenomenologically informed probing of the experience of the labelled individual's lived world. The subjective impact of the diagnosis was explored in terms of the ways in which the diagnosis effects the individual's experience of self amongst others. The intention was to provide a simple, open and unembellished description of labelled individual's subjective experience of the label, as it emerges within his or her life. The exploration herein was targeted specifically towards labelled individual's beyond the mental institution.

The reasons for the execution of this particular research topic were multifarious. Initially, this work unfolded as an extension of previous research done by the author, into the effects of the psychiatric label on the labelled individual's experience of freedom as a conscious imperative (Bradfield, 2001). It was gleaned through this previous work that the label emerges as subjectively "unkind" insofar as it robs the individual of his experience of himself as an unbound, intentional consciousness. This, it was suggested, introduces into the individual's self-awareness an apprehension of solidification and "petrification" (Bradfield, 2002, p. 20), which erases his sense of freedom. The participants who contributed to this initial study expressed a certain amount of displeasure in relation to the experience of the label, and discontentment in relation to the implications of being labelled in terms of being free. Furthermore, the psychiatric label, as it appeared in this study, seemed to result in the experience of aloneness and alienation from self and from the other.

In this first study, participants were chosen both inside and outside of the institution. The experience of the labelled individual beyond the mental institution was not the focus of this study. It was only once the study was completed that it was considered fundamental that research into the effect of being labelled beyond the boundaries of the asylum be undertaken. Research of this kind appears to be fairly uncommon, which is why this researcher asserts his belief that this research is fundamentally new in both its approach and its objective. The fact that no significant amount of research into the subjective impact of the psychiatric label beyond the mental institution has been conducted was a significant reason for choosing such a research endeavour as this one.

Another reason why this researcher chose to explore this particular field, and almost certainly the most pivotal reason, relates to the notion that the experience of the labelled individual in relation to other individuals who are not labelled as mentally ill, is one which needs exploration. How does the labelled individual exist interpersonally? Where is the labelled individual situated in relation to the individual who is not diagnosed? How does the labelled individual experience herself from within this position of relatedness to the unlabelled individual? These are fundamental questions which it was the aim of this research endeavour to evaluate.

6.1 The results: In brief

Several analytic codes emerged in terms of the participants' experience of their diagnosis. Among these were the following: The experience of being wrong, different and abnormal was seen as central to the experience of being labelled as mentally ill. This experience of being "unlike" other unlabelled individuals was the core code with which all other codes interacted.

Secondly, the diagnosis was experienced by the labelled individual as something permanent and fixed within the lived world of the individual. The label, as an immutable fixture within the participants' lives, therefore appeared to "take up space", in a literal sense, within the individual's daily life. As a permanent 'thing', and as something which in its manifestation is unchanging, the label therefore appeared to exist in relation to the individual as a concrete presence in the life of that individual.

In terms of the impact of the label on the participants' within the daily interpersonal functioning, it appeared that all participants, to a certain degree, felt the need to present themselves in terms of their diagnoses, so that they could be "understood" by others. Katherine did this by adopting the role of the bipolar, or the borderline. She "played the part", essentially. Sasha and Abel felt the need to explain themselves to others in terms of their labels, so that others would not be put off by the fact that they are mentally ill. Sasha and Abel did this so as to avoid rejection on the part of the other. It is thus that the participants presented themselves to others as "labelled individuals".

The experience of being-labelled was also characterised by an internal and an external monitoring of the individual, as someone manifesting a specific diagnosis. In

this sense the individual monitors his or her behaviour from within the parameters of the specific diagnosis. The individual evaluates, judges and inspects his or her behaviour. Katherine spoke of being her own “objective observer”. This internal monitoring emerged as something particularly unpleasant and unnecessary for Katherine. The participants’ also expressed the notion that their behaviour is watched by others; constantly monitored in terms of the others’ expectations of how they should behave, as labelled individuals.

The experience of being misunderstood by others was also pivotal to the participants’ experience of their illness. The notion that “nobody really knows anything about these illnesses”, and the felt necessity to “explain” to others, so that they may understand, were expressed throughout the interviews. The participants therefore experienced a sense of being detached from others through being misinterpreted and misunderstood by the other.

