



Mysticism and schizophrenia

A phenomenological exploration of the structure of consciousness in the schizophrenia spectrum disorders

Parnas, Josef; Henriksen, Mads Gram

Published in:
Consciousness and Cognition

DOI:
[10.1016/j.concog.2016.05.010](https://doi.org/10.1016/j.concog.2016.05.010)

Publication date:
2016

Document version
Publisher's PDF, also known as Version of record

Document license:
[CC BY-NC-ND](https://creativecommons.org/licenses/by-nc-nd/4.0/)

Citation for published version (APA):
Parnas, J., & Henriksen, M. G. (2016). Mysticism and schizophrenia: A phenomenological exploration of the structure of consciousness in the schizophrenia spectrum disorders. *Consciousness and Cognition*, 43, 75-88. <https://doi.org/10.1016/j.concog.2016.05.010>



ELSEVIER

Contents lists available at ScienceDirect

Consciousness and Cognition

journal homepage: www.elsevier.com/locate/concog

Review article

Mysticism and schizophrenia: A phenomenological exploration of the structure of consciousness in the schizophrenia spectrum disorders



Josef Parnas, Mads Gram Henriksen*

Center for Subjectivity Research, University of Copenhagen, Denmark
 Psychiatric Center Glostrup/Hvidovre, Copenhagen University Hospital, Denmark

ARTICLE INFO

Article history:

Received 25 November 2015

Revised 18 May 2016

Accepted 20 May 2016

Keywords:

Schizophrenia
 Mysticism
 Self-disorders
 Ipsity Disturbance Model
 Psychosis
 Delusion
 Hallucination
 Psychopathology
 Phenomenology
 Consciousness

ABSTRACT

Mysticism and schizophrenia are different categories of human existence and experience. Nonetheless, they exhibit important phenomenological affinities, which, however, remain largely unaddressed. In this study, we explore structural analogies between key features of mysticism and major clinical-phenomenological aspects of the schizophrenia spectrum disorders—i.e. attitudes, the nature of experience, and the ‘other’, mystical or psychotic reality. Not only do these features gravitate around the issue of the basic dimensions of consciousness, they crucially seem to implicate and presuppose a specific alteration of the very structure of consciousness. This finding has bearings for the understanding of consciousness and its psychopathological distortions.

© 2016 The Authors. Published by Elsevier Inc. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Contents

1. Introduction	76
2. Attitudes in mysticism and schizophrenia	76
3. The nature of mystical and schizophrenic experience	78
4. The other reality in mysticism and schizophrenia	81
4.1. Ultimate reality	81
4.2. The world of psychosis	82
5. Minimal self and the de-structuration of immanence in schizophrenia	83
6. Conclusion and implications	85
Conflict of interest statement	86
Acknowledgement	86
References	86

* Corresponding author at: Center for Subjectivity Research, University of Copenhagen, Njalsgade 140–142, Building 25, 5th Floor, DK-2300 Copenhagen S, Denmark.

E-mail address: mgh@hum.ku.dk (M.G. Henriksen).

1. Introduction

Mysticism and mental illness are two very different categories, located in distinct conceptual spaces. Yet, there are some superficial connections, e.g., both categories concern consciousness (subjectivity) and unusual experiences. Psychiatric literature has to some extent explored similarities between mystical states (often designated as ‘altered states of consciousness’), hallucinogenic drug-induced states, and global alterations of consciousness, typically ecstatic-confusional or dreamlike conditions encountered in some cases of acute-onset schizophrenia (Buckley, 1981; Deikman, 1971; Gouzoulis-Mayfrank et al., 1998; Nelson & Sass, 2008; Oxman, Rosenberg, Schnurr, Tucker, & Gala, 1988; Podvoll, 1979; Škodlar & Ciglencéki, 2015). By contrast, the literature on mysticism is keen to distinguish between genuine mystical states of ‘unio mystica’ (i.e. an experience of ineffable, boundless sense oneness with the Absolute) and a host of other, often pathological mental states such as euphorias, illusions, delusions, hallucinations, visions, raptures, and trances (Stace, 1960).

In this article, we strive to go beyond the superficial and occasional similarities and explore the structural analogies between the features of unio mystica and major clinical-phenomenological aspects of schizophrenia, notably the disorders of the self, a long lasting focus of our research (Parnas & Henriksen, 2014). Our phenomenological approach is eclectic and not bound to any specific authority or school of thought. Rather, we seek to exploit and integrate different, mutually compatible approaches to achieve a cohesive psychopathological grasp of subjectivity in schizophrenia.

Initially, we wish to emphasize that we do not entertain the absurd position that mystics suffer from schizophrenia (or psychosis) or vice versa. However, mystical states entail profound and complex alterations of waking consciousness that may offer a possibility of a comparative enlightenment, enabling a better grasp of the phenomenological vicissitudes of conscious life in schizophrenia. Such psychopathological understanding may not only have an intrinsic theoretical value but also pragmatic ends such as improving therapeutic efforts and indicating new areas of pathogenetic research.

In this study, we focus exclusively on experiences of unio mystica, leaving aside other mysticism-related phenomena. For the sake of clarity, we address separately three characteristics of mysticism and schizophrenia, i.e. attitudes, nature of experience, and the ‘other’, mystical or psychotic reality, although these characteristics are, in fact, highly interdependent. As we shall see, the issue of self or consciousness is crucially at stake in the discussion of the three characteristics and therefore, in the final section of this essay, we explicitly address the issue of self and structure of consciousness in schizophrenia and mysticism.

2. Attitudes in mysticism and schizophrenia

On the basis of mystics’ self-reports, Steinbock (2007) identified certain typical behavioral and mental attitudes that are adopted by mystics to facilitate the emergence of the mystical experience across history and religious traditions. These attitudes include a distancing from and disinterest towards reality and practical life, a suspension of ordinary ontological assumptions (i.e., phenomenologically speaking, to suspend the ‘natural attitude’ by effectuating the epoché [cf. Overgaard, 2015]), spiritual solitude, and a weakening of one’s sense of self (*dés-istement de soimême* [Depraz, 2001]). In a seminal work, Stace (1960) also pointed to the cross-cultural and temporal invariance of such attitudes. Most importantly, Stace (1960) argued that for the mystical experience to emerge, it is usually necessary to reach a specific state of mind or, using an old Chinese term, a state of ‘no-mind’ (*wu-nien*), i.e. sort of meditative tranquility in which all sensuous content, imagery, emotions, thoughts, etc. are obliterated from the mind, which thus is empty. Consistently, the Christian mystic Eckhart argued that only by the way of ‘pure detachment’ (2009, pp. 566–575), i.e. by fully freeing oneself from all needs, affections, and interests toward oneself, others, and the world, can the mind become completely empty and receptive of God. Eckhart quotes in this context St. Augustine: ‘The soul has a secret entrance to the divine nature, when all things become nothing for it’, and for Eckhart, ‘this entrance is nothing but pure detachment’ (2009, p. 573).¹

The motif of self-annihilation is a recurring idea in many religions—to obtain an immediate experience of God or to reach salvation or liberation (*nirvana*) as it were, the self must be destroyed. This motif is aptly articulated in Kierkegaard’s religious philosophy: ‘all religion (...) aims at a person’s total transformation and wants, through renunciation and self-denial, to wrest away from him all that, precisely that, to which he immediately clings, in which he immediately has his life’ (Kierkegaard, 1998, p. 248) or, in a more condensed form, ‘self-annihilation is the essential form for the relationship with God’ (Kierkegaard, 1992, p. 984). Remarkably similar considerations can be found in recent philosophical studies of religious experience of the Absolute (Bagger, 2007; Lacoste, 2004; Morgan, 2013). For example, Lacoste described a series of ‘liturgical’ steps involved in facilitating the desired contact with the Absolute. Lacoste based his analysis on Heidegger’s ‘topological’ notion of ‘place’, as inherence in a non-spatial locus of intersecting vital and existential coordinates. The liturgical procedure is a ‘transgression’ because it ‘subverts the dynamics of place’ or, as Lacoste also puts it, “Being-there’ [Dasein] is bracketed and transformed as being-towards (eschaton) (...) Liturgical experience no longer enables us to identify in ourselves a carnal dimension... confined within this world’ (Lacoste, 2004, p. 39). In brief, emergence of contact with the Absolute (God) requires also here a series of attitudes, particular ways of disposing of ‘self’ and ‘place’ (e.g., isolation, denial of place [*dépaysement*], prayer).

¹ Eckhart’s mystical path does not preclude suffering for, as Schürmann (2001) puts it, ‘the logic of detachment somehow reflects the logic of the way of the cross’.

Turning to the schizophrenia spectrum disorders, we may note that many patients are exposed to and suffer from attitudes that in various ways resemble those preparatory steps taken by the mystics. We are here specifically concerned with persistent, trait-like, pre-onset (i.e. premorbid and prodromal) features, also shared by schizotypal disorder. These features are manifest as changed modes of existence and experience, i.e., not only observable from a third-person perspective as peculiar behaviors or conspicuous forms of existential orientation, but also lived through as profound changes of subjective life. Concerning the ‘objective’ features, epidemiological studies show that pre-schizophrenic and schizotypal individuals often appear eccentric, detached, disinterested, isolated from and sometimes rejected by their peers; they are rated by their schoolteachers as being withdrawn and passive (Olin et al., 1998), and rated by clinicians as exhibiting a diminished interpersonal emotional rapport and formal slips in language (e.g., Parnas & Jørgensen, 1989; Parnas, Schulsinger, Schulsinger, Mednick, & Teasdale, 1982; Tyrka et al., 1995).

