



## The Experience of Being Diagnosed with a Psychiatric Disorder: Living the Label

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*Informed by the investigative thrust of phenomenological inquiry and the 'phenomenology of intersubjectivity', the overarching aim of this article is to provide an accurate illumination of the experience of being diagnosed with a psychiatric disorder, and thus being 'a labelled individual'. This article is based on research that sought to understand the impact of the psychiatric label upon labelled individuals interpersonal and intersubjective presence as experienced outside the psychiatric institution. The principle question asked was: "What is the experience of being a labelled individual in the world?". It was discovered that psychiatric labelling unfolds as a disconnection and dislocation from co-existence with others. Moreover, labelling had the effect of robbing such individuals of their subjectivity, rendering them lonely, misunderstood and viewed as somehow defective, disabled and wrong*

### Introduction

The overarching aim of this article is to document the experience of being labelled with a psychiatric diagnosis or disorder such as schizophrenia or bipolar disorder. The intention is to discover how such labelling may or may not have an impact on to the mutual presencing of self to other. In this regard, the primary questions asked were: "What is the experience of being a labelled individual in the world?", "What does the label mean for the person labelled, and how does the labelled individual understand that meaning, and respond to that meaning in his or her lived-world?". The conceptual framework used is phenomenology, with particular attention paid to the 'phenomenology of intersubjectivity' and the construction of the so-called 'diagnostic object'.

The anti-psychiatrists of the 1950s, 60s and 70s such as Goffman (1968), Laing (1967, 1982), Rosenhan (1992), and Szasz (1961, 1973) focussed their energies upon the impact of the psychiatric institution. These writers aimed at a deconstruction of the inhumanities which characterised the functioning of the institution. The essential thrust of this article, based on qualitative research methods, is to document the experiences of those labelled with a psychiatric disorder *who live outside* rather than inside the psychiatric institution.

The psychiatric label emerges within the psychiatric endeavour as an unequivocal description of the individual's mental state (Bradfield, 2001, 2003; Kiesler, 2000). This description effects diagnosed individuals' consciousness and their sense of self was

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disclosed as an experience of dehumanisation thereby translating their consciousness into a 'scientific fact' (Bradfield, 2002, 2003; Goodwin & Guze, 1996). In this sense, the label eclipses personal identity. In rendering consciousness wholly definable from within the confinement that is the label, labelled individuals find they are only present to the world as a schizophrenic or a bipolar and are unable to recreate themselves beyond their diagnostic partition. They are thus dehumanised insofar as they have been robbed of their potential for regeneration and transcendence (Bradfield, 2002, 2003).

### The phenomenology of intersubjectivity

The construct of intersubjectivity or the presencing of self to other (Reeder, 1998) constitutes the exploratory focus of this article. Intersubjectivity emerges within the lived-world as an *a priori* imperative, operating as foundational in situating the self in relation to others. 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, the world of things and others. "Intersubjectivity can be defined as the intersection of two or more subjectivities" (Schulte, 2000, p. 531).

We now 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 amongst others? Is my presence in relation to others an ontological imperative, or do I decide for myself whether or not I will have relations with others? Luijpen (1969) conceptualised intersubjectivity as an existential imperative which brings the self into existence as a self. Luijpen asserts the notion that being 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 through others*" (Luijpen, 1969, p. 261-2). Luijpen's account of the phenomenology of intersubjectivity emerges as an existential imperative in which all individuals exist necessarily through and in relation to others. As a self amongst other selves I am brought into awareness of myself through my awareness of my self-other relatedness. To exist as a self amongst others 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 in my existing and my becoming is meaningful only through my relation to the world which houses that becoming. Existence, suggests Luijpen, unfolds as authentic only if individuals find themselves amongst others with whom they co-existence. This perception of self with other, in which two or more subjectivities see themselves as belonging within a shared world as co-existents, is given phenomenologically as a mutual revelation of self to other and other to self (Schulte, 2000). 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.