The experience of being wrong, and being different from the other; the experience of having to explain oneself to the other so as to avoid rejection and so as to be understood by the other; the experience of being misread and misinterpreted by the other in terms of the confines of the diagnosis were seen as central to the participants’ experience of their label. And the effect of such experiences, as has been shown, is a sense of loneliness, detachment, and disconnection from others and from being-with-others. The existence of the labelled individual is a lonely existence. A dislocated existence. An estranged existence.

The relationship of the labelled individual to other individuals was read in terms of Jean-Paul Sartre’s construction of being-for-others; Martin Buber’s construction of the I-thou relationship; and Erich Fromm’s notion of the asymmetrical relationship. It was seen that the participants, in terms of their being-labelled, exist in relation to others as an object for the other’s interpretation and apprehension. The label is present as an object within the individual’s subjectivity. That individual is understood and related to by the other in terms of the diagnostic object; and the individual’s subjectivity is devaluated through her being understood and related to only in terms of the diagnostic object. The individual becomes the diagnosis, the condition, the disorder. It is in this sense that the labelled individual exists in relation to the other in the mode of a being-in-itself; a being-

in-the-mode-of-an-object. And it is thus that the individual, in relation to others, is robbed of her subjectivity.

In terms of the fact that the participants experienced themselves as being misunderstood by others, and insofar as they are understood only in terms of their label, this resulted in a strong sense of loneliness, detachment, isolation and disconnection. The relationship of the labelled individual to others who are not labelled therefore emerged as an asymmetrical relationship, in which the labelled individual's full subjectivity is disallowed, and he is understood only in terms of his label. He is therefore misunderstood. He is lonely. Removed. Enclosed within his diagnosis. He is the outsider.

6.2 Methodological issues

Certain methodological issues need to be explored so as to point out possible problems in the execution and design of this research process. In terms of the data collection process, it may be suggested that the sample number is too small, and hence not sufficiently representative of the psychiatric population. In response to such a criticism, it is this researcher's conviction that when dealing with the experiences of a human subjectivity statistical significance loses its importance. It was towards the impact of the psychiatric diagnosis on the "individual" that this research endeavour was aimed. The importance of "the individual" as the source of truth and meaning is an axiom held sacred within this research process. Furthermore, insofar as the analysis of data was a highly in depth and focused analysis, a greater number of participants would possibly have generated an unwieldy data analysis process.

On the point of devoting attention to the individual, it is the researcher's view that any evidence of psychiatry evincing any degree of unkindness in relation to "the one" is sufficient motive for a reevaluation. Psychiatry is a human intervention, which is ameliorative in its aims. Therefore, if it can be shown that the psychiatric function is experienced by "the one" as being injurious, surely we have a case for change.

The second possible flaw in the research process relates to the notion of theoretical sensitivity within the context of phenomenological research. As mentioned in the chapter on methodology, the aim of phenomenological research is to present a clear and

unembellished description of the experience of the individual, from within that individual's lived world. With this in mind it was necessary to disallow the infusion of theory within the data when approaching that data. The participant's experience is understood as primary in its importance in terms of the generation of knowledge and of meaning. The interpretive framework provided by any specific theoretical structure must therefore not be allowed into the researcher's interaction with his data. It is only once all data have been clearly described that theory may be blended within the analysis. This aspiration towards a "presuppositionless" approach is central within phenomenological research. However, it is nonetheless an aspiration towards an ideal, and as such, is never fully realised within the research process. To a certain extent, the researcher will always be influenced by the theoretical structure which leads his research. It can only be hoped that the degree to which this researcher was influenced by theory throughout the research process was slight.

One other potential criticism of the nature of the research process related more essentially to the ethical integrity of this endeavour. The nature of the research question is such that participants were required to be fairly open with their descriptions of their subjective experiences. This requirement could potentially have put the participants in rather unsafe territory in terms of their own process of dealing with their diagnosis. With this in mind, it is necessary to state that all participants were made aware of the fact that their participation was entirely free, and that they could discontinue their involvement in the study at their will.

