

Trapped in a Mirror Maze: A Phenomenological Analysis of Hallucinations Among Persons with Schizophrenia

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ABSTRACT · Using interviews with patients staying at the *Soteria* Unit of the Center for Psychiatry (zfp) Reichenau, the article provides a phenomenological analysis of hallucinations. The interviews indicate that hallucinations are experienced quite differently than actual perceptions. Their modalities of experience are mostly fluctuating and highly ambiguous. Often, they are not visible or audible at all, but manifest in the mere bodily feeling of something or someone's presence. According to Merleau-Ponty, every hallucination is therefore a "hallucination of the body." Drawing on Thomas Fuchs' analysis of schizophrenia, the paper shows that in hallucinations the body responds to alienated states of intentional consciousness that are no longer assigned to one's own mental life.

KEYWORDS · Hallucinations, schizophrenia, phenomenology of perception, intentionality of consciousness, *soteria*.

I. Introduction

The question whether something is real or not may at first glance appear to be of no practical relevance. After all, for most of us the distinction is not an achievement of conscious reflection but is rather something pre-reflective and thus self-evident. Nevertheless, the analysis of how we experience reality is not merely a phenomenological gimmick, but gains relevance in cases where the distinction between the real and the unreal is no longer assured. In schizophrenia, reality suddenly appears dubious; the patients live in an atmosphere of artificiality and fakeness, which has been described with the term "delusional mood" (Conrad 1992, 43). At the same time, patients experience hallucinations that seem extraordinarily real. They report voices giving them instructions, alien thoughts and visual hallucinations. The question to be addressed in this paper therefore is: How can something be experienced as real and present which – at least from the intersubjective point of view – is absent?

Merleau-Ponty addresses this question in a chapter of his *Phenomenology of Perception* (Merleau-Ponty 1966) and describes hallucinations as a fundamentally embodied phenomenon (Ibid., 394). In this article, his analysis will be supported by interviews with patients treated in the *Soteria* Reichenau. *Soteria* is an alternative treatment concept, where patients share their everyday life with therapeutic staff in an environment similar to a shared flat (Nischk 2018, 1). The interviewed patients engaged in a mutual reflection about what hallucinations are and shared not only their experiences but also their interpretations. Based on this shared reflection, this paper will outline a "phenomenology of hallucinations".

I.a. Methodical remarks

In order to find out how hallucinations are experienced by patients with schizophrenia, a qualitative study was conducted at the *Soteria* Reichenau. The *Soteria* is a milieu-therapeutic clinic concept for young people with psychoses, which puts a focus on daily routines, a manageable environment and low hierarchy structures. The social and spatial environment is thereby considered to play an active role in the recovery process. The conceptual approach is furthermore

based on an emphasis on dialogue and social sense-making. In this study unstructured interviews were conducted with three patients during a six-week period of participation in the clinic's daily routine (05/31-07/2021). The target group were patients with a schizophrenic disorder or psychotic symptoms. The patients were able to determine the time of the interview themselves by initiating it during their daily routine. No distinction was made between acutely psychotic patients and those without acute psychotic symptoms because the patients themselves could determine the state in which they wanted to talk about their experiences. The length and focus of the interviews varied for all interviewees. The interviews were recorded anonymously with the consent of the participants and then transcribed. The interview excerpts in this article were translated from German into English by the author.

II. Hallucinations as Another Form of Reality

The hallucination is not a perception, but it has the value of reality, and it alone counts for the hallucinating person. The perceived world has lost its expressive force, and the hallucinatory system has usurped this force. [...] As different as it may be from a perception, the hallucination must be able to supplant it and to exist for the patient even more than his own perceptions do (Merleau-Ponty 2012, 358).

