

## SELFHOOD AT THE FRAGILE BORDER OF (AB)NORMALITY

ATTILA KOVÁCS\*

**ABSTRACT.** *Selfhood at the Fragile Border of (Ab)normality.* We will attempt to briefly examine the phenomenological aspects of the ontic and ontological appearance of normal selfhood and psychopathological manifestations. Behind the psychological, anthropological or hermeneutical and cultural philosophical concepts relating selfhood one can discover the phenomenal character of the appearance of our identity within the domain of experience. Furthermore, towards the end of our study, we will employ specific phenomenological concepts, which we try to apply to different psychopathological manifestations. Our goal is to present a paradigm shift pertaining to the interpretation of abnormality and especially schizophrenia, which is made possible precisely by the phenomenological approach presented above.

**Keywords:** *estrangement; normality/abnormality; phenomenology; selfhood; schizophrenia*

The exploration of the wider philosophical duality of normality/abnormality involves ethical, axiological, and even praxeological debates, the analysis of which does not belong to the scope of this essay. However, psychic normality and abnormality represent two fundamental modes of being of our ego. Thus, we will attempt to briefly examine the phenomenological aspects of the ontic and ontological appearance of normal selfhood and psychopathological manifestations.<sup>1</sup>

### 1. The Foucauldian theory of normality

Contemporary philosophy is as indebted to Michel Foucault and his sociographical and historical account of illness, asylums, and the pathological, along with their social representations, as contemporary psychoanalysis has the obligation to remember

---

\* *Universitatea Transilvania Brasov, Molidului 43, Sacele, 505600, kovattila@yahoo.com*

<sup>1</sup> In a world of the intense discussion of normality, in which health, convention, and harmonious togetherness obsessively recur from professional medical treatises to the pages of the tabloids, the topic of our essay is as actual as can be. Our selfhood, which constitutes itself in the sense of normality, implies problems that are also interesting from a metaphysical point of view, since the representation of the world is also dependent upon mental hygiene.

its founder, Sigmund Freud. Foucault defines mental disorder in the following way: in the early stages of western civilization, illness was viewed as a specific entity and an autonomous reality; however, in the modern age, it will acquire meaning in the context of the general behaviour and the dominant cultural perception related to the individual, and should be interpreted only in the context of these specific individual biographical narratives.

The Foucauldian theory of normality relativizes the once fixed concept of the pathological, which has erected rigid and atemporal boundaries between normality and abnormality. Foucault calls attention to the historical aspects of illness through detailing the historicity of the clinics and the power relationships between doctors and their patients; beyond its characteristics which manifest themselves through the symptoms, mental illness cannot be treated as an autonomous entity inserted between the sanity and the absolute abnormality of the individual – instead, it counts as an abstract phenomenon which forms an organic part of individual life.

Through his sociological and historical mapping of abnormality, Foucault has definitively suspended the modern, rigid and exclusivist, concept of normality. While at the rudimentary stage of medical science, in Descartes' times, it seemed logical to radically contrast mental illness with the logic of the exact sciences, the psychopathological experiences of the 18<sup>th</sup> and 19<sup>th</sup> century have once and for all shaken the faith according to which normality would explicitly depend upon logicity, systematic and structured thought, and the almost mechanical control of emotions. The selfhood of late modernity does not think and feel anymore according to the exclusive categories of "normal" and "abnormal".

The mental state of this uncertain selfhood could also be called – somewhat metaphorically – the mirror image of a self-consciousness which has lost its optimistic naiveté, has a hybrid character and is constantly changing according to the different challenges it is facing, manifesting the symptoms of schizophrenia even in spite of its spectacular consistency and control, and is variously interpreted and re-interpreted. It has become rather outdated to relate the normality of our contemporary identity to some clinically established and abstract standards of normality. In the vortex of our flow of consciousness, our experiences structured according to the rhythm of our everyday life determine the standards of normality that are relevant to us.

According to the traditional approach to abnormality, illness represents an internal distortion of the personality, a system loss of the components, and the gradual change of their alteration can only be maintained within a structured self. The great psychopathological categories of the turn of the century (psychoses, neuroses, schizoid symptoms) are discussed within the framework of the dysfunctional character of a supposedly unified personality. The more rigorously we adhere to the conception of the unity of human nature, the more difficult it is to integrate in it the specifics of illness, and the greater the role of the specific attitude of the person who goes through

the experience. The position of the clinically diagnosed illness is taken by the consciously considered existential experience of the suffering subject, interpreted under the pressure of the personal experience. Furthermore, we can observe interesting associations between the clinical treatment, the ill individual, and his environment: during the last century, medical science witnessed the blurring of boundaries between normality and the pathological; it realized that the established diagnoses do not constitute unequivocally abnormal syndromes. They rather represent and depict isolated manifestations of normal mechanisms, which are difficult to categorize, and influence the specific adaptation of the organism to its environment.

