Schizophrenia and the Progression of Emotional Expression in Relation to Others

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Abstract

Gaining an improved understanding of people diagnosed with schizophrenia has the potential to influence priorities for therapy. Psychosis is commonly understood through the perspective of the medical model. However, the experience of social context surrounding psychosis is not well understood. In this research project we used a phenomenological methodology with a longitudinal design to interview seven participants across a twelve month period to understand the social experiences surrounding psychosis. Eleven themes were explicated and divided into two phases of the illness experience: (a) transition into emotional shutdown included the experiences of not being acknowledged, relational confusion, not being expressive, detachment, reliving the past, and having no sense of direction; (b) recovery from emotional shutdown included the experiences of being acknowledged, expression, resolution, independence, and a sense of direction. The experiential themes provide clinicians with new insights to better assess vulnerability and have the potential to inform goals for therapy.

Keywords:

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A key characteristic of people diagnosed with schizophrenia is the existence of negative symptoms (American Psychiatric Association [*DSM IV-TR*], 2000). A primary negative symptom is flattened affect, which is a reduction or absence of emotional expression (McGlashan & Fenton, 1994). The reduction or absence of emotional expression might be considered as a medical symptom of a disease entity existing at a cellular level, or it might be considered as a human experience that is meaningful to the individual at a societal level. The experience of emotional expression at a societal level for people diagnosed with schizophrenia is not well understood within the mental health professions. Whether mental health professionals understand a reduction in emotional expression as the symptom of a disease entity or as a conscious human experience will significantly impact on the type of assistance that is prioritized for people diagnosed with schizophrenia.

Insights into the experience of the negative symptoms, including flattened affect, exist through research into the experience of self (Sass, 2001). The notion of self can be considered to be encapsulated (determined by internal and isolated processes) or inter-subjective (determined by interpersonal processes) (Stolorow, 2000). The sense of self can also be considered to be static (relatively unchanging) or dynamic (constantly subject to change). These two parameters of self can be combined to form four formulations of self (see table 1.) Choosing between these four formulations of self will significantly impact on the type of data that researchers will seek and consider and the way researchers interpret data in their attempts to describe the experience of self and others.

INSERT TABLE 1 ABOUT HERE.

Conceptions of an encapsulated and static self are interpretations that consider the sense of self to be independent of others and relatively unchanging across time. The notion of an encapsulated and static self was prominent in early phenomenological research by Jaspers (1913/1963) who described the aberrant experiences of people with a psychiatric diagnosis. The notion of encapsulated and static self was also prominent by Binswanger (as cited in Spiegelberg, 1972) and Blankenburg (2001) who revealed much about the aberrant experiences of self for people diagnosed with schizophrenia. The latter two researchers each proposed a primary, or set of primary, characteristics that they believed formed the main problem for people diagnosed with schizophrenia. For Binswanger (as cited in Spiegelberg, 1972), one of the main problems included a splitting up of experience into rigid alternatives. For Blankenburg (2001), the main problem was considered to be a loss of natural self evidence, where things in the world were not readily understandable. These contributions have set a precedent for phenomenological research into the experience of self for people diagnosed with schizophrenia.

Researchers continued along the lines of an encapsulated and static notion of self and focused primarily on aberrant experiences of self. Those experiences included a disrupted stream of consciousness and corporeality defined as a sense of disembodiment (Parnas & Handest, 2003). Another aberrant experience of self was the experience of hyper reflexivity, which referred to a watching of the self in action. Hyper reflexivity was said to be problematic in people diagnosed with schizophrenia, causing a split in the self and a loss of connection with others (Kimura, 2001). A disrupted stream of consciousness, a sense of disembodiment and hyper reflexivity appear to be encapsulated within the self and relatively static across time.

An encapsulated and static notion of self was assumed by researchers when an internal or inherent deficit or dysfunction was suggested, and that inherent dysfunction was said to be relatively stable across time. However, the notion of self can be complex. For example Lysaker, Johannesen and Lysaker (2005) proposed a theory of schizophrenia based on a dialogical self. They suggested that self existed through dialogue with self and with others, but the individual was also regulating the dialogue or self positions. The aspect of self that existed through dialogue with others might be considered an inter-subjective notion of self. However, we suggest that the aspect of self that was regulating the dialogue or self positions substantiated an encapsulated notion of self. To further substantiate an encapsulated notion of self, Lysaker et al. (2005, p.336) suggested that the aspect of self that regulates the dialogue or self positions is dysfunctional or compromised, when they stated that "internal and inter-subjective dialogues are compromised to the point of dysfunction". They also suggested an unaltered (static) notion of self when they stated that "Interactions do not alter [the self] as much as obscure or move the self out of reach" (Lysaker et al., 2005, p.337).

