



Introduction

From a moral-practical standpoint, I am treating a human being as a mere thing if I do not take him [*sic*] as a person. . . . Likewise, I am not treating a human being as a subject of rights if I do not take him [*sic*] as a member of a community founded on law, to which we both belong.

—Edmund Husserl, *Ideas II*

IF YOU HAVE PICKED UP THIS BOOK long enough to glance at this page—and not because it has been assigned to you as required reading by one of our friends—then it is most likely because you have an interest either in qualitative research or in schizophrenia. There may be a few of you who approach this book with interests in both topics; if so, welcome to an inviting, cozy, circle of your peers. It has been our experience that the area of overlap between these two interests, that is, qualitative psychological research and serious mental illness, is relatively small and only sparsely inhabited by a few rare, but resilient, birds. Why this is the case may become clear as we proceed; *that* this is the case, however, we have no doubt. And thus one of the motivations for writing this book: we are seeking companionship. Consider this book a mating call.

There are a number of compelling reasons to approach the study of schizophrenia with qualitative methods. We intend to enumerate these

below. There also are compelling reasons to view this devastating illness as providing a particularly good and timely opportunity to illustrate the unique contributions of a phenomenological approach to qualitative research in psychology. As we recognize that these topics are not linked intuitively in the minds of most readers, however, we would like to take a few pages before embarking on a qualitative exploration of life inside and outside of psychosis to make our case. For those with interests in qualitative research, we will begin by explaining why we have chosen schizophrenia as an area for qualitative study. For those with interests in schizophrenia, we next will explain why we have chosen a phenomenological approach for conducting qualitative studies of this phenomenon. Throughout, we will attempt to make technical philosophical or psychiatric terminology understandable for readers with little formal training in either discipline, so that someone being courageous enough to explore new territory will not lose his or her way among the brambles of professional jargon. Undoubtedly, we will not succeed fully in this effort.

As a heuristic, though, we are writing this book with our respective mothers looking over our shoulders. The interactive, somewhat informal, style that results may seem at first unusual for an academic text, but there are precedents. Plato, for example, had Socrates looking over his shoulder and acting as his interlocutor, as Socrates apparently had a daemon serving the same purpose for him. At some of his more understandable moments, Edmund Husserl, the founder of phenomenology about whom you will read later in this introduction, used the rhetorical strategy of raising questions that he expected would be on the minds of his readers, as did his contemporary Sigmund Freud. Appreciative of the effort we are making to render this text accessible to those who are not yet experts in the qualitative study of schizophrenia, and of the limited patience you, the reader, may have for this task, however, we must ask for your forbearance in advance. As suggested in the Foreword by John Strauss, we have found the path to qualitative findings about the nature of psychosis to entail a rocky and thorny climb through unfamiliar terrain. Rather than bringing you to the summit via helicopter—a trip that might take only a few pages—we have chosen to lead you along this same path. While it admittedly will take us longer to get there, we hope that by taking you along with us on this slow but steady journey you will pick up some of the tools needed to embark on future explorations of your own.

In order to prepare readers for this trek who may be less conversant with either schizophrenia or qualitative research, we offer the following, brief overview.

Schizophrenia is widely considered to be the most severe and disabling of the mental illnesses. It is characterized both by the more classic, so-called positive symptoms of auditory hallucinations (i.e., hearing voices), delusions (i.e., false but stubbornly held beliefs), and formal thought disorder (i.e., not making sense when you talk) and by the so-called negative symptoms of withdrawal, isolation, apathy, and a lack of energy, pleasure, or interest. Affecting one out of every one hundred people, schizophrenia is estimated to account for \$66 billion annually in emergency room and criminal justice contacts and \$273 billion annually in lost productivity in the United States alone. These figures do not include the billions of dollars spent on direct health care costs, not to mention the intangible amount of human suffering experienced by people who have the illness and their loved ones.

The term *phenomenology* has at least three different uses in current practice. Although furthest removed from the original meaning of the term, the definition of phenomenology perhaps most familiar to clinicians and clinical researchers is the form that allows for identification, categorization, and comparison of psychiatric conditions across people based on shared and readily observable features such as specific symptoms (e.g., hearing voices) and signs (e.g., loss of appetite) (Andreasen and Flaum, 1991). This form of phenomenology involves objective description of the signs and symptoms of illness utilized, for example, in the Third Edition of the *Diagnostic and Statistical Manual of Mental Disorders* published by the American Psychiatric Association (1980).

In its original meaning, phenomenology had referred both to an empirical, qualitative methodology for research in the social sciences and to the school of philosophical thought from which these methods were derived. As an empirical, qualitative method, phenomenology can be considered on a par with hermeneutics, grounded theory, and ethnography, as one approach among many that share an underlying theoretical framework. From both historical and philosophical points of view, however, it also could be argued that this underlying theoretical framework is itself derived from phenomenological philosophy. This is the case, we suggest, not only for empirical phenomenological methods but

also for other qualitative approaches, even if this heritage is not always acknowledged.

The school of philosophical phenomenology was founded by the German mathematician and philosopher, Edmund Husserl, in the early part of the twentieth century. Its original meaning from the Greek can be defined as the study (“logos”) of how things appear (“phainomena”) in experience. Following Descartes and Kant, the basic tenet of Husserl’s work was that knowledge is limited to what can be ascertained from how things appear to us in experience, given that our only access to objects, and to the world at large, is through experience itself. Restricting our attention therefore to the realm of experience, we develop our science based on what can be learned about the structures and components of experience itself—as opposed, that is, to what can be learned about the objects *of* experience.

Given that qualitative research similarly focuses on the structures and components of human experience, we argue in the chapters that follow that philosophical phenomenology provides a particularly appropriate and useful theoretical framework for qualitative research in psychology. We do so in the context of applying empirical phenomenological methods to studies of the lives of people with schizophrenia, describing both processes of illness and of improvement. We hope that this exercise will illustrate the value of employing qualitative research methods in psychology—and thus inspire others to embark on similar explorations of their own—while simultaneously demonstrating the value of exploring the role of the person in recovery from schizophrenia.

Why Phenomenology of *Schizophrenia*?

Perhaps there are also lunatic rejecters of the laws of thought: these will certainly also have to count as men [*sic*].

—Edmund Husserl (1970b, p. 158)

The decade between 1980 and 1990 was designated by the National Institute of Mental Health (NIMH) as the “Decade of the Brain.” This designation was intended to capture the paradigm shift that was occurring in psychiatry at the time; a shift from what had been largely a psychological model of mental illness as caused by faulty parenting and other early child-

hood experiences to a neurobiological model that viewed mental illnesses as “brain diseases” (Torrey and Hafner, 1983). This shift, captured perhaps most eloquently in Nancy Andreasen’s 1984 book aptly entitled *The Broken Brain*, promised to usher in a new, more enlightened, and more humane era in the treatment of mental illnesses and the people and families affected by them. Although this certainly was not the first time such promises had been made in the brief history of American psychiatry, the NIMH-sponsored shift to neurobiology—this particular version of the medicalization of mental illness—brought with it aspirations for substantive and long-term reforms of mental healthcare and of the ways in which people with mental illness are viewed by the broader culture.

