



## ORIGINAL ARTICLE

### Existential a prioris and the phenomenology of schizophrenia

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*Existential a prioris are fundamental elements of the a priori structure of one's being-in-the-world (Dasein). They relate to Heidegger's existentials, although in psychiatry the analysis is mainly at the ontic level of concrete existence. The English term "existential" does not discriminate between the German "existentziell" and "existentzial". Here we mean with "existential" what in German is called "existentziell". In this paper schizophrenic delusions and hallucinations are considered secondary phenomena, being founded in a primary alteration of the existential a prioris (the very "categories" that make possible the anchoring and orientation in the life-world). In schizophrenia the alteration of the existential a prioris is recognized as a certain mode of being, different from ours, which is evident in the alteration of spatialization and temporalization, being-with others and bodily being (embodiment). This is discussed by the so-called technical delusions and hallucinations, which are psychotic symptoms experienced as being influenced by means of technical instruments. The recognition of the alteration of these basic pre-objective structures is very important for the understanding and therapy of people with schizophrenia.*

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#### INTRODUCTION

Schizophrenic delusions and hallucinations pose several clinical and theoretical problems to nosologists, in particular about their nature, their definition and their role within the diagnostic construct (e.g., are they primary or secondary symptoms?).

Delusions in psychiatry are mostly conceptualized as intellectual-cognitive phenomena; hallucinations mostly as sensorial phenomena. Both concepts presuppose the comparability of delusional "reality" and normal reality, of hallucination and normal perception. Thus, the difference in the case of delusion would purely consist of false cognitions or judgments and in the case of hallucination in the lacking of an external object. However, every conceptualization and definition of delusion and hallucination is difficult to objectify.

A typical and recurring theme in schizophrenics involves technical delusions and hallucinations (Kraus, 2001a). These are so-called "made up" experiences, experiences of being influenced in their will, their thinking, and their feeling (either

in a positive or negative way), as well as being explored by others by technical means. Examples of these technical means are: different kinds of rays, like X-rays, laser, short-, medium-, and long-waves, infra-red and micro-waves, electric streams, as well as different kinds of electromagnetic fields, and so on. Not only are their acts, movements, and bodily feelings influenced, but also parts of their body or their whole body may be heated or cooled, numbed, or destroyed by these technical influences. The same kind of influencing, harming, or supporting by technical means may also originate deliberately or spontaneously in the patients themselves and have effects on others. Both possibilities of experience, being influenced by others and influencing others, may occur in the same patient at the same time. We think it is not by chance that people with schizophrenia so often use technical metaphors to explain their schizophrenic experiences. There must be some analogy between the characteristics of technical processes of the above mentioned kind and the way patients experience their altered psychotic self and world.

Classical psychopathology at one hand stressed the relationship between surface symptoms and the global reality of the patient. Delusions and hallucinations do not simply contradict “reality”, it seems, we have here another kind of reality. Every statement a patient makes about the object of his/her experience seems only to adapt it more or less to normal reality. Thus the patient tries in a certain sense to “normalize” the altered kind of his/her experiencing by adapting his/her report to the structure of common language and its logic. In this way the “reporter transposes the contradictions of his experiences, their floating and shredded character to ordered and sayable things” (Schneider, 1967, p.134). Jaspers (1965) and Schneider (1967) also emphasized that in the delusion of people with schizophrenia, a globally altered relationship of their likewise altered personality has taken place.

On the other hand, however, the emphasis on the discrimination between the form and the content of psychotic experiences as well as the diagnostic interest rendered classical psychopathology mainly interested in the form of the contents (asking, for example, if we are dealing with delusional ideas, delusional perceptions, hallucinations or illusion, and so on). For diagnosis, particularly for the diagnosis made by diagnostic manuals, the respective contents of psychotic experiences appear irrelevant, because they are seen to be just the material for these symptoms, coming from the biography of the patient or her/his actual situation. But, in doing so, much of the information given by the contents of her/his delusions and hallucinations is lost.