We define the notion of a static and inter-subjective self as a way of being in-relation-to others that is relatively stable across time. Minkowski was an early theorist who utilized an inter-subjective yet static notion of self and suggested that the problem for people diagnosed with schizophrenia involved a loss of vital connectedness between themselves and the world (Sass, 2001). Other researchers have contributed to an inter-subjective and static notion of self and have used a variety of descriptors and terms that refer to the degree of connectedness or separateness experienced by people diagnosed with schizophrenia. Parnas and Handest (2003) listed a range of terms that we believe

refer to a person's degree of connected, which included: an altered "sense of presence" (p.124), "*ipseit*y" (p.124), "disconnected" (p.127) and "self demarcation" (p.123) that refer to the degree of being or not being embedded or immersed in the world. Other descriptors and terms included the extent of "fusion" (p.123) and under developed "ego boundaries" (p.123) that refer solely to the state of being excessively immersed with the world or others.

Notions of an inter-subjective and dynamic sense of self involved seeing the self in relation to others and changing across time. Early researchers espousing an inter-subjective and dynamic sense of self have experienced a variable reception from the psychiatric profession. Early conceptualizations of an inter-subjective and dynamic self can be seen in the work of Sullivan (1927, 1953). Experimental work in the nineteen fifty's supported the notion of an inter-subjective and dynamic self (Bateson, Jackson, Haley, & Watzlawick, 1956), a notion of self that was later popularized by authors such as Szasz (1961) and Laing (1965) who were associated with an anti-psychiatry movement. Laing (1965) reported that a dominant experience of people diagnosed with schizophrenia included disconfirmation or a lack of being acknowledged and subsequent withdrawal. Controversy began when critics assumed that researchers and theorists were blaming family members for the generation of schizophrenic symptoms in the diagnosed person.

Recent theorists have suggested that research into the experience of psychosis should not be associated with the anti-psychiatry movement, but should be considered along-side psychiatry in what has been described as a post-psychiatry movement (Bracken & Thomas, 2005). Bracken and Thomas (2005) proposed that experiential

understandings of people diagnosed with schizophrenia form an important addition to a medical understanding, and that both medical and experiential understandings should appear side by side and not in opposition to each other.

The post-psychiatry movement has added various experiential understandings in addition to a medical understanding. The life narratives of people diagnosed with schizophrenia have been considered increasingly to be coherent and communicable (Saaverdra, Cubero, & Crawford, 2009). Narratives of diagnosed people have involved compassionate descriptions of isolating responses to perceived rejection and the resulting social tragedy of this illness experience (Davidson & Stayner, 1997). Brier and Strauss (1984) noted that the needs of people diagnosed with schizophrenia changed across a twelve month period following discharge from hospital. Brier and Strauss found that diagnosed people passed through phases of "convalescence" which included support and approval through to "rebuilding" which required more reciprocal relations with others. People diagnosed with schizophrenia have been identified as active agents in the progression of their own recoveries (Strauss, 1989a, 1989b, 1992). All of these experiential accounts of people diagnosed with schizophrenia add to our understanding and should be considered alongside a medical understanding of this condition.

Our aim for this research project was to contribute to an understanding of the experience of people diagnosed with schizophrenia using an inter-subjective and dynamic notion of self in the post-psychiatry tradition. We achieved an inter-subjective notion of self by having our participants reflect on their experience of others and their experience of self in relation to others. We achieved a dynamic notion of self by tracking changes in experience of others and self as participants lived through 12 months of the recovery

phase and reported on their transitions into psychosis. We placed particular emphasis on the participants changing experience of emotional expression in relation to others.

Methodology

Phenomenology

The descriptive phenomenological method used in this study was based on the method developed by Giorgi and Giorgi (2003). Giorgi and Giorgi based their method on a phenomenological paradigm proposed by Husserl (1970), whose transcendental phenomenological method aimed for researchers to understand the direct experience of their participant, rather than striving for an objective account of events. The essential steps involved were: (a) data collecting and transcribing; (b) reading the narrative to gain an understanding, using an attitude of reduction to focus on the objects of the participants thinking (*intentionality*) and avoid the natural bias of the researcher's assumptions; (c) dividing the text into meaning units; (d) identifying interview themes by grouping similar meaning units together from each interview and identifying the most salient aspects of each group; (e) identifying participant themes by grouping similar interview themes together for each participant and identifying the most salient themes, also identifying the predominant sequence of themes to represent the progression of experiences; (f) identifying group themes by grouping participant themes together for all participants and identifying the most salient themes while retaining the predominant sequence of themes to represent the progression of experience; (g) transforming the every day language of participants (surface structure) into a full and clear expressions (deep structure) to better explicate their experience; and (h) summarizing of the essential participant experiences to form the general structure of the experience under investigation.