To a large degree, we have now begun to see the fruits of these efforts. Recasting mental illness as a neurobiological brain disease potentially destigmatizes this most stigmatized of conditions and replaces a range of disorders that had been blamed on a variety of personal and familial sins and shortcomings for hundreds, if not thousands, of years by so-called no-fault diseases. This shift has been received with tremendous relief by the families of people afflicted with mental illness, as they are beginning to feel absolved of myriad ways in which they were blamed for contributing to their adult child’s distress. Similarly, there is a growing sense that the person with the disorder need no longer be considered any more at fault for having a brain disease than if he or she had an endocrine or respiratory disorder.

As a result of this shift, a more hopeful and compassionate view of mental illness is being promoted within the broader community; a view reflected in recent legislative attempts, for example, to end discrimination in mental health coverage (for which arbitrary and overly restrictive caps on care exist in order to save money). If mental illnesses are illnesses like any other, then they should be treated as such by the insurance industry and other providers of healthcare coverage, bringing coverage for mental health into parity with the coverage offered for other medical disorders.

In addition to parity legislation, the promise of the shift to neurobiology is captured in the unprecedented 1999 *Mental Health: A Report of the Surgeon General* (U.S. Surgeon General, 1999). This report, highly recommended to anyone with further interests in mental illness per se, is unparalleled in its depiction of mental illness as a disease that affects *all of us*, either directly or indirectly, but for which most of us will neither seek nor

receive appropriate care due to our misguided notions that mental illness happens only to *them* (whoever *they* are; cf. Davidson, 2001). The Surgeon General's basic message conveys the progress made during the Decade of the Brain: Mental illnesses are diseases like any other. If you think you or someone you love may be suffering from one, seek help from qualified professionals and have hope. Treatment is available and treatment works (U.S. Surgeon General, 1999).

This highly condensed history of contemporary psychiatry was perhaps a long way around to the question: Why conduct qualitative psychological research on schizophrenia, the most severe and debilitating form of mental illness? If we now know that schizophrenia, perhaps more than any other mental illness, is a neurobiological brain disease, of what interest could it be to psychologists looking to use meaning-oriented, narrative research methods? What could possibly be learned about a brain disease from the people who have it? We know, for example, that a common trait of many neurological diseases is “anosognosia,” meaning a lack of awareness of one's own impairments. This trait has long been considered characteristic of schizophrenia as well (cf., e.g., Amador, 2000). Isn't a qualitative approach barking up the wrong tree? Wouldn't more be learned from psychology by conducting assessments to identify deficits in neurocognitive functioning? What light can people with schizophrenia shed on the nature of their disease or on its possible cure?

There certainly is much to be gained from neurocognitive assessments in schizophrenia. In fact, this approach represents an area of particular promise and growth not only in identifying deficits but also in developing promising strategies for their remediation (e.g., Bell et al., 2001; Green et al., 1992; Green, 1993; Jaeger and Douglas, 1992; Liberman and Green, 1992; Spring and Ravin, 1992). There also is much to be gained from qualitative research in schizophrenia, however, a lesson we hope to demonstrate in the remainder of this volume. What there is to be gained can be conceptualized broadly in two categories: (1) what can be learned about schizophrenia *per se*, and (2) what can be learned about the use of qualitative methods in psychology. We would like to suggest approaching the first question through the second. In other words, what we have to learn about schizophrenia—despite its putative nature as a brain disease—will become clear as we explore what studying schizophrenia tells us about qualitative psychological research.

This approach was suggested by an unexpected reaction to our first conference presentation of the findings of our first qualitative study of schizophrenia. The audience for the presentation was made up almost entirely of qualitative researchers affiliated with the phenomenological tradition, many of whom were also clinical psychologists. The presentation, on processes of recovery in schizophrenia, involved a description of ways in which people appear to pace themselves in their recovery efforts, determining how much energy and confidence they have available to take risks and try new things in relation both to managing their illness and to more general life tasks. This component of recovery we had come to refer to as “taking stock of the self” and to illustrate the point we had quoted from a qualitative interview with a young woman who we had called “Betty.” Betty had described this process as follows:

I have a good will. It just takes the right amount, the um, the kitchen has to be right, so to speak, before I . . . do the endeavors. The feeling . . . has to be right. [Like] everything has to be right before you can make a cake. . . . If you don't feel like buying the flour for six months . . . then you don't feel like it. Then you get your flour, and then you notice you don't have enough cinnamon, so you wait a while.” (Davidson and Strauss, 1992)

Betty was similarly articulate in describing other aspects of the recovery process, as were other participants in this study. During the break following this presentation, an esteemed professor approached with the words: “That was great. I didn't know you could do that, talk with people who had schizophrenia. I would have thought that either they would be too disorganized to respond to an interview or, if they did respond, then what they would have told you wouldn't have made any sense. But those people didn't have any difficulties making sense. They were even eloquent.”

What this story suggests is that schizophrenia—regardless of its causes, courses, or consequences—provides a good opportunity for challenging, and thereby demonstrating, the validity of qualitative research. There are many criticisms of qualitative research, but most of the substantial criticisms can be brought together in this one case. For example, some have complained that qualitative research only represents the perspective of articulate, intelligent, “well-socialized” (i.e., middle class?) adults and ignores or denies the experiences of more marginal, less vocal, groups. This

is a parallel to the “YAVIS” argument leveled against much of psychotherapy research; that is, that psychotherapy was designed for, and only is effective for, young, attractive, verbal, intelligent, successful people (Schofield, 1964). A more basic criticism is that people will only tell you what they think you want to hear or will distort their experiences in order to make themselves “look good,” as is well documented in impression management literature. Finally, an even more basic criticism underlying both of these is that people simply are not reliable or valid sources of information, not only about themselves but also about reality in general. Our experiences constitute such a tiny slice of the real, and even within that tiny slice the amount of information of which we may be consciously aware at any given time is an even tinier slice (cf. Dennett, 1991). Why use this minuscule window as a vehicle of entrée into the real? Isn’t it a basic premise of science that we will gain more reliable and valid—and thereby credible—access to reality to the degree that we can minimize the contaminating role of subjectivity?

What better response to these criticisms could there be but to demonstrate the utility of qualitative research based on the self-reported descriptions of the experiences of people with schizophrenia? Psychosis continues to be understood, both by the lay public and by the mental health field at large, as involving a loss of touch with reality. Hallucinations, for example, are defined precisely as seeing or hearing things *that are not there*, delusions as believing things *that are not true*, etc. According to French philosopher and political historian, Michel Foucault, psychosis has been viewed in this way as representing the *not real* at least since the seventeenth century, when it was first conceptualized as a disease. Prior to the seventeenth century, “madness” was taken to represent the intrusions of an *alternative* reality, a window onto the spiritual or demonic realms. The reconceptualization of madness as a mental *illness* came at a time when interest in alternative realities was waning and when medical science was in the process of being born (Foucault, 1965).