In our view, “not only a globally altered kind of experience of the self, but also of others, and of the world, is expressed in the delusions and hallucinations of patients with schizophrenia. Without taking into consideration this altered pre-reflective “being-in-the-world”, which shows itself in another kind of “reality”, every objectifying concept and definition of schizophrenic delusion and hallucination is only exploratory and superficial and in the end misses its object” (Kraus, 2007, p.98, *modified*). Our main thesis, therefore, is that delusion and hallucination in people with schizophrenia are secondary phenomena; primary is an alteration of fundamental

structures of *Dasein* (Heidegger 1963), of “categories” of being, which - in their empirical application in psychiatry - are called existential a priori (Needleman, 1967, p.23). According to this picture, the contents of delusional and hallucinatory experiences are not less interesting than their form. On the contrary, contents convey relevant information about the alteration of the pre-objective, pre-predicative formal structures of the patient’s relationship to her/himself, to others and to her/his world. The analysis of these a priori existential structures is not only important for the understanding of the world in which a patient lives, but they also show how the phenomena that we diagnose clinically as symptoms, e.g. as delusions and hallucination, become possible.

### **THE EXISTENTIAL A PRIORIS, FROM PHILOSOPHY TO PSYCHOPATHOLOGY**

The so-called phenomenological-anthropological psychiatry (see also Kraus 2001b) was (at least immanently) strongly inspired by transcendental philosophy. In contrast to former beliefs, Kant (1787) was the first to bring about a far-reaching revolution in philosophy by supposing that knowledge does not only conform to its objects, but objects also conform to our ways of knowing. This was a big blow to the belief that it could be possible to achieve positive knowledge about reality as it is itself. Kant showed that, without what he called transcendental categories, without the a priori forms of space and time, causality and reality, no kind of experience could emerge.

The influence on psychiatry of Husserl, who himself owes very much to Kant, was greater and more manifold than that of Kant. Suffice it to mention his new understanding of consciousness with its reality-constituting, intentional acts.

An even stronger influence on psychopathology came from Heidegger (1963), particularly through Kunz (1931), Blankenburg (1971), Tellenbach (1983), Binswanger (1994), and others. What is new in Heidegger is his strict differentiation between a being in the sense of *Vorhandenheit*, the being of objects, and that of *Dasein*, in the sense of being-in-the-world. For example, a pair of shoes standing near the door is different from a man standing there. It is a different kind

of “being-with” the door. Human “being-with” objects has the basic trait of “standing open” or openness (*Offenstehen*) to the “present-being” (*Anwesende*) or to the thing that is there (Heidegger, 1994, p.94). Shoes placed near the door do not allow access to the door; the door is not present to the shoes. Therefore in Heidegger’s conceptualization of human *Dasein*, which could be written with a hyphen (*Da-sein*), “There” (*Da*) signifies this kind of openness. This openness is fundamental to human beings, in which beings (*Seiendes*), things, the others can be present, indeed the person can be present to him/herself (Heidegger, 1994, p.157). In order to avoid the possibility that *Dasein* might be misunderstood as referring to location, (here and there), it could be better translated as “being the there” in analogy to Heidegger’s own translation into French: *être le la* (Heidegger, 1994, p.43). *Dasein* in its openness to the present is a letting oneself in for beings, a being taken up with one’s action and behaviour (Heidegger, 1994, p.143). As a relation to the being of beings, *Dasein* always already understands being; thus, openness and understanding characterize the basic condition of humankind. The openness of *Dasein* makes the being-in-the-world of the person possible (ontologically understood), which in this way always already belongs to humankind. Being-in-the-world is a being completely different from that of *Vorhandenheit*, which is only being within the world. Being-in-the-world is the essence of humankind and therefore cannot be added to the person. Being-in-the-world is not a quality of a subjectivity; it is intrinsic to the existing of humankind (Heidegger, 1994, p.286). Heidegger, thus, goes back behind the differentiation of subject and object; or of ego, or self and world. And in this he differs fundamentally from Kant as well as from Husserl.

The fundamental structures of *Dasein* are called existentials (*Existenzialien*) by Heidegger and they characterize the being of *Dasein* and distinguish it from those beings which are not of the *Dasein* kind (e.g. beings of nature). Because *Dasein* is the condition of the possibility of being-in-the-world, the existentials can be conceived as different kinds of possible-being (*Sein-können*) (Heidegger, 1994, p.203). *Das-*

*ein*, ontologically understood, constitutes the being of the world and the self (also ontologically understood) through the endowing of meaning (Heidegger, 1994, p.22).

