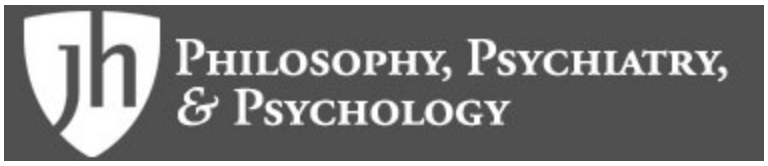

The social, the outer and the reflexive: some more dimensions of subjectivity, schizophrenia and its recovery

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First of all, I want to express my gratitude to the AAPP, PPP and the Karl Jaspers Award Committee for their recognition of my paper "Institution or individuality? Some reflections on the lessons to be learned from personal accounts of recovery from schizophrenia" (Wannberg, this issue). I am also very thankful for Dr. Paul B. Lieberman's (this issue) and Pr. Elizabeth Pienkos' (this issue) stimulating comments on the paper.

In the original paper, I used the case of the first person accounts of recovery from schizophrenia as a paradigm to elucidate the components of subjectivity more generally, as well as their logical relations. My main point was that considering the "recovery claim" as potentially endowed with a meaning sufficiently close to the official definition of the "personal" sense of recovery at stake – that is, in brief, having "become oneself" despite recurring or residual symptoms – invites us to question current phenomenological, narrative and constructionist approaches of the self in psychopathology. By contrast to these, I stressed the need of a conception of the self more sensible to its social and interpersonal dimensions, which I attempted to sketch out notably by resorting to Wittgenstein's (1953/1997) idea of "grammar". I am very happy that both Lieberman et Pienkos see the appeal to the social as a welcome move with regard to prevailing approaches to schizophrenia and its recovery. But

what does it really mean for the subjective or the individual to be socially and interpersonally constituted, and how are we to account for that?

At a first glance, appealing to the social seems to be in line with current trends in psychopathology, including, as Pienkos points out, in the phenomenological tradition. She elsewhere announces a "shift in emphasis" currently taking place within phenomenological psychopathology, characterized by an increasing interest in the situated and dated aspects of subjectivity (Pienkos et al., 2023). This is a valuable turn. However, I am quite dubious that the well-known distinction between an "experiential" and a "narrative" self to which Pienkos appeals is apt to do all the conceptual work required to attain a satisfactory conception of the self and its social dimensions. In my original paper, I took the "recovery account" to challenge both these notions. As concerns the experiential dimension, I held that this type of account questions the phenomenologist's assumption that subjectivity is ultimately grounded in lived (self-)experience. Provided that typical symptoms of schizophrenia (e.g. thought insertion) are expressions of a disorder situated at this most "fundamental" level of the self and provided that they are stemming, at least according to one of the most widespread phenomenological models, from a trait-like disposition present before the onset of psychosis (e.g. Henriksen, Parnas & Zahavi, 2019), it is quite natural to think that these symptoms persist in some form in the

context of recovery (e.g. as intrusive thoughts or as "thoughts spoken out loud"). This is indeed the case for several of the authors "in recovery" in the *Schizophrenia bulletin's* archives (e.g. Greenblatt, 2000) which provided the main source of my analysis. But if this is so, we cannot see their recovery claim as an expression of a "whole" self so to speak. So we must either say that "personal" recovery from schizophrenia is an illusion or a contradiction, or else we must revise the foundational status of the experiential dimension (other possible options are left aside for the purposes of this brief comment). I argue for the revisionist option. For the equation between the subjective and the experiential does not only lead to an unwelcomed skepticism about the recovery account. There are also more straightforward philosophical reasons for refusing it. Wittgenstein (1980) made a first important step by inviting us to better take into account the *variability* of the psychological concepts. He notably made a crucial categorical distinction between "lived experiences" (like sensations and mental images) and "attitudes" (like beliefs and intentions) such that all concepts which, when used in the first person, seem to convey the subjectivity of a person, are not assimilated to concepts of experience. Of course, this does not amount neither to deny the reality or importance of lived experience, nor to discard the "deep respect for patients' experience and self-descriptions" which Pienkos (this issue) recalls is the hallmark of phenomenological psychopathology. I agree that the