Phenomenologically informed empirical studies testify to an altered subjective life, reflected in the presence of certain trait-like (enduring rather than episodic), non-psychotic, anomalous self-experiences (viz. self-disorders). In the following, we present from a clinical-phenomenological perspective a picture of the altered subjectivity in schizophrenia, an alteration that often emerges many years prior to the onset of frank illness. Frequently and typically, the patients complain of feeling ephemeral, not fully self-present, lacking an inner ‘core’ or ‘nucleus’. They may suffer from a failing sense of being one with oneself (automatic, pre-reflective self-coincidence or ‘radical self-recognition’ [Parnas, 2007]), occasionally necessitating a reflective self-identification. Usually, they report feeling radically different from others (Anderssen) and often this feeling has persisted since early childhood. This particular feeling is frequently verbalized as being ‘wrong’ and it may resist further predication (Parnas & Henriksen, 2014). It is a feeling of a difference so fundamental that it entails a sense of being *ontologically different* from others and it is often associated with a profound solitude. Such ontological dislocation makes comparisons with others in terms of mundane characteristics difficult (e.g., being too fat or more clever than one’s peers). Regularly, this experience is expressed through complaints such as feeling ‘not really human’ (Saks, 2007, p. 193f.) or ‘I’m a psychomachine’ (Kimura, 2001). The following complaint from a patient illustrates these experiences: “I looked just like every other child, but inside I was different. It is as if I am another creature that somehow ended up inside a human body” (Henriksen & Nordgaard, 2014, p. 436). Often, these experiences are thematized by fantasies of being a time-traveller, extra-terrestrial or a secrete adoptee. A very typical case of self-disorders in schizophrenia is expressed in the following vignette:

I feel like I’m not a natural human being or a proper human being or something like that. I have always tried so much to be a real human being, but I have the feeling that I’m not (...) I don’t feel like I have a core or a substance... Increasingly, I began to feel that I sort of fused with the surroundings... And I had a hard time recognizing myself from hour to hour, day to day (...) I had this idea that I didn’t look human and that everybody was sort of being nice to me and played along. Seriously, when I passed others in the street, they were polite and didn’t stare too much, but they would think ‘what was that?’ That is, I really thought that I wasn’t recognizable as a human being (...) I must have been 4 or 5 years old. I was starting dance class and I was looking in the mirror. I was standing next to the other kids and I remember that I looked alien. I felt like I sort of stuck out from that large wall mirror. As if I wasn’t a real child. This feeling has been very persistent from very early on (Henriksen & Nordgaard, 2016).

Moreover, patients may report a diminished sense of embodied presence in the shared-social world, which often involves a decreased ability to be affected, drawn or stimulated by others, objects or situations—e.g., “I live in a sort of bubble, where the world does not matter. I lack synchrony with the people around me” (Henriksen & Nordgaard, 2014, p. 437). This diminished sense of immersion may also be linked to problems with ‘common sense’ (Blankenburg, 1971), indicative of disruptions at the level of immediate pre-conceptual resonance or attunement with the world. Typically, such problems manifest as difficulties with an immediate grasp of what is contextually relevant and appropriate, a failing sense of what others consider self-evident (e.g., the natural evidences or the tacit axioms of social interaction). These problems are exemplified in the following vignette:

I have always struggled to understand why people didn’t take life more seriously. I mean, “How can you just walk around, be named ‘Angie,’ buy butter, and take riding lessons?” Every morning, when I wake up, I realize like for the first time that this is the real reality, that we are all going to die, that we don’t know why we are here, that nothing makes sense... This is one of the reasons why I feel different from others. They walk around and talk on their phone, plan what they want to do... It puzzles me that I haven’t gotten used to it (...) It hurts me that it is so easy and natural for the rest of the world. They don’t even think about it (Henriksen & Nordgaard, 2016).

Problems with ‘common sense’ are often linked to a tendency to hyper-reflect, which sometimes takes the form of an ongoing (pre-reflective) self-monitoring or ‘simultaneous introspection’ (Nagai, 1991) or ‘hyper-reflexivity’ (Sass, 1992). Thus, the patient may complain about observing himself constantly in his engagement with the world and others, making a true immersion almost impossible (Nagai, 1991).

Many patients report that certain thoughts appear intrusive, somehow alien, ‘as if’ they were not generated by themselves; also, uncontrollable, parallel trains of thoughts, occurring simultaneously with a loss of meaning, and experiences of sudden, complete emptiness of thoughts are occasionally described. Furthermore, the boundaries between self/other and self/world may be permeable or unstable in different ways (i.e. transitivity). Very often the reason for avoiding eye contact is the feeling that the others can penetrate into one’s immanent sphere. From this transformed existential position, the patient regularly finds himself unanchored from the world and alienated from others and from aspects of his own existence

(e.g., thoughts, feelings, body), and, in his ontological solitude, he may have various quasi-solipsistic experiences, e.g., transient experiences of being the center of the universe with everything somehow referring to him, or having a privileged access to hidden and deeper layers of reality.²

During the last two decades, empirical studies have shown i.a. that such self-disorders hyperaggregate in schizophrenia spectrum disorders but not in other mental disorders (Haug et al., 2012; Nordgaard & Parnas, 2014; Parnas, Handest, Jansson, & Saebye, 2005; Parnas, Handest, Saebye, & Jansson, 2003; Raballo & Parnas, 2012) and that self-disorders predict schizophrenia spectrum diagnosis (Nelson, Thompson, & Yung, 2012; Parnas, Carter, & Nordgaard, 2016; Parnas et al., 2011—for a review, see Parnas & Henriksen, 2014). The generative disorder, underlying the various self-disorders and other domains of schizophrenic psychopathology, has been proposed to be a specific disturbance of ‘ipseity’ or ‘minimal self’ (Cermolacce, Naudin, & Parnas, 2007; Nelson, Parnas, & Sass, 2014; Sass & Parnas, 2003), destabilizing the very sense of self-presence and of being a self-coinciding subject of experience and action.

We will now briefly summarize the ‘attitudinal’ analogies between mysticism and schizophrenia. The mystics’ preparatory moves share two interrelated goals: (i) detaching the mystic from the spontaneous immersion or absorption in the world, and (ii) subverting the sense of self, through ‘emptying the mind’ by means of a progressive elimination of all concerns, needs, affections, etc. This radical ‘no-self’ condition creates a state of receptive passivity in which the desired mystical experience finally may articulate itself. Yet, the mystic does not lose his sense of self completely; he retains his first-person perspective because otherwise the experience could not be experienced or reported. The self-disorders in schizophrenia spectrum conditions interlock in various ways on the shared goals of the mystics’ attitudes: the self-disorders radically unanchor the patient from the shared-social world and they entail a profoundly diminished sense of embodied, vital self-presence. In contrast to the mystic’s attitudes, however, which generally are willingly strived for and at least partially controlled, the self-disorders are typically uncontrollable and involuntary, causing immense suffering (Møller & Husby, 2000). However, like the mystic, the patient does not cease to be a subject of awareness and action and in this regard the first-person perspective remains intact. We return to these issues in the final section.

3. The nature of mystical and schizophrenic experience

What is the nature of the mystical experience and how is it comparable to the nature of primary delusional and emergent hallucinatory experiences? To come closer to answering these questions, it is essential to realize that these different experiences broadly share a coincidence or unity of *appearing* and *signification*, i.e. the *how* (structure) and the *what* (content) of manifestation are but one. In our view, this is the source or root of the following distinctive features of these experiences.

The mystical experiences have often been regarded as having the experiential quality of an epiphany (e.g., James, 2013; Stace, 1960; Steinbock, 2007). An epiphany does not have a ‘feel’ of inferential reasoning or of a gradual piecing together of parts to make a whole but rather of a frequently sudden and always profound realization, manifesting what it discloses as undoubtedly true, i.e. the experience is given in such way that it *reveals* it to be so. An epiphany is essentially a passive and pathic (affective) experience of striking and deep in-sight—light dawns instantly over the whole.

In the clinical, psychopathological literature, it is well established that primary delusional and the formation of hallucinatory experiences in schizophrenia have the experiential form of an epiphany (Conrad, 2002; Ey, 1973; Jaspers, 1997; Škodlar & Ciglenečki, 2015). For example, Conrad argues that the core of schizophrenic experiencing is marked by a twin alteration of the structure of experience, which he articulates with the notions of ‘apophany’ (the experience has the form of a revelation) and ‘anastrophe’ (the experience is centered around the patient in a peculiar way; cf. self-reference without reason [Gruhle]) (Conrad, 2002, p. 269). According to Conrad, ‘delusional perception [a variant of primary delusion] (...) is manifestly identical to apophantic [revelatory] experience, which (...) is not ‘comprehensible’ but lies entirely outside the categories of comprehensibility’ (2002, p. 110; our translation; italics added). These features of schizophrenic experiencing have been well summarized by Gennart: ‘(1) The meaning of apophantic delusional experience articulates itself through its very manifestation; the meaning is not grasped through the subject’s efforts of interpretation; rather the meaning is simply revealed to the subject by the things themselves. (2) The revelation of meaning imposes itself on the subject, short-cutting his liberty or initiative of understanding’ (2011, p. 324; our translation).

Second, paradigmatic revelatory experiences in mysticism do not have an ‘object’ in any ordinary or phenomenological sense of the term, i.e. mystical experiences do not fit the formula of an object presenting itself before an experiencing subject, e.g., like the tree is the object of my visual perception or the poem is the object of my evaluative judgment. Phenomenologically speaking, mystical experiences do not conform to the intentional noetic-noematic structure that otherwise characterizes our experiences (perception, imagination, thinking, etc.). To articulate the specific structure of the mystical experience, Steinbock (2007) employs the term of ‘verticality’ as opposed to ‘horizontality’ that designates the ordinary noetic-noematic or subject-object intentional structure. Steinbock argues that vertical experiences of Absolutes are *revealed* to us, whereas objects of horizontal experiences are *presented* or *manifested* to us (cf. Levinas, 1979; Marion, 1991). It seems to us that the notion of ‘verticality’ not only functions to distinguish the mystical givenness from the ‘horizontal’ duality of the

² For further details and rich clinical descriptions of self-disorders, see Parnas and Handest (2003), Parnas et al. (2005), Henriksen and Parnas (2012), and Henriksen and Nordgaard (2014, 2016).

subject-object intentional relation but also alludes to a spiritual existential vector that is at play, i.e. a vertical striving for a union with divinity (e.g., Steinbock claims that '[what] is given vertically incites awe' [2007, p. 14]).