6.3 Recommendations for future research

The scope and size of this research endeavour required a relative degree of specificity in terms of the subject being researched. It was stipulated in the criteria for selection that individuals should be between the age of twenty-one and sixty. This stipulation served to limit the scope of exploration to adults only. The impact of the diagnosis, it was maintained, could possibly be very different in terms of how the diagnosis is experienced by children and the elderly. Diagnosis in child and geriatric psychiatry may emerge as different in its function and its presentation, and so may be

experienced differently. In this regard, it is suggested that research into the subjective experience of the diagnosis by children and the elderly is necessary.

Secondly, the diagnosis, as has been revealed through research, emerges as a restriction of the individual's being-in-the-world, in terms of the prescription of the diagnostic label. The individual becomes the diagnostic object, and her subjectivity is therefore reduced. In this regard, what is the experience of the diagnosis in terms of how it is experience by groups who are already marginalised. How is the diagnosis experienced by women as opposed to men? How is the diagnosis experienced by different cultural and ethnic groups? The researcher, in this work, did not devote attention to the possibility of such a difference in the nature of the experience. This was partly due to the scope and size of the work. Thirdly, is there any difference in the subjective experience of being labelled in terms of the diagnosis of personality disorders as opposed to mood disorders? Does the labelled individual who is told that his personality is 'disordered' experience his label differently from the individual who is told that his general mood is 'abnormal'. Furthermore, insofar as the labeled individual experiences a sense of being-wrong in relation to the unlabelled individual, it is necessary that the moral and ethical implications of labeling be explored. Is the label received as a moral judgement of the mentally ill individual? These are questions which need to be asked. Much exploration still needs to be done.

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APPENDICES

- 1) Consent forms of each participant
- 2) Letter to psychiatrists
- 3) Examples of interview transcripts
- 4) Example of an analytic category
- 5) Example of an integrative diagram

APPENDIX 3

Example of an interview transcript

Context of the interview: This interview took place on the afternoon of the 24th of May, 2002, in the Rhodes University Psychology Department. The interview lasted 50 minutes and was the first of two interviews which the researcher engaged in with the participant. The interview session was taped for purposes of analysis.

The participant is a woman in her early twenties. For reasons of confidentiality the researcher shall not divulge any more information pertaining to the details of this participant. The participant's clinical history is interesting insofar as she has received more than one diagnosis. She has been diagnosed as suffering from both Borderline Personality Disorder and Bipolar Mood disorder. These two were given amongst other less prevalent diagnoses generally defined by a marked degree of anxiety and depression.

Researcher = R

Participant = P

R – Please can you tell me a bit about your experience of being diagnosed as mentally ill. What does the diagnosis mean to you and has it affected you in terms of the way you live your life?

P - Um,,, um ... I've been diagnosed with bi-polar and borderline disorder. Those are the two that have stuck now. Ha ha. According to the Fort England people. And, but before that, it's not so much, it's not so much being diagnosed, as first of all people diagnose one. Ha. It's kind of quite a joke. I was diagnosed by one doctor in PE with bi-polar, and then also anxiety disorder, and then comorbid depressive disorder, and another anxiety disorder. And um, he got my anxiety disorders from a questionnaire that I filled out, and decided, and put me on so much medication that I couldn't walk. So, it's the process of diagnosis which is quite ridiculous. Quite crap. And ja um, and then, I think um, I've always gone along and I'm slightly um, messed up. And people never really said anything to me. And then I go to a psychiatrist and they say I've got this disorder, and that disorder, and then suddenly people start saying to me either that it's rubbish. A lot