Participants were given the option of being interviewed at their local community mental health centre or in their own home. Participant narratives were recorded by the first author who used empathic active listening. Empathic active listening began with the first author inviting participant to share their story. The first author then encouraged each participant to elaborate on and clarify their narratives through the following three responses: (a) providing minimal encouragers such as verbal prompts and gestures so that the participant would continue to talk; (b) asking questions to clarify any experience or information that was not fully understand and; (c) providing summaries of participant narratives through paraphrasing, and comparing and contrasting previous interview narratives. The first author embedded empathy and acceptance into his active listening to assist in the understanding of the narrative and to build an emotional connection with the participants (Stanghellini, 2004). The first author was a practicing counselor and had been trained as an empathetic active listener.

We achieved fidelity and reliability in a variety of ways. Through the active listening process of paraphrasing and maintaining a focus on the information presented by participants, the first author was able to substantially bracket out his own preconceived ideas about experience and causation. Bracketing allowed the first author to minimize judgment about what was, or was not, a valid experience. All experiences were considered equal in this research project. Bracketing also allowed the first author to minimize judgment about the origin or cause of participant experiences. Through the first author's paraphrasing, participants were able to verify, clarify or expand their narratives. The first author made every effort to ground the emergent themes with examples so that

the themes would be coherent and resonate with the reader. These processes contribute to the requirements for reliability and fidelity (Elliott, Fischer, & Rennie, 1999).

Participants

Participants were adults diagnosed with schizophrenia using the DSM-IV (American, 2000), who had been discharged from hospital within the previous 4 months after a second or subsequent acute episode of psychosis, and were willing and able to articulate a depth of experience. Case managers from the mental health services of a major tertiary hospital asked service users who met the selection criteria if they would be interested in sharing their experiences with a researcher. Potential participants were briefed by the first author about the nature of the project, confidentiality, their right to refuse or withdraw and then asked if they would like to participate in the study. All potential participants agreed to participate and were accepted into the study. Additional participants were accepted into the study until no new themes emerged from first interviews, which occurred after 9 participants had been interviewed. Two participants were excluded from the study because they were not willing or able to articulate their experiences with reasonable depth or clarity when compared with the other participants. The 7 remaining participants consisted of 3 women and 4 men aged between 30 and 55 with a mean age of 40, living in a Capital City in Australia. The act of listening and verbal thanks was the only form of reward given to the participants.

Procedure

Ethical approval was gained from Queensland University of Technology, Queensland Health, and the Princess Alexandra Hospital. Interviews began with the first author asking participants if any recent interactions with others stood-out or came to mind. The

first author continued each interview with active listening until participants reported that there was noting else that they wanted to talk about. The 7 participants were interviewed every 2 to 3 months until no new themes emerged or until 12 months had passed. Each participant was interviewed an average of 4 times, for approximately 1 hour on each occasion.

One participant said she had told her entire story after one interview and did not want additional interviews. The other 6 participants continued with interviews until no new themes arose or until 12 months had elapsed. After data collection had finished and the themes had been established by the first author, he returned to several participants for feedback. One participant suggested a minor re-arrangement of theme sequence, which was agreed on. Another participant liked the themes and the altered sequence. Each participant was then offered a final unrecorded interview to express any thoughts or feelings in relation to the interviews, and for each participant and the first author to say goodbye.

Results

Themes derived from participant narratives fell into 1 of 2 broad categories of: transitioning into emotional shutdown; or recovering from emotional shutdown. The phrase “emotional shutdown” was identified as preferable to “psychosis” by Peter Bullimore (2007) who is a trainer and advocate for people who hear voices. Transitioning into emotional shutdown consisted of the following 6 broad themes: not being acknowledged, relational confusion, not being expressive, detachment, reliving the past, and having no direction. Recovering from emotional shutdown consisted of the following

5 broad themes: being acknowledged, resolution, expression, independence, and a sense of direction (see table 2.)

INSERT TABLE 2 ABOUT HERE

Transitioning into Emotional Shutdown

All participants made significant contributions to the phase of transitioning into emotional shutdown consisting of 6 experiential themes that link environmental stress to psychosis. Participants experienced not being acknowledged when they expected to be acknowledged and supported. This unexpected event coincided with the experience of relational confusion. Participants were not being expressive of their confusion and began a process of inward reflection and reliving the past in an attempt to resolve their confusion. Reliving the past necessarily coincided with detachment, because participants were not able to be conscious of events in the past and people in the present at the same time. Without an outward focus, participants experienced having no direction into the future.