At first glance, psychotic experiences may seem to have a clearly demarcated object (e.g., a hallucinatory 'voice' or a specific delusional content or theme), thus conforming to the ordinary subject-object intentional structure. This is certainly the case in the advanced illness stages when these symptoms have become well elaborated. However, phenomenological explorations of the emergence of primary delusional and hallucinatory experiences suggest that the psychotic 'object' only materializes and takes its clearly noematic form on the basis of an initially global, diffuse, and sometimes perplexed state of atmospheric pathic tension that has no clear and distinctive noetic-noematic intentional structure. The nature of 'atmospheres' does not lend itself to a clear description in terms of a subject-object relation (Griffoni, 2014). Conrad's phenomenological study of the onset of acute schizophrenia in a sample of 107 patients points to certain typical phases: the revelatory articulation of delusion is often preceded by an increase of basic affective tone (*erhöchte Bodenaffektivität*), followed by an atmosphere of apprehension, free-floating anxiety or insecurity (occasionally of elation or ecstasy), perhaps of something impending, 'something in the air' (*Wahnstimmung*). The patient increasingly feels as if he is at the very center of what is happening (incipient 'anastrophic' experience). However, in this state of uncertainty, the sense of uncertainty is itself '*absolutely certain*' (Müller-Suur, 1950, p. 45; our translation and italics). The patient may be uncertain about what is going on but he has absolutely no doubt that something is happening. According to Müller-Suur (1950), this is a distinctive feature of schizophrenia—i.e. non-schizophrenic delusional patients experience neither the sense of absolute uncertainty (*Ungewißheitsbewußtsein*) in pre-psychotic stages nor the sense of absolute certainty (*Gewissheitsbewußtsein*) in psychosis; typically their delusions are not *revealed* to them but arise in a more gradual, progressive and *inferential* fashion. In schizophrenia, the fluidity of the experience of delusional mood condenses into a sense of an insidious or more sudden alien presence (co-presence), a sentiment of anonymous, intrusive, otherness or alterity in the midst of the patient's self-intimacy or 'sphere of oneness' (*l'expérience d'alterité*) (Ey, 1973). This sense of alterity serves as a source of the noematic elaborations of psychotic projections. In the face of the disturbing uncertainty, the patient searches for solutions or answers. Ey (1973) called the cognitive efforts in this search for meaning and explanation for the 'psychotic work' (*le travail psychotique*). Through the 'psychotic work', the apophantic revelation is eventually cognitively elaborated into specific delusional contents, acquiring now a clear form of a noematic 'object'.

Conrad's analysis lends support to the notion of 'noetic' or 'egological' delusion introduced in psychopathological literature (e.g., Giudicelli, 1990; Tatossian, 1978, 2014). In the same vein, Straus' (1935) emphasized the 'pathic' (affective) rather than 'gnostic' (cognitive) element of the psychotic experience. The notion of 'noetic' delusion seems to emphasize both an experiential proximity to the constituting layers of immanence (Section 5) and an initial revelatory coincidence of appearing and signification, jointly underscoring a prominence of the noetic moments of experience with an absence or extreme poverty of clearly demarcated noematic elements. In brief, the psychotic 'object' is *sensu stricto* secondary to or derived from the primary psychotic experience (Conrad, 2002; Ey, 1973; Gennart, 2011; Jaspers, 1997).

Third, we will now take a closer look at the mystical revelation. In short, the experience of absolute, undifferentiated unity (*unio mystica*) in which all distinctions and multiplicity are obliterated is the essential core of the mystical experience in all major mystical traditions (Burch, 1960; Carter, 2013; Forman, 1990; James, 2013; Stace, 1960; Steinbock, 2007). It is important to note that the mystic experiences this unity directly and does not simply interpret or infer it as such.³ Stace (1960) distinguishes between two kinds of mystical experience of union, i.e. two variants with identical phenomenological nucleus. First, an 'outward-looking', sensuous, extrovertive kind (usually considered as 'inferior' to the second kind), in which the perceptual experience is refigured so that the unity shines through all diversity and multiplicity of the visual field (e.g., 'in this light my spirit saw through all things and into all creatures and I recognized God in grass and plants' [Böhme] or 'all blades of grass, wood, and stone, all things are One. This is the deepest truth' [Eckhart]; quoted in Stace, 1960, p. 69, p. 63). In the extrovertive mystical experience, something, say, the blades of grass is simultaneously perceived as 'grass' and 'not grass' (i.e. as an instantiation of the One). In Zen Buddhism, the mystical experience (*satori*) of 'identity in difference' is described with the notion of 'soku hi', i.e. something that both 'is' and 'is not'. The notion of 'soku hi' aptly illustrates the experience's fundamental violation of the principle of non-contradiction. Second, an 'inward-looking', non-sensuous, introvertive kind in which all mental content, differentiation, and individuation are obliterated and all that there remains is a pure void, i.e. an empty, unitary consciousness (e.g., 'when you thus cease to be finite you become one with the Infinite' [Plotinus], 'it [the soul] is sunk and lost in the desert where its identity is destroyed' [Eckhart] or 'as a lump of salt thrown into water melts away... even so, O Maitreyi, the individual soul, dissolved, is the Eternal—pure consciousness, infinite, transcendent' [The Upanishads]; quoted in Stace, 1960, p. 112, p. 98, p. 118). The dissolution of finite individuality into infinity, i.e. the breaking down of the walls of the self and its dissolution into the vast sea of Being, is the very experience of *unio mystica* in introvertive mysticism—an experience of absolute emptiness and fullness at once. In Sufism, there is even a technical term for this crucial aspect of the experience, viz. 'fana',

³ This may explain why the mystics' descriptions of *unio mystica*, reported in various languages, across different historical eras and cultures, and within different religious or atheist frameworks are conspicuously similar. The interpretation, however, depends on their historical, cultural, and religious backgrounds. Thus, the ancient Hindu mystic, as described in the Upanishads, interprets his experience as 'identity with' Brahman or the Universal Self. Plotinus speaks of the unity as the 'One'. The Christian mystics interpret their experiences as 'union with God' or, if we follow Eckhart, as union between the 'ground of the soul' and 'the ground of God' (i.e. the Godhead [*divinitas*]). In Mahayana Buddhism, the mystical union is between the deepest foundation of the soul and 'sunyata' ('emptiness' or 'the Void'). There have of course also existed atheistic mystics, who did not use a religious language to describe their experiences (see, e.g., Stace, 1960). A contemporary secular mysticism has grown into a sort of 'atheist religion', with important implications for the emergence of the so-called 'transpersonal', spiritual psychology (Hunt, 2003).

which literally means a 'passing away' (of the self into God). Finally, both the sensuous experience of identity in difference and the non-sensuous experience of absolute unity and dissolution of self have been described with the poetic notion of 'oceanic feeling' (Saarinen, 2014).⁴

Interestingly, Stace's division between extrovertive and introvertive mystical experiences reminds of two general types of primary delusional experience (Conrad, 2002; Jaspers, 1997; Schneider, 1950). One is world-directed as a 'delusional perception' (*Wahnwahrnehmung*) in which a mainly undistorted perceptual content serves as a vehicle of delusional revelation (e.g., 'at the steps of a catholic convent, a dog was waiting for me in upright position, watching me seriously. As I approached, it lifted its paw. By chance, another man was walking a meter from me. I quickly caught up with him and asked if the dog had also introduced itself to him. An astonished 'no' made me *certain* that I was here dealing with a *plain revelation*' [Schneider, 1950, 106; our translation, italics added]). In another, 'introspective' kind (*Wahneinfall*), delusional significance is revealed in immanent content such as thought, remembrance or image (e.g., '[it] suddenly occurred to me one night, quite naturally, self-evidently but insistently, that Miss L. was probably the cause of all the terrible things through which I have had to go these last few years (telepathic influences, etc.) (...) I felt as if scales had fallen from my eyes and I saw why life had been precisely as it was through these last years [Jaspers, 1997, p. 103]).⁵ The revelation, articulated as delusional or hallucinatory experiences in schizophrenia, is typically lived as an apodictic felt insight into another dimension of reality—a dimension that is normally hidden for other people. A prominent German scholar on schizophrenia, Kurt Schneider, described this experience in the following way: 'The significance [of the experience] is of a special kind; it nearly always carries a great import, is urgent and somehow personal, as a *sign or message from another world*. It is as if the perception expresses "*a higher reality*"' (Schneider, 1950, p. 106; our translation, italics added). Of course, it is only a minority of patients that conceptualise their psychotic experience in philosophical terms; rather this sense of extraordinary contact with another dimension or layer of reality is manifest through the peculiar incorrigibility of delusions and the attitude of 'double bookkeeping' (Section 4.2). It is also important to note that this sentiment of contact with another dimension of reality is quite often present, in a more subtle, inchoate form (e.g., self-disorders), already long before the onset of a fully articulated illness. Sometimes, these pre-onset experiences may exhibit a quality of transient mystical states.

Fourth, we will briefly address the issue of ineffability of the mystical experience, repeatedly emphasized by the mystics. It is important to realize that the ineffability of which they nonetheless speak arises not primarily from the quality of the content as such but from the very structure of the entire experience; it has to do with the nature of the mystical experience itself, which, as we shall see later, seems to reveal an ontological realm prior to all distinctions, conceptual carvings and fixations, without any texture, quality or form. Here, there is no difference between subject and object, inside and outside, knower and what is known—they are completely united. According to Stace, this is the logical reason behind the mystical experience's ineffability; to describe or explain something, we must in some way be detached from it, while remaining framed by the mundane ontological context. Mystical experiences, however, do not fulfill these conditions (Stace, 1960, p. 105; Steinbock, 2007). The intrinsic nature of *unio mystica* belongs to a sphere of experience or an ontological domain over which our understanding, linguistic categories, and rules of logic have no power—they simply do not apply.

Ineffability is also a crucial feature of schizophrenic experience and we have already touched upon several of its sources. In sum, (i) the revelatory givenness of primary delusional and hallucinatory experiences bypasses critical reflection and precludes any Cartesian-style doubt concerning the reality or validity of these experiences; (ii) the psychotic experiences usually arise on the basis of an elusive, diffuse 'delusional mood', defying description and understanding; (iii) the delusional mood is usually antedated by self-disorders, which, as we have seen, reflect subtle, yet profound and persistent disruptions at the level of pre-reflective self-experience—experiences that can barely be propositionally expressed (e.g., *Anderssein*); and (iv) the patient's sense of being in touch with another ontological dimension makes it nearly impossible to articulate his experiences in the terms of the mundane ontological context.

Finally, we will turn to the issue of the effects or traces that the mystical and psychotic experience leaves on the individual. The mystical experience, although usually only very short-lived, can be so powerful and profound that it may revolutionize the entire existence or existential perspective of the individual (Stace, 1960, p. 60f.). It is noteworthy, however, that there are cases where the mystical consciousness seems to have become permanent, 'running concurrently with, and in some way fused and integrated with, the normal or common consciousness' (Stace, 1960, p. 61).⁶ Sometimes, the experience of *unio mystica* may linger on with an attenuated intensity after the termination of the mystical climax, e.g., as a sort of feeling of enlightenment and clarity, an attitude of care, compassion, and tolerance. Typically, mystical experiences are transformative in a positive sense, i.e. enriching, enhancing existential openness, novel perspectives, and ethical demand.

From a phenomenological perspective, an important point to make is that in the mystical states, the synchronic unity of experience and the diachronic unity of the stream of consciousness seem typically to be preserved, i.e. we are not dealing with dissociative phenomena or a disunity of the self.

Turning to schizophrenia, we may note that the primary delusional or hallucinatory experience typically exerts a profound impact on the individual as well, but usually in much more disturbing way. This is not so only due to the specific nature of the psychotic experience but also because of the general consequences of falling ill (e.g., social and occupational). Most

⁴ Originally, the notion was introduced by the mystic and Nobel Prize winning novelist Rollo May in a personal letter to Freud, see Parsons (1999, pp. 170–179).