No illness can be discussed separately from the dominant diagnoses, methods of isolation, and therapeutic interventions that are characteristic for that time.<sup>2</sup> In his work dedicated to the psychology of mental illness, Foucault wants to free the problem of mental pathology from the postulates of the former universalizing “meta-pathologies”, and thus establishes an image of man which can be interpreted somewhat differently from the suffering one and the categories of normality. The artificial unity of the “meta-pathologies” – established between the different categories of illness – is eliminated by the historical experiences that have become irrelevant. The essential consequence of this loss of credibility is that we can remedy the case of the suffering individual only at the expense of accepting the authenticity of his existence, in the context of which we try to interpret mental dysfunctions. Ultimately, normality is the semantic function of personal biographical narratives.

The categorisation system of the phenomenology of illness cannot be reduced to a few explanatory principles or superficial discussion. Rather, it has to be related to the historical fate of modern man, since it represents an organic part of the fate-altering event of the *homo psychologicus* in general. This is the only way in which the psychological discussion of historically processed abnormality can be revealed.

In this sense, the standard of the normality of selfhood lies within the quite impersonal, extra-individual social and historical context. Foucault approaches these ideas through the clarification of two issues:

- he explores the mental dimensions of insanity;
- he treats psychopathology as a fact of civilization.

## **2. Pathology and the experience of reality**

In the world of ill ego, boundaries structure themselves differently and there are other psychological laws at play. However, these are incommunicable because of the personal character of psychological experiences, discussed in association with

---

<sup>2</sup> See Foucault’s relevant analysis in Foucault, *Boala mentală și psihologia*, 17ff.

the problem of consciousness, and thus, the existential experiences of pathological selfhood can only be guessed at. Although difficult to discuss, these confront us with the extreme borders of the representation of the conscious ego.

The insane person<sup>3</sup> is never completely separated from the real world. He or she lives within the real world and experiences its boundaries constantly, relying in a certain measure on their objectivity. Nonetheless, his psychological integrity is constantly endangered by the chaotic experience that bursts the limits of the faith of common sense, and usually confronts him with an imaginary world which is impossible to control and manifests itself as a deceptive reality during the altered state of consciousness. In this state, it would be absurd to expect objective answers to questions such as “who am I?” and “what kind of world do I inhabit”?

The mentally ill person is willing to admit his/her opposition to the external world, but under the effect of the hallucinations is always willing to ask other persons whether they also sense the same stimuli. It is difficult for him to accept that he is the sole perceiver of the unreal stimuli, which he finally turns into basic components of his imaginary world, and with his faith invested in their doubtless objectivity he is capable of calling into question the validity of the criticism directed at them, qualifying as hostile some of the sceptical and benevolent approaches. In other cases, on the contrary, he accepts the external opinions with childish naiveté and becomes dependent upon their truth.

The mental struggle with reality often leads to an uncertainty of the boundaries of the world and existential cues, to the orientation of the suffering individual toward his imaginary world and, as a result, to a living environment that is mentally structured according to the strictly personal imaginary world and in a solipsistic manner. The suffering consciousness, which subjectivizes in this way, entertains a special relationship with its illness. As an existential situation related to health, any illness carries within itself a specific awareness of the disease. According to the psychiatrists and social scientists who study schizophrenic states, in the final stages of schizophrenia, patients are virtually captive of their subjective world. They view the once familiar world, which they left behind during the process of mental disintegration, as a far removed and hidden reality. Their dream world is superimposed upon the empirical sphere, and the consciousness of illness is moved into the foreground, as in the permanent state of the illness the undeniable certainty of the troublesome

---

<sup>3</sup> We have to refrain from attributing any negative, depreciative or pejorative connotation to this concept, because in its quality of a psychic reality which functions within the individual life it has an equivalent ontological relevance to normal psychological constitution. From the perspective of the phenomenology of illness, madness is “merely” another *mode of existence*, carrying existential experiences of a different kind and a particular way of experiencing being.

state can become the source of heightened suffering through its consciousness. As Foucault puts it, “the morbid world is never an absolute in which all reference to the normal is suppressed; on the contrary, the sick consciousness is always developed with, for itself, a double reference, either to the normal and the pathological, or to the familiar and strange, or to the particular and the universal, or to the waking and dream consciousness.”<sup>4</sup>

Before turning to the phenomenology of the ill consciousness, let us briefly examine the problems of the mental projection of the illness and its cultural and social experience. Beyond the consciousness of its own state, the ill consciousness also holds a certain representation of its personal, ill world. In his studies concerning schizophrenic states, E. Minkowski has found out that the joyful space is obscured within the opaque space, since the menacing proximity of terror pushes into the background the categories of normality, which appear seldom and almost at random. The space and time of the schizophrenic appears as the medium of limitless possibility. The coherent life world, which provides orientation, does not exist anymore.

As far as the space of the schizophrenic is concerned, we can hardly speak of measurable distances, since the mentally ill person places imaginary events and sounds at random points of space, without any particular logic. Space loses its coherence, and physical objects can be found virtually anywhere; physical structuring principles are replaced by the fantastic reality of the mentally ill person, which is illusory and prone to manipulating things. In other cases, space becomes insular and rigid. The things found in it lose their functionality, their “readiness-to-hand”, since the orientation based on mutually recognized semantic cues is eliminated. The semantic, physical degradation of the physical world also involves the destructuring of the normativity of the social sphere.