Experience of not being acknowledged. All participants had experienced that people who were emotionally close often did not listen to what they had to say. Participants experienced others as disinterested and interrupting them while they were talking. They experienced others as not acknowledging their personal needs, presence or independence. Some participants believed that although they were not being acknowledged, others were secretly aware of them, and were monitoring them, but were not allowing them to know. Others misunderstood the participants' meanings and expectations and were reported to respond in ways that were unwelcome. Participants

experienced others, almost all of whom they regarded as significant, as placing excessive demands on them.

The experience of not being acknowledged was conveyed by Neil when recounting time spent with his sister. He detected hostility in his sister from her criticisms, her use of tone, and because of her asking her daughter about him in his presence, rather than asking him directly. Neil expressed a sense of worthlessness and rejection in relation to his sister and conveyed a sense of extreme anxiety in recounting these incidents, which exemplified his experience of not being acknowledged:

> I asked for a little bit of breakfast and a couple of little things [that] didn't fall into what they normally do and she [his sister] said . . . to the daughter, "what stupid thing did he ask for?"

> I used to call myself a "non". I'm a non this and a non that, and my sister would come against [me] . . . and [say] "oh you're a non anyway".

Derrick experienced not being acknowledged when he was talking to his mother. He reported that his message was not important to his mother.

> [My mother] she'll just stop me with something she'll be saying and what I'm saying doesn't really matter and I will never be right in that sort of circumstance. . . . A lot of the time I get shut down, saying something that I want to say and people do not want to hear it.

Experience of relational confusion. Participants expected to be acknowledged, and when they were not they experienced confusion about the nature of their relationship with the other. Relational confusion existed for most participants when the meaning of an interaction conveyed ambiguous intent. When confused about the nature of a relationship, participants spent much time trying to find clarity through an inward reflective process. The experience of confusion coincided with ambiguous statements, technically incorrect statements, unmet expectations that participants had of others, and when self-sacrifices were expected of the participants.

Relational confusion was experienced by Esther when she could not determine whether her superior at work valued her input. Esther was emphatic in her telling of an ambiguous situation where the suggestion of being sacked (terminated) appeared to be the ultimate rejection of herself at work which was not expected, not logical, distressing and confusing:

> He seemed fairly friendly, and then he said, "Esther, are you permanent yet", because I was a temp for quite a while before I became a permanent employee. And I said "yes, I am permanent now", and he said, "oh well that's good, they can not sack you now can they?" And I just went, "oh my God what was that all about . . ." I took it that he meant that I must have done something wrong.

Melissa became confused about the nature of her relationship with her employer when her employer made an ambiguous statement to her. Melissa reported that her employer communicated an inability to manage without her as a staff member. Melissa realized that her employer's statement of need was technically incorrect. She then

associated the falseness of her employer's statement, when interpreted literally, with a possible falseness of the respect conveyed by the statement. This association brought the status of Melissa's relationship with her employer into question:

> That's actually one of my concerns at the moment. . . . Will they want me back? They managed so far without me, and originally they said they couldn't manage without me (laughing), they seem to be managing without me now. . . . Do they really want me back?

Experience of not being expressive. All participants experienced a crippling sense of being silent on occasions when they were confused and wanted to be expressive. Participants expressed a range of reasons for not being expressive. Participants experienced being without knowledge or understanding and believed that they were not able to contribute to conversations. Avoidance of conflict, fear of a bad reaction or no acknowledgement motivated participants to remain silent. Feeling dulled down through prescription medication was considered by participants to create a lag in response time, which greatly diminished the rewarding sense of vibrancy that comes through quick exchanges.

The experience of not being expressive was conveyed by Melissa who reported being at a gathering and greeting a person who then turned her back to Melissa. Melissa experienced that person as being inappropriate but did not know how to respond or how to rectify the situation:

> Well, I do not know what the next step is. Should I go and talk to somebody else, should I say "hello, excuse me, do not turn your back on me." . . . I just do not

know what to do. . . . I just go, "well this has just happened, it's not a good thing, I have no idea what I'm meant to do now."

The absence of expression was so central for Rubin that it was synonymous with his diagnosis. Rubin recounted how his music band accepted his illness by accepting him when he was not able to express himself:

It's a bit annoying, not to be able to speak your mind, you know . . . 'cause the band knows I suffer from schizophrenia and they've put up with it, while I've had attacks and [they] kept playing [music] with me.

Experience of detachment. When participants were not expressive about their relational confusion, they felt a loss of connection with others and a feeling of detachment. With loss of connection, participants sought isolation from others. Becoming emotionally distant and physically isolated were reported as the only available options to minimize the anxiety resulting from their sense of detachment. Isolation was considered to be necessary in an attempt to preserve their fragile sense of self, but it was paradoxically experienced as a very lonely time and was reported to diminish the sense of self.