⁵ In the current diagnostic classifications (ICD-10, DSM-V), only delusional perception is listed due to reliability concerns.

⁶ This may be a key to understanding the essence of double bookkeeping in schizophrenia; a position where the patient simultaneously lives in two different realities (Section 4.2; Henriksen & Parnas, 2014).

psychiatrists are familiar with descriptions of psychotic experiences that almost like a lightning strike significantly and sometimes even permanently alter the life of their patients (see, e.g., Müller-Suur, 1962, p. 81f.). Whereas the mystical experience usually has an enriching effect and the mystic typically is able to integrate his sense of extraordinary insights into a mundane-spiritual existence (e.g., by embracing an unsentimental accept of all that is), the life of many patients with schizophrenia are almost brought to a standstill, i.e. they can neither integrate their delusional insights into their mundane existence nor leave these insights behind—metaphorically speaking, the temporality of existence freezes and the patients are perpetually stuck in the now, a kind of eternal present (*kairos*), with a fixed, immutable past and an absence of openness and projects for the future (Blankenburg, 1965; Bovet & Parnas, 1993; Minkowski, 1933).

4. The other reality in mysticism and schizophrenia

A mystic and some patients with schizophrenia claim to have attained a profound and penetrating insight into another dimension of reality. As we have seen, these particular experiences reside outside the realm of ordinary experience, language, and rules of logic—as Conrad puts it, ‘outside the categories of comprehensibility’ (Conrad, 2002, p. 110). But what kind of reality are the mystic and the patient with schizophrenia claiming to be in touch with? Is it at all the same kind of reality or dimension of reality? A way of dismissing the entire issue would be simply to say that in both cases we are dealing with nothing else than individual psychological states, reducible in a future neuroscience to certain functional configurations of the ‘connectome’ (i.e. a total pattern of interacting neural circuits). Here, we suspend, at least temporarily, the plain reductive-naturalist assumption, and raise instead the question of the ‘objective’ or ontological status of the other reality. We first present some major philosophical accounts of this other reality in mysticism before turning to the psychotic world in schizophrenia.

4.1. Ultimate reality

For the mystics, there is absolutely no doubt that the reality or truth, revealed in the enlightenment experience, is not merely a psychological state, a ‘subjective’ phantasm, but entails a form of objectivity (e.g., ‘I experienced a complete certainty that at that moment I saw things as they really were’ [N.M.]; ‘I saw no new thing but I saw all the usual things in a miraculous new light—in what I believe is their true light... I have looked into the heart of reality; I have witnessed the truth’ [Montague]; quoted in Stace, 1960, p. 72, p. 83f.). Stace (1960) suggests here that the reality, disclosed in mystical experiences, is not ‘objective’ (in the sense of lending itself to a third-person definition and description) but rather, as he puts it, ‘transsubjective’ (1960, p. 148). A remarkably similar claim can be found in Nishida (1990), who argues that the enlightenment experience (‘pure experience’) is neither subjective nor objective but ‘trans-individual’. For Stace, ‘transsubjectivity’ is far from an arbitrary feature: ‘the fact that self-transcendence is a part of the experience itself is the reason why the mystic is absolutely certain of its truth beyond all possibility of arguing him out of it. A significance and interpretation of any experience can be doubted, but the experience itself is indubitable’ (1960, p. 154).⁷

The notions of a ‘trans-subjective’ or ‘trans-individual’ experience suggest a sort of ‘quasi-objective’ ontological status of the reality that is being revealed. According to this line of thought, the kind of reality that manifests itself in the mystical experience is not just a psychological accomplishment of an individual consciousness; rather it appears to somehow exist in itself, independently of the subject, though its manifestation only may be instantiated by an individual consciousness. In other words, the mystics accede to an at least potentially shared, but normally hidden dimension of reality, which usually is so deeply buried within us that we are entirely unaware of it, perhaps only, if ever, glimpsing it in rarified forms in certain aesthetic experiences (Henry, 2009) or meditative states.

Several philosophers have addressed this metaphysical dimension of reality. James (2013) suggests that the apparent unanimity of mystical experiences may be indicative of the existence of a level of ultimate reality, a level of ‘pure experience’. According to Fink (1995), the ultimate goal to which a rigorous performance of the phenomenological reduction leads is a discovery of a meta-ontic layer of the Absolute, a layer of transcendental ‘openness-to the world’. It is a layer preceding the phenomenological accounting for intentionality, noetic-noematic correlations, and consciousness as such—as Bertolini puts it, ‘[it] is an origivative, constituting movement, beyond the field of beings, beyond the ontic field as such. The relation of absolute origination (...) is between Being and Nothingness’ (2014, p. 39).

In his later work, Heidegger (1957) also struggles to think Being (*Sein*) in itself (Being as Being), i.e. Being detached from beings (entities [*Seiendes*]). He argues that Being grounds beings but Being itself is without ground, i.e., Being is ‘a ground without ground’, which he also calls an ‘abyss’ (*Abgrund*). This conception echoes the mystical notions of ‘*Ungrund*’ (Böhme) and the ‘wayless abyss’ or ‘abysmal’ (Ruysbroeck), which describe the experience of *unio mystica*. Caputo (1990) has aptly illuminated a certain kinship between Heidegger’s analysis of Being in itself and Eckhart’s notion of the Godhead. For both Heidegger and Eckhart, access to Being (or God) requires a radical openness, which involves divestment of all forms of thinking, imagery, and judgment, detachment from beings (*Abschied vom Seienden*), and letting Being be (*Gelassenheit*).

⁷ In schizophrenia, we find strikingly similar features with regard to primary delusional experiences, viz. *certainty*, *incorrigibility*, and the unquestionable *truth* or *validity* of the experience—as one of Jaspers’ patients puts it, ‘everything is so dead certain that no amount of seeing to the contrary will make me doubtful’ (1997, p. 100).

Possibly the most substantive account of the other dimension of reality is found in the works of the famous Japanese philosopher, Nishida, gravitating around his core notion of 'pure experience' (borrowed from James [2013]). According to Krueger, 'pure experience for Nishida is both the primordial foundation of consciousness *and* the ultimate ground of all reality' (2006, p. 12). Thus, for Nishida, as for the mystics in general, the 'other' reality is not somehow on a par with the reality we experience in our everyday life but instead *the ultimate ground of this reality*.⁸ The ultimate ground is not outside us but within us—to see it we must look with a 'reversed eye' (Nishida adopts here Böhme's expression [Nishida, 1990, p. 81]). Pure experience is the intuition of oneness in all ('identity in difference') and this oneness is quintessentially the primal flow of reality as an original, creative, unifying activity, which is the final ground or force of life, perhaps comparable to Bergson's 'élan vital' (1908), Henry's metaphysical notion of 'Life' (*C'est moi la vérité*) (2008) or to Levinas' notion of God as a radical alterity, 'beyond Being' (*au de la d'être*) (1991). These philosophical accounts of ultimate reality converge, despite their various formulations and specific differences, to Nishida's claim that pure experience is in fact 'trans-individual'. In pure experience, we intuit the unifying activity that is the final ground of both consciousness and reality, the meta-ontic transcendental level proposed by Fink (1995).

As we have seen, emptying and stillness of mind, which is the desired aim of most schools of meditation (Fasching, 2008), is generally considered a precondition for the emergence of unio mystica. If we accept Nishida's claim that ultimate reality, intuited in pure experience, is the foundation of both reality and consciousness, then the following question becomes pertinent: what, more precisely, do we experience when the mind is brought to a halt? The answer is that we experience no thing and yet we do not experience nothing. In other words, when we let go of all objects or contents of consciousness, we become aware of consciousness itself, viz. 'pure consciousness'. As Fasching argues, 'consciousness is not a phenomenon among phenomena but the taking place of the *phenomenality* of phenomena' or, as he also puts it, 'the *taking place of presence*' (2008, p. 467, p. 466). Usually, we are aware of objects or contents that are present to us (e.g., the object of my perception or the thought I entertain) but *we are unaware of presence itself*. As Fasching puts it, '[the] presence of presence is not another presence in addition to the presence of the object, but simply this very presence itself' (2008, p. 475). In other words, pure consciousness is not some sort of object located at the periphery of our experience, usually eluding our attention, but is to be found at the very heart of our experience (but not as an object)—it is the appearing (presence) of what appears (presents itself) in our experience. Notably, there is no distance between appearing and what appears. As the taking place of presence, pure consciousness is present to us in each and everything that is present (Fasching, 2008, p. 476). This self-presence or self-manifestation is, as Henry famously phrases it, 'the essence of manifestation' (1973, p. 143). All manifestation is thus conditioned upon an 'invisible', generative layer of self-revelation, a transcendental dimension that also makes possible contact with the Absolute. This meta-ontic dimension is inherent in all forms of manifestation, independently of whether or not these manifestations are 'subjective' (e.g., thoughts, feelings, etc.) or 'objective' (e.g., perception) in kind. Against this backdrop, we may reconsider the mystics' 'detachment' from the shared-social world. It is not so much a withdrawal to another, inner or private world, but a move into the normally invisible world, i.e., into the very presence of the world, or, to put it differently, it is a move from an object-awareness into an awareness of pure consciousness, i.e. into the invisible, generative layer that makes any appearing possible. This meta-ontic or meta-noetic level is 'trans-subjective' and potentially available to us all.

4.2. The world of psychosis

We will now reconsider some phenomenological and ontological aspects of the schizophrenic psychosis in the light of our discussion of the 'objective' or trans-subjective status of the mystical experience. Extrapolating from clinical experience, a claim can be made that many patients with schizophrenia experience being in touch with another, hidden, ontological dimension of reality—an experience that is not entirely unlike the mystics' breakthrough into ultimate reality or experience of pure consciousness. The experience of unique ontological access or insight, in schizophrenia or elsewhere, is of course not by itself an index of mental disorder. Nonetheless, the articulation of the schizophrenic psychosis is often related to this experience of insight, which is perceptible in the nature of psychotic symptoms in schizophrenia (primary delusions, hallucinations, and phenomena of external influence). Most importantly, these symptoms have a peculiar 'subjective' (perhaps best expressed as 'solipsistic') character. Viewed in their noematic projective content (e.g., concrete delusions), they appear always short of a complete articulation of a properly transcendent status. They are, so to say, 'unfinished' or 'insufficiently objective'. They never become fully inscribed into the texture of the intersubjective world.⁹ Rather, they retain residua of quasi-phenomenal fragments of immanence or traces of a fragmented self (Parnas, 2004)—as Sass aptly puts it, '[the] world of many schizophrenic-type patients is not, then, a flesh-and-blood world of shared action and risk but a mind's-eye world' (1994, p. 46).¹⁰ It is crucial to realize that expressions such as the 'mind's eye' (Schreber) or 'reversed eye' (Nishida) do not refer to an act of introspection or imagination but convey a felt union of subjectivity and the other ontological dimension.