Merleau-Ponty emphasizes two crucial characteristics of hallucinations in this brief excerpt from the *Phenomenology of Perception*. First, he notes that hallucinations are not perceptions. Accordingly, the medial representation of hallucinations, such as those found in the film *A Beautiful Mind*, conveys an inaccurate impression of the experience. The protagonist of the film, John Nash, hallucinates people and objects that remain indistinguishable from ordinary perceptions. However, it will become apparent that hallucinations are experienced quite differently than ordinary perceptions. To hallucinate is a fundamentally unique experience. According to Merleau-Ponty hallucinations do not only differ from perception, they even *surpass* it, in being experienced as something more real than reality itself. Hallucinations must therefore be carefully described and understood, instead of merely trying to understand them with familiar terms such as "perception" or "imagination". Already Bleuler interpreted the tendency of patients with schizophrenia to form neologisms and a private language as an attempt to find adequate expressions for their extraordinary experiences (Bleuler 1979, 35). The phenomenological gaze should therefore be sharpened for the unique nature of hallucinations in schizophrenia.

Hallucinations are often understood as "perceptions without a corresponding stimulus from the outside" (Ibid., 34). However, this interpretation does not match the actual experience of having a hallucination. Although persons with schizophrenia usually do not doubt that their hallucinations are real, they nevertheless experience them as something extraordinary, which differs from ordinary perceptions (Ibid., 35). Merleau-Ponty shows that a woman who heard voices coming from somewhere behind her could immediately distinguish them from the voices played to her from a gramophone behind her. The voices coming from the gramophone were "direct," similar to the doctor's voice (Merleau-Ponty 2012, 350). According to Merleau-Ponty, the auditory hallucinations must have a different experiential character than perceptions. Therefore, patients are sometimes even able to recognize the hallucination as such, although it still may feel real. A patient in the *Soteria* reports: "I was just kind of scared when I saw it, even though I knew it wasn't there. But the impression was still too strong." He continues: "All my hallucinations are like this: I see something of which I know very well that it cannot be." What the patient describes is a paradox: How can something feel real that one knows to be not? Already at this point, it becomes clear that whether something is considered real is not a question of judgment but is determined by a *feeling* of reality. Reality is therefore something one feels, rather than something one identifies.

Patients with schizophrenia experience two separable realities: The intersubjective reality they *know* to be real and a world of hallucinations that *feels* real. That is why the phenomenon of “double bookkeeping” becomes possible in the first place. Patients are often able to “hide” their voices and hallucinations from the outside world and pretend not to experience them (Bleuler 1979, 418). Thus, they can distinguish between their hallucinations and the reality other people can hear or see. One could say that the intersubjective reality is still in some way preserved, but it loses its significance, because it is *extended* by a private world of hallucinations.

To sum up, hallucinations are not experienced as mere sensory illusions – as it can happen at the threshold of sleep (Sacks 2013, 225) or in visual hallucinations during migraine aura (Ibid., 143) – but as another form of reality. In some cases, according to Merleau-Ponty, hallucinations can even overshadow the perception of intersubjective reality: “Hallucination disintegrates the real before our eyes and substitutes for the real a quasi-reality” (Merleau-Ponty 2012, 349). A powerful description was given by a patient in the Soteria: “Reality is now no longer very apparent to me, but only a possible hallucination. I need a blind stamp – there on my arm with the three dots – because I have to protect people from me and myself from people.” Later, he adds, “I was worried that I would hallucinate a door and then run into a wall.” The patient experiences his hallucination being real to such an extent that he can hardly distinguish them from the intersubjective reality. He literally can no longer trust his eyes, or perhaps rather his *sense* for reality.

III. Shadows and Murmurs

Hallucinations are experienced as something extraordinarily real and therefore can overshadow the intersubjective reality. However, a closer look reveals that hallucinations are experienced quite differently than ordinary perceptions. Even the patient, who described himself as blind, slowly discovered his own way to distinguish between reality and hallucination: “Very simple: I don’t fall through the floor, therefore what I touch is just real. That’s how it started. [...] That was the first premise. That’s where it started, the reconstruction of the world, so to speak.” The patient realized that hallucinations cannot be touched or grasped, and thus are not real. The last reliable sense remaining to him was his sense of touch. Later he emphasized that he had never had a hallucination that he could actively touch. Sometimes, however, he still had a physical sensation:

This led to phantom tears. I call them phantom tears because I read something sad, see or think something sad - then I might have tears flowing down my face, but they’re not real. [...] And sometimes the hallucinations are so powerful that I really have to touch them and then [think], “Wait a minute, there’s nothing there at all”.