Through the lens of the new clinical science, madness came to be redefined as “nothing more than a disease” (Foucault, 1965, p. 198). Psychosis was perceived to stand in such stark contrast to reality that, if it could no longer represent an alternative reality, it could represent only a *lack* of reality. What better way, then, to challenge the legitimacy of qualitative

research than to take as our subject matter the self-reports of those who appear to have lost all touch with reality and who, in addition, typically stand in silence on the margins of society? If there still are useful things to learn—and we contend there are many—from conducting qualitative research with people presumed to be less articulate, less verbal, and less socialized than almost any other adults, then how much more robust qualitative research must be than its critics allege? For this reason alone, we would suggest that schizophrenia provides a particularly appealing and potentially quite useful area for qualitative research in psychology.

For the purpose of demonstrating the breadth and utility of qualitative research in psychology, it does not really matter, of course, whether or not these presumptions about schizophrenia are true. If these presumptions about schizophrenia are wrong—which we contend, for the most part, they are—then about whom, about what other group of people somewhat arbitrarily lumped together, would they be more true? Our opening quote for this section from Husserl, namely, that even “lunatics” still have to be considered people, suggests that such presumptions *may* not be true of anyone. So it is also, and more important, for this reason that we view schizophrenia as a particularly timely and valuable area of focus for qualitative research.

In order to elucidate this point further, we need to return to our brief history of contemporary psychiatry and ask again what we can learn about this brain disease from qualitative inquiry. For concurrent with the ascendancy of a neurobiological model of schizophrenia was the development of another, more descriptive, line of research that poses quite different questions about the nature of this disorder and its treatment. This line of research has challenged the legitimacy of the same presumptions about schizophrenia enumerated above and has helped to paint a more complicated and nuanced, but therefore also more accurate, picture of this multidimensional disorder. Finally, this same line of research has suggested that it is precisely the kind of information that can be generated through qualitative research that is needed to enable the field to take the next significant step or two forward in increasing our understanding, and enhancing our treatment, of schizophrenia.

For the most part, neurobiological models of schizophrenia, such as that found in Andreasen’s 1984 book *The Broken Brain*, are based on

Emile Kraepelin's ([1904] 1987) original formulation of "*dementia praecox*" at the close of the nineteenth century. Kraepelin used this concept of "premature dementia" to distinguish schizophrenia from manic-depression; the difference between these two major forms of psychosis is in their course and outcome. While manic-depression was considered an episodic, cyclical disorder responsible for a moderate degree of impairment alternating with periods of intact functioning, schizophrenia was characterized by a chronic, unremitting course leading to progressive deterioration and early death. To the degree that there is any scientific basis to the presumptions about people with schizophrenia described above, it will be found in this legacy dating back to Kraepelin. A legacy based entirely on clinical observations of inpatients during the era of long-term institutional care, this view of schizophrenia considered it akin to a death sentence, condemning the person to a life of increasing incoherence, emptiness, and isolation, in which he or she inevitably would withdraw into his or her own world, cutting off all ties to family, friends, and constructive membership in society until death would come to put the tortured soul to rest.

Prior to the Decade of the Brain, however, evidence already had begun to mount from around the world suggesting that this view of schizophrenia was too simplistic, too pessimistic, and that—even if it had been somewhat accurate during the era of long-term institutional care—it no longer reflected the lives of people living outside of hospitals. Formally launched in 1967—only thirteen years after passage of the legislation launching deinstitutionalization in the United States—the International Pilot Study of Schizophrenia was initiated by the World Health Organization in 30 sites and 19 countries across the world (WHO, 1973). For this international study, investigators in each site conducted follow-along, longitudinal assessments of cohorts of people diagnosed with schizophrenia, using the same diagnostic criteria and research instruments in order to document the core characteristics, course, and outcome of the illness and to compare these findings across cultures (WHO, 1973).

As the findings from this international study began to appear, both schizophrenia experts and experienced clinicians were surprised to learn that schizophrenia was far from a death sentence. In fact, John Strauss, the lead American investigator for the WHO study and one of the first to begin to describe the longitudinal course of the disorder, reports that the first

few papers he wrote with Will Carpenter, his close collaborator at the NIMH, were initially rejected by the field's top journals because reviewers insisted that their data simply could not be true. Those papers, eventually published in the early 1970s (in one of the field's leading journals after all), documented that already over a two-year period there was a wide discrepancy in course and outcome for people diagnosed with presumably the same disorder. Strauss and Carpenter's early papers (e.g., 1974, 1977) described a multidimensional disorder with both an unpredictable course and a far from certain outcome. Although some people did show a decline in functioning during this two-year period, many others showed improvements in functioning, while others remained relatively the same. In addition, declines or improvements in one area of functioning (e.g., employment) did not predict similar changes in other areas of functioning (e.g., social relationships), with each domain being relatively distinct and independent, even in relation to classic psychotic symptoms such as hallucinations and delusions (Strauss and Carpenter, 1977).

This groundbreaking line of research went so far as to suggest that even these symptoms—thought at the time to be characteristic of schizophrenia and of schizophrenia only—were actually on a continuum of functioning with so-called normal experiences and behavior, being differentiated only by a matter of degree (Strauss, 1969). In other words, some people have hallucinations who do not have schizophrenia, some people have schizophrenia without having hallucinations, and some people with schizophrenia go from having hallucinations to not having hallucinations and back again (or not) over time. Whether a particular experience is an accurate perception, an inaccurate perception, a distorted perception, a visual illusion, or a hallucination is simply a matter of degree: a quantitative, rather than qualitative, difference. With these findings, the line dividing sanity from insanity, normality from madness, became permeable. Schizophrenia no longer represented a lack of, or an alternative to, reality, becoming instead merely one state *of* reality; an extreme state perhaps, but a state in and out of which people can move over time, no longer trapped for the remainder of their lives in their own, separate world.

As we will see in chapter 1, Strauss and Carpenter's early work in the United States was soon replicated and extended by other investigators involved in the WHO International Pilot Study. These early findings on the

short-term (2- and 5-year) course of symptoms and distinct domains of functioning also were extended to the longer-term (e.g., 11- and eventually 32-year) course and outcome of the illness as a whole. In stark contrast to the Kraepelinian legacy, these rigorous, large-sample, longitudinal studies at first suggested, and later confirmed, that there is a broad heterogeneity of course and outcome in schizophrenia (Carpenter and Kirkpatrick, 1988; Harding, Zubin, and Strauss, 1987). Rather than following a necessarily downward and deteriorating course leading inevitably to a poor outcome, many people with schizophrenia are able to recover to a significant degree over time, some recovering fully.