A core element of the phenomenology of intersubjectivity is the simple fact of existential companionship disclosed through mutual recognition of self and other. It is suggested that through the likeness, self and other emerge as present to one another in the mode of companionship. In terms of the exploration of intersubjectivity as it is disclosed in the *lebenswelt*, companionship with an other 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. The world in which I live 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 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 notion of companionship, as articulated by Luijpen, bares an interpretive resemblance to Buber’s (1970) notion of the I-Thou relationship. 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. My commonness emerges through intersubjective experience 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). It is through my being as a subject in relation to the world which I interpret, 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.

### **Intersubjectivity and the likeness of being**

The experience of individuals within their lived-world of social occupation constitutes an important consideration in the exploration of being-in-the-world. “To exist”, suggests Luijpen (1969, p. 261) “is to co-exist”. 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).

This potential for permeation of individuals within their world, suggests Natanson (1974), arises out of a functional reciprocation in which they are able to experience themselves within the social collective. I, through my presence, typify the others experience of self, and others, through their recognition of me and their 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*. Kruger examines the notion of our co-habitation within a common world in terms of our being-with-one-another.

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).

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 social existence. Although there is no intention here to hint at a transpersonal psychological conception of the-individual-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.

### **Ambiguity, isolation, and knowledge of other minds**

Thus far we have posited the notion of intersubjectivity in terms of the emergence of self through a reciprocal co-recognition of self and other. 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 of the disclosure of ambiguity within the intersubjective space. This ambiguity arises through the problem of knowledge of other minds. The actions of the other are the route through which I gain knowledge of the other but only as they are for me. In this sense, I cannot know the other fully. I cannot know their mind as they know it but only as I take it in my framing of it. And it is of course the same for the other in their 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). My knowledge of the other is just that, my knowledge. And it is by virtue of this disconnection of awareness that I find myself isolated and misunderstood in relation to the other.

In his recounting of the ambivalence which defines this interpersonal situating of self and other, Scheff

has captured quite concretely the disconnection which defines the location of one subjectivity in relation to another. That which I know of the other is only true within the limits of my own understandings which are confined to knowledge of things not of minds. And so, in knowing others I always and inevitably miss them.

In the discussion of the results of the research findings which 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.

In light of this exploration of the phenomenology of intersubjectivity we now explore the notion of alienation and loneliness as understood 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. Alienation, as a "state or process whereby one becomes separated or estranged from one's original condition", unfolds as something inconsistent with the notion of the evenness of being (Burston, 1998, p. 84). Alienation is explored here in relation to the experience of loneliness and separateness from the world and from others in the world (Olds & Schwartz, 2000).

Loneliness is here defined as the result of an inability on the part of the self to communicate to the other. The lonely self is understood here as one which feels

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that its way of being is seen by the other as inadmissible, abnormal or defective (Sadler, 1978). Lonely individuals are understood as those who are unable to make themselves known to others. They are unable to convey that which constitutes their own truth as that truth is lived by them. They are 'outsiders'. 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. The mentally ill individual, the labelled individual, is present in the world amongst others as one whose actions are deviant, abnormal, and defective. Whether this emergence of the labelled individual as being different impacts upon the experience of isolation or separateness from the world will be explored later on.

#### **Science and the construction of the diagnostic object**

The DSM-IV is formulated as an evidence-based 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. Goodwin and Guze (1996) suggest that diagnostic 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 to define clinical entities and to outline the expected course of mentally ill individuals' symptomatic presentation (Maxmen, 1980). The disorders articulated in the DSM manuals are understood as natural categories and are thus considered to be rule-bound in their manifestation. The category is approached as a class of entities or operations that are objectively real in the

world. In this sense, the psychiatric diagnosis emerges as a solid and objectively real system describing a specific pattern of scientifically knowable symptoms.

Thus we see the emergence of the medical model of psychiatric intervention. The medicalisation of psychiatry has been established as a system in which psychiatric disorders are constructed as describable immutable entities which are biological deviations (Keisler, 2000; Szasz, 2000). Psychiatry has therefore been translated into a treatment based in the application of modern biology and psychiatric disorders, and has thus come to be evaluated from within this mode of inspection. 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 diagnosis.