While hallucinations can evoke physical sensations, they nevertheless cannot be actively touched and therefore are distinguishable from real things.

Furthermore, the visual or auditory impression of hallucinations is often diffuse and ambiguous, flitting by like a shadow, murmur or fluctuating shape. However, despite their ambiguous shape, patients do not have any doubts about what the hallucination represents and what action should follow. Bleuler points out that it would hardly occur to a person not suffering from schizophrenia to follow a stranger’s command to “hurt himself,”¹ whereas a person with schizophrenia is tempted to obey the auditory hallucination and has to resist it with the utmost effort (Bleuler 1979). Psychologist Arnhild Lauveng, in her self-report about her overcoming

¹ Bleuler used the example „kill your child”. Since this may increase the stigma of violence associated with people with schizophrenia, the author has changed the original.

schizophrenia, also emphasizes the inescapable character of the orders of the hallucinated “captain” who rationed her food, shortened her sleep, and made her hurt herself (Lauveng 2010, 45ff.). Accordingly, the person with schizophrenia has no flexibility in the interpretation of her hallucinations. The hallucinated demands are compelling and oppressive. While one can always maintain a distance to his or her perception, which opens several possibilities for interpretation, the person with schizophrenia experiences her hallucinations with a devastating definiteness.

However, not doubted in their meaning, hallucinations are experienced as ambiguous, indistinct figures, similar to dreams. A patient in the *Soteria* also points to the similarity of hallucinations to dreams: “I don’t know, maybe I had the impression that it could be my brother or something. Or a mixed figure. You might know from dreams that people have characteristics of different people? And I had... I would say it had something dream-like.” While perceptions usually have stable and unambiguous contents, hallucinations are ambiguous and fluctuating, changing their attribution and form. This ambiguous character of hallucinations is also observable in auditory hallucinations: The voices speak in short, unfinished sentences, muttering and whispering; nevertheless, the patients usually know very well what the voices want to tell them (Bleuler 1979, 36). A patient in the *Soteria* explains: “Over the years I have developed so many voices and it was rather as if it was a thought of my own, expressing itself in language, but not quite doing so. It’s basically as if a part of my own perception had slightly taken on a life of its own.” The voices thus do not resemble spoken sentences but rather an “inner speech” which, according to Fuchs, arises from the internalized dialogue with oneself as another (Fuchs 2000, 155). Similar to inner speech, voices often criticize, comfort, insult, or are voices of conscience. Furthermore, in inner speech, one rarely has to think a thought through to the end, he rather jumps from one suggestion to the next without needing clearly formulated words. The “inner speech” is therefore often ambiguous and unfinished in its form, although its content is always definite and clear. In this respect, voice-hearing, according to Fuchs, can be understood as an alienation of the “inner speech”, which is no longer perceived as “mine”, but as “alien to me” (Ibid., 123). Schizophrenia thus results in a loss of “mineness” or “Ipseity” of experience (Saas, Parnas 2003, 428).

IV. Hallucinated Presence

It was shown that verbal hallucinations have little in common with hearing actual voices speaking. Their modalities of experience are mostly fragmentary, fluctuating and cannot be clearly assigned to a “hearing”, but also not to “thinking” or “imagining”. Patients search for expressions to describe their experiences, describing them as “vivid thoughts”, “whispering thoughts” or “soundless voices” (Fuchs 2000, 158). Evidently, hallucinations are not necessarily visual or auditory phenomena but manifest themselves in a distinct and unique way. In Marguerite Sechehaye’s *Diary of a Schizophrenic* the following description can be found:

I neither saw nor heard him. Nevertheless, I answered him and I was annoyed at what he said, crying “No, no, I don’t want to, Antipiol, [...] I answered to emptiness, yet not emptiness, not real silence. Sometimes I stopped up my ears in dread, especially the right ear, I was so exasperated. But exasperated with what? [...] Actually, in all honesty, I saw no one. I heard no voice. Yet there it was, not an emptiness, not a silence. There was a considerable difference between this part of the room and the others. The corner at the right was alive, personalized; there was someone very real there, empty though it was. (Sechehaye 1979, 92)

Although the patient does not see or hear anything, it still feels to her as if she is seeing or hearing – something is encountering her, without really appearing to her. At this point it becomes clear that hallucinations are rarely something that is actually heard or seen. For the most part, hallucinations express themselves rather in a mere feeling of presence – are fleeting, barely visible phenomena, which, however, intrude into consciousness with an impressive power. A patient in the *Soteria* described a diffuse presence of a person, which, however, could not be

located upon closer inspection. The hallucination expressed itself in a mere feeling of presence: “I have the impression that someone is in the room with me, and I may have that impression for a long time. And then I look up from my book and realize that I have felt nonsense.” Another patient tries to describe his voices: “These are voices that you hear, but they are not there acoustically. So, you already hear, you already notice the difference [from perception, because] the ear doesn’t hear them.” What the patient is trying to describe is a sound which is not audible - a paradox that Merleau-Ponty also deals with in his *Phenomenology of Perception*. He himself quotes a patient with a similar experience: “It is like when someone says something to someone else, but without quite making a sound” (Merleau-Ponty 2012, 350). Therefore, what one considers to be “real” does not necessarily have to be visible or audible, but is primarily tied to a certain feeling, to a sense for reality. For persons with schizophrenia, the felt reality of hallucinations can come into conflict with the perceived reality. It is not surprising that this paradoxical situation can develop into an inner conflict, as reported by a patient in the Soteria:

I think that’s how this uncertainty and this inner conflict comes about – because on the one hand there are these sensations that are not really true and on the other hand there is the mind that says, “They can’t be true”, although you feel it. Then... Yes, then this terrible feeling comes up.

I have to question myself. And then I often realize: How do I question myself there? Because if I say, reality is what I feel and I feel that... then how do I know that it is true or not? So that’s where I got into a real dilemma.

The patient describes a barely resolvable conflict between her sense of reality and what she “knows” to be real. Although the patient recognizes by means of conscious reflection and the use of her senses that the hallucinations and thus the “feelings” cannot be true, she remains helpless with respect to these feelings. She emphasizes “reality is what I feel” and this feeling seems to be indisputable in spite of all reflection. The fundament of her reality is dissolving:

I felt that it was something fundamental. That’s why I can’t really put my finger on what it was. It was a little bit like the feeling of ... like something is slipping away, like you’re drowning. It was kind of like that. I then really realized at the end, when I knew the whole thing about the psychosis and stuff, it’s reality, reality slipping away from me. But when I had the feeling myself, I couldn’t have said what it was exactly.

The patient experiences an existential loss of trust in her own intuitive perception of reality. She loses her hold, or “grip” on reality – she feels like she is drowning, because she can’t trust her sense for reality.

V. Hallucinations of the Body

Usually, all sensual impressions are accompanied by a “feeling of reality” that distinguishes them from mere imaginations. It seems to be this feeling which diminishes in schizophrenia and leaves the world as a mere scenery or matrix. At the same time hallucinations are experienced as something extraordinary real. What makes them so real? A patient from the Soteria discusses this question:

[I feel that something is real, from the fact that] my body also reacts as if it is really there. I notice that, I am also often on the edge of that line, I have a very good imagination. And that’s why I can also imagine things very realistically. But I know at the end from my bodily feeling that it’s not true - and from the things I see.