of my friends say that. As soon as I'm happy they say "well I suppose you think your manic now." And things like. Which is really, well they don't really understand it. But um, all people like my mother would say that now she understands why I've always been the way I have. Which is a bit, which is a bit excessive because um you know, I'm not really, I'm essentially you know just myself, and whatever diagnosis you want to put on me is fine, but um, it's sort of like there's something wrong, and What's wrong. I'm wrong. It's that sort of feeling. And um, diagnosis is really a load of shit, because basically what it is is so that they can medicate you, and I'm on medication. And, I want to be on medication. I've been on it, I've stopped it, I've been on it I've stopped it, etc. and usually when I stop I land up in hospital. And then, so I'm happy to carry on. But the labels themselves, I don't know. Um, for instance, I think when you get told you're manic depressive or borderline; especially borderline, which is the most absurd thing. It's quite obscure, and um,, it's more emotional, there's nothing they can treat you with, medication wise, because it's, it's more of an emotional thing. I read up quite a lot about it, but now I've had enough. I'm tired of it. Um, I think that, it's sort of, what it does is it takes one's history and one's life and it puts it into a box. And they say, don't worry you're not alone, but I am because I'm myself. And I want to be. I don't, I'm not a , I don't know, I think that things like disorders are not real, they're fabricated, for the convenience of the psychiatrist to give you medication. And when I was um at Fort England last year they were really struggling with me. They couldn't work out what I am. Psychotic, epileptic, he was rambling off all these big names, being all very impressive, and um..... How can you do that. In other words the most important thing is, is um for the doctor to have a diagnosis. And for the patient, you become intrigued, and you want to know what it is, and what you embody, and what you embody is the disorder, so then no, now I'm a bipolar patient. So for a long time then, I played the part very well, of all the depression and all the mania and all the antipsychotics that I took and all the fucked up things that I saw. Everything that was in my life anyway, and I lived with it. then suddenly I became so aware of it, and every mood shift and everything., and um, i , but I can't really remember much. But I remember feeling that I was really happy and really well. Um, and that's another problem, I think with medication, is that they first have to label you and then they have

to find the right medication and they can't. I don't know, initially it was quite fun maybe. And then um, now I just take my epilim and my valium and my whatever. All my pills every day. I sort of go along. But it's almost like a, it does change one. Because one becomes um, one becomes just aware of the wrong things, one shouldn't be aware of. I don't know if that's right. But I don't, I mean generally people are, I don't know, I don't really...

One thing that gets to me. People don't really know anything about these labels anyway. But um, I was arrested in the beginning of the year, and then my labels came in very handy, because I um, I went to court and they tried me as mentally ill. And um, the thing that, when I listened to them talking, even the person who was defending me, he didn't know a fuck about, about bi-polar or borderline disorder. Um, it is like, even when you yourself are um diagnosed with something, no body tells you anything. Um, I mean somebody has to tell you, "you have this disorder or that disorder". Um, I was so offended, I was really offended inside, I thought well fuck you. "you know, you're attacking my personality, you're attacking me. You're attacking the very like soul of me, you know, who I am and what I am, and that's a disorder. And borderline one at that, I mean whatever the fuck that means. So, um, they don't sort of say well, you know. I mean it was eventually later when I came out.....i was borderline. I bought a book called "I hate you don't leave me". And I read like a few pages and I thought well okay, I get the gist, that's me. I see why they would put me in that category, where they're coming from. And that's all one needs really, is a little bit of explaining. People don't often do that. They just tell you your label and give you medication and tell you to go to hell. And it's not good enough because you have to sit with this feeling.

R – Do you experience your diagnoses differently? Does being does that you are borderline affect you differently to being told that you have bipolar mood disorder?

P - Um, I think that, when one is, for instance bordeline and bi-polar are two quite different things. And bi-polar being a mood disorder, it's sort of, I found that it's um, when I feel something, and I feel a lot, when I feel something it's ah.. I sort of um I'm not sure whether it's supposedly part of my disorder or whether it's what I really feel. And