According to Needleman (1967), the existentials function in a manner analogous to the Kantian categories, in that they are the forms through which ontic reality can manifest itself to the *Dasein*. Heidegger’s existentials are *In-sein* (in-being), *Sein-bei* (be-immersed-in), *Mit-sein* (with-being), *Zeitlichkeit* (temporality), *Räumlichkeit* (spatiality), *Verstehen* (understanding), and so on. In Heidegger’s *Daseinsanalytic* these notions are to be understood **ontologically** as characteristics of humankind, taken as *Dasein*, in preparation for inquiry into the fundamental question for the meaning of being. In contrast, Binswanger’s *Daseinsanalysis*, which is a form of existential analysis, has an **ontic** orientation. As a “phenomenological empirical science” *Daseinsanalysis* aimed to make ontic statements, for example being concerned with factual phenomena of a certain existing *Dasein*. The intention governing Binswanger’s *Daseinsanalyse* was to understand psychiatric symptoms as the expression of an alteration of the structural components of one’s basic being-in-the-world. To do this, he had to take the ontologically determined existentials of Heidegger and bring them into the frame of concrete human existence (that is, applying the ontological a prioris to the concrete individual). Because Binswanger was on the one hand concerned with the transcendentially a priori essential structures and on the other hand with the possibilities of concrete human existence, Needleman (1967) labels this approach “meta-ontic”, since it is neither ontological nor ontic, but rather lying somewhere in between. For the same reason he renamed what Binswanger called “transcendental categories” as “existential a prioris”. The existential a priori give meaning to and thereby constitute the world of everybody. As such they are one’s matrix of possible experience. The existential a priori structure, according to Needleman, represents “the being of this particular man as he exists in his particular world” (Needleman, 1967, p.67). This extension of Heidegger’s ontology to the ontic level is very important for psychiatry. However, much work

has still to be done to clarify the relationship between the two kinds of existentials, which should not be identified with each other.

The *existential a priori* structure serves as a clue to the world-design of a patient-what her/his world holds out as potential experience. Binswanger used his Daseinsanalyse as a biographical method for the investigation of the development of psychiatric disturbances as well as for the analysis of psychiatric phenomena such as delusion and hallucination. We use existential analysis here only in the last sense.

As already mentioned, the notion of being-in-the-world goes beyond the separation of subject and object and is related to a pre-conceptual being of the human person (pre-objective, pre-predicative and pre-intentional being). Of interest here is the human being's state of *already being related-to*, e.g. to a life-world in the sense of habits, self-evidence, familiarity, and so on, wherein intentional behaviour and experience is based. For example, intentional trust in somebody presupposes human familiarity. A modification of this pre-objective, pre-predicative being can be assumed in many psychiatric disturbances, such as in delusion. For psychopathology, it is important that this level of the analysis is by no means something static, but has to be understood as a process of happening.

### EXISTENTIAL A PRIORIS AND SCHIZOPHRENIC PHENOMENOLOGY

So called technical delusions and hallucinations are particularly suitable in order to discuss the fundamental role of existential a prioris in schizophrenia. In our view it is not by chance that schizophrenics use technical metaphors to talk about their experiences. In the following we try to explore the altered pre-objective being-in-the-world of our patients by examining their technical delusions, using the phenomenological characteristics of technical processes as guidelines. In doing so, the basic idea is that there must be some analogy between technical metaphors and the basic way patients experience their altered psychotic self and world.

**ALTERATION OF TEMPORALIZATION AND SPATIALIZATION, OF *IN-SEIN* (BEING-IN).** The existential a priori of "being-in" (*In-sein*) is part of the

*Dasein*, of one's being oneself, and as such it has nothing to do with the kind of being in the world of things like wine in a bottle or a tree in its surroundings. That means, time and space are essential features of one's being. *Dasein* as such spatializes and temporalizes itself, and (for example) opens the space for the appearance of things. As we have already shown, 'being there' (*Dasein*) means that this being is open to its world. It lets beings appear as they are, constructs its own world, understands it, and is always already familiar with it. Before looking at our patients under the aspect of the existential a priori of "being-in", we have firstly to note that normally the technical processes are in many respects different from non-technical "natural" processes, especially if we see them from the aspect of temporality and spatiality. Rays, for instance, bridge space and time and can penetrate solid objects. They have effects at long distance. The apparatus from which they originate, and the people using them, seem to be near and present, but in reality they are not. Accordingly, in this case the "natural" spatial and temporal discursivity, the "natural" sequences of events, the environmental coherences and connections, the mutual references of objects and events are interrupted. A technically transmitted talk (like, for instance, a telephone call) is compared to a talk in the presence of the interlocutors, lacking background information about what is told. The partners in a telephone call do not know the present condition or the situation of each other (they may only have suppositions without any certainty).