The psychiatric diagnosis, when approached as an intervention in direct relation to human consciousness, appears to emerge as problematic in terms of its tendency towards reductionism and the reification of subjectivity (Ross & Pam, 1995). Psychiatry, as it has emerged in contemporary medicine, bypasses 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 (Bradfield, 2002, 2003). 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 this article's direction turns.

As has been stated, mental disorders are understood from within the scientific paradigm as discernible entities born out of a physiological deviation in the individual (Kiesler, 2000). Bradfield (2002, 2003) articulates the notion that this positing of mental

illness as physiological in its causation amounts to the construction of the mental illness as a thing, separate and measurable. The psychogenesis of mental illness is therefore conceptualised as a biogenesis; the illness is perceived as occupying a physical space. Medard Boss (1979) explored the implications of the scientific attitude in relation to mental illness as being causally linked with biological deviation. Boss's phenomenological psychology pronounces a critique of the psychiatric endeavour as being an incomplete attempt at capturing human 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 is reliant upon the notion of spatiality. The scientific objective can be seen as one which must secure the concept of spatiality so as to find a basis for its measurements and deductions: 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. 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, suggests Boss (1979), is achieved through emptying regions of space and through constructing space as a void. As seen through the scientific gaze, space is that unblemished gap which lies between two points and allows for a calculation of those two points in relation to one another. This notion of the depletion of regions of space, says Boss (1979) has been transferred onto the psychological sciences. Insofar as the aim of this article is to explore the subjective impact of the diagnosis on the diagnosed individual, this transference 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

peoples being-in-the-world? As an intentional consciousness, how can humanity be considered calculable in terms of spatiality?

Karlsson (1992, p. 405) extends Boss's argument, exploring the spatiality of the "psychological unit". The psychological unit is seen within psychological science through the lens of what he terms eliminative materialism. This theoretical initiative amounts to the reduction of psychology to the science of neurology and to the sedimentation of psychological phenomena. In terms of the manifestation of this reduction within scientific psychological practice, we see the diminishment of subjective 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. And is it this notion of spatiality that has converted the psychiatric sciences from the study of the human being into the scientific evaluation of a person as an embodied thing, determined by a neurophysiological causal process (Bradfield, 2002). "Man-as-object becomes the focus of study, and not man as a person." (Giorgi, 1970, p. 113).

### Method

Phenomenological enquiry amounts to a focus on the way in which experience is given directly through the participants expression, prior to the interpretation of those expressions. In this sense, the phenomenological question is focused upon eliciting the life-world. 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 (Giorgi, 1975). As indicated in the introduction, the principle question asked is: "What is the experience of being a labelled individual in the world?". There were other related

questions such as “What does the label mean for the person labelled, 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 on which this article is based, how does the labelled individual’s understanding of the label impact upon his or her experience of self in relation to others? What is presented below are the results of the findings only which form the discussion. This means that although no protocols are included, such protocols are available on request.

Data was collected using semi-structured interviews (Kvale, 1996). Participants were simply asked to tell their own story in their own words. Interviews lasted an average of fifty minutes, and were tape recorded and transcribed verbatim.

Grounded theory, as formulated within the qualitative research tradition, was chosen as the method most suited to the purposes of this study. Through a series of steps or stages, grounded theory aims to render intelligible the experiences of an individual subject from within the situation of that subject’s experiential world (Strauss & Corbin, 1998). Briefly, these steps involve a sequential process of ‘unpacking’ in which the text is subdivided into smaller units of analysis known as codes. Such codes are explored for the relationships existing between them. This comparison of codes, known as ‘constant comparison’, pervades the analytic process (Strauss & Corbin, 1998). Constant comparison manifests in three different coding procedures: ‘open coding’, ‘axial coding’ and ‘selective coding’ (Strauss & Corbin, 1998) all of which aim to progressively bring meaning to the data. The next 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 & Kelly, 1999). At this point in the

investigative process, a system of core codes emerge, a lucid presentation of the relationships and interactions between those codes, and a system of theoretical propositions in explication of these interconnections. 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. 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 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.