As a result of this research, Kraepelin's pessimistic and one-dimensional model of schizophrenia has since been replaced by more sophisticated and complex models that look to a dynamic interplay of genetic, biological, neurocognitive, psychological, and social factors to understand differences in onset, course, and outcome. With the chance of at least partial recovery hovering around 50 percent, people with schizophrenia can no longer be considered lost to the disorder, to their family and friends, or to the broader community.

These findings have important implications for research, clinical practice, and public policy, as well as for theoretical models of the disorder. For example, the presumptive loss of self and of touch with reality in schizophrenia, in which the individual becomes subsumed by the illness and withdraws into an "empty shell" of his or her former self (Andreasen, 1984), was consistent with certain aspects of institutional life. Once diagnosed and hospitalized, people often lost the opportunity, and eventually the ability, to make decisions and to speak and act on their own behalf. Having most of their day-to-day lives structured and dictated by others, people with schizophrenia—even when no longer in the hospital—became objects of the ministrations, deliberations, and actions (or neglect) of others, whether these others were family members, mental health providers, clinical investigators, or public policymakers. Such a situation may become necessary if the illness takes over the entirety of the person. It becomes problematic, however, as soon as there is a person remaining who, despite the disorder, wishes to act, speak, or make decisions on his or her own behalf. Recognition of the significantly enhanced possibilities of recovery, along with the reemergence of the person from behind the disorder, has made it necessary to make room within models of disorder, research, clin-

ical practice, and public policy for this person to play an active and meaningful role.

The need for space within models of schizophrenia for the person to assume a role in coping with, compensating for, and perhaps recovering from the disorder has coincided with other pressures being exerted on psychiatry to be more respectful of people with mental illness. For example, it has now been over twenty years since the American Psychiatric Association (1980) changed the terminology in its *Diagnostic and Statistical Manual of Mental Disorders* from “schizophrenic” to “person with schizophrenia.” From the National Alliance of the Mentally Ill, the NIMH, and the Surgeon General’s attempts to destigmatize mental illness, to the growing Mental Health Consumer/Survivor Movement (about which we will have more to say in chapter 1), to the landmark legislation of the Americans with Disabilities Act of 1990 that prohibited discrimination against people with psychiatric disabilities in employment, education, and public affairs, public policy and attitudes have been slowly shifting over that time to a recognition of the common humanity—the personhood—that remains at the core of those with severe mental illnesses. For these political shifts to find their way into the scientific domain, approaches to research will have to be developed that go beyond the neurobiological reductionism of the “broken brain” to an appreciation, and investigation, of the role of the person in attempting to manage the disorder.

This conclusion was reinforced in a special issue of the NIMH’s scientific journal devoted to schizophrenia research, the *Schizophrenia Bulletin*, published in 1989 as the Decade of the Brain was drawing to a close. Edited by John Strauss and Sue Estroff, a medical anthropologist who has played an important role in opening up and rigorously studying subjectivity in serious mental illness, the issue took as its theme “Subjective Experiences of Schizophrenia and Related Disorders.” The editors’ preface opened with the following introductory comment: “There is something seriously missing in a field of mental illness that does not attend closely and broadly to patients’ subjective experiences and sense of self” (Strauss, 1989b, p. 177). In his own contribution to the issue, Strauss then went on to explain:

The role of the person in mental disorder is not peripheral, merely as a passive victim of a disease to be fixed by medicine. . . . What we are dealing with

is not some rather stereotyped disease process stamped onto some shadowy “everyperson,” but processes of disorder that interact with a very important and differentiated person—a person who is goal-directed, a person whose feelings and interpretations influence actions that in turn affect phases of disorder or recovery, and a person who uses regulatory mechanisms . . . as ways of making both continuity and change possible. (1989b, pp. 182, 185)

In order to explore processes of person-disorder interaction, Strauss and his colleagues had called in an earlier paper for new approaches to schizophrenia research:

The need for a more adequate model to reflect the evolution of a psychiatric disorder is especially glaring now that increasing evidence has been generated showing that even people with the most severe and chronic mental illness may experience major changes, often with partial or full recovery. . . . It is important in such an inquiry, as in any other scientific effort, to be faithful to the phenomena being studied, even though this may lead to shifts in research method. (Strauss et al., 1985, pp. 295–296)

The publication of the 1989 special issue of *Schizophrenia Bulletin* was the first such step toward shifting research methods. Both in and since that issue, Strauss and others have further articulated the need for these new methods to be oriented to the investigation of the subjective experiences of people with schizophrenia (e.g., Barham, 1984; Barham and Hayward, 1998a, 1998b; Corin, 1990; Corin and Lauzon, 1994; Estroff, 1989, 1994; Strauss, 1989a, 1989b, 1992, 1994, 1996).

For this task, qualitative research is extremely well suited. The longitudinal studies mentioned above, for example, have suggested a number of factors that facilitate the recovery process that appear to have more to do with the person struggling with the illness than with the illness itself. Factors such as hope, courage, and a sense of belonging, while difficult to integrate into neurobiological models of disorder, appear nonetheless to point to ways in which the person’s activity may play a crucial role in the improvement process (Davidson and Strauss, 1995; Harding et al., 1987). Such findings call for qualitative study to identify those subjective factors that may mediate processes of illness and improvement and to shed

light on how these processes of mediation may be facilitated or impeded (Strauss et al., 1985a, 1985b).

The need for new methods to address these new questions regarding the nature of schizophrenia is related to one final, although long-standing, reason for qualitative inquiry in this area. This reason is the very old attraction of the nature of psychotic experience. Psychosis has held a lure for qualitative investigators since the inception of qualitative methods, as it has since antiquity fascinated poets, storytellers, theologians, philosophers, and others interested in the structures and limits of human consciousness. One sign of the persistence of this lure even into the days of the height of the neurobiological paradigm in psychiatry is the fact that the NIMH has continued to publish a “First-Person Account” series in each issue of *Schizophrenia Bulletin*. More recently, the major publication of the American Psychiatric Association to deal with clinical research on severe mental illness, *Psychiatric Services*, has instituted a similar series. We know of no other illness that so regularly attracts attention to first-person accounts.

While this kind of aesthetic or intellectual curiosity is not alone enough to justify a book devoted to phenomenological studies of this topic, it does suggest that there still may be more to learn through systematic investigation of experiences of people with psychotic disorders. This may be true not only with respect to traditional interests in the ways in which psychotic experience differs from normal experience but also with respect to the less-appreciated ways in which people with psychosis remain like the rest of us (Davidson and Strauss, 1995). As we noted above, it is this latter task of investigating the ways in which people with schizophrenia remain people that is of more urgent scientific and political import at this time.

For these reasons, current understandings of schizophrenia call for the development and application of qualitative methods. If it is now time to come to grips with the ways in which even people who once were referred to as “lunatics” have also to be counted as people, then this provides a timely opportunity for demonstrating the utility of qualitative approaches to research in psychology. To our first question of “Why *schizophrenia*?” we thus can answer: Because it offers an area of pressing clinical concern that should be particularly intriguing to investigators interested in the development and application of qualitative approaches to psychological research.