although the two are exactly the same thing actually, it's very difficult to bring them together. Because it's almost like there's two separate self, it's like there's two people. The one that is wrong and the one that is right, and it's the right being, I'm not sure what right is. And supposedly if you have a disorder of any kind you have a chemical imbalance or something, and that means that your chemicals are fucking out in your head. So what you're feeling, is it sincere or not. Because an emotion as opposed to a chemicalism quite a different thing. Um, and on top of that I'm addicted to valium. And if I don't take it I have really bad withdrawals. If I don't take it I go even more over the top or even more angry or whatever. And, then I, then on top of it I don't know whether that's also part of it. I think that it undermines one's experience. I mean what is a disorder. It's something that's wrong. It's something that's not right. And that undermines one, because on one part it, see I don't know if I'm just ridiculously complicated, but one one hand it empowers me, but one the other hand it undermines me. It empowers the one part of me which wants um, perhaps an explanation, or wants an excuse, or wants um, maybe it's more of a child who wants to do whatever and be all erratic, and is searching for some kind of affirmation, and that is affirmation for me, that's what it gives me. But on the other side it disempowers me because I also want to be um, just who I am, and to have to supposedly have a chemical balance, and then to take other chemicals to fix that imbalance. You know, where am I left, where is Ilana. Um and, to look in a book and see, these are 8 or 10 things that your general borderline personality will have, and oh "tick, tick, tick, tick, tick, there I am, I'm in that page." And that's a bit, because I'm not really, but I am. And then going to hospital to hospital and meeting other borderlines, and thinking "Oh my God" I'm supposed to be like them. You know, um, I think ja, and somehow, I have one friend that um, was also diagnosed bipolar. And her and my relationship ended up being quite sort of focused around that. But otherwise, there were certain things, I could relate to her. But most other people that I know don't really ... I mean it's just, I don't if it's uh... I'm still trying to work out whether although on my medication I'm feeling better and more functional and everything, I think that I'm still trying to work out whether I believe in it at all or not. And I think that it also undermines one's life because we are, I am where I am because of what my life has been, or because of what I have been through or whatever. And to pin it all down to a chemical imbalance,

that sort of say well “you’re not who you are because of your life”. It sort of takes you out of yourself as a human being into a sort of like , an organism. You become like an organism. Because basically we are all ruled by cells and chemicals. But ja, then you realise that you are basically just an organism. Um, I don’t know um, um, ja...

R - Can you tell me a bit more about how being diagnosed as mentally affects you in your relations to others,; to close friends or to family?

P - Well um, I mean my friend and I , I think she drove me mad, more than anything else. So, I’m not quite sure, I mean ja, that’s all. Other people I think um, like I said earlier, they sort of either well completely anti the whole diagnosis thing, or antipsychiatry. Then they tend to disregard it completely. Because it disregards the whole side of me. Even if I’m struggling with it, it’s my struggle. It’s my problem, if half of me wants, half of me doesn’t, half of me believes it, half of me doesn’t. half of me feels empowered by it, the other half is fucked up by it. that’s my struggle , and they should rather be helping me with it. instead they tend to um, completely put it aside and and, abuse it really, and therefore abuse a whole side of me. Um, which at one stage was the whole of me, for a long time. Because it’s something one has to come to terms with or something. And um, or otherwise they accept it so completely like my mother, by telling me how fucked up I am, and by saying how happy she is now she’s got a name to call it. and she says things like um “ my condition”. That’s what’s she calls it, and then I become a condition. So any, if I get angry, if I express any anger, if whatever happens. If whatever happens, um, it’s my condition. My sister does the same to me. And that’s also very, that’s opposite extreme, you know, from what a lot of people do, by disregarding it. it’s very, it becomes, one just becomes very alone. And then, you also start playing up to it. people that know you, or know that you, anything. I don’t know, you just play with it. it’s fun, but it’s destructive. And um, I think, that uh...

(A few moments of silence follow. The researcher chose to leave this silence uninterrupted)

I um, I’ve always had a problem of having like a split. And that just accentuates it, because I inhabit one person for certain things, and the other person, the undiagnosed person for other things and other people. So um, i can relate to everyone. I’m very