The patient first tries to describe what distinguishes perception from mere imagination: While a perception is accompanied by a bodily reaction, this reaction is absent in mere imagination. Re-

ality, according to the patient, is thus essentially constituted by a bodily feeling and is therefore an embodied experience. In the further course of the conversation, the patient now transfers this insight to hallucinations; namely, they are not imaginations, but appear like perceptions and thus are accompanied by a bodily reaction. The reality of the hallucination thus results from its bodily presence. Merleau-Ponty also comes to a similar conclusion:

Every hallucination is first an hallucination of one's own body. [...] In "feelings of presence" (leibhaften Bewusstheiten), patients immediately experience near to them, behind them, or on them, the presence of someone whom they never see; they sense this person approaching or moving away (Merleau-Ponty 2012, 355).

What is meant when Merleau-Ponty speaks of "hallucinations of the body"?

For Merleau-Ponty, perception is only possible by means of one's own body; the body is thereby the medium of experience. As a resonating body (Resonanzkörper), it forms a system of symbols from its own limbs, by which the world becomes accessible (Merleau-Ponty 1966, 275f.). One can therefore bodily feel how objects move downwards and upwards, how they speed up and slow down. Because of their similarity to one's own body, every perception of an object is accompanied by "sympathetic sensations", which result from the movements and the dynamic of the body in the perceptual field (Fuchs 2005, 135). Even linguistic understanding is constituted by such sympathetic sensations. Fuchs states that the sentence "the book lies on the table", means on the bodily level of understanding: "the thing-I-could-take-and-read is now lying-like-I-would on the thing-I-could-sit-at" (Fuchs 2016, 110). All these bodily possibilities and sensations are present when listening to the sentence, they are an integral part of perception. Similarly, if one looks out of the window on a windy and cold day, a feeling of coldness can arise although it is comfortably warm in one's own apartment. One sees the frosty wind in the moving leaves of the trees and in the icicles. You can observe this phenomenon even more impressively when you witness a person cutting his finger with a knife. Because of the similarity of one's own body to the body of the other, it resonates as a sensitive medium – one flinches and shudders, almost as if one had cut one's own finger. This is the tactile, hidden sphere of the similarities of one's own body to its surroundings: Inside and outside blur into a single system of resonance (Fuchs 2005, 138).

In coherence with these reflections Merleau-Ponty describes hallucinations as such: Hallucinations, just like things in the external world, trigger a resonance in one's own body; they are felt bodily, even though they do not actually appear in the external world. What the person with schizophrenia therefore sees or hears in the hallucinations is not an actual thing, but merely the reflection of a thing in his body. Bleuler reports that a person with schizophrenia, who, when asked to describe the dog he hallucinated, could state nothing about breed, colour, size, or position (Bleuler 1979, 35). Bleuler also noted that the hallucination tends to show an imaginative character, insofar as it appears vague and imprecise. Merleau-Ponty similarly emphasizes that most hallucinations are not things with different facets. They have no depth, no horizons, but are passing phenomena, stings, shocks, drafts, waves of cold or heat (Merleau-Ponty 1966, 392). They are thus more comparable to bodily reactions than to visual or auditory phenomena. Hallucinations consequently happen when the body resonates without something in the environment having triggered it. To Merleau-Ponty hallucinations are, a frenzy of the bodily capacity to resonate, which almost randomly produces a "pseudo-presence" (Ibid., 391).

However, it is only the bodily situatedness in the world that makes it possible to build an artificial world of hallucinations. A subject who has never lived, who has not bodily felt the world, can never imitate it in his hallucinations. Merleau-Ponty summarizes by writing:

The person suffering hallucinations does not see and does not hear in the normal sense; he makes use of his sensory fields and his natural insertion in a world in order to fabricate for himself, with the debris of this world, an artificial milieu conforming to the total intention of his being (Merleau-Ponty 2012, 357).