The experience of emotional detachment was reported to occur by Neil whenever he lost the meaning of a conversation. When Neil became confused in a conversation he would not try to pick up on what was being said, but would just notice a sense of being separate from others. He then described his feeling of loss, as he conveyed that a loss of connection with others meant a loss of the most meaningful aspect there was to existence:

> If I can not get their [meaning], what they're talking about, over quickly, I miss the fact, miss something and then I feel like I'm in space again, you know. . . . I feel like I'm missing out on the magic of life.

The experience of emotional detachment was conveyed by Peter who explained that consciously wiping away emotions kept him at a safe distance from others. Emotional detachment was experienced as allowing him to move into a more rational frame of mind which he hoped would assist in navigating his way through relationships:

> I think I made a conscious decision to just wipe away any feelings or emotions I have toward people, because I've seen movies where, if you're too close to someone, you can not see the whole picture, and so, in distancing myself from friends and family, I could preserve myself better, I wouldn't feel what they feel, so I could think the situation through logically. . . . It all becomes very logical, no feeling in it, and so . . . I would be like this logical thinking person. . . . I'd be like this dead man walking. No feelings, no emotions.

Experience of reliving the past. In an attempt to resolve their confusion, participants experienced being compelled to reflect on interactions from the past that had been confusing. Reflection was experienced as being beyond the participant's control and the cause of distress. Participants criticized themselves about the way in which they conducted themselves with others. Reflecting on one confusing relationship often coincided with the recollection of many other confusing relationships and they described their thoughts as building up and reaching a critical mass. The excess of thoughts about

confusing relationships coincided with an increasing number of generated explanations which others could not relate to.

The experience of reliving the past was reported by Esther who recounted the circularity of her self-criticism, her worsening situation, and her fear of what might happen if she was unable to clarify her confusion:

> Your mind's teeming constantly, going over things, "what did I do, what did I say, did I do something wrong, why hasn't anyone called to see how I am". Nobody rang to see how I was. So this just manifests [multiplies]. All this goes on and on and on, just getting worse and worse and you just think, "what is happening here, what's going to happen". I just couldn't imagine how I was going to get through this.

Melissa described how the experience of reliving the past demanded all of her cognitive resources. The compulsion to relive the past in an attempt to clarify her relational confusion dominated her thoughts and placed her at risk of hearing voices:

> I can just probably smoke cigarettes and it's very hard to do something, very hard to do something [when I am confused about something], I try and block it [the confusion] out of my head and try and do something, it [the confusing issue] comes back and I need a cigarette and oh . . . it's virtually impossible to focus on anything else except that thought [which is confusing me]. . . . If I do not clarify [the confusion] . . . then it will keep me up at night and it will turn into a voice. . . . When I can not clarify something that's strange and obscure, then I'm virtually lost [for] hope really, then it's time to go into hospital.

Experience of having no direction. While participants were engaged in a reflective process of reliving the past there could be no application of the self in the present and no planning for the future. The experience of having no direction was exemplified through the notion of having a jumbled-up life, being without any purpose, direction or structure. Participants were preoccupied with unique experiences and understandings of the world that they had experienced in the past. These unique understandings were reported to be intensely engaging and spirited. In contrast, regular experiences seemed dull, predictable, unimaginative, unchallenging and not engaging. Hence, participants found little inspiration for moving away from the intensity of past experiences, to move toward the dull experiences of the present and future.

The experience of having no direction was conveyed by Peter who suggested that because there was nothing he was trying to achieve, everything in the world was of equal value. He did not assign relative value to things in the world. Peter's telling of having no direction was a particularly vivid description of participant experiences of this theme:

> When you're not working or studying or whatever, there's really no focus on where you want to go in life, and so the mind . . . it goes off on all different tangents and it basically accepts everything that's happening in the life without really critically thinking about where it's all going.

Neil conveyed the experience of having no sense of direction when he described spending much of his time lamenting the loss of a past life, rather than contemplating his future. He considered that his injected medication took a favored part of his life away

from him.

> The injections, it got rid of a lot of the voices and all this sort of thing, schizophrenia, I felt I lost a part of myself, which I liked, you know. . . . I'm always trying to get back to what I was, all my experiences, [it's all] very toned down now.

Recovering from Emotional Shutdown.

The phase of recovering from emotional shutdown was the experience of returning to a focus on the world in the present, from the depths of their inward focus of psychosis. This phase consisted of "being acknowledged" by others, which allowed participants to believe in their own capacity, and to practice "expression" of their concerns to reach a "resolution". Increased expression afforded the opportunity to form new friendships and "independence" from people who were unhelpful. With no relational confusion and a return to an outward focus, participants were able to develop interests and a "sense of direction".