In the future, anything is possible; that which borders on the phantastic from the viewpoint of common logic, becomes natural, close to oneself, and even desirable within the world of the mentally ill person. Time is not projected, it does not flow, and it loses its continuity based on the units of past, present, and future; the past is a compressed medium of excruciating memories, and the future is hopeless and without perspective. It is a victim of the expanding and assimilating tendency of the morbid past.

There are few people who can imagine that we can also find the intuitive and speculative approach toward schizophrenic experiences many years prior to the clinical diagnosis of this state as an illness. E.g. L. Binswanger points out the particular kind of incoherence of our temporal experiences that are lived through as a Heraclitean

---

<sup>4</sup> Foucault, *Mental Illness and Psychology*, 50.

flow.<sup>5</sup> Even in the case of normal thought, we can find a certain inclination toward self-enclosing, which especially in introspective moments leads to the circular self-structuring of consciousness, unsettling the coherence of our self-consciousness. The continuity of the ego can become the victim of a dangerously widening egocentrism, which projects our selfhood that has been removed from the temporal continuum into a temporal medium that is alien to measurable time. In this context, it is worth to consider the time and self-constituting effect of mystical experiences, which can be considered even as mental illness from a rigorously clinical perspective.

### 3. The self-image of the schizophrenic individual in our schizoid culture

The temporality of the schizophrenic is essentially unaware of a peaceful present, endowed with any extension.<sup>6</sup> The unstructured experience of temporality does not know any present. Time, as it is experienced, is the victim of the chaotic experiences that are impossible to structure from a logical perspective. Ludwig Binswanger uses the term “*Ideenflucht*” for the generation of the chaos of temporality by manic experiences. The segmented experience of time is incapable of constructing a healthy relationship with the past and the future, it closes into itself and is focused upon the given moments, proceeds either through leaps or by repetition. We can notice the “slip of ideas” in the foreground of the unstructured experience of temporality, which reaches its apex in uncontrolled repetitions and contradictory and absurd associations. The segmented temporality of the schizophrenic person is unforeseeable and unfolds in the terrible proximity of the menace of physical annihilation; it is divided between the disintegrating temporality of anxiety and the experiences of madness, devoid of any content, ecstatic, and open themselves up toward eternity.<sup>7</sup>

From a certain perspective, it is a conceptual contradiction to speak of schizophrenic consciousness. It is the *ego* that is in the schizophrenic state, but the unified human existence ceases to exist. In the case of the melancholic, mystical experiences, the situation is just the opposite: the depressing certainty of the *ego* is absorbed in Being. In the case heightened affective experiences, the suspended

---

<sup>5</sup> Binswanger, *L'appréhension heraklitéenne de l'homme*.

<sup>6</sup> The quality of the schizophrenic experience of being is debatable. The scholarly literature lacks a unanimous conception. While clinical interpretations deny the possibility of the experience of the present in the case of the sick consciousness, the descriptions which use the attribute “schizophrenic” for our postmodern culture state that the selfhood subjected to consumer society lives in a perpetual present. For additional details, see my research report entitled *The Reinterpretation of an Ontological Relationship*.

<sup>7</sup> Binswanger, *Der Fall Jurg Zund*, *Schweizer Archiv f. Neur.*

consciousness of the self is associated with a fortunate loss of ego, which can occasionally verge on the border of self-knowledge. However, since the subject is threatened by a veritable loss of existence, the sick consciousness cannot “take possession of itself” in a durable manner. The mentally ill person becomes an ontologically emptied out, rigid subject, and sinks into his own uncontrollable subjectivism with his dissolved ego. He lives through very vividly the moral and existential crisis stemming from his internal disunion, which he considers to represent a punishment of fate, and senses that he is incapable to leave behind the temporality of the painful experiencing of existence.

At certain points, the schizophrenic state which closes upon itself shows formal kinship with the existential experiences of the solipsistic metaphysician. Both are characterized by the heightened individual experience of reality. The main difference is that the solipsistic thinker consciously assumes the thesis “I absolutely exist, and the world ceases with me” (which is sometimes a mere working hypothesis), in order to prove a more encompassing concept, while the ego-centredness of the sick consciousness is the result of a cognitive privation and can never represent a philosophical attitude, although it can be evaluated philosophically in certain respects.

It is almost impossible to paint a coherent picture of the psychological profile of a schizophrenic. The raising of incoherent, changing, and chaotic experiences that have opposing contents, at the level of irrefutable ideas leads to a syndrome that we could also use to characterize certain cultural manifestations. No wonder that theorists who have dealt with schizophrenic experiences in an encompassing manner noticed the immanent character of this illness as related to the concreteness of things within the world. To put it more simply: the encompassing analysis of schizophrenia also entails the axiological, cultural-critical, and phenomenological analysis of our current cultural state.