scared. I know this is not really part of it, but being hospitalised was really traumatic for me. And um, so it's something that, that and being sort of diagnosed with something. That and being hospitalised is sort of together. That sort of goes together. And nobody wants to hear, nobody wants to listen to it, nobody wants to accept, nobody wants to indulge it. um, and I think that, um, I have to sort of step out of myself, and I have to, everything must be, everything that would have been, serious to me must be a joke, first of all in that area. But also, that I must step out of myself. And only when I'm by myself can feel like I can just sort of be. You know because some people are expecting um or just waiting for me to say something not wrong, but say something about being a bipolar or borderline or something. To say that it's crap, and I must stop talking shit. Or other people are waiting are waiting for me to do something so they can say "yeah, you see" ha ha, "you're just fucked". And um, so often, then yes one sort of is, does feel alone because you are, because there's not really much. And then really, when I talk like this I start thinking that there's nothing really to it. and everyone says you know it's like having diabetes, and then you take you're your medicine for diabetes, but it's, I don't know why, why it's different from that. Um, I think it is just because it's, it feels like an attack on your emotional self, it feels like an attack on your personality, it feels like an attack on your whole being. And that um, also when I interact with people, I like sincere people, um but when I interact with people I'm mostly very insincere. And, um, I think that's, or I seem to see myself as insincere, because I I'm trying to sort of test everything and make sure that I'm doing the right thing. And I think that's another problem is that I'm always seeing myself I'm always a step ahead or behind myself, I'm always a step ahead and behind myself. And it hasn't always been like that, but that's because I want to make sure that I can sort of um,,, yeah and I just um... being overly aware, and overly conscious of it. and it just, it's just bad.

R – It sounds as though being diagnosed has changed you in some way? Would you say that this is true?

P - Um, I think that, I'm not sure because um, I've been, on some form of psychiatric medication for years now, since I was about , since I was in my teens. So um, um and then before the age of 12 I don't actually remember much, it's all a bit fucked up, that

whole area. Um, so, I'm not sure. I think I have definitely changed but it's um, I'm not sure if it's so much because of the diagnosis, or because of the fact that I've been, um, I've seen more things, I've been through some things, that obviously, all things that one goes through changes one. So, um, but also for instance that I go for therapy. Um, that's much later after being diagnosed. That's where I am now. So that means I'm getting better. In very constructive ways. But I find that it's one thing that I do struggle with immensely is memory. Memory of today, memory of yesterday, memory of just the other minute. Memory of 10 years ago.

APPENDIX 4

Example of an Analytic Category

The following is an example of a code or category of meaning which the researcher drew specifically from the interview transcript shown in appendix 3. In developing this category, the researcher extracted units of text, such as sentences and phrases, and grouped them together according to the perceived category or system of meaning which these sentences or phrases were seen by the researcher to represent. In this sense, any expression by the participant which conveyed a sense of a feeling of “being wrong” was isolated and grouped in this way. The reason why expressions conveying a sense of feeling wrong or abnormal is simply that such expressions seemed prevalent in terms of the amount of times which they were uttered throughout the interviews. And so, any sentence, phrase or word which conveyed the experience of being wrong, abnormal or different, was extracted from the raw data and put into a category, of which the following is an example.

In this example, which was drawn from the raw data of only one of the participants’ interview transcripts, any expression which was seen in some way to reveal a sense of the participant’s feeling or being wrong in relation to others, was grouped here and analyzed in relation to other sentences or phrases which were expressed by the participant, and which conveyed a similar meaning. In this way the researcher was enabled to gain a more complete understanding of exactly how the experience of “feeling wrong” was felt by the participant.

Wrongness – abnormality – difference

“It’s sort of like there’s something wrong. And what’s wrong? I’m wrong. It’s that sort of feeling” – I

“For the patient you become intrigued, and you want to know what it is, and what you embody, and what you embody is a disorder.” – I

One becomes just aware of the wrong things. Things one shouldn’t be aware of. I don’t know if that’s right. – I

It’s almost as if there’s two separate selves. The wrong one and the right one – I

And then going to hospital and meeting other borderlines and thinking, oh my god, I'm supposed to be like them. – I

My mother calls it 'my condition' , and then I become a condition– I

It's like being wrong in some way. And so, I don't trust certain parts of myself maybe – I
Having a diagnosis, or people saying that you have a problem and that's why you are the way you are, takes all those reasons away and says that it's not valid. It says that your life and your past isn't valid. – I

It's learning how to live again. But this time with a disorder – I

Others would use what I said against me. Everything became a part of my disorder. – I

You're attacking the very soul of me; who I am, and what I am, and that's a disorder. – I

I mean what is a disorder. It's something that's wrong. Something that's not right.

Appendix 5: The Impact of Diagnosis on Interpersonal Relationships