⁸ Hunt (2006) has argued for the affinity of mystical states with experiential aspects of the quantum level of reality.

⁹ By contrast, a delusional system in non-schizophrenic psychosis is well integrated in the external world, its logic, persecutory mechanisms, and actors.

¹⁰ Sass employs here Schreber's (2000) notion of seeing with the 'mind's eye' (*geistigen Auge*), which he distinguishes from seeing with the 'bodily eye' (*körperlichen Auge*): 'I use here the expression 'seeing with the mind's eye' (. . .) because I cannot find a more suitable one in our human language. We are used to thinking all impressions we receive from the outer world are mediated through the five senses, particularly that all light and sound sensations are mediated through eye and ear. This may be correct in normal circumstances' (Schreber, 2000, p. 120). Schreber coined the term to articulate his experience of continual communication, through 'nerve-contact' and 'rays', with God. Schreber's notion of the 'mind's-eye' seems to echo Böhme's and Nishida's notion of the 'reversed eye', reflecting a breakthrough into the ultimate ground of reality, i.e. the experience of the primal flow of reality as an original, creative meta-noetic activity or, following Fasching, as the experience of the sources of *presence* of the world.

Primary delusions and hallucinations in schizophrenia are *not of this world* (Merleau-Ponty, 2002, p. 395). They presuppose and entail a changed ontological position, free of the natural certitudes and axioms of space, time, causality, and non-contradiction, or, as phrased by Ratcliffe (2012), they occur in another ‘modal space’. For example, hallucinatory ‘voices’ are in general not woven into the fabric of the intersubjective world. Rather, they are experienced as intrinsically private, i.e. patients rarely believe that others also hear their ‘voices’ (Aggernæs, 1972). Moreover, the ‘voices’ are often ubiquitous and violate the physical constraints of the sensorial space (Henriksen, Raballo, & Parnas, 2015). In other words, ‘voices’ are not *in the world* but rather ‘superimposed’ (Merleau-Ponty, 2002, p. 395) on it and they are felt to be *hyper-proximate* (*le sentiment de sur-proximité* [Charbonneau, 2004]) to the patient’s innermost recesses, precluding taking a protective distance, shelter (*le sentiment de désabritement*) or flight—as one of our patients puts it, ‘I cannot shut her [the voice] out. She is always there’. In this regard, ‘voices’ resemble the character of haunting. It also merits attention that patients rarely (typically only in the acute exacerbations) conflate their psychotic convictions with their ordinary beliefs about worldly matters. Renee described it in the following way:

[Little] by little I brought myself to confine to my friends that the world was about to be destroyed, that planes were coming to bomb and annihilate us [i.e. her delusion]. Although I often offered these confidences jestingly I firmly believed them (...) *Nonetheless, I did not believe the world would be destroyed as I believed in real facts* (Sechehaye, 1951, p. 14f.; *our italics*).

Schreber made a similar remark, ‘I could even say with Jesus Christ: *‘My Kingdom is not of this world’*; my so-called delusions are concerned solely with God and the beyond’ (Schreber, 2000, p. 371; *our italics*). These paradigmatic cases suggest that schizophrenic delusions, though linguistically resembling epistemic propositions, are not really epistemic claims about worldly matters (Cermolacce, Sass, & Parnas, 2010; Parnas, 2004) but rather attempts to frame and verbalize anomalous experiences of an already altered subjectivity (Škodlar, Henriksen, Sass, Nelson, & Parnas, 2013).

The ‘world of psychosis’ in schizophrenia, epitomized by primary delusions, hallucinations, and phenomena of external influence, and apprehended by the ‘mind’s eye’, does not exist alongside the shared-social world as if they were somehow two different, yet somehow commensurable, distinct realities but is revealed to the patient as insights into the very ground of the shared-social world. A patient of ours offers the following illuminating account of his experience:

There are two worlds. There is the unreal world, which is the world I am in and we are in. And then there is the real world. The only thing that is real in the unreal world is my own self. Everything else - buildings, trees, houses - is unreal. All other humans are extras. My body is part of the charade. There is a real world somewhere and from there someone or something is trying to control me by putting thoughts into my head or by creating (...) screaming voices inside my head.

Many, if not a majority of patients with schizophrenia, appear to simultaneously live in two different worlds or ontological dimensions. Bleuler (1950) described crucial aspects of this phenomenon with the notion of ‘double book-keeping’ (Henriksen & Parnas, 2014). Due to the two worlds’ different (incommensurable) ontological status, patients typically seem to experience them as not conflicting, thereby allowing them to coexist and only occasionally to collide (Henriksen & Parnas, 2014). The balance and interpenetration of these two ontological perspectives are variously negotiated by the individual patients and as a function of different illness stages. Crucially, double bookkeeping is never associated with a disunity (dissociation) of phenomenal consciousness. The dual ontological nature of the psychotic consciousness was already noticed and emphasized by the first alienists-psychiatrists such as Pinel (1806). Around that time, Hegel also observed, in such coexistence of ontological frameworks, a mark of madness, an ‘inner perversion of self-consciousness’ (Hegel, 1998, §374–375). Possibly the most lucid first-person description of double bookkeeping is offered by Prof. Saks:

It was at this point, I think, that my life truly began to operate as though it were being lived on two trains, their tracks side by side. On one track, the train held the things of the ‘real world’—my academic schedule and responsibilities, my books, my connection to my family (...) On the other track: the increasingly confusing and even frightening inner workings of my mind. The struggle was to keep the trains parallel on their tracks, and not have them suddenly and violently collide with each other (2007, p. 64f.).

5. Minimal self and the de-structuration of immanence in schizophrenia

The phenomenal nature of self-disorders in schizophrenia (Section 2) suggests that we are dealing with a disorder of first-person perspective (ipseity) that is far more fundamental than the ‘self-related’ complaints and behaviors or characterological traits encountered in the disorders outside the schizophrenia spectrum, e.g., affective psychosis, other mood, anxiety, and otherwise ‘neurotic’ or personality disorders. In these latter disorders, the ‘self-related’ complaints or behavioral dispositions indicate problems in the domain of psychological self-image or self-esteem—i.e. self-representational problems located at the level of personal, narrative or ‘extended’ selfhood.¹¹ At this level, the issue of ipseity, i.e. *of being a self-coinciding subject of experience and action* is never at stake. We have elsewhere proposed that a generative trait feature of schizophrenia is a disorder of ipseity or minimal (core) self (Cermolacce et al., 2007; Nelson, Parnas, et al., 2014; Sass &

¹¹ The patient with schizophrenia may also exhibit self-representational problems, largely consequential to his basic ipseity disorder.

Parnas, 2003 [viz. the Ipseity Disturbance Model]). In the following, we articulate what is implied by the notion of minimal self or ipseity, and how it is disordered in schizophrenia. We then further clarify the analogies and differences between schizophrenia and mysticism.

The concept of minimal self is a 'thin' phenomenological notion, referring to the first-personal manifestation or givenness of experience (Zahavi, 2005, 2014)—a structure that assures the subjectivity of experience, often designated as 'mineness', 'myness', 'for-me-ness' (Hart, 2009; Henry, 1973; Klawonn, 1991; Zahavi, 2005). We will here propose two mutually implicative aspects or moments that constitute the minimal self, viz. a formal and an affective aspect. The first-person perspective may be considered as a *formal* feature. All experience is given in a structural configuration as 'mine', i.e. in my (first-person) perspective. This formal aspect of 'perspective' is often illustrated by an analogy to visual perception: a spatial cone of vision radiates out to the world from my *embodied, absolute here*, my elusive experiential pole or source of my perspective. However, this spatial model does not fit other modalities of intentionality such as thinking, remembering or feeling. In these latter cases, the first-person perspective manifests itself as an interpenetration of the intentional act (e.g., thinking or perceiving) and the pre-reflective sense of 'I-me-myself' implied in the act, i.e. a sense of self-presence, tacitly imbuing all mental activity. The sense of self-presence is an *affective* aspect of the minimal self. Thus, the minimal self is not just a pure *form*; as a *pure* form it could never be given in conscious experience. In other words, the minimal self invariably involves a pre-reflective, *affective* sense of self-presence, self-familiarity or self-intimacy that persists across time and changing modalities of consciousness, permeating any particular intentional act (Hart, 2009). This pre-reflective sense of 'I-me-myself' is experientially manifest through its structuring effect on the flow of experience; it is not an independent mental entity that can be phenomenally accessed in itself, apart from experience.

Phenomenologists (and other philosophers [e.g., Janzen, 2008]) agree that what we here call the 'minimal self' is given non-relationally, non-inferentially or non-observationally (e.g., Husserl, Sartre, Merleau-Ponty, Henry, and Levinas). Some aspects of Henry's account (1973, 1975) appear to be helpful in explicating the affective aspect of the minimal self.¹² On Henry's view, the minimal self is a radically passive self-revelation (un-instigated, non-willed, non-dyadic, and not an outcome of a relation between two distinct relata), yet dynamic, self-affecting, pathic pulse of immanence.¹³ This self-revelation acquires its inchoate singularity or proto-individuation, because the affectivity of auto-affection never surpasses itself or alters in nature despite its changing experiential manifestations (e.g., changing moods and feelings). Affectivity, irrespective of its particular occurrent manifestation, remains the same 'se sentir soi-même' (self-sensing of self) (Henry, 1973, p. 465). The life of consciousness entails an incessant immanent self-affection, imbuing the first-person perspective with its affective dimension, an experiential feel of self-presence or self-familiarity, and an inchoate sense of singularity. As Hart notes, the self-familiarity of the 'I-me-myself' is paradoxical: on the one hand, it is 'propertyless' because it resists property-mediated description. Yet, on the other hand, it is a sense of selfness that is foundational of our identity (Hart, 2009). It functions as a necessary nucleus around which more sophisticated, complex or 'extended' feelings and self-representation of identity are formed throughout life.

The notion of minimal self must not be reified but rather understood as a grid, a template or a structure of the immanent life. In this sense, the minimal self and immanence are not distinct or separable entities in a relation of mutual exteriority. The minimal self constitutes the experiential life as a singular, unified field of awareness. Phrased differently, the minimal self imposes limits and limitations on the field of immanence, making its vicissitudes conform to the basic structures of consciousness. In this pre-reflective milieu, the very alterity or the 'me-not me' (self-other) distinction articulates itself as an edge for the formation of transcendent objects. It is also at this level of passivity that the primordial, tacit threads of operative intentionality, anchoring us in the world, are formed as the so-called 'passive syntheses' (Husserl, 1973), 'common sense' or 'natural self-evidence' (Blankenburg, 1971, 2001) or pre-reflective immersion in the world ('Being-in'; Heidegger, 2007).