Experience of being acknowledged. The experience of being acknowledged gave participants a belief in themselves, and the opportunity to examine situations that had caused them confusion. The impact of being acknowledged was so great that participants experienced it as a cure from their anxious way of being. Being acknowledged was reported when participants experienced being included in the lives of others through the sharing of stories. Being involved in the lives of others coincided with participants learning new ways of being which contributed to them feeling more like others. Each of these aspects of being acknowledged contributed to the participant's

growing sense of ease with themselves and others.

Melissa conveyed the experience of being acknowledged when she reported what it was like to be involved in a club and to be accepted by her peers within that club. Her story of equality and acceptance is typical of participants who told of times when they experienced a positive interaction that assisted them when they needed support:

> If I'm say, at . . . [the club], which is all about other people with mental illness, there's no barriers there, you do not need to say anything to anybody, you can just be totally yourself and . . . there's nothing I hold against anybody else there, because we're all the same sort of person, because we've all been through that dramatic experience, we've all changed as people.

Sally reported that being with acknowledging friends resulted in changing her focus of attention; being acknowledged diverted her attention away from negative thoughts onto more positive thoughts. Sally experienced regaining a sense of normalcy very quickly when she was with her friends:

> My illness [negative thoughts] and all that sort of thing, just being with friends or talking with friends, that usually snaps me out of it, sort of thing.

Experience of expression. When participants believed they would be acknowledged, they experienced themselves as being more outspoken. The experience of being expressive involved participants saying the things they wanted to say, and doing the things they wanted to do. The experience of being verbally and emotionally expressive was an essential experience for participants who felt they were recovering. For

participants to experience being expressive, they initially required someone who would encourage them to talk and who was completely accepting of their experiences. Participants began to express their thoughts and opinions across a range of situations, often in relation to their new found direction and beliefs. This gave them a great sense of relief as though a large burden had been lifted.

The experience of expression was conveyed by Peter who described being direct with friends. Peter's example of asking his friends a straight forward question was a similar experience to the majority of other participants who displayed some sense of triumph over their silence:

> There was one instance where I was just sitting in the car of a friend and we were just driving around. . . . I do not know how I got to coming out with the question, but it basically sounded pretty much like, "so, dude, have you ever been contacted by, who was it, the AFP or you know the Australian Federal Police or ASIO (Australian Security and Intelligence Organization). . . . It was, all that holding back while I was in a relapse, that eventually came out with this one question and I felt like, ahhhh (deep sigh), ok I'm this one person when I'm under schizophrenia, and this other person while I'm well.

Sally experienced being expressive through the process of confronting her friends with a question. She described the tension that came as she prepared to confront her friends, and the relief that came from having her issue out in the open.

> It was hard to do it but then once I did it, it was sort of like a big relief . . . [I felt] very um nervous, nervous and frightened [when telling her]. . . . [Then I felt] a bit relieved that I got it out in the open.

Experience of resolution. With the experience of being expressive, participants who reported a sense of recovery experienced an important moment of resolution, which was typically a clarification of their confusing relationship with people, or clarifying their direction in life. Clarity was found through activities such as talking with others, reading, or through quiet reflection. Participants who experienced resolution felt that the clarity brought about a major turning point in their life.

The process of arriving at a resolution was described by Melissa who recounted her experience of nursing staff in a hospital:

> Generally when you're in hospital, the nurses get it out of you, what you're actually thinking (laughing). . . . Yeah, you just say it . . . and then you sort of think about it later and go "Ok, that's not true (laughing)." . . . When I can sort of express a little bit of it I can see it for what it really is.

The hospital environment afforded Derrick the opportunity to experience a resolution while he sat and reflected and did not have to do anything to sustain himself. He realized the need to prioritize his activities. Some things are more important, and therefore, other things must be neglected for a while:

> I sort of got my head together, had a lot of time to sit and think in my room in there [in hospital]. . . . It was a good clearing time for me and ever since then . . .

> anything that's not really necessary, well that can wait. . . . I just thought maybe why I can not think straight and why things are building up on me is because I'm burning myself with stuff that's not really important at the time, maybe I need to stay more focused.

Experience of independence. With more interaction and sharing came friendships that were more supportive, and which could be relied on in place of more troubling relationships. Participants could now become more distanced from those troubling relationships. Independence from difficult others was only experienced by participants who reported the greatest sense of recovery from their emotional shutdown. Participants were proud to report how they stood up to and opposed the opinions of others, particularly when it meant standing up for their own needs.