It was previously stressed that "all these characteristics of real technical processes characterize also the delusional experiences of our patients. So one of our patients, hallucinating voices, supposed that her mother was giving her orders, which had been recorded on a tape when the patient was a child" (Kraus, 2007, p.104). If we compare the above discussed openness of the "normal" *Dasein* with the *Dasein* of our delusional and hallucinated patients, it appears clear that they have suffered a loss of their "being there". That is, "they have lost the spatial as well as the temporal presence in their real world, which in a certain sense, they are sliding over"

(Kraus, 2007, p.105). They can be contacted and be influenced, wherever they are, from far distances and from anywhere. Some patients are, because of what they experience, always anywhere and nowhere, having completely lost their position in the real world in which they live. The natural connections of things and real human relationships are broken down. Moreover, “the quality of delusional human relationship is extraordinarily poor and without any background information. The patients themselves-as well as their partners-are without a certain place in space and time. With their delusional partners they lack the unity of a common world. It is significant that hallucinatory experiences are mostly monomodal, either acoustical or tactile, etc., whereas normal perceptions are usually multimodal, e.g. what we see we can also touch and smell. The private room in which a patient lives has lost its protecting boundaries. For this reason, everything happening in the private space is at the same time made public” (Kraus, 2007, p.105). Now, in comparing these patients’ experiences to the phenomenology of “normal” technical processes described above, we should ask if the same is not also true for somebody who is using real technical media, e.g. a mobile phone? The fundamental difference is that such a person, also operating in another relationship of time and space, is always at the same time related to her/his “natural” space and time, she/he can change it and is not passively exposed to it. On the contrary, the loss of the existentiality of our patients is expressed by the fact that their whole being has lost the openness for the being of beings, characterizing the *Dasein*, and what remains are the received features of the “being only within the world”, like mere material things (*Vorhandenheit*). Accordingly, in technical delusions and hallucinations “the patients feel like being treated as objects, they are available, at hand for everybody at any time. Even their thoughts have received the quality of a material thing that can be extracted from their brains, as one patient told us. Thoughts can directly be transformed into waves or rays and waves into thoughts. A merging of ego and material objects, an inter-penetration of both is taking place. Not only have the boundaries between the ego and

its surroundings become permeable, as K. Schneider (1967) showed, but even those of one’s subjectivity and the material world, between *res cogitans* and *res extensa*” (Kraus, 2007, p.105).

**ALTERATION OF THE BODILY BEING.** The openness to beings, according to Heidegger, is characterized by the fact that we are immediately *with* the things, which “catch” us in a bodily way. So, the bodily being belongs to the being-in-the-world. However, as previously noted in the psychotic experiences “this openness for real things is restricted. As a body available (*vorhanden*), at hand (*zuhanden*) to the manipulations and attacks of others, this body exists as *Dasein* (as characterized above) only very restrictedly. As an alienated body, this body is no longer a possibility of openness for beings, but only a prison. So Minkowski’s (1970) “loss of vital contact with reality” of people with schizophrenia can be understood in the sense of a loss of bodily openness of being-in-the-world. Degraded in their personhood to such an excessive degree, deprived of their openness for beings, and insufficiently appealing to beings, these patients have no needs or little interest in doing anything; acting may even become impossible. In our opinion, insufficient attention has been paid to the so-called apathy of people with schizophrenia, which-if it is described at all-is mostly seen merely as an intrapsychic state. Such “apathy” is based on the particular kind of being-in of their being-in-the-world. Their particular kind of relationship to the world is also the reason why their apathy is therapeutically so difficult to influence. The lacking discursivity, the altered spatiality and temporality, which is expressed in their delusional assumptions, do not allow them to react in any way, e.g. to protect themselves against the delusionary technical influences that they describe. For instance, the patient will very seldom investigate where the technical influence actually comes from and who causes it” (Kraus, 2007, p106).

**ALTERATION OF “BEING-WITH” OTHERS.** According to Heidegger, being-with cannot be seen apart from being-in-the-world, but is always a part of it; the In-being is always also being-with others, and “Being-with structures being, even when another person is not there or not per-

ceived' (Heidegger, 1963, p.120). It is particularly important that every instance of knowing each other is founded in a primary understanding of being-with (Heidegger, 1963, p.124), and that consequently empathy is possible only on the basis of the existential a priori of being-with (Heidegger, 1963, p.125).