phenomenological approaches have important added value to the understanding of *schizophrenia*, notably as compared to purely "biomedical" or otherwise "objectivist" perspectives, which is typically the main critical target of those approaches (Hamm et al., 2018). However, as long as the "subjective" or the "first personal" is assimilated to, or taken to be ultimately founded on, the experiential, important dimensions are left out of the picture of *subjectivity*. In particular, the attitudes have an *agentive* dimension (that of being able to determine, revise and account for one's thought and action on the basis of reasons) which currently enjoys a *normative* status in contemporary modern societies (Ehrenberg, 2018/2020) as a privileged expression of our autonomy. And I don't see neither how some central symptoms of schizophrenia, like passivity phenomena, can be defined as perturbations of *subjectivity* without taking these dimensions into account, nor how we are to understand the sense in which one can recover "as a person", while still experiencing symptoms.

Can this be done by allowing for a more foundational role of the "narrative" in the constitution of the self? I think not, at least if narrative means something like describing one's history or giving a nuanced portrait of one's own personal attributes. In my sense, this would in fact also fall under the category of the "experiential self" because the narrative results from the subject's observing his past experiences. It does not really have any specifically first-

personal about it. After all, another can tell my story perhaps as well as I do, and in some cases, even better than me. Telling one's story is not really something that requires a first person position. So it cannot be the case that *subjectivity* is "restored" thanks *merely* to the narrative. Lieberman nicely adds to the picture a dimension of *externality* which is linked to the capacity to endorse one's thinking and acting on the basis of the reasons which support them. Insofar as such reasons are facts in the external world they indeed have an objective dimension which potentially provides some shared standard to appreciate the efforts of recovery, both from a patient and clinician perspective. Interestingly, Lieberman also highlights a passive dimension to this process of rational commitment: assessing one's reasons certainly requires the subject's active involvement, but, in the end, adopting and endorsing some line of thought or action also involves some receptivity to reason, and this might well have to do with a form of acceptation of the common and social world.

Two questions arises then. Is this really what goes on in the recovery account? And on what conditions can this to be thought of as a properly *social* dimension of the self?

To answer to the first question, I must nuance a bit Lieberman's reading of my paper, because I did not exactly mean to suggest that recovery (at least as depicted in the *Schizophrenia bulletin* corpus of "First person accounts") requires full commitment to reasons.

In some significant cases, there is rather a back and forth movement between, on the one hand, recognition of what is taken to be commonly viable reasons for some state of mind or action, and, on the other hand, resurgence of "pathological" states at odds with those reasons, accompanied by some inwards withdrawal (e.g. Jensen, 2022).

To conclude, I would like to suggest that a way of accounting for this might be reassessing the role of *reflexivity* in the constitution of the self. Both the phenomenological approach and my broadly Wittgensteinian framework share indeed the ambition to surpass the classical reflexive conceptions of self-consciousness: by positing a "prereflexive" access to oneself in the first case, or by insisting in various ways on the immediacy of self-expression in the latter case (see especially Descombes, 2004). It is of course not a coincidence that some aspects of Wittgenstein's work have been used to formulate the hypothesis of schizophrenia as stemming from a pathogenetic exacerbation of reflexive self-consciousness (Sass, 1994). But is self-reflection necessarily a source of alienation? The recovery account involves not only turning one's gaze outwards (so to speak), but also a kind of self-reflection. Taking it seriously might thus invite us to further explore the conditions of a *constructive* form of self-reflexivity. And I think that one way of doing this might be to look for a reflexivity not in two terms (the subject taking himself or his present states as introspective objects), but in three (the subject

reflecting on himself through the lens of the exceptions of another, and presenting himself to the other): that is, a reflexivity that would be inherently social in nature, making room for the other in the relation one holds to one's most intimate states. This might indeed be a fruitful path to follow to include in our global image of subjectivity a dimension not only of *externality*, but more truly of *sociality*.

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