Three English-speaking adult participants (two women and one man) were selected based on the following criteria: Participants had been informed of their having a specific psychiatric diagnosis and that they had been diagnosed at least one year prior to the time of the interview as it was considered relevant insofar as this research aimed at an elicitation of the lived-experience of the diagnosis. At the time of the interviews they were not in a mental institution and had not been in one in the previous 12 months. It is towards a phenomenological dissection of the diagnostic label only and not the effect of institutionalisation, that this work is aimed. It was decided that participants must have been informed of their diagnosis by a psychiatrist. 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. 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 first participant was a woman in her early twenties and working as a musician. She had been diagnosed with generalized anxiety disorder, social phobia, bipolar phase 1, as well as borderline personality disorder. She stated that borderline personality disorder and bipolar mood disorder "were the ones that stuck". The second (married) woman participant was in her late twenties and unemployed. She had been diagnosed with bipolar mood disorder. The third participant was a man in his early thirties and a student at university. He was initially diagnosed with schizophrenia. This diagnosis was changed thereafter to bipolar mood disorder.

### Discussion

This section investigates the elicitation of the participants lived-world by relating what has been presented to an understanding of being-in-the-world, being-diagnosed, and being-with-others in the world. As a reminder, what is presented below are the results of the findings only which form the discussion.

### The label embodied

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. 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". And insofar as this sickness is understood as neurophysiologically based, it renders the individual who has such a sickness "chemically controlled" by

that sickness. 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" the individuals of their emotional reactions of sincerity and validity. One participant said:

"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."

This expression reveals an obvious tension in relation to the nature of psychiatric description. The disorder becomes a 'disability' which is grasped as a 'physical disability' by both the psychiatrist and the diagnosed individual.

The exploration, as presented earlier, of Medard Boss' formulation of spatiality as a function of science and psychiatry, also emerged as central to the understanding of the participants' revelations. Such individuals appear to experience a sense of the label as being present physically within them, as being a physical disability. The label begins to be understood in this way as a space-occupying disease entity. 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. One participant remarked:

"... 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?"

This labelled individual (one of the women) appears to feel that part of her self is replaced by the diagnosis which functions as a new and more solidified description of her 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.

### **Intentional consciousness and the label**

The understanding of consciousness – as expressed above - is central 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. 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). One participant commented:

“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.”

Insofar as the consciousness of the labelled individual is revealed as a consciousness described and judged, that consciousness emerges as something which is not clear. The consciousness of the labelled individual is disclosed in the world precisely as ‘the consciousness of the labelled individual’. This means that the consistency that is consciousness is somehow ‘channelled’ or controlled.

Participants revealed the experience of a sense of permanence and constancy in relation to the emergence of the diagnosis. This apprehension of permanence was 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. One participant explained:

“Everything became a part of my condition. I no longer had feelings, but moods and condition; and I was related to in that way. And then I become a condition. ... It sort of takes you out of yourself as a human being into sort of like an organism.”

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’ is ‘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 obtained from the data, of having a part of oneself displaced by the label. The diagnosis becomes “stuck” to the individual whose consciousness it describes. 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?

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

The label is experienced as something internal to the individual and as something which the individual comes to “embody”. Understood as such, the label is given as the situation from within which such individuals experience their world and as an intentional being in that world. One participant revealed:

“You want to know what you embody, and what you embody is a disorder ... so then, now I’m a bipolar. 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. It's like learning to live again. But this time, with a disorder."

In terms of the labeled individual's existence-in-relation-to-others, the position of the labelled self in relation to the unlabelled other is one defined by a sense of wrongness, abnormality, defectiveness and difference. In that place where individuals find themselves with and amongst others, in that meeting of self and other, labelled individuals seem to experience a strong sense of their unlikeness and dissimilarity as a result of being labelled. One participant announced:

"It's like there's something wrong. And what's wrong? I'm wrong. It's that sort of feeling ... I feel like a bit of an odd-ball."

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 experience of "being-wrong" as it relates to difference and dissimilarity is explored in this work through the framework of two interpretive foci. Firstly, we shall appraise the 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) and represented earlier.