Why *Phenomenology* of Schizophrenia?

Why don't you ever ask me what I do to help myself?

—Woman with schizophrenia talking to interviewer
(Quoted in Strauss, 1989b)

As noted above, madness has been a popular topic of literary, philosophical, and psychological reflection since antiquity, permeating the history of Western thought as perhaps no other human condition with the possible exception of love. There have been studies of aspects of the subjective experiences of people with schizophrenia from the perspective of grounded theory (e.g., Barker, Lavender, and Morant, 2001; McNally, 1997), hermeneutics (e.g., Corin, 1990, 1998), and ethnography (e.g., Cohen, 1992; Estroff, 1995; Wiley, 1989), and the following chapter will summarize some of the more salient findings from these studies. In addition, there has been substantial interest in schizophrenia throughout the history of the phenomenological tradition. Beginning with the pioneering work of Karl Jaspers (1964), there has been a consistent stream of phenomenological work on schizophrenia produced by Mayer-Gross (1924), Minkowski (1927, 1970), Wrysch (1940, 1942), Binswanger (1958, 1963), Boss (1963), Laing (1960, 1961), Macnab (1966), de Waelhens (1978), Borgna (1981), Van den Berg (1982), Kimura (1982), Sass (1987, 1988, 1990), Corin (1990, 1998), and Schwartz and Wiggins (1987), spanning the course of the last 85 years and emanating from Germany, France, Belgium, Switzerland, the Netherlands, Italy, England, Canada, Japan, and the United States.

On the one hand, this cursory review suggests that qualitative methods have been, and can be, brought to bear on the problem of schizophrenia. On the other hand, however, such a list may lead us to wonder if there is anything new to be learned from employing a phenomenological approach in this area. If so many people have already used the tools of phenomenology to explore these waters, and if they, taken together, have had such a modest impact on current understandings and treatment of schizophrenia, is this really a promising approach after all?

We intend to respond to this last question in what is to follow, allowing the proof of the pudding to be in the tasting. With respect to how phenomenological methods can be used to address the research agenda out-

lined above, however, we do have one rationale that we consider worth explaining ahead of time by way of further introduction. This rationale may be dismissed as groundless by adherents of grounded theory or be regarded as socially naïve by practicing ethnographers. Our point is not so much to compare phenomenology to other qualitative approaches, though, as to highlight that which makes empirical phenomenology particularly well suited to exploring schizophrenia and makes its other, less appealing, features worth tolerating.

The less-appealing features of phenomenology include the introduction and regular use of confusing and frequently obscurantist terminology (e.g., eidetic reduction, noema/noesis, the transcendental), an almost indiscriminant use of hyphens (e.g., “being-in-the-world,” “being-with”), the framing of highly abstract concepts that border on being devoid of meaning, a potentially overly rigorous method that appears obsessed with achieving the very same standards it has renounced as irrelevant (e.g., interrater reliability), and a heavy emphasis on theory. It is this last feature of phenomenology, its explicit and self-conscious basis in theory, however, which also is one of its unique strengths when confronting such challenging phenomena as schizophrenia.

In what follows, we make every effort to avoid or clarify potentially confusing terminology, keep our use of hyphens to an absolute minimum, frame our concepts in the language and context of the practical everyday lives of the people with schizophrenia whom we have had the privilege to come to know, and refrain from accentuating the rigorous nature of our methods. We chose not to minimize the emphasis on theory, however, but rather embrace it. This is because, as reflective psychologists, we stand convinced that there is no such thing as an atheoretical position (as is claimed, for example, by the American Psychiatric Association’s third edition of the *Diagnostic and Statistical Manual of Mental Disorders*, 1980). If it is not possible to hold a position that is not based on theory, then the least we can do is be aware of the theory we are using to ground our methodology. Experimental psychology proudly traces its origins back to Sir Francis Bacon and the rise of positivism. So, too, does qualitative research need to have an identifiable intellectual heritage that can be examined and questioned. We suggest that for qualitative inquiry phenomenology has played, and continues to play, this role.

All qualitative research is based on the premise that there is more than

one kind of knowledge about more than one kind of subject matter. It is a given that methods of quantification and measurement based on the physical sciences have led to important discoveries and scientific advances across many fields, not the least of which is psychology. Were this all there is, however—were quantification and measurement enough to ground all of psychology—then there would be no need for qualitative inquiry. The development of qualitative methods is based on the premise that there is more to reality, more to experience, and more to psychology than can be captured through quantitative methods alone. But what is the nature of this more? What other kinds of knowledge are there, about what other kinds of subject matter?

Naturalistic inquiry purports to generate objective forms of knowledge about physical objects that appear to be embedded within the causal nexus of nature. In contrast, qualitative inquiry aims to generate subjective forms of knowledge about experiencing subjects who appear to be embedded within a network of meaningful relationships. Put simply, we do not experience ourselves solely as physical objects being buffeted about by other physical objects that cause our actions and behavior to take the forms that they do (this view may be referred to as the “billiard ball” model of psychology). Rather, we experience ourselves as social agents relating to others, making decisions, acting and behaving in accord with plans we have made (or not) based on *reasons*; based, that is, on motivations that involve our being directed toward goals (Davidson and Strauss, 1995).

It is not important for our present purposes whether or not we are explicitly aware of these reasons or motivations or to what degree they may be in conflict with each other. These issues are certain to be of interest to qualitative psychology, but at the moment we are interested only in establishing the possibility of developing an alternative approach to psychology grounded in motivational relationships of meaning as opposed to causality. Phenomenology, through its descriptive philosophical analyses of experience, provides the theoretical foundation for this possibility.

To justify this statement and explain its relevance for our present task, a brief return to philosophical phenomenology is in order. As the first and most crucial step in our approach to philosophical phenomenology, Husserl proposed to hold in abeyance or put in “brackets” (an idea derived from his training in mathematics) our usual conviction that there is a world

“out there” independent of our experience in order to explore the structures and contents of experience itself. Having “reduced” (through what he called the “phenomenological reduction”) our interest only to what we experience and only in precisely the manner in which we experience it, we are now free to see what is contained in that experience without being distracted by appeals to a world that exists, as it were, beyond our experiences of it. The relevance of phenomenology for our purposes comes not so much from what we have excluded from our science in this way but from what we are able to learn from what remains. Once we are restricted to the sphere of experience we begin to notice a number of important distinctions we otherwise might have missed. It is based on these distinctions that we are able to carve out the territory and approach of our qualitative science.