It would be absurd to put forward the hypothesis according to which the sick consciousness intentionally structures and categorizes its life world while it projects its schizophrenic representational world, in which it is imprisoned. At the same time, it would also be wrong to assume that the state of the schizophrenic is a consciously undertaken mode of existence in order to escape the constraining conditions of the external world. This state becomes dominant when the individual stands against his own ego as a stranger. A remark from Heidegger’s *Question Concerning Technology* also reflects a typical cultural assessment of the regrettable schizophrenia of our society: “precisely nowhere does man today any longer encounter himself”. Foucault’s interpretation is also not far from this idea; when we become unable to dominate our communication tools and social relationships, when we cannot recognize the humane dimension of our effort and cannot see the redeeming result

of our work, i.e. when we perceive ourselves as mere toy in the play of power relations, then we become the gradually devoured victims of a schizophrenic world. The selfhood that exists in an alien medium discovers the sole possibility of its existential protection in the flight into a personal universe in which objective cues are lacking.

#### **4. The cultural dimension of mental illness**

In time, the conception that emphatically promotes the idea of the cultural dimension of illness as the specific meaningfulness of abnormality has become established within the sociological and psychopathological scholarly literature. According to this view, illness does not have an autonomous reality, and it can only manifest its abnormal character within a cultural medium that is inclined to qualify the symptoms as pathological.

The evolutionist idea according to which manifestations which differ from “the majority” are considered unhealthy within a certain society and hint at decadent social phenomena, or on the contrary, are the harbingers of a developing culture, started to gain ground beginning with the sociology of Émile Durkheim, who mentions in his work, *The Rules of Sociological Method* that “a social fact is normal for a given social type, viewed at a given phase of its development, when it occurs in the average society of that species, considered at the corresponding phase of its evolution”.

Considering the value system of different cultures, we can observe that every culture interprets illness and abnormality on the basis of the generally accepted anthropological model. The dominant anthropological paradigms of the time period limit our view about the normality of our selfhood. That which is abnormal in certain historical contexts holds an exceptional status and function in certain primitive communities. Thus, for instance, a person who has visions can be treated as a schizophrenic or an epileptic according to western culture, while according to the interpretation paradigms prevalent in other civilizations, he could have counted as a visionary or a healing shaman.

Before the 19<sup>th</sup> century, the categorical conception of illness has not been developed yet; thus, people had a polymorphous experience of madness. Intolerable madness, which demands isolation and treatment, only appears in the discourse of the 18<sup>th</sup> century. Thus, one notices that – as Foucault repeatedly emphasizes – the emergence of dangerous, institutionalized abnormality coincides with the emergence and development of suppressive penal systems. In such a developmental context, what percentage of illnesses are actually pathological phenomena, and in what



measure the healing institutions contributed and still contribute to the worsening of the medical condition – whether they offer real diagnoses, while maintaining their objectivity along with their position of power, are questionable matters. However, these issues should be discussed in a separate study.

## 5. The metaphysical re-evaluation of abnormality

The disquieting problem of abnormality interpreted as a mode of being always resurfaces in the history of metaphysical thought as a hot topic. From Erasmus and his parody entitled *The Praise of Folly* to the evaluations of Schopenhauer, Goethe, and Nietzsche, madness is seen as a basic manifestation of the personality, a certain mood which suffuses the whole of existence and eventuates a specific experience of being. The metaphysics of folly – if there is such thing – stands for one of the special chapters of the history of ideas, and it can rather be discussed with a certain autonomy in association with the better known philosophical tropes and paradigms, since according to its function it completes and highlights the established conceptions about man.

First of all, we start from the hypothesis that, from a metaphysical and cultural point of view, the complete separation of psychological normality from abnormality leads to an unrealistic image of man. The separation of these two categories can exist, at best, within the naïve, everyday outlook on life or within abstract axiological reasoning. Concrete human existence is far from such exclusive disjunctions; we cannot structure our everyday life according to the separated categories of normality and abnormality, since we are changeable and unforeseeable according to our nature, and we sometimes react surprisingly even for ourselves. The categories of abnormality are very much characteristic for the healthy ego, as most insane people are also capable of behaving according to the norms. Besides, it would also be beneficial to check our dominant social conception of normality.<sup>8</sup>

In the following paragraphs, we will examine the observations and remarks Constantin Enăchescu made in his *Fenomenologia nebuniei* (“The Phenomenology of Madness”) and *Homo demens. O redefinire a nebuniei* (“Homo demens. Redefining

---

<sup>8</sup> We consider a phenomenon as normal, if our experience is that the majority entertains a certain conception about it, and we qualify an act as normal if we see that it fits into the framework of social normativity, which is alien to the self. “Normality” has become normative, legally stated and sanctioned. It does not adapt itself anymore to the personality of the feeling and thinking individual, but to the normativity which manifests itself arrogantly as being objective, procrastinating the essential originality of our selfhood. Or, the latter cannot evolve itself under the strictures of the law; the rehabilitation of abnormality on this level naturally avoids even the appearance of anarchy.