The experience of independence was conveyed by Peter who reported making an exceptionally independent stand in opposition to his parents' actions. Peter proudly recounted the force and resolve that accompanied his expression of opposition:

> I get quite angry about it because it's like . . . "you [mother] didn't even knock, and you just entered the room". It's a lot to do with a privacy thing . . . and so one time I actually got really angry and I sort of just stormed out here into the living room and walked past the fridge actually and just told my mum angrily, with a loud knock on the fridge, "that's how you do it." . . . [With the threat of being sent to hospital] I was so angry I said "yeah . . . why [do not] you just ring them [the hospital] and see what happens." . . . I knew that I wasn't under an episode [of psychosis], that I was just feeling anger. . . . [My parents] just think . . . medication, that'll do it for him.

Everything else [such as their inconsideration] is blissfully ignored.

Independence was experienced by Rubin who described creating some distance from an old acquaintance. Rubin's report of moving away from a troubling person was shared by fewer than half of the participants:

> The English guy that drinks heavily and that, I've sort of cut back [visiting him]. I still talk to him and go up to see him occasionally but . . . we are not hanging out in each other's pocket so much. . . . He was getting too aggressive at times . . . racing hot and cold. It was putting me on edge, making my life misery . . . and now that's stopped, I'm a lot more relaxed and calm.

Experience of a sense of direction. The resolution of confusing moments with others meant participants could end their reliving of the past confusion and bring their focus out and onto the world around them, a-world-of-possibilities. They became passionate about an activity which gave them a sense of direction, purpose, structure and emotional stability. Having a purpose in life coincided with the emergence of an identity. Decisions were made on the basis of whether or not the outcome would help them to achieve their goals; hence the achievement of goals became the criteria on which all decisions could be made.

The experience of a sense of direction was conveyed by Rubin who reported becoming engaged in his music and losing concern about how people might judge him for pursuing this direction:

> A Christian friend of mine just said . . . "just enjoy what you're doing. If you're doing productive stuff, like you are, then enjoy that. Put your whole heart and soul to that and [do] not worry about [it] so much, what society thinks." . . . I'm not so worried about what society thinks now of that [schizophrenia]. I'm just doing my own projects.

Peter reported how his new found purpose gave him a sense of direction and identity. His experience of being involved in a future that was greater than him was only shared by participants who conveyed a significant sense of recovery:

> I mean, with each chapter that I read in the . . . psychology textbook, it just naturally grew a part of me, and I just knew it was derived from this passion . . . I realized for the first time in my life that I was doing something that I felt, in the future I could be a big part of, [and] it just felt like it was my identity.

Discussion and Conclusions

By tracking the experiences surrounding psychosis across time using the notion of an inter-subjective and dynamic self, the authors experienced participant narratives of diminished emotional expression as meaningful in their experienced social context. The experiences surrounding psychosis emerged to the authors as two phases of the illness experience: transition into emotional shutdown, and recovery from emotional shutdown.

Transitioning into emotional shutdown began when participants experienced "not being acknowledged" when they expected support; this resulted in "relational confusion" about why the unexpected change in others had occurred. Participants experienced "not

being expressive" and became "detached" to protect themselves and allow themselves to "relive the past" in an attempt to find clarity. However, this left them with "no sense of direction" into the future. Recovery from emotional shutdown began with the experience of "being acknowledged" which allowed for "emotional expression" and a "resolution" of their relational confusion. Participants gained friends with their expression which allowed them "independence" from troubling others. A sense of connection with the world allowed for a "sense of direction" in life.

Relational confusion was experienced by participants as initiating an inward journey to find clarity. Relational confusion thus formed an experiential link between the environmental stressor of not being acknowledged and the experience of psychosis. The theme of relational confusion adds depth to previous research. Where Sullivan (1927) suggested that participants experience contradictions and alternative notions of things-in-the-world, we found that participants initially experience contradictions and alternative notions of their relationships with others. Where Binswanger (as cited in Spiegelberg, 1972) described that his participants experienced a splitting up of experience into alternative notions, we found that our participants experienced a splitting up of relationships into the alternatives of those who were completely supportive and those who were not. Where Blankenburg (2001) suggested the diagnosed person has a loss of natural self evidence, we found our participants to have a loss of natural self evidence about whether or not others were completely supportive. The notion of relational confusion in the current study not only confirms the work of these researchers, but furthermore explicates that the participants' initial confusion is not about things in general, but is primarily confusion about the nature of their relationships with others.

The identified theme of "detachment" confirmed and might be seen as contributing to the work of Minkowski and his notion of the participants' lack of vital contact (Sass, 2001). We suggest that detachment might preserve the individual's self esteem, but is also a natural consequence of the reflective process of reliving the past. The theme of "reliving the past" in a reflective process that creates a detachment from others, or splitting between self and other, appears to be parsimonious to the theory proposed by Kimura (2001) who suggested that a faulty reflective process in participants created a splitting of self into two parts, one part reflecting and watching and the other part being watched, which then caused problems for the participant making contact with others.