Husserl noticed, for example, that an object is experienced *as* a physical object (i.e., as having extension apart from my body) by virtue of the fact that there are an indefinite number of perspectives that can be taken on the object without exhausting the being of the object itself. What does this mean? Let’s say that by now you are getting tired of reading all this theory, your concentration is starting to wane, and you figure that it is time to put the book down and go outside for a nice walk. It is autumn in New England, and you can’t help but notice the beautiful foliage turning red, orange, and yellow all around you. You notice, in particular, your favorite tree, all ablaze in red, and approach the tree admiring its fall plumage. From each position you take in relation to the tree, you see a particular side of the tree, from a particular angle, and at a particular distance. You know, in addition, that were you to walk around the tree you would gain many different perspectives on the tree from many different angles. There would be, Husserl (1981) suggests, an indefinite number of “subjective appearances” of the tree, and yet in each case you would know the appearance in question to be an appearance of the very same tree that is given through the other appearances as well (p. 179). The tree retains its identity across these varied appearances.

Restricted as we are to the realm of experience, it only becomes possible to appreciate the tree as having an independent identity, however, against the background of the multiplicity of its appearances. In other words, your tree only comes to be experienced as an individually identical thing (i.e., as *a* tree) by virtue of its persistence through the varying

subjective appearances of it. We come to realize that this thing is not contained in, not merely a part of, any one experience for it remains the same as its appearances vary. It may only be perceived through our experiences of it, but through these experiences it is experienced nonetheless as a thing that transcends these experiences themselves; as that which is other than our experiences of it (Husserl, 1981, p. 179). It is on the basis of this otherness, this transcendence, that the tree then comes to be perceived as being a physical object, as having its own existence in nature apart from its appearances in experience (Davidson, 1987).

But the tree doesn't remain the same over time, you say; it will be losing its red leaves soon as fall turns to winter. How can the identity of the tree persist through such changes if this identity is based on the tree remaining the same against a background of difference? This perfectly legitimate, perfectly reasonable, question provides the ground for natural scientific inquiry, for it is this question that led Husserl to conclude that physical objects are what they are only as a "union point of causalities" within the context of nature (1981, p. 179). We are able to experience a physical thing as the same over time despite such changes by virtue of the fact that the changes that do occur are ordered, predictable changes (e.g., the tree loses its leaves each fall) that abide by determinable (i.e., causal) laws. Only certain changes are possible if we are to continue to experience this thing as a tree; were it to take flight or begin to dance, it would no longer be a tree (except perhaps in a Disney movie). In the same vein, were it not to burn when exposed to sufficient heat, it would no longer be experienced as a tree. It can remain the same tree over time only because its interactions with its environment abide by the laws of possible changes that we identify as belonging to trees. As before, it retains its identity over time only against the background of a multiplicity of lawful changes. It is the nature of the laws by which changes occur that we conceptualize as causality. Husserl explains:

Every thing itself is from the start apprehended as such a lasting individual which has its familiar style of causal behavior. . . . To know a thing means to foresee how it will behave causally, e.g., to have experienced, to know, a glass plate as such means always to regard and know it as something which will shatter if it is struck hard or thrown down. (1977, p. 77)

If any of you, upon returning from your walk, are beginning to feel that you are slipping into an autistic (i.e., self-contained) bubble of a world, in which everything is dependent on each person's unique experiences of it for its existence, be reassured that Husserl devoted the majority of his professional life to demonstrating in meticulous detail how experience is not individual in nature. Experience as the medium through which the world and all of its various objects are given to us must be intersubjective in nature, for it is only on this basis that the world can be experienced by us as a shared world that we inhabit alongside other experiencing subjects rather than as my world or your world alone. Further development of this dimension (the so-called transcendental dimension) of Husserl's thought will be taken up in chapter 3. Fortunately, however, we already have arrived at where we need to be for our present purposes in order to define the "more," and ground the alternative methods, of qualitative research. It is precisely the intersubjective nature of experience that we and, we suggest, qualitative researchers in general, take as our point of departure for exploring the realm of human experience. Let us see how this is so.

One of the more important contributions of phenomenological philosophy was to discover, and then to delineate, the ways in which experience cannot itself be understood as if it were an object *of* experience. Physical beings, as we said above, come to be experienced as individual objects by virtue of their persisting through, and standing out from, the multiplicity of subjective appearances through which they are experienced as "other" than these appearances themselves. This same thing cannot be said of psychological beings, however, since the realm of the psychic, the realm of experience, is precisely that in which physical things are experienced through multiple appearances. These appearances themselves, Husserl argues, "do not constitute a being which itself appears by means of appearances lying behind it" (1981, p. 179). To presume that appearances can only be experienced through additional appearances lying behind them would be to commit oneself to an infinite regress (a state of affairs considered unacceptable by most philosophers). Thus, appearances must be experienced differently than that which appears through them (Davidson, 1987).

How is it that appearances appear in experience? According to Husserl, experience is the same "flow of phenomena" we described above when following you on your autumnal stroll. At one moment you are reading this

book, at the next moment you get tired of working your brain so hard that you decide to take a walk, the next moment you are outside admiring the beautiful colors of the New England fall, then you are approaching your favorite tree, and then, perhaps, you are beginning to think about what you will have for dinner. This “flow of phenomena,” Husserl suggests, “comes and goes; it retains no enduring, identical being that would be objectively determinable as such” (1981, p. 180). Rather than being experienced as that which endures as identical over time and persists through change, the psychical is experienced as that which is constantly in flux, that which, like Heraclitus’ river, is never the same twice. This ever-changing nature of the psychic has been described perhaps nowhere better than in J. D. Salinger’s novel *The Catcher in the Rye* (1951). When Holden, the novel’s protagonist, recalls his many childhood visits to the Museum of Natural History in New York City, he underscores the contrast between physical and psychical being we have been trying to draw. Salinger writes:

The best thing, though, in that museum was that everything always stayed right where it was. Nobody’d move. You could go there a hundred thousand times, and that Eskimo would still be just finishing catching those two fish, the birds would still be on their way south, the deer would still be drinking out of that water hole, with their pretty antlers and their pretty, skinny legs, and that squaw with the naked bosom would still be weaving that same blanket. Nobody’d be different. The only thing that would be different would be you. Not that you’d be so much older or anything. It wouldn’t be that, exactly. You’d just be different, that’s all. You’d have an overcoat on this time. Or the kid that was your partner in line the last time had got scarlet fever and you’d have a new partner. Or you’d heard your mother and father having a terrible fight in the bathroom. Or you’d just passed by one of those puddles in the street with gasoline rainbows in them. I mean you’d be different in some way. (pp. 121–122)

How, then, to pursue knowledge of a kind of being that is constantly in flux? What different kinds of methods can be used to obtain what different kinds of knowledge about this different kind of subject matter? If experiences are not things, and therefore are not related to each other causally, then what is the nature of the relationship between them? What determines the flow of experience? Husserl suggested that, rather than

being connected through external relations of causality, experiences are connected to each other immanently through the flow of time itself. In other words, each experience belongs to the same flow of experiences to which the experience that has just passed away also belonged and to which the experience about to come belongs as well (Davidson, 1987). You are, right now, aware of the words on the page you are reading. You are aware of your reading these words both as coming just after you read the words on the page before and as coming just before you put the book down to take another walk outside. There is a unity to this flow that does not have to be explained based on factors external to the experiences themselves. The experiences carry within them their own intrinsic continuity; a continuity which unfolds over time through relationships of meaning.