Madness”), which are relevant for the phenomenology of abnormal selfhood. We will carefully avoid all evaluations regarding insanity; the phenomenology of abnormality does not evaluate, because it views abnormality as a possible mode of existence through the descriptive approach of the various psychological stances. We could quote L. Binswanger as a motto in order to describe our perspective on abnormality: “what we have to understand is not the structure of madness, but rather the nature of the madman, the structure of his new type of being-in-the-world”.<sup>9</sup>

The importance of the phenomenology of madness is rooted in the conviction that during our understanding of psychological abnormality we can gain insight into the world of Selfhood, because the anomalies shine a light directly upon hidden aspects of our identity and the potentials of our personality. Beyond its manifestations, as a phenomenon viewed in its entirety, madness is a particular mode of existence, which represents the double possibility of our existence: we can exist in a healthy, normal form, in a modality which affirms the challenges of existence, but we have to be conscious of the fact that the mode of existence which negates and unwillingly has to endure disintegration, lack, and lethargy, is also not foreign to man. Normality and abnormality are equally possible, and their normal aspects directly belong to our human integrity, as they simply express those psychological boundaries which can potentially “seize” anyone.<sup>10</sup>

Thus, the normality–abnormality duality is not exclusive, and the hyphen between the two dimensions does not presuppose either debate or consensus, but validates the two as complementary modes of existence, according to “the logic of complementary duality”.<sup>11</sup> In our reasoning, the conflict of healthy vs. pathological does not represent the conflict between two separate categories, but an existential experience which is activated in everyone according to the measure of existential challenges, manifesting itself in diverging configurations for each individual.

In our psychological dimensions, *affirmation* and *negation* are equally possible basic forms of expression, which simply manifest possibilities of being. Phenomenology is only concerned with *beingness*, describing the existential structure of the abnormal mode of being relating to our topic. The abnormal mode of existence, which negates the canonized relationships within the logic of the ontology of negativity and contradicts the general process of the world, or at least diverges from it in its reactions, introduces another level of human existence, substituting with pathological

---

<sup>9</sup> Binswanger, “Introduction à l’analyse existentielle”, in C. Enăchescu, *Homo demens. O redefinire a nebuniei*, 7.

<sup>10</sup> It suffices to think of Freud’s thesis that the preponderance of the life instinct or the death instinct can bring socially dangerous manifestations to the surface in everyone.

<sup>11</sup> See Enăchescu, *Fenomenologia nebuniei*, 27.

stereotypes the discourse and order of life characteristic to normality. Primarily, the insane person turns upside down the nature-given rules of his internal reality and, secondly, he risks an ontological break between his *Ego* and Reality due to the negation of the normativity of the outside world. The insane selfhood lives within a negated, insane world. The sick consciousness feels as if the world would lie far from itself as something strange, although it is not worldless (we could even say that the insane person really has a world in excess), insofar as common sense constructs itself an exclusively personal world in parallel with the negation of all spheres of reality, which structure themselves as an unquestionable givenness.

The world of the insane person is a mentally constructed world of representations, which follows and reflects the visions and the seriousness of the illness. Its unreality is the result of the substitution of the unitary ontological – or, with a more up-to-date terminology, physical – structure with exclusively mental formations. Because, after all, everyone has a world.

As long as our normal self defines its selfhood through its qualitative distancing from the pathological, there will be no alternative within the world of the mentally ill person. The insane person does not know existence as otherness, since he himself represents the denied and altered human mode of existence, and if he would deny it, he would become normal; however, his illness prevents the negations which presuppose self-knowledge and self-criticism. Therefore, it is questionable whether we can speak about insane selfhood, insofar as the mentally ill person does not possess the capacity to question his existential state and subsists in an empty and one-dimensional existential captivity. The response is certainly negative, since the constant existential feeling of negativity cannot result in any unified identity.

Due to the quality of complete negativity, the radical denial of conventionality and normativity, the existential state of madness can be viewed as pure subjectivism. We can observe the most spectacular manifestation of solipsistic or Protagorean subjectivist stances at the mentally ill. They themselves exist and, at least within their own autistic closedness, everything else is null and void. Their existential moods have absolute value, and they do not accept any contradictions, alternatives, or negations. As we have already emphasized, existence as negation cannot itself be negated, since the double negation, which is equivalent to affirmation, would lead to the elimination of the abnormal state; if this would happen, it would establish the self-healing capacity of the mentally ill, which would not only contradict the essence of mental illness, but would also instantaneously place mentally ill people within the perspective of normality.

It is worth it to reflect upon the world of experiences of the healthy ego experiencing the horizons and possibilities of subjectivity and its innermost intimacy from the perspective of the autistic symptoms of the mode of existence which

closes upon itself.<sup>12</sup> The autistic self-closure means in fact a kind of openness toward oneself. The ill subject does not experience the psychological closedness as psychic determinism, because it converges in a certain measure with the egoistic narcissism of human nature in general.

We can even interpret the self-closure of the autistic person, alienated from the world and directed against reality, as a rebellious, negating and identity searching gesture of the normal ego. Alienation can be seen as a break within the vital relationship to the world, which turns into an unnatural and pathological self-closure. This ontological turn carries far-reaching consequences for our identity. Pathological self-closure leads to the extreme polarization of the psychological world of the individual. The autistic attitude leads to the global change of the personality, which bounds off the suffering subject both from the exteriority of the outside world and the closeness of his selfhood, projecting the victim into an illusory metaphysical dimension. However, this represents a fateful and hopeless closing off, which lacks any kind of transcendent possibility. As a result of the ontological break in its existence, the selfhood which has become isolated from the world postpones the factors representing the alternatives of the hermetically closing subjectivity.