In schizophrenia spectrum disorders (and in the experience of unio mystica as well), the formal aspect of the minimal self appears to be preserved, i.e. the patient continues to be the subject of his complaints and continues to employ the first-personal pronoun 'I', although he may be tempted to express himself, using the third-personal pronoun, e.g., 'one is' or 'it thinks' (Minkowski, 1927). Only rarely, we encounter self-reports that may be interpreted as being indicative of a quasi-complete obliteration of the formal aspect of the minimal self, where the very sense of being a *perspectival pole* is affected (see, e.g., Saks, 2007, p. 12f.). By contrast, the affective aspect of the minimal self, i.e. the automatic, pre-reflective sense of self-presence or self-familiarity is unstable and threatened in schizophrenia spectrum disorders, causing an incomplete saturation of the immanent life and resulting in a variety of experiential anomalies (incl. self-disorders). This failing of 'self-sensing of self' manifests itself as an unspecifiable 'lack' (*sentiment d'incomplétude* [cf. Janet, 1929]) or wavering of the normally unproblematic, tacit sense of 'I-me-myself'. A crucial aspect of the diminished self-presence is 'operative hyper-reflexivity', i.e. normally tacit and lived moments of the pre-reflective flow of consciousness may now pop-up into awareness as quasi-autonomous, alien or intrusive entities (Parnas & Sass, 2011, p. 537). Thus the 'incomplete' minimal self enables normally silent or anonymous regions to emerge with alien prominence within the very intimacy of one's own subjectivity—it is, as Ey puts it, 'a modification within the self' (1973, p. 417). The unreliability of the very sense of being a self-coinciding subject of awareness and action is closely associated, and most likely interdependent, with the disruptions of pre-reflective world-immersion or 'common sense'.

¹² A similar emphasis on affectivity as grounding ipseity is also present in Levinas (1979).

¹³ Henry (2008) understands immanence in the sense of a 'material' or hyletic substance (*matière phénoménologique*).

In our view, the immanence becomes *de-structured* in schizophrenia, (Ey, 1978), affecting its very limits and limitations, including the 'me-not-me' distinction. Normally, these limits or structures of the field of immanence are assured by the minimal self. The de-structuring of immanence distorts a smooth deployment of experience, the most conspicuous feature of which is perhaps the permeability of the self-other or self-world boundary manifest in experiences of transitivity (e.g., the patient may feel somehow transparent, without any barriers, 'radically exposed' [Henriksen, Škodlar, Sass, & Parnas, 2010] or 'as if' fusing with others or the surroundings). Most importantly in the present context, the failing of 'self-sensing of self' and the de-structuring of immanence seem to facilitate an articulation of *another presence* or radical alterity in the midst of the patient's sphere of oneness (Henriksen & Parnas, 2014). In our view, this disturbing openness to another presence within the very intimacy of one's own subjectivity is the *phenomenological core of primary psychotic experience* in schizophrenia and a crucial source of double bookkeeping. This alien presence often takes form of a projective 'Other' and a sense of a breakthrough into a hidden ontological domain. Through the patient's 'psychotic work', the sense of another presence may eventually materialize into a persecuting, influencing or hallucinatory Other,¹⁴ which continues to be felt as hyper-proximate, because it originates and remains linked to the de-structured immanence—a predicament that Rogozinski called 'a carnal tear, a crisis of the chiasm' (2010, p. 208).

It seems to us that the de-structured immanence is in a certain sense a variant of what the mystic strives to achieve through a series of willfully adopted behavioral and mental attitudes that gravitate around the efforts of self-effacement (effacement of the sense of self-presence) and detachment from the shared-social world. The *unio mystica* is, as we have seen, a state of structureless, boundless immanence, 'pure experience' or 'taking place of phenomenality'. The *unio mystica* entails some form of a sense of harmonious fusion or co-presence with the Absolute, and after the termination of the mystical state, the mystic recovers his mundane intentional consciousness with its structures and limitations.

In schizophrenia, however, this experiential process of de-structuring happens involuntarily and in a fragmented way, because both its origin and course are influenced by the enduring disorder of minimal self—this is also key to understanding the different effects and traces such experiences leave on the individual in mysticism and schizophrenia, respectively. Often, the de-structuring of immanence brings the patient experientially proximate to the noetic layer of pure experience or the taking place of presence—a layer that is normally hidden in ordinary conscious experience. Several authors (e.g., Tatossian, Kimura, and Nagai) have drawn attention to the fact that certain complaints of these patients indicate some degree of awareness of the noetic, constituting activity of consciousness.

6. Conclusion and implications

Our comparison of mystical states and certain central features of schizophrenia makes it very clear that we are dealing with very distinct conditions, which nonetheless exhibit some informative phenomenological analogies. Apart from our emphasis on the de-structuring of immanence as a precondition for the emergence of *unio mystica*, our comparison contributes only little to the study of mysticism. However, we believe that the explored analogies have important bearings on the issues of consciousness and schizophrenia. Overall, our study demonstrates that schizophrenic experience is measurable within the scope of *human* experience, which is to say that human beings have an intrinsic potential for such experiences and, moreover, that such experiences actually reveal essential structural features of human consciousness. This is not an attempt to romanticize a serious and often very painful, debilitating mental disorder. However, keeping this humane dimension in mind may assist the efforts to destigmatize the illness.

The nature of schizophrenia has always been a hotly disputed topic (Urfer-Parnas, Mortensen, & Parnas, 2010). The recent surge in phenomenological psychopathology re-emphasized the *spectrum* idea, i.e. a quasi-dimensional distribution of the illness phenotype, varying in intensity and gross clinical picture but sharing what classic psychiatrists called 'fundamental symptoms', e.g., schizophrenic autism (Bleuler, 1950; Henriksen et al., 2010; Parnas, 2011, 2012; Parnas & Jansson, 2015). Phenomenological studies of the last decades have rekindled the interest in the fundamental features of the schizophrenia spectrum disorders. These disorders affect the basic structures of consciousness such as self-hood (self-disorders), intentionality, and intersubjectivity (crisis of common sense) (Parnas & Bovet, 1991; Parnas, Bovet, & Zahavi, 2002; Salice & Henriksen, 2015; Sass & Parnas, 2003).

Our comparative study allows for a certain theoretical integration of the basic disorders of schizophrenia, a grasp of these features in conjunction and mutual dependencies. The study highlights the fact that self-effacement and world-epoché (as diminished self-presence and presence in the world) seem to operate as a structural alteration that makes the immanent life de-structured and vulnerable to the emergence of an intrusive radical alterity within the minimal self. The self-alienation may articulate itself as a sense of access to another, hidden ontological reality or as revelatory, primarily pathic-noetic delusional or hallucinatory experiences. For the patients, these experiences, lived in their spheres of oneness, present an indubitable impact of truth. From a therapeutic perspective, it is therefore a mistake to dismiss the patient's delusions as simple cognitive errors ('false beliefs') and his 'lack of insight' as simply a deficit of critical self-reflection (metacognition) or denial of illness. Moreover, on the basis of our study, an emerging therapeutic target consists in aiding the patient in balancing or negotiating an existence exposed to a double ontological orientation (double bookkeeping).

¹⁴ These psychotic symptoms can be seen to reflect radical experiences of being watched or listened to (delusions of being filmed or bugged), touched (delusions of external influence) or spoken to (auditory verbal hallucinations) in the innermost recesses of one's self.

Finally, it seems to us that the generative disorder of schizophrenia is to be sought in the altered organization of the basic structures of pre-reflective consciousness, which we have sought to elicit in this study. If this proposal were to be translated into an empirical research program, one would need to address the fundamental philosophical and neuroscientific questions concerning the nature of consciousness, its ontogenetic, developmental trajectory, and its pathological distortions in schizophrenia.

Although a review of neuroscientific studies concerning the self and mystical states is beyond the scope of this paper (but see Nelson, Whitford, Lavoie, & Sass [2014a, 2014b]), we will like to emphasize a relatively recent approach in the neurosciences, i.e. neuro-phenomenology (Petitot, Varela, Pachoud, & Roy, 2000). In brief, it is a scientific approach that attempts to investigate correlations between subjective experience and patterns of brain activity. For instance, a recent review of neuroimaging research in meditative states has pointed to a great variety of findings and methodologies across the studies. Although identifying important methodological shortcomings, this review seems to demonstrate correlations between meditation and brain structure, region, and function, respectively (Tang, Hölzel, & Posner, 2015). A recent meta-analysis of 78 functional neuroimaging studies of meditation found reliably dissociable patterns of brain activation and deactivation (Fox et al., 2016). In the spirit of neuro-phenomenology, Northoff has advocated ‘a shift from a content- or function-based concept of self to a process-based view of the self’ (Northoff, Qin, & Feinberg, 2011, p. 55). More specifically, ‘The process that establishes a relation between the organism and a stimulus is called *self-related processing*. It is distinguished from its cognitive counterpart, *self-referential processing*, that takes the contents be they bodily, mental or autobiographical as given (and pre-existing)’ (Northoff et al., 2011, p. 55). Thus, self-related processing is the most basic activity from which object and subject articulate themselves. Obviously, studying this level of brain activity is most adequately addressed during the brain resting state and therefore may offer a promising neural correlate to self-disorders: ‘In the same way that the basic disturbance of the self is present everywhere and affects all its various functions, the resting state, metaphorically speaking, “has its hands” in all kinds of neural processing related to different stimuli, tasks, and their respectively associated functions. In short, schizophrenia may be characterized by an overall presence of the “basic disturbance of the self”’ (Northoff, 2014, p. 395).

Conflict of interest statement

The authors declare no conflicts of interest.

Acknowledgement

MGH was funded in part by the Carlsberg Foundation (grant no. 2012010195).