Let us turn to the alteration of the structure of being-with others in connection with the altered experience of the self in schizophrenic delusional and hallucinatory experiences. First of all, it should be stressed that in technical delusion there is always the assumption that another person, or several others, use the technical means (Schneider, 1967). The articulation of the other in the delusion and hallucination of those with schizophrenia suggests a fundamental alteration of the existential a priori of being-with. In schizophrenic delusional and hallucinatory experiences, there is no direct, immediate communication possible with others, because the technical medium is always in-between. "The patients are not free to communicate with others, but are forced to get into contact, because they are the object of rays or waves sent by these others. They are not only forced to listen to the information they get by their voices, but they are also explored by the technical medium: they have to reveal themselves to the delusionary others. They cannot hide from them or protect themselves. They are commanded by these influences, have lost their freedom and are victims of the other, or of others" (Kraus, 2007, p.106-107). Moreover, hallucinations are often experienced without the concomitant experience of the other person involved: e.g. the patients hear other persons without seeing them and they have the feeling of being touched although there is no one close to them. Thus, no background information, no meta-communication is possible. As previously stressed, "this makes it difficult for them to know the motives, the intentions of the others carrying out such manipulations, or fully to understand the meaning of what the voices say. It is also because of the neutrality of the technical medium that they often do not know whether the manipulations should help or harm them. Because everybody can use a technical medium and meta-communication is not possible, they

often cannot identify the user. Because nobody is able to participate in what they experience, the patients feel isolated, cut off from the others. By means of technical media like rays and waves it is possible to be near from afar. This can be a particular torture [...] the near-farness of the delusional other is experienced as a particular stress, because the patient has only his or her own bodily feelings, whereas the other stays abstract - only present in the patient's bodily feelings [...]. Rays and waves always have one-way effects. The consequence is that the patient usually has no possibility to react to these, there is no reciprocity possible, the patient is the mere object of the wishes, ends, and purposes of others" (Kraus, 2007, p.107).

## CONCLUSIONS

In this paper schizophrenic delusions and hallucinations were considered as secondary phenomena, being founded in a primary alteration of the existential a prioris (the very "categories" that make possible the anchoring and orientation in the life-world). By following Heidegger's influence on phenomenological psychopathology, we discussed the alteration, in schizophrenia, of fundamental structures of being-in-the-world (*Dasein*), such as temporalization, spatialization, embodiment and "being-with-others". The alteration of existential a prioris resulted in an alteration in the structure of the experiences of concrete individuals. We are dealing here with the conditions of the possibility of schizophrenic delusion and hallucination in the essence of humans, with the altered basic self- and world-relationships as a consequence of an alteration of the existential a prioris. This is not to be understood in the sense of cause and effect, our description of delusion and hallucination as alterations of "categories of being" is not a causal assessment. Rather, we see the foundation of delusion and hallucination in the alteration of the existential aprioris.

After explaining the concept of the existential a priori and its application in psychiatry, we discussed how an alteration of the experience based on an alteration of a priori structures was expressed by patients with so-called "technical" delusions and hallucinations. Our analysis sug-

gests that the technical content of schizophrenic symptoms “must be seen in connection with the lack of openness for being and the lack of response to, and insufficient involvement with being” (Kraus, 2007, p.108). Consequently patients with schizophrenia do not experience the resistance of reality which, according to Heidegger, characterizes being-in-the-world (which in turn presupposes a disclosed world and constitutes the sense of reality). In our view the lack of openness for the being of the beings of the out-side world and the resulting lack in the experience of resistance is at the base of the peculiar way phenomena are experienced in these patients. In particular, while “the non-psychotic person knows that he/she visualizes an unclear subject by using metaphors, the patient does not. For the patient, the visualized picture of being manipulated by technical means has the character of reality, even if she/he is able to see the difference to “normal” reality” (Kraus, 2007, p.109). Accordingly, in our view the content of technical delusion and hallucination should not

merely be conceived as a metaphoric representation of a psychotic experience of the patient, which, as such, cannot be described by means of our normal language. Rather, the reason for the quasi-reality of her/his assumptions of technical processes is above all her/his passively experienced, global pre-objective alteration of her/his self and world.

**Endnote:** An early and differently structured script on the same topic was published as: Kraus (2007), in Chung MC, Fulford KWM, Graham G. (Eds) *Reconceiving Schizophrenia* (see references).

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