The abnormal mode of existence develops itself in the form of absolute interiority. Its lifetime is structured according to a different rhythm and meaning. This internal duration contains the episodes of circular existential moods characteristic for autistic closedness, which start and return to himself. Meanwhile, in the captivity of the permanent present, the affected person is under the false impression that time has stopped, procrastinating the true structuring of past, present, and future. Closedness and isolation as existential characteristics cannot be understood either as neutral loneliness nor as the personal denial of community values, they rather count as existential qualities that determine the context of life. According its ontological aspect, the autistic mode of existence represents a radical closing-down, consisting in the elimination of the primarily social ties which connect us to the world. Thus, it carries existential meaning, and cannot be viewed as simple isolation. It expresses the possibly most radical affirming/denying attitude of the individual toward the world, through which he effectively attributes himself a certain place within the empirical horizons of the world. In this respect, it is more than a simple illness; it becomes a phenomenon with cultural connotations and consequences. In the case

---

<sup>12</sup> The phenomenological review of the autistic world of experience, the intimacy of the personal can provide deeper insight. We can notice again that it is possible to successfully interpret our everyday self with reference to the extraordinary anthropological phenomenon, applying the logic of differentiation.

of individuals whose consciousness of reality is altered, we can observe a curious dichotomy of external possibilities and the subjective internal world, insofar as the withdrawn ego is unable to react to the challenges of the external dimension.

## 6. The dialectic of alienation

The problem of alienation, as it will become obvious from the later chapter of our essay, is a metaphysical question related to the essence of selfhood. The reason is that we cannot speak about alienation without first clarifying “who” the person is who becomes alienated, how his “essence” can be defined – if there is such a thing at all –, and “who” he becomes through the process of alienation.

We could call the last two centuries the age of alienation. The alienation of the person has been discussed in the context of the destiny of developing societies, which have become exiled from the agrarian world and lost themselves, or were forced into, the routines of industrialization (Weber, Durkheim), in the context of the capitalist relationship between the employer and the employee (Marx), and then with reference to the domination of technology and the endangered relationship between man and nature (Heidegger), or when speaking about the way of addressing the other based not on the ethics of “letting-be”, but on objectification (Levinas, Buber).

We have repeatedly employed this category in the previous chapters of our essay when speaking about the “state” outside the boundaries of normality, which is atypical (and incidentally, the state of the mentally ill). Thus, we might well ask the question: why can we view the abnormal state of consciousness as an alienated form of the conventional social consciousness? And why do we call the internal world of the mentally ill, “alienated”? To what extent does the autistic attitude represent a kind of social alienation? In our consumer society, the identity disorders of the individual, provoked by endless consumption, search for the new, and identification with false social values, are increasingly common, and call into question the continuity, self-identity, and internal coherence of the Ego. According to this interpretation, we could state that an incoherent Ego probably represents an existence alienated from itself.

By relating these questions to the phenomenological constitution of our selfhood, we will see how the faith invested in our unified identity, integrated into social normality, will falter. Thus, alienation would mean that we are no longer explicitly the person we have been: it is as if we would react differently – relative to our former reactions –, under alien influences which are most often independent from us, and our existential moods and thoughts would hardly characterize us anymore.

Alienation has to be viewed as a process that unfolds gradually, is hard to control, and can most often be seized in its result. The object of alienation is always our “inner being”. This interpretation is based on the hypothesis according to which there is something like “our innermost being”, an *unalienable* internal core, which is transformed into something else through the process of alienation. As a result of this process, our self-knowledge is confronted with a *different* selfhood, which is the result of the *alienation* process. In the process of alienation, the “foreign” Ego has provisionally or permanently replaced the “habitual” Self. At this point, we can enter into philosophical speculations, if we apply the alienation process to our inborn selfhood, since any change is also a kind of alienation, if we accept the premise that human “existence precedes essence”. A speculation of this kind, into which we cannot enter here, presupposes the cherishing of the basic human values, the coherence of human existence, and the consistency of social processes. Since alienation is always a “departure” from something, both the cause of alienation and the essence of that which the individual is alienated from represent the object of a previous evaluation. Furthermore, alienation represents a psychosocial problem only if and insofar as we have established the *what* individuals become alienated *from*.

It is important to establish the “what from” of alienation also because – as often seen in the modern age – masses of people become alienated from themselves without being conscious of or bothered by this fact.<sup>13</sup> Since they are incapable of reviewing their existential situation, they are involved in the practice of a groundless, scattered (according to the Heideggerian “das Man”), and irresponsible mode of existence, which applies “borrowed” identities based on imitation as costumes. For them, alienation has become normal. This shows that “alienation” is a markedly philosophical category, which sees the “what from” of this process in the moving away from the values of humanity, ethics, religion, and social normativity. Its result consists in a selfhood divided against itself, which has lost the ties to its “roots”.