References

- Aggemaes, A. (1972). The experienced reality of hallucinations and other psychological phenomena. An empirical analysis. *Acta Psychiatrica Scandinavica*, 48, 220–238.
- Bagger, M. (2007). *The uses of paradox. Religion, self-transformation, and the absurd*. New York: Columbia University Press.
- Bergson, H. (1908). *Essai sur les données immédiates de la conscience*. Paris: Librairies Félix Alcan et Guillaumin.
- Bertolini, S. (2014). The forces of the cosmos before genesis and before life: Some remarks on Eugen Fink’s philosophy of the world. *Analesecta Husserliana*, 116, 37–46.
- Blankenburg, W. (1965). Zur Differentialphänomenologie der Wahnwahrnehmung. *Nervenarzt*, 36, 285–298.
- Blankenburg, W. (1971). *Der Verlust der natürlichen Selbstverständlichkeit. Ein Beitrag zur Psychopathologie symptomarmer Schizophrenien*. Stuttgart: Enke.
- Blankenburg, W. (2001). First steps toward a psychopathology of ‘common sense’ (A. L. Mishara, Trans.). *Philosophy, Psychiatry, and Psychology*, 8, 303–315.
- Bleuler, E. (1950). *Dementia praecox or the group of schizophrenias* (J. Zinkin & N. D. C. Lewis, Trans.). New York: International University Press.
- Bovet, P., & Parnas, J. (1993). Schizophrenic delusions: A phenomenological approach. *Schizophrenia Bulletin*, 19, 579–597.
- Buckley, P. (1981). Mystical experience and schizophrenia. *Schizophrenia Bulletin*, 7, 516–521.
- Burch, G. B. (1960). Respect for things. *Aryan Path*, 31, 484–487.
- Caputo, J. D. (1990). *The mystical element in Heidegger’s thought*. New York: Fordham University Press.
- Carter, R. E. (2013). *The Kyoto school. An introduction*. Albany, NY: SUNY Press.
- Cermolacce, M., Naudin, J., & Parnas, J. (2007). The ‘minimal self’ in psychopathology: Re-examining the self-disorders in the schizophrenia spectrum. *Consciousness and Cognition*, 16, 703–714.
- Cermolacce, M., Sass, L. A., & Parnas, J. (2010). What is bizarre in bizarre delusion? A critical review. *Schizophrenia Bulletin*, 36, 667–697.
- Charbonneau, G. (2004). Introduction à la phénoménologie des hallucinations. In G. Charbonneau (Ed.), *Introduction à la phénoménologie des hallucinations* (pp. 17–42). Paris: Circle Hermeneutique.
- Conrad, K. (2002). *Die beginnende Schizophrenie. Versuch einer Gestaltanalyse des Wahns*. Bonn: Edition Das Narrenschiff im Psychiatrie-Verlag.
- Deikman, A. J. (1971). Bimodal consciousness. *Archives of General Psychiatry*, 25, 481–489.
- Depraz, N. (2001). En quête d’une métaphysique phénoménologique: La référence henryenne à Maître Eckhart. In A. David & J. Greisch (Eds.), *Michel Henry, L’Épreuve de la Vie* (pp. 255–280). Paris, France: Les Éditions Cerf.
- Eckhart, M. (2009). *The complete mystical works of Meister Eckhart* (M. O’C. Walshe, Trans.). New York: Crossroad Publishing.
- Ey, H. (1973). *Traite des hallucinations, Tome I et II*. Paris: Masson.
- Ey, H. (1978). *Consciousness: A phenomenological study of being conscious and becoming conscious* (J. H. Flodstrom, Trans.). Bloomington; London: Indiana University Press.
- Fasching, W. (2008). Consciousness, self-consciousness, and meditation. *Phenomenology and the Cognitive Sciences*, 7, 463–483.
- Fink, E. (1995). *Sixth Cartesian meditation*. Bloomington: Indiana University Press.
- Forman, R. K. C. (Ed.). (1990). *The problem of pure consciousness: Mysticism and schizophrenia*. New York: Oxford University Press.
- Fox, K. C. R., Dixon, M. L., Nijeboer, S., Girm, M., Floman, J. L., Lifshitz, M., ... Christoff, K. (2016). Functional neuroanatomy of meditation: A review and meta-analysis of 78 functional neuroimaging investigations. *Neuroscience and Biobehavioral Reviews*, 65, 208–228.
- Gennart, M. (2011). *Corporéité et présence. Jalons pour une approche du corps dans la psychose*. Argenteuil: Le Cercle Hermeneutique.

- Giudicelli, S. (1990). La question de la subjectivité dans le champ psychiatrique. In S. Giudicelli & G. Lanteri-Lausa (Eds.), *Sujet et Subjectivité. Questions philosophiques, Questions psychopathologiques* (pp. 9–24). Toulouse: Éditions Érès.
- Gouzoulis-Mayfrank, E., Habermeyer, E., Hermle, L., Steinmeyer, A., Kunert, H., & Sass, H. (1998). Hallucinogenic drug induced states resemble acute endogenous psychoses: Results of an empirical study. *European Psychiatry*, *13*, 399–406.
- Griffoni, T. (2014). *Atmospheres: Aesthetics of emotional spaces* (S. Sanctis, Trans.). Farnham: Ashgate.
- Hart, J. G. (2009). *Who one is. Book 1. Meontology of the T: A transcendental phenomenology*. Berlin: Springer.
- Haug, E., Lien, L., Raballo, A., Bratlien, U., Øie, M., Andreassen, O. A., ... Møller, P. (2012). Selective aggregation of self-disorders in first-treatment DSM-IV schizophrenia spectrum disorders. *Journal of Nervous and Mental Disease*, *200*, 632–636.
- Hegel, G. W. F. (1998). *Phenomenology of spirit* (A. V. Miller, Trans.). Delhi: Motilal Banarsidass Publishers.
- Heidegger, M. (1957). *Der Satz vom Grund*. Pfullingen: Verlag Günter Neske.
- Heidegger, M. (2007). *Being and time* (J. Macquarrie & E. Robinson, Trans.). Oxford: Blackwell.
- Henriksen, M. G., & Nordgaard, J. (2014). Schizophrenia as a disorder of the self. *Journal of Psychopathology*, *20*, 435–441.
- Henriksen, M. G., & Nordgaard, J. (2016). Self-disorders in Schizophrenia. In G. Stanghellini & M. Aragona (Eds.), *An experiential approach to psychopathology. What is it like to suffer from mental disorders*. New York: Springer.
- Henriksen, M. G., & Parnas, J. (2012). Clinical manifestations of self-disorders and the Gestalt of schizophrenia. *Schizophrenia Bulletin*, *38*, 657–660.
- Henriksen, M. G., & Parnas, J. (2014). Self-disorders and schizophrenia: A phenomenological reappraisal of poor insight and noncompliance. *Schizophrenia Bulletin*, *40*, 542–547.
- Henriksen, M. G., Raballo, A., & Parnas, J. (2015). The pathogenesis of auditory verbal hallucinations in schizophrenia: A clinical-phenomenological account. *Philosophy, Psychiatry, & Psychology*, *22*, 165–181.
- Henriksen, M. G., Škodlar, B., Sass, L. A., & Parnas, J. (2010). Autism and perplexity: A qualitative and theoretical study of basic subjective experiences in schizophrenia. *Psychopathology*, *43*, 357–368.
- Henry, M. (1973). *The essence of manifestation* (G. Etzkorn, Trans.). The Hague: Martinus Nijhoff.
- Henry, M. (1975). *Philosophy and phenomenology of the body* (G. Etzkorn, Trans.). The Hague: Martinus Nijhoff.
- Henry, M. (2008). *Material phenomenology* (S. Davidson, Trans.). New York: Fordham University Press.
- Henry, M. (2009). *Seeing the invisible* (S. Davidson, Trans.). London: Continuum.
- Hunt, H. T. (2003). *Lives in spirit. Precursors and dilemmas of a secular western mysticism*. New York: State University of New York Press.
- Hunt, H. T. (2006). The truth value of mystical experience. *Journal of Consciousness Studies*, *13*, 5–43.
- Husserl, E. (1973). *Experience and judgment* (J. S. Churchill & K. Ameriks, Trans.). London: Routledge.
- James, W. (2013). *Varieties of religious experience*. Newburyport: Dover Publications.
- Janet, P. (1929). *De l'angoisse à l'extase*. Paris: Felix Alcan.
- Janzen, G. (2008). *The reflexive nature of consciousness*. Amsterdam: John Benjamins.
- Jaspers, K. (1997). *General psychopathology* (J. Hoening & M. W. Hamilton, Trans.). London: Johns Hopkins University Press.
- Kierkegaard, S. (1992). *Concluding unscientific postscript to philosophical fragments* (H. V. Hong & E. H. Hong, Trans.). New Jersey: Princeton University Press.
- Kierkegaard, S. (1998). *The moment and late writings* (H. V. Hong & E. H. Hong, Trans.). New Jersey: Princeton University Press.
- Kimura, B. (2001). Cogito and I: A bio-logical approach. *Philosophy, Psychiatry, & Psychology*, *8*, 331–336.
- Klawonn, E. (1991). *Jeg'ets Ontologi. En Afhandling om Subjektivitet, Bevidsthed og Personlig Identitet*. Odense: Odense Universitetsforlag.
- Krueger, J. W. (2006). The varieties of pure experience: William James and Kitaro Nishida on consciousness and embodiment. *William James Studies*, *1*, 1–37.
- Lacoste, J.-Y. (2004). *Experience and the absolute. Disputed questions on the humanity of man* (M. Raftery-Skehan, Trans.). New York: Fordham University Press.
- Levinas, E. (1979). *Totality and infinity* (A. Lingis, Trans.). Pittsburgh: Martinus Nijhoff Publishers and Duquesne University Press.
- Levinas, E. (1991). *Otherwise than being or beyond essence* (A. Lingis, Trans.). Dordrecht: Kluwer Academic Publishers.
- Marion, J.-L. (1991). *Dieu sans l'être*. Paris: PUF.
- Merleau-Ponty, M. (2002). *Phenomenology of perception*. London: Routledge.
- Minkowski, E. (1927). *La Schizophrénie. Psychopathologie des Schizoïdes et des Schizophrènes*. Paris: Payot.
- Minkowski, E. (1933). *Le temps vécu, études phénoménologiques et psychopathologiques*. Paris: Collection de l'évolution psychiatrique.
- Morgan, B. (2013). *On becoming god. Late medieval mysticism and the modern western self*. New York: Fordham University Press.
- Müller-Suur, H. (1950). Das Gewissheitsbewusstsein beim schizophrenen und beim paranoischen Verhalten. *Fortschritte der Neurologie, Psychiatrie, und ihrer Grenzgebiete*, *18*, 44–51.
- Müller-Suur, H. (1962). Das Schizophrene als Ereignis. In H. Kranz (Ed.), *Psychopathologie Heute* (pp. 81–93). Stuttgart: Georg Thieme Verlag.
- Møller, P., & Husby, R. (2000). The initial prodrome in schizophrenia: Searching for naturalistic core dimensions of experience and behavior. *Schizophrenia Bulletin*, *26*, 217–232.
- Nagai, M. (1991). *Naisei no kôzô: Seishin byôrigakuteki kôzatsu*. Iwanami Shoten.
- Nelson, B., Parnas, J., & Sass, L. A. (2014). Disturbance of minimal self (ipseity) in schizophrenia: Clarification and current status. *Schizophrenia Bulletin*, *40*, 479–482.
- Nelson, B., & Sass, L. A. (2008). The phenomenology of the psychotic break and Huxley's trip: Substance use and the onset of psychosis. *Psychopathology*, *41*, 346–355.
- Nelson, B., Thompson, A., & Yung, A. R. (2012). Basic self-disturbance predicts psychosis onset in the ultra high risk for psychosis 'prodromal' population. *Schizophrenia Bulletin*, *38*, 1277–1287.
- Nelson, B., Whitford, T. J., Lavoie, S., & Sass, L. A. (2014a). What are the neurocognitive correlates of basic self-disturbance in schizophrenia? Integrating phenomenology and neurocognition. Part 1 (Source monitoring deficits). *Schizophrenia Research*, *152*, 12–19.
- Nelson, B., Whitford, T. J., Lavoie, S., & Sass, L. A. (2014b). What are the neurocognitive correlates of basic self-disturbance in schizophrenia? Integrating phenomenology and neurocognition: Part 2 (aberrant salience). *Schizophrenia Research*, *152*, 20–27.
- Nishida, K. (1990). *An inquiry into the good* (A. Masao & C. Ives, Trans.). New Haven: Yale University Press.
- Nordgaard, J., & Parnas, J. (2014). Self-disorders and schizophrenia spectrum: A study of 100 first hospital admissions. *Schizophrenia Bulletin*, *40*, 1300–1307.
- Northoff, G. (2014). *Unlocking the brain. Consciousness* (Vol. 2). New York: Oxford University Press.
- Northoff, G., Qin, P., & Feinberg, T. E. (2011). Brain imaging of the self – Conceptual, anatomical and methodological issues. *Consciousness and Cognition*, *20*, 52–63.
- Olin, S. C., Mednick, S. A., Cannon, T., Jacobsen, B., Parnas, J., Schulsinger, F., & Schulsinger, H. (1998). School teacher ratings predictive of psychiatric outcome 25 years later. *British Journal of Psychiatry Supplement*, *172*, 7–13.
- Overgaard, S. (2015). How to do things with brackets: The epoché explained. *Continental Philosophy Review*, *48*, 179–195.
- Oxman, T. E., Rosenberg, S. D., Schnurr, P. P., Tucker, G. J., & Gala, G. (1988). The language of altered states. *Journal of Nervous Mental Disease*, *176*, 401–408.
- Parnas, J. (2004). Belief and pathology of self-awareness: A phenomenological contribution to the classification of delusions. *Journal of Consciousness Studies*, *11*, 148–161.
- Parnas, J. (2007). Subjectivity in schizophrenia: The minimal self is too small. In A. Grøn, I. Damgaard, & S. Overgaard (Eds.), *Subjectivity and transcendence* (pp. 55–70). Tübingen: Mohr Siebeck.
- Parnas, J. (2011). A disappearing heritage: The clinical core of schizophrenia. *Schizophrenia Bulletin*, *37*, 1121–1130.
- Parnas, J. (2012). The core Gestalt of schizophrenia. *World Psychiatry*, *11*, 67–69.
- Parnas, J., & Bovet, P. (1991). Autism in schizophrenia revisited. *Comprehensive Psychiatry*, *32*, 7–21.
- Parnas, J., Bovet, P., & Zahavi, D. (2002). Schizophrenic autism: Clinical phenomenology and pathogenetic implications. *World Psychiatry*, *1*, 131–136.
- Parnas, J., Carter, J., & Nordgaard, J. (2016). Premorbid self-disorders and lifetime diagnosis in the schizophrenia spectrum: A prospective high-risk study. *Early Intervention in Psychiatry*, *10*, 45–53.