There are three important implications to this view for our development of a qualitative psychology. First, it is evident from this analysis how qualitative psychology has come to be regarded as particularly well suited to investigating the role of the person with schizophrenia and the nature of person-disorder interactions over time. Husserl's analysis of the differences between physical and psychical being allows us to establish new methods appropriate to this newly delimited realm of the psychic; methods suited to studying the subjects of experience rather than its objects. Qualitative methods are in this way experience-based, and take as their aim the description and understanding of a person's subjective experiences as they unfold immanently over time and as they relate to one another through motivational relationships of meaning. It is within this conceptual framework that we then can return to our interest in the person's crucial role in the recovery process.

Second, it is evident from this analysis that in attempting to understand the role of the person as a subject of experience, no single experience can stand on its own. Just as your favorite tree can retain its identity only by interacting with its environment in causally determined ways over time, each experience is what it is only as one moment of a synthetic temporal flow, arising out of a particular past and leading into a particular future. This observation suggests that, along with experience per se, temporality should be a key dimension of any qualitative approach to psychology, viewing experiences within the temporal context in which they occur rather than as discrete entities that exist on their own (e.g., as "a delusion" or "a hallucination").

Third, the observation that experiences are intentional and connected to one another immanently through relations of meaning suggests that any qualitative approach to psychology will be concerned also with motivation. Motivation in the sense being used here is not necessarily a reflective or conscious sense of motivation; of knowing why we are doing what we are doing at any given point in time. Rather, motivation is used as a parallel to causality to describe the nature of the relationship between experiences, regardless of whether or not we are aware of these relationships. Husserl argued that one task of phenomenology is to uncover the “laws” of motivation that operate implicitly in determining the flow of experience. Ordinarily, these laws operate without our awareness, leading from one experience to the next in meaningful and interrelated ways.

How, then, do we uncover the laws of motivation operating in the temporal flow of experiences? By studying the meaning of the experiences themselves in their relationships to each other. Having set up our base camp inside the realm of subjectivity, the challenge of our scientific explorations “is to take conscious life, completely without prejudice, just as what it quite immediately gives itself, as itself, to be” (Husserl, 1970a, p. 233). We need not look anywhere other than to experience to generate knowledge about the nature, structures, and laws of experience. It is on this basis that we can ground the development of a qualitative psychology that takes as its subject matter the “more” of the meaning and motivations of our subjective life.

Before moving on from this exegesis of the Husserliana, we should return to the issue of intersubjectivity introduced above and explain how the study of our subjective life requires the development of different methods for psychology. Like most philosophers, Husserl reflected primarily on his own experiences and drew inferences about the nature of subjectivity from what quantitative psychologists would consider an *N* of 1. Although in principle it would be possible to base a psychology similarly on reflection on one’s own experiences, there would be obvious limitations to the ability of such a psychology to explore and understand mental illnesses like schizophrenia. Not that people with schizophrenia would not, or could not, be interested in reflecting on their own experiences. There are, after all, several outstanding examples both of psychologists (e.g., Pat Deegan, 1988, 1992; Fred Frese, 2000) and of psychiatrists (e.g., Dan Fisher, 1984; Carol North, 1987) who have had, and may continue to have, schiz-

izophrenia and whose work is informed by their own experiences. We would not want to suggest, however, that psychologists can understand only those things they have experienced directly themselves. This would place overly restrictive limits on qualitative research in psychology and on approaches to clinical practice based on it.

It is here where the intersubjective nature of experience becomes crucial in providing the ground needed for developing qualitative methods that can tap the experiences of others. Thus far, we have described how physical objects appear to experience and how experience appears to itself; the question remaining for psychology is how *others* appear to me in my experiences of them. Do I experience another person as a physical object, as another immanent flow of experiences, or as something else altogether? To the degree that I experience the other person as embodied, I perceive him or her as a physical object (i.e., his or her body) susceptible to, and governed by, the causal laws of nature. To the degree that I experience this body as being occupied, so to speak, by another person, however, I also experience him or her as an experiencing subject with his or her own immanent flow of experiences parallel to, but separate from, my own. In the kind of meticulous, if enlightening, detail that would serve as the impetus for many long walks through New England foliage, Husserl devoted the entirety of the second volume of his *Ideen* (Ideas) series (1989) to describing the differences between the ways in which inanimate nature, animate nature, and human nature appear in experience. In what is perhaps an unsurprising but still useful distinction, Husserl suggests that naturalistic approaches to psychology are best suited to investigating the nature of the human body, while phenomenological approaches are best suited to investigating the nature of human subjectivity.

How could phenomenological methods be used to investigate the experiences of others rather than of myself? What access do we have to other people's experiences, and how should we go about trying to understand those experiences? Chapter 2 will begin to address these questions in detail, as we lay out the various steps of the empirical phenomenological method we have used in investigating experiences of people with schizophrenia. We should note, however, that these are the kinds of questions that are rarely asked by other qualitative approaches such as grounded theory. The question of how we gain access to the subjective, experiential life of others is one of those thorny theoretical questions that will need to be

addressed in grounding and justifying any qualitative approach to psychology. It also happens to be one of the theoretical questions to which phenomenology has offered a response.

If the fundamental law of subjective life is motivation, then we can imagine that investigating the experiences of other people will involve identifying and coming to understand their motivations. As Husserl explains:

The question is how they, as persons, comport themselves in action and passion—how they are motivated to their specifically personal acts of perception, of remembering, of thinking, of valuing, of making plans, of being frightened and automatically starting, of defending themselves, of attacking, etc. (1970a, p. 317)

But how do we, as psychologists, gain access to this kind of subjective information immanent to another person? “I can have a ‘direct’ experience of myself,” writes Husserl, but I cannot have such a “direct” experience of others. “For that I need the mediation of empathy,” he continues; “I can experience others, but only through empathy” (1989, p. 210). Similar to the active and disciplined listening required in the practice of most forms of psychotherapy, phenomenological psychologists will need to be able to relate empathically to each participant in their study, immersing themselves enough in the participant’s experiences to begin to have a sense of what it would be like to be having such experiences themselves. As Husserl suggests:

A first step is explicitly to be vitally at one with the other person in the intuitive understanding of his experiencing, his life situation, his activity, etc. (1970a, p. 328)

In qualitative research, as in clinical practice, there are no tricks, short cuts, or recipes for the cultivation of such intuitive understanding. Empathic listening requires practice, skill, and at least a bit of talent, grace, and good luck. As when an actor is learning to assume the role of a new character, however, there are a few strategies that can be used by qualitative researchers to construct empathic bridges between their own experiences and the experiences of their subjects. We will illustrate some of these strate-

gies beginning in chapter 3. We only note here that in the case of schizophrenia, building empathic bridges to the lives of people with severe and persistent psychiatric disorders may pose particular challenges.