## 7. The phenomenological revaluation of schizophrenia

It is precisely the above analysis of the concept of alienation that made it possible for us to turn within our analysis going beyond the phenomenal character of madness as it manifests itself in our experience, from the psychological, anthropological

---

<sup>13</sup> Some people even seem to relish in their “alienated” state. The more intensely someone identifies with the alienating factors, the more inclined he becomes to regard his state as natural and healthy. Identifying himself with other, similarly alienated individuals, he presents his alienation as a virtue according to quantitative criteria.

or even hermeneutical and cultural philosophical conceptions, to the above Husserlian and Heideggerian conceptual pairs, and to relate these to the various psychopathological manifestations.

According to Husserl, consciousness processes have two roots. On one hand, there are mental processes which are actively generated by an agent whom Husserl calls the ego. For instance, the ideas which I am expressing now in writing are thoughts actively generated by my ego. These mental acts are of the kind which thematize, “pay attention” or “focus”. On the other hand, there also processes which are given in my consciousness without me generating them. For instance, the background, which I perceive during formulating these thoughts, is not a result of the activity of the ego, but is automatically and passively given to my consciousness.

From a historical and philosophical point of view, the Husserlian dichotomy goes back to the Aristotelian duality of the *nous pathetikos* and the *nous poietikos*. The latter duality has had a decisive influence on such phenomenological conceptual pairs as affection and self-affection, openness and closedness, possibility and susceptibility.

We can also encounter the schizophrenic aspects of our selfhood in Heidegger’s works. From a phenomenological perspective, any “ego setup” which contains a break of a certain measure between the ego and the alter ego, the world and conscience, my own past and the present, can count as schizophrenic identity. Whether these schism are natural and make up the ontic structure of our being, or take up a configuration of *Aufhebung* in a higher form of consciousness during the process of self-understanding, are questions with which we cannot deal extensively within the narrow confines of our essay. However, that which is relevant from the point of view of our analysis, is that along with the parallel between Aristotle and Husserl, there is also a parallel between the Heideggerian and the Husserlian conceptions, which, similarly, also stems from the above Aristotelian differentiation. This parallel manifests itself in the fact that both “being-there” (*Dasein*) and “consciousness” are characterized by a “double openness” which is, on one had, “poetical”, and on the other hand, “pathetic” in its nature.

Taking into account the aforementioned Aristotelian, Husserlian, and Heideggerian connections, the phenomenological definition of schizophrenia also presents a certain duality. According to the first interpretation, schizophrenia can be seen as the representation of a *secondary* rupture, otherness, and alienation, which is produced within the active process of the consciousness (*nous poietikos*) and the ontic-ontological fold of the *Dasein*.

This is the non-thematized assumption that psychological, anthropological, hermeneutical, and cultural philosophical conceptions of abnormality and theories of alienation take as their starting point. However, according to the second interpretation,

schizophrenia is the *original (primary)* non-differentiation, the lack of the break, and the impossibility of alienation, which manifests itself in the passive process of consciousness (*nous pathetikos*) and the proto-ontic/ontological “fold” of the *Dasein*.

Without entering too deeply into the Husserlian and Heideggerian concepts, since here we attempt merely to emphasize the relationships which are relevant from the perspective of our essay, we have to clarify the following aspects. Both the Husserlian consciousness and the Heideggerian *Dasein* is characterized by a double openness: the openness which can be circumscribed through the concepts of passive synthesis, affectivity, “thrownness into the world” (*Geworfenheit*), and “mood” (*Stimmung*), and the one characterized by active synthesis, self-affectivity, “projection” (*Entwurf*), and „care” (*Sorge*). H. Maldiney adds the concepts “possible” and “passible” to the relationships which present themselves within the abovementioned existential “fold” of the *Dasein*. The concept of “possibility” is related to the active process of consciousness and the self-realization of the *Dasein*, while the “passible” characterizes the passive process of consciousness and relates to its “thrownness into the world”.

Our essay calls for a paradigm shift in the interpretation of abnormality and especially schizophrenia, which we have so far interpreted as alienation and a break within the vital relationship to reality. Due to the ontological break within the selfhood of the autistic mode of existence, isolated from the world and closed into itself, the suffering subject delays the factors which represent alternatives to the subjectivity that closes itself down hermetically and is faced with the *existential drama of worldlessness*. Autistic self-closedown represents an openness toward oneself, which is stuck within the labyrinths of “self-realization” as “possibility”.

We can no longer view schizophrenia merely as a short-circuit in the active processes of consciousness and the self-realization process of the *Dasein*. Because of the basic character of our age, we have to look for the framework of interpretation for schizophrenia within the consciousness processes described by passive synthesis and the “thrownness into the world” of *Dasein*. In our times, the openness of consciousness and *Dasein* has become limitless: we are all too open to everything, and we live too close to everything, without any borders to delimit and define our selfhood.