Merleau-Ponty understood schizophrenic hallucinations as a “frenzy” of the bodily ability to resonate, which imitates real experiences. Suddenly the patient feels as if he sees something or hears a whispering voice, although he does not necessarily see or hear anything. However, to understand schizophrenia only as a disturbance of the bodily capacity to resonate does not go far enough. This paper wants to integrate a model of schizophrenia, which understands it as a disturbance of the intentionality of consciousness (Fuchs 2007). This model will provide a possible answer to the question what the body resonates with in hallucinations. Drawing on Merleau-Ponty’s and Husserl’s analyses of the structure of consciousness, Fuchs’ model of schizophrenia as a disturbance of the intentionality will be briefly summarized in the following chapter.

VI. The Intentionality of Consciousness

When Merleau-Ponty states that every pathological disturbance relates to consciousness, he emphasizes that the specific element of a disturbance is not to be found in isolated acts of consciousness but in an alteration of the structure of consciousness as such (Merleau-Ponty 1966, 166). An analysis of schizophrenia is thus tied to an exploration of the structures of consciousness. Merleau-Ponty’s analysis of the structure of consciousness forms an important foundation stone for the model of schizophrenia, which was later developed by Fuchs and others².

According to Merleau-Ponty, consciousness is structurally characterized by an “intentional arc” (Ibdi., 164), which loses its tension in the schizophrenia (Ibid.) The figure of the arc already implies that Merleau-Ponty understands consciousness as a directed, intentional process, which is stretched towards something. What is meant though is not a reflexive form of intentionality in the sense of an explicit orientation towards a certain goal, but an implicit, pre-reflexive directedness (Zahavi 2009, 13).

The intentional arc must now be understood essentially in its temporality.³ According to Merleau-Ponty, the intentional arc sketches our past and our future around us, or rather causes us to be situated in all these relations (Merleau-Ponty 1966, 164). The intentional arc consequently extends beyond the immediate now-moment, holds the past in its movement, and at the same time turns to the future. With this description, Merleau-Ponty refers to Husserl’s “Phenomenology of Inner Time Consciousness” (Hua X). According to Husserl, the perception of the present is not limited to a “point in time” but encompasses a relational field of just past, present, and expected moments. This alone makes it possible for us to hear a melody not as a collection of disjointed notes but in its continuity as a supratemporal figure (Hua X, 26). Husserl points out, that there are three components of perception, that are continuously connected: retention (echoing of what has just happened), primordial impression (momentary impression) and protention (open expectation of what is to come) (Fuchs; Van Duppen 2017, 70). Accordingly, perception is never limited to a single moment, but always encompasses a

2 Tatossian, A. 1979. *La phénoménologie des psychoses: rapport de psychiatrie*, Paris: Masson.
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3 For a more detailed elaboration of the relationship between the temporal dimension of consciousness and schizophrenia, see: Knack M., Martin L., Fuchs T. 2022 „Fragmentierte Zeitlichkeit. Ein phänomenologisches Modell der Schizophrenie.“ *Phänomenologische Forschungen* 1: 129-54. Some sections of the following chapter are drawn from the original article.

sequence – it is a constitutively relational act. The arrowhead of the intentional bow can now be identified with the “protention”: As its literal sense suggests (*pro* (lat.) before, ahead; *tendere* (Lat.) to stretch, to stretch out), protention stretches thinking, perceiving, and acting beyond the present moment (Fuchs 2007, 231). It is of particular importance for understanding the pathology of consciousness in schizophrenia – for it is, as Merleau-Ponty emphasizes, precisely the “tenseness” of the intentional arc that is weakened there. Protention is an indeterminate, pre-reflexive expectation of what is to come: It opens a field of probabilities in relation to the future, which does not target anything improbable or inappropriate. Consequently, the focus on what is to come is accompanied by an “inhibition” of unfitting and irrelevant associations and perceptions (Ibdi., 234). Accordingly, protention inherently includes a capacity to suppresses less important stimuli in order to process relevant ones and prevent stimulus overload. Unfitting external stimuli, internal stimuli, thoughts or movement fragments therefore bounce off the edges of the protentional field and thus do not reach consciousness. Protention, therefore, has an essential filtering function that structures and orders our experience.