These labelled participants, in experiencing themselves as "different", "abnormal", and "wrong" in their "disordered" self appears to have no experience of being typified in their being-with-others. There is no sense in which such individuals find their likeness in the other. Labelled individuals are present to others in the world as one who is not-like those around them. 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. One participant disclosed:

"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 we would like to return the reader to the exploration of intersubjectivity. According to the theoretically diverse and yet similar propositions of such thinkers as Buber (1970), Kruger (1988), Luijpen (1969) and Schulte (2000), 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 her or himself.

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 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.

Through the evaluation of the data collected, the participants experienced a sense of being-in-the-world

as one who is fundamentally different from others in that world. One participant confessed:

“I feel different. Like a bit of an odd-ball maybe. I’ve got limitations that are different from other peoples.”

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). 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 (Luijpen, 1969; Schulte, 2000). In light of this, 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.

One participant acknowledged:

“I mean what is a disorder. It’s something that’s wrong. Something that’s not right.”

This experience of difference emerged in relation to being diagnosed with a psychiatric illness. Another participant admitted:

“Being bipolar, having a diagnosis, having a psychiatric illness, having a disability. It makes you different from other so-called normal people.”

The participants experienced a commonality in the degree of anxiety at the possibility of being rejected by others. For the two of the participants 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. The participants seemed to want others who are not diagnosed as mentally ill to accept them as they are “with this difference.” One participant responded:

“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 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. Labelled individuals experience their label as a signification of something permanent, immutable and concrete. And so it is that 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.

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. The participants accepted the ‘truth’ which the label held as a description of themselves and presented themselves to others as a living embodiment of that description. They refused to allow that they could be understood entirely in terms

of the label and felt “insulted” at the notion that the label was understood as a full description of a 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. And this systematized perception of the individual’s being-in-the-world was defined by an understanding of the permanence and singularity that was his or her diagnosis.

It is proposed here that this presentation of the labelled individual to others who are not labelled unfolds within the interpersonal realm as an objectivisation of the labelled individual as a being-in-the-world. The individual comes to inhabit the label. Such individuals come to exist in relation to the other as being-labelled. As it appeared through the data, this inhabitation of the label arises as a result of two things. Either the expectation on the part of the other that labelled individuals will behave in direct accordance with the prescriptions of the label, or as a result of labelled individuals presenting themselves to the other as being-labelled. In both instances the labelled participants appeared to operate within the context of interpersonal relationships as the 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 labelled participants experienced a sense of being interpreted or read by others in terms of the other’s expectation of what and how labelled individuals behaviour should be. This experience emerged as an awareness on the part of the labelled individuals of an external gaze which was focused upon them. One participant retorted:

“Only when I’m by myself can I just sort of ‘be’. They (other people) think if you’ve got a problem like that you must be wacky or in an institution of something.”

It can thus be seen how the individual 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”. The diagnosis 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 his or her diagnosis in “concrete”, “permanent” and “object-like” terms. This way of perceiving labelled individuals also manifested as an internal gaze in which labelled individuals were seen to be very watchful of themselves, essentially monitoring the course of symptoms which belong to the diagnosis. One participant mentioned:

“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.”

Buber’s (1970) 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 earlier, Buber does not suggest that all interhuman relatedness is characterized by this ideal. He maintains that the objectification of the self, of which Sartre(1943) 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 is suggested here

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 an 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 (Von Eckartsberg, 1989).

In light of this, how can the relationship of the labelled individual to the other be understood? It appears that these labelled individuals, in experiencing themselves in relation to the other as being “different”, “weird”, “abnormal”, and “wrong” did not experience any degree of confirmation and validation by the other. They feel “stuck” in their wrongness and their difference and feel that they are defined by their labels in terms of others interpretations of them as labelled individuals. These labelled individuals appear repulsed by this experience of being stuck to their label, and being stuck to others interpretations of them as being-labelled. These labelled individuals therefore appear to exist amongst others as a being-for-others who are stuck in their be-ing through the others interpretations of them as labelled (Karlsson, 1992). The label is experienced by the participants as being permanent, concrete and immutable, and it appears that this sense of permanence and object-ness finds its way into these labelled individuals’ world through their interactions and relationships with others.

#### **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. 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.”

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

“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.”