The book *The Other by Himself (L'autre par lui-même)* by Jean Baudrillard expounds excellently the above idea: the need for novelty of spectral existence, the ecstasy of communication, and the dissolving in the chain processes of producibility is generally characteristic for the schizophrenic consciousnesses. “Perhaps in this case one should apply metaphors drawn from pathology. If hysteria was the pathology of the exacerbated staging of the subject – of the theatrical and operational conversion of the body – and if paranoia was the pathology of organization – of the structuring



of a rigid and jealous world – then today we have entered into a new form of schizophrenia – with the emergence of an immanent promiscuity and the perpetual interconnection of all information and communication networks. No more hysteria, or projective paranoia as such, but a state of terror which is characteristic for the schizophrenic, an over-proximity of all things, a foul promiscuity of all things which beleaguer and penetrate him, meeting with no resistance, and no halo, no aura, not even the aura of his own body protects him. In spite of himself the schizophrenic is open to everything and lives in the most extreme confusion. He is the obscene victim of the world's obscenity. The schizophrenic is not, as generally claimed, characterized by his loss of touch with reality, but by the absolute proximity to and total instantaneousness with things, this overexposure to the transparency of the world. Stripped of a stage and crossed over without the least obstacle, the schizophrenic cannot produce the limits of his very being, he can no longer produce himself as a mirror. He becomes a pure screen, a pure absorption and resorption surface of the influent networks.”<sup>14</sup>

If until now the problem consisted in alienation, today the problem lies in the fact that alienation is no longer possible: “we no longer partake of the drama of alienation, but are in the ecstasy of communication”.<sup>15</sup> The Wittgensteinian unsayable, according to which “whereof one cannot speak, thereof one must be silent”, has transformed itself into the categorical imperative of the sayable.

In the age of communication, intrusive information has downgraded objectuality and otherness into the element of a network, and the individual is dependent upon a mental explosion. *The world, or more exactly, what's left of it*, has been degraded into the consequence of mental functions, having a heterogeneous content. In this “absolute proximity” and “total instantaneousness” of the world, the novel interpretation of schizophrenia can now be understood as *original non-differentiation*.<sup>16</sup> *We approach too closely everything*, while we constantly move farther away from ourselves. There is no value-carrying alterity, no objectuality, only stage, vision, space which incorporates the interdependent elements of the network, and, not least, the intrusive mass of images.

---

<sup>14</sup> Baudrillard, *The Ecstasy of Communication*, 30.

<sup>15</sup> Baudrillard, *op. cit.*, 26.

<sup>16</sup> The use of the concept “original” seems somewhat strained here, since there is a difference between the original openness to the world made possible by disposition and the schizophrenic openness which stems from the specifics of our time. Although the former kind of openness can also be called schizophrenic, since it recognizes the existence of an effect, or “affection”, which takes place within ourselves, but is not initiated by ourselves, respectively, it also acknowledges our “confrontation” with that which simultaneously transcends us, the two concepts differ from each other from the perspective of originality.

We could amend these closing remarks, which could be accused of pessimism, with the following quote: “Formerly we were haunted by the fear of resembling others, of losing ourselves in a crowd; afraid of conformity, and obsessed with difference. Today, we need a solution to deliver us from resembling others. All that matters now is only to resemble oneself...”<sup>17</sup> *Our openness to the pre-individuality of being is no longer closed down through the post-individual “selfhood” of the Dasein. And self-realization in the sense of “possibility” cannot even be conceived of anymore.*

### BIBLIOGRAPHY

- Baudrillard, Jean, *The Ecstasy of Communication*, translated by Bernard Schütze–Caroline Schütze, The MIT Press, 2012.
- Binswanger, Ludwig, “L’appréhension héraclitéenne de l’homme”, in *Introduction a l’analyse existentielle*, Éditions de Minuit, 1971.
- Der Fall Jurg Zund, *Schweizer Archiv f. Neur*, 1946.
- Introduction a l’analyse existentielle*, Éditions de Minuit, 1971.
- Enăchescu, Constantin, *Homo demens. O redefinire a nebuniei*, Polirom, 2008.
- Fenomenologia nebuniei*, Paideia, 2004.
- Foucault, Michel, *Mental Illness and Psychology*, translated by Alan Sheridan, University of California Press, 1987.
- Heidegger, Martin, *Lét és idő*, Gondolat, 1989.
- Husserl, Edmund, *Cartesian Meditations: An Introduction to Phenomenology*, The Hague: Martinus Nijhoff, 1973.
- Husserl, Edmund, “A tiszta fenomenológia és a fenomenológiai filozófiaeszméi”, in Hernádi Miklós (ed.), *A fenomenológia a társadalomtudományokban*, Gondolat, 1984.
- Jaspers, Karl, *Way to Wisdom: An Introduction to Philosophy*, translated by Ralph Manheim, Yale University Press, 1964.
- Maldiney, Henri: *Penser l’homme et la folie*, Jérôme Millon, 1991.
- Minkowski, Eugéne, *Schizofrenia: pszihopatologia schizoizilor și schizofrenilor*, IRI, 1999.
- Wittgenstein, Ludwig, *Logikai-filozófiai értekezés*, Atlantisz, 2004.

---

<sup>17</sup> Baudrillard, *op. cit.*, 39.