Finally, the theme of "not being acknowledged" supports Laing's (1965) notion of disconfirmation as an early and essential experience for people diagnosed with schizophrenia. Laing suggested that disconfirmation resulted in ontological insecurity. We found that not being acknowledged led to relational confusion which was experienced as deeply disturbing and started the reflective process leading to a search for understanding.

The sense-making process was one of understanding the participants' experience of psychosis in relation to the people and events that existed around them. User-led research (Faulkner & Layzell, 2000; Rose, 2001), found that "service users wanted to understand their experiences in terms of social and cultural contexts, and that many of them find biomedical interpretations limited – at best unhelpful, and at worst harmful" (as cited by Thomas & Bracken, 2004, p. 361). Our finding that participant experiences of

transitioning into and recovering from emotional shutdown were understandable in relation to their experienced social context, without the use of biomedical interpretations.

The insights gained by the authors from this research support the usefulness of a post-psychiatry approach to mental health. The authors do not argue for or against the role of medication in the treatment of people diagnosed with schizophrenia. We argue that insights gained through qualitative research can be considered alongside biomedical conceptions of mental illness. The addition of experiential insights allows us to interact with people diagnosed with schizophrenia in an inherently meaningful way. Furthermore, this way of relating is, in our experience, often desperately desired by the individuals involved.

Implications

People diagnosed with schizophrenia might benefit from this research by being more familiar with the experience and context of other people who have shared their experience. Relating their own experience to their social context is likely to assist people diagnosed with schizophrenia to clarify their thoughts and assist them to better communicate their situation to others. A sharing of experience, combined with being well received, is expected to assist people diagnosed with schizophrenia to normalize their experience and reduce the risk of an extended period of emotional shutdown. Normalizing their own experience might assist people diagnosed with schizophrenia to accept their experiences without labeling themselves as pathological or hopeless, hence enhancing their motivation and involvement in their own recovery.

Friends, family and allied health professionals are likely to benefit from this research by being more familiar with the experiential themes surrounding emotional

shutdown, and by motivating them to be empathic active listeners. The use of empathic active listening is likely to enhance the helper's own understanding of the diagnosed person's experiences of social circumstances and reduce the likelihood of the helper becoming emotionally distanced. A closer connection between the helper and the person diagnosed with schizophrenia is likely to assist in building a meaningful relationship and encourage the diagnosed person to reverse their inhibited expression and approach their crisis with others. Accepting the diagnosed person and assisting them to assertively approach their crisis of relational confusion is considered to be an ideal approach to problem solving and likely to assist in the resolution of the experienced crisis. We argue that being active, instrumental and effective in their own problem solving is likely to produce a sense of learned self efficacy for diagnosed people. Accepting and allowing a healthy interaction and dialogue between the diagnosed person and helpers will also allow the diagnosed person to mirror good problem solving and social skills.

Future directions

Empirical researchers in the future could apply the themes identified in the phase of transitioning into emotional shutdown to predict the onset of symptoms associated with a diagnosis of schizophrenia. As the experience of each of the first six themes was essential in the experience of transitioning into emotional shutdown, these themes might be used to develop and trial an empirical assessment tool such as a check list to assess vulnerability for developing psychosis. We predict that an individual who experiences all of the six themes in the phase of transitioning into emotional shutdown will be at high risk of developing psychosis.

As the second phase of five themes emerged from participants who reported experiencing a degree of recovery from psychosis, we suggest that these five themes could be assessed to determine their value as goals for therapy for people diagnosed with schizophrenia. We hypothesize that any person who is recovering from psychosis and experiences all five themes in the recovery phase would be more likely to experience a sustained recovery from psychosis. However, even though all of the themes might form goals for therapy, we predict that the sequence of themes is important and an individual will be more likely to experience the later themes if they initially experience being acknowledged. In other words, we predicted that the experience of being acknowledged will be a prerequisite to experiencing the subsequent themes of recovery.

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Bios

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Table 1. Notions of Self

Notions of self	Encapsulated	Inter-Subjective
Static	Determined by internal processes at one moment in time	Determined by interpersonal processes at one moment in time
Dynamic	Determined by internal processes, changing with time	Determined by interpersonal processes, changing with time

Table 2. Experiential Phases and Themes

Phase	Transitioning into Emotional Shutdown	Recovery from Emotional Shutdown
Themes	Not being acknowledged	Being acknowledged
	Relational confusion	Expression
	Not being expressive	Resolution
	Detachment	Independence
	Reliving the past	A sense of direction
	Having no sense of direction	