VII. Schizophrenia as a Disturbance of Protention

According to Fuchs, in schizophrenia the filter function of protention is impaired, which allows unfitting associations and stimuli to break into consciousness (Ibdi., 234). Inappropriate stimuli are no longer filtered and thus break the focus of protention, causing the intentional arc to dissolve completely. The sudden intrusions lead to an abrupt break in the continuity of consciousness. This can also be vividly observed in the phenomenon of “thought withdrawal” in schizophrenia, where patients experience a sudden loss of thought followed by a gaping void (Ibdi., 233). At the same time perception becomes overloaded, perceiving everything at the same time, with the same relevance, and thus, as Matussek points out, resulting in passivation (Fuchs 2000, 126). Consciousness is flooded by an unstructured multitude of details, which are no longer filtered. However, these sudden and inappropriate intrusions are not merely accompanied by a flooding experience but are also experienced as something alien and external. A fact that is not surprising, since the intrusions do not result from the intentional activity of the subject’s consciousness, but rather counteract it. Completely unexpected thoughts or movement fragments are experienced by the patients. In this context, they also experience themselves as “machines” or “automata” controlled by an external force. A patient reports: “I could no longer think what I wanted; constantly alien thoughts were pushing in between” (Fuchs 2007, 233). The person no longer experiences his thoughts as “mine”, but as if someone had inserted them.

To summarize, with schizophrenia, the intentional arc is interrupted by implausible and unfitting thoughts, perceptions, fragments of movements and bodily sensations, which are experienced as radically alien to the ego. Thereby, negative thoughts, that are otherwise kept out of the activity of consciousness, are now experienced involuntarily. These intrusions, which result from the loss of the filter function of the protention, occur unprepared and are not experienced as “mine”. In this respect, they are similar to events of the outside world, which also cannot be controlled and can be assigned to a foreign sphere. Just like the things of the outside world, hallucinations now trigger a resonance in one’s own body, they are thus felt bodily. While Merleau-Ponty argued that the body shows resonance phenomena in hallucinations almost randomly, it is only when one understands schizophrenia as a disturbance of the intentionality of consciousness that it becomes clear why the body resonates in hallucinations. The body reacts to the sudden intrusions into the activity of consciousness, which are experienced as something external and alien to the ego due to a disturbance of the filter function of the protention. Accordingly, the body does not afflict itself, as Merleau-Ponty seems to suggest, but it reacts to altered states of consciousness that are no longer assigned to one’s own mental life. With this model of schizophrenic hallucinations, both the intentional and the bodily components of perception are taken into account.

VIII. Conclusion

While reality in schizophrenia is experienced as illusory and artificial, an extraordinary real world of hallucinations appears next to it. In this paper schizophrenia was understood as a disturbance of the intentionality of consciousness. Sudden associations, thoughts or fragments of movement interrupt the intentional activity of the subject and appear external and radically alien to the self. These intrusions trigger a resonance in the body, which creates the feeling that something or someone is present. This paper thus presented an approach that links Husserl's intentional perceptual moment with Merleau-Ponty's pathic perception of the body. Accordingly, hallucinations are only possible because our body has the ability to resonate with the environment. Hallucinations therefore originate from initial bodily resonance experiences, which, when one hallucinates, appear decoupled from the actual environment. The situation of the person with schizophrenia can be described as getting lost in the mirror maze: The body reacts to phantoms which originate from one's own mental life, but which are projected into the outside due to a loss of "mineness". The body reacts to these distorted mirror images as if something was actually facing it, although it is the alienated intentionality of the subject itself. Creatures are moving everywhere, rushing through virtual escapes, which in the end do not exist at all. Unlike the visitor of a mirror maze, however, the person with schizophrenia does not recognize himself in the projections. He feels haunted by voices and figures that he cannot unmask as his own conscience and creatures of his imagination. The labyrinth of mirrors, the world of hallucinations, is thereby only possible because of our bodily situatedness. The hallucinations are thus made of the same "stuff" as reality: of bodily resonance experiences. This is the only reason why their simulation is so convincing, so extraordinary real.

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