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. 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 stated earlier, loneliness is the subjective result of an inability on the part of the self to convey itself to the other. The lonely self, in this sense, is fundamentally misunderstood (Sadler, 1978). This experience of being misinterpreted, of being perceived as a diagnosed individual and therefore incompletely understood, emerged through the data. One participant reported:

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

The sense on the part of these labelled individuals was that “people don’t really know anything about these labels”, as one of the participant’s 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 and 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. One participant recounted:

"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."

And so it seems that there is an evident connection between these three labelled individuals perception of their being misunderstood by the unlabelled individual, and the labelled individuals 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 earlier in this article. Sadler (1978) relates the experience of loneliness to the inability to convey oneself as one is to the other. Individuals, in this sense, find that they are fundamentally misunderstood and misinterpreted. This conception of loneliness implies a construction of normality and abnormality in terms of an individual's presentation of self to other. In this sense, these labelled individuals experience that which they are as being fundamentally abnormal, wrong, and inadmissible. The result of this is a profound sense of loneliness, separation and disconnection. In their difference, they feel that they are isolated through their inability to convey to the other that which constitutes themselves. They cannot be understood, penetrated, fathomed. They are labelled, and in the stuckness and concretisation which that label implies, they remain mis-perceived and incompletely known. They are estranged. In their relations to others they appear to be alone, detached, and isolated. In their being-different they find that they are stuck. They are stuck to their label; to their wrongness; to their disconnection.

The notion of being isolated through the inability to know other minds was documented earlier. It was suggested that although we may know the other through our interpretations of their actions we can never really know them (Scheff, 1973). This inability to know other minds emerges within our experience as the origin of misunderstanding and ambivalence in our interpersonal relationships. Knowledge of the other, 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. One participant related:

"People don't really know anything about these labels anyway .... It feels as if our friends got fewer and fewer because they don't know anything about the sickness .... I feel the need to explain to people because it helps them understand me better."

This 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.

It is suggested that the loneliness and disconnection from the other can be understood as emerging in connection with the position of asymmetrical relatedness (Fromm, 1991) which defines 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, this isolation and separateness defines the relationship between the labelled individual and the other. The labelled individual is grasped as a “condition”, a “disorder”, and is thus incorrectly and incompletely grasped. He or she 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. 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 individuals to others who are not labelled therefore emerged as an asymmetrical relationship in which the labelled individuals full subjectivity are disallowed, and they are understood only in terms of their label. They are therefore misunderstood and lonely. Removed. Enclosed within their diagnosis. They are the outsiders.

2) 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 their 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 their daily interpersonal functioning, it appeared that the participants, to a certain degree, felt the need to present themselves in terms of their diagnoses so that they could be “understood” by others. The one woman participant did this by adopting the role of the bipolar or the borderline. She “played the part”. The other two participants felt the need to explain themselves to others in terms of their

## Conclusion

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.

Several analytic codes emerged in terms of the participants experience of their diagnosis. Among these were the following:

1) 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;

labels so that others would not be put off by the fact that they are mentally ill. They 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”;

3) 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. The same woman participant spoke of being her own “objective observer”. This internal monitoring emerged as something particularly unpleasant and unnecessary for her. 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;

4) 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.

5) 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.

#### **Finalé:**

The relationship of the labelled individuals 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. 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 his or 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 his or her subjectivity

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Bruce Bradfield was born in Grahamstown, in South Africa's Eastern Cape. He studied at secondary and tertiary institutions in the same town. Firstly he studied at Kingswood College, between 1993 and 1997, and then Rhodes University, during the years 1998 to 2002. For his Bachelors degree he majored in Psychology and Philosophy, and then proceeded with an Honours degree in Psychology, in 2001, and an MA by dissertation in 2002. During his studies he developed an interest in Phenomenological Psychology and the antipsychiatry movement, which bore a great influence on my writing.

Mr Bradfield is currently working in psychiatric rehabilitation in a home for people with mental health needs, situated in Oxford in the UK. He hopes to follow this work with an MA in Clinical



Psychology, and hopefully a PhD in | Psychotherapy, upon his return to South Africa.

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