- Parnas, J., & Handest, P. (2003). Phenomenology of anomalous experiences in early schizophrenia. *Comprehensive Psychiatry*, 44, 121–134.
- Parnas, J., Handest, P., Jansson, L., & Saebye, D. (2005). Anomalous subjective experience among first-admitted schizophrenia spectrum patients: Empirical investigation. *Psychopathology*, 38, 259–267.
- Parnas, J., Handest, P., Saebye, D., & Jansson, L. (2003). Anomalies of subjective experience in schizophrenia and psychotic bipolar illness. *Acta Psychiatrica Scandinavica*, 108, 126–133.
- Parnas, J., & Jansson, L. B. (2015). Self-disorders: Clinical and conceptual implications for the diagnostic concept of schizophrenia. *Psychopathology*, 48, 332–338.
- Parnas, J., & Jørgensen, A. (1989). Premorbid psychopathology in schizophrenia spectrum. *British Journal of Psychiatry*, 155, 623–627.
- Parnas, J., & Henriksen, M. G. (2014). Disordered self in the schizophrenia spectrum: A clinical and research perspective. *Harvard Review of Psychiatry*, 22, 251–265.
- Parnas, J., Møller, P., Kircher, T., Thalbitzer, J., Jansson, L., Handest, P., & Zahavi, D. (2005). EASE: Examination of anomalous self-experience. *Psychopathology*, 38, 236–258.
- Parnas, J., Raballo, A., Handest, P., Jansson, L., Vollmer-Larsen, A., & Saebye, D. (2011). Self-experience in the early phases of schizophrenia: 5-year Follow-up of the Copenhagen Prodromal Study. *World Psychiatry*, 10, 200–204.
- Parnas, J., & Sass, L. A. (2011). The structure of self-consciousness in schizophrenia. In S. Gallagher (Ed.), *The Oxford handbook of the self* (pp. 521–546). Oxford: Oxford University Press.
- Parnas, J., Schulsinger, F., Schulsinger, H., Mednick, S. A., & Teasdale, T. W. (1982). Behavioral precursors of schizophrenia spectrum: A prospective study. *Archives of General Psychiatry*, 396, 658–664.
- Parsons, W. B. (1999). *The enigma of the oceanic feeling. Revisioning the psychoanalytic theory of mysticism*. New York: Oxford University Press.
- Petitot, J., Varela, F. J., Pachoud, B., & Roy, J.-M. (2000). *Naturalizing phenomenology. Issues in contemporary phenomenology and cognitive science*. Stanford, Calif.: Stanford University Press.
- Pinel, P. (1806). *A treatise on insanity* (D. D. Davids, Trans.). Sheffield: W. Todd.
- Podvoll, E. M. (1979). Psychosis and the mystic path. *Psychoanalytic Review*, 66, 571–590.
- Raballo, A., & Parnas, J. (2012). Examination of anomalous self-experience: Initial study of the structure of self-disorders in schizophrenia spectrum. *Journal of Nervous and Mental Disease*, 200, 577–583.
- Ratcliffe, M. (2012). Phenomenology as a form of empathy. *Inquiry*, 55, 473–495.
- Rogozinski, J. (2010). *The ego and the flesh. An introduction to egoanalysis* (R. Vallier, Trans.). Stanford, California: Stanford University Press.
- Saarinén, J. A. (2014). The oceanic feeling. A case study in existential feeling. *Journal of Consciousness Studies*, 21, 196–217.
- Saks, E. R. (2007). *The center cannot hold*. New York: Hyperion.
- Salice, A., & Henriksen, M. G. (2015). The disrupted 'we': Schizophrenia and collective intentionality. *Journal of Consciousness Studies*, 22, 145–171.
- Sass, L. A. (1992). *Madness and modernism. Insanity in the light of modern art, literature, and thought*. Harvard: Harvard University Press.
- Sass, L. A. (1994). *Paradoxes of delusion: Wittgenstein, Schreber, and the schizophrenic mind*. Ithaca, NY: Cornell.
- Sass, L. A., & Parnas, J. (2003). Schizophrenia, consciousness, and the self. *Schizophrenia Bulletin*, 29, 427–444.
- Schneider, K. (1950). *Klinische psychopathologie*. Stuttgart: Georg Thieme Verlag.
- Schreber, D. P. (2000). *Memoirs of my nervous illness* (I. Macalpine & R. A. Hunter, Trans.). New York: New York Review of Books.
- Schürmann, R. (2001). *Wandering joy. Meister Eckhart's mystical philosophy*. Great Barrington, MA: Lindisfarne Books.
- Sechehaye, M. (1951). *Autobiography of a schizophrenic girl* (G. Rubin-Rabson, Trans.). New York: Grune & Stratton.
- Škodlar, B., & Ciglenečki, J. (2015). Psychose als mißglücktes Abenteuer. Mystische Erfahrungen und ihr psychotherapeutisches Potential. In S. Grätzel & J. E. Schlimme (Eds.), *Psycho-logik 10. Abenteuer und Selbstsorge* (pp. 154–169). Freiburg/München: Verlag Karl Albe.
- Škodlar, B., Henriksen, M. G., Sass, L. A., Nelson, B., & Parnas, J. (2013). Cognitive-behavioral therapy for schizophrenia: A critical evaluation of its theoretical framework from a clinical-phenomenological perspective. *Psychopathology*, 46, 249–265.
- Stace, W. T. (1960). *Mysticism and philosophy*. London: MacMillan.
- Steinbock, A. J. (2007). *Phenomenology and mysticism*. Bloomington, IN: Indiana University Press.
- Straus, E. (1935). *Vom Sinn der Sinne. Ein Beitrag zur Grundlegung der Psychologie*. Berlin: Julius Springer.
- Tang, Y.-Y., Hölzel, B. K., & Posner, M. I. (2015). The neuroscience of mindfulness meditation. *Nature Reviews Neuroscience*, 16, 213–225.
- Tatossian, A. (1978). *La phénoménologie des psychoses*. Paris: Masson.
- Tatossian, A. (2014). *Psychiatrie phénoménologique*. Paris: MJW Édition.
- Tyrka, A. R., Cannon, T. D., Haslam, N., Mednick, S. A., Schulsinger, F., Schulsinger, H., & Parnas, J. (1995). The latent structure of schizotypy: I. Premorbid indicators of a taxon of individuals at risk for schizophrenia-spectrum disorders. *Journal of Abnormal Psychology*, 104, 173–183.
- Urfer-Parnas, A., Mortensen, E. L., & Parnas, J. (2010). Core of schizophrenia: Estrangement, dementia or neurocognitive disorder? *Psychopathology*, 43, 300–311.
- Zahavi, D. (2005). *Subjectivity and selfhood. Investigating the first-person perspective*. Cambridge, MA: MIT Press.
- Zahavi, D. (2014). *Self and other. Exploring subjectivity, empathy, and shame*. Oxford: Oxford University Press.