In our view, however, the particular challenges it poses to qualitative investigators are yet additional arguments for the value of schizophrenia as an illustrative focus for qualitative study. If empathic bridges can be built to experiences of psychosis—and we intend to demonstrate in what follows that, and how, they can—then psychologists presumably need not fear that their understanding of subjectivity will be limited to what they themselves have experienced directly. In the interim, we can return to our initial question of “Why *phenomenology*?” to which we now can answer: Because it provides rigorous methods for psychological research, well grounded in an explicit theory of human subjectivity, and therefore particularly well suited to describing the role of the person in recovery from psychosis.

So, How Do You *Do* a Phenomenology of Schizophrenia?

We describe and illustrate each step of the phenomenological method we have used in our empirical studies of schizophrenia beginning in chapter 2. There is one last issue, however, that we would like to discuss as we bring this Introduction to a close. This issue pertains to a key methodological decision made in the development of any empirical phenomenological approach to qualitative psychological research regardless of the phenomenon being studied. As described above, the data for phenomenological inquiry is provided by first person accounts of subjective experience of the phenomenon in question. To date, there have been three basic routes to generating such data, either through autobiographical narratives, intensive case studies that include self-description, or intensive, open-ended interviews. We close this chapter by explaining why we have chosen the third route.

It is evident from a brief review of the phenomenological literature in psychiatry and psychology that the first two of these options have been the clear preferences of investigators to date. Early phenomenologically oriented clinicians, following Kraepelin as much as Husserl, employed intensive case studies of one or a few patients as the data for their structural analyses of psychopathology. Minkowski, for example, offered his insights

into schizophrenia based on the case of one patient whom he happened, by “happy circumstance,” to spend “night and day” with for an extended period of time (1970), while Binswanger (1963) based the bulk of his theory of schizophrenia on five intensive case studies, which met his only precondition of having adequate case material and self-description available for analysis and interpretation. Karl Jaspers was the first to suggest the use of autobiographical accounts, preferring “good self-descriptions” to accounts offered by patients in response to direct questions (1968). This approach has been used most recently by Louis Sass (1987, 1988, 1990), who has reinterpreted descriptions of psychotic experiences drawn from Marguerite Sechehaye’s patient “Renee” in her *Autobiography of a Schizophrenic Girl* (1951) and from Daniel Paul Schreber’s *Memoirs of My Nervous Illness* (1955), employing theoretical concepts from Heidegger, Wittgenstein, and Foucault. While there is much to be said for the richness of the data derived from these sources, there are several reasons why we decided to pursue the least traveled route of open-ended, qualitative interviews with people with schizophrenia.

First, the vast majority of people with schizophrenia, just like the vast majority of people in general, do not provide us with autobiographical accounts of their life experiences. It therefore seems fair to assume that those few people with schizophrenia who do write their autobiographies, while providing a real service, nonetheless do not represent the majority of people so afflicted. In order to avoid even the potential for there being any substance to the “YAVIS” critique of qualitative research—that is, that it only taps the experiences of young, attractive, verbal, intelligent, successful adults—this should not be our first choice for a source of data about the lived experiences of people with schizophrenia.

There are similar concerns about the choice of intensive case studies, in that these too comprise a very limited, and fairly restrictive, sample. People who are able to benefit from intensive relationships with clinicians over extended periods of time most likely have the independent financial means and residential stability required to do so, as well as typically have higher levels of premorbid functioning than the average person with schizophrenia. In addition, intensive case studies, due to their nature as clinical examples, are more vulnerable to being (or at least being criticized for being) a showcase for a particular clinician’s own theoretical framework or formulation. It is difficult in reviewing a case study to

know what material was generated spontaneously by the client, what material was generated primarily in response to the clinician's implicit conceptualizations and expectations, and what material was generated by the clinician him- or herself. Lastly, and most important, case studies are written from the perspective of the clinician rather than from the perspective of the client; the latter being a core requirement for phenomenological study. One need only glance at the differences between Freud's case study of the Wolfman and the Wolfman's own account of his relationship with Freud to appreciate the magnitude of such differences in perspective (cf. Gardner, 1971).

In addition to these reasons to avoid autobiographies and intensive case studies, there are a few advantages to basing phenomenological studies of schizophrenia on narrative, open-ended interviews with people living with the condition. First, such an approach is most consistent with Husserl's admonition: "To the things themselves" (1983). This principle, which has since become something of a motto of phenomenology, is meant to direct our attention to how the phenomena of interest present themselves to us in "originary" (first-person) experience as opposed to through the filters of our often implicit and unacknowledged assumptions and preconceived notions about what those phenomena are. Given the long and unfortunate history of schizophrenia as a magnet for misconceptions, this approach offers a particularly good opportunity to begin afresh with what people who have the condition actually report about their experiences.

In a related vein, the choice of open-ended interviews as the method for data collection helps to bring phenomenology out of the ivory tower of academia and puts it quite literally onto the streets. As mentioned above, phenomenology has a checkered history of appearing overly abstract and overly theoretical at the expense of being accessible or faithful to the concrete and practical nature of everyday language and experience. Conducting qualitative interviews with people who are homeless and actively psychotic in the back of a social service agency's van, as some of our interviews have been, has a way of bringing otherwise theoretically inclined people down to earth. For qualitative research to be most useful in informing the development of interventions to assist such people in reclaiming their lives, studies need to be based on the actual experiences of the people living with the conditions of interest, and as much from their own perspective and in their own terms as possible.

Finally, interviewing people who are currently experiencing schizophrenia affords us an opportunity to incorporate a degree of rigor often recommended, but rarely pursued, in psychological research. This added degree of rigor has been referred to in a number of different ways in the qualitative tradition, including “adversary hearing” (Tebes and Kraemer, 1991), “member checking” (Allende, 2000), and participant feedback (Davidson, Stayner, Lambert, et al., 1997). All of these techniques involve having interview participants review the researchers’ attempts to describe and interpret the significance of what they have said in their interviews and to integrate their feedback into the final version of the findings. These techniques serve at least two purposes.

First, they enhance the credibility of qualitative research by offering another check on the investigator’s own biases. In ways that authors of autobiographies and objects of intensive case studies are rarely able to, interview participants can let investigators know when they have missed something important, distorted the meaning of a person’s experience, or imposed their own ideas onto another person’s description. Second, these techniques operate at a more basic level in inviting the participant to be a collaborator in the research process. Rather than trying to turn the participant into a fellow psychologist, these techniques respect the participant as an active agent in his or her own right who has his or her own expertise to contribute to the research process; this expertise consists of first person experiences of the phenomena being investigated.

Although we did not begin our own research efforts with this conviction, we have come to appreciate over the last decade that viewing the person as playing an active role in her or his own recovery necessarily requires viewing the person as playing an active, collaborative role in the research enterprise as well. Just how this is so, and how an approach of “participatory research” enriches the enterprise of qualitative investigation in psychology, we hope to demonstrate in what follows.