The University Of Sheffield.

The Meta of Madness: How the social framing of anomalous experience affects its ontology

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A thesis submitted in partial fulfilment
of the requirements for the degree of
Doctor of Philosophy

The University of Sheffield

Faculty of Arts & Humanities

Department of Philosophy

Thursday 14th July 2022

Word Count: 76719

Abstract

This thesis is concerned with the central question: How do the ways that 'anomalous experience' is framed, impact the ontology of those experiences? 'Anomalous experience' here refers to experiences often described as hallucination, and also to the experiential aspects of what is described as psychosis, or 'madness' more broadly. This central question brings to mind a feedback loop; how the social framings of things create, rather than observe, those things.

In regards to anomalous experience, this question turns our focus to psychiatry as the dominant institution for framing, and responding, to anomalous experience. I argue that psychiatry's conceptualising of anomalous experience as pathological, and its interventions in response, can bring about an affective experience of the kind that can actually create anomalous experience itself, through how it relates to people who have these experiences. I draw on the phenomenological work of Matthew Ratcliffe (2017) in particular to make this argument, applying his commitment to the claim that the fundamental structure of our experience is dependent on the social world.

The thesis then turns to the question; how could the social world navigate anomalous experience differently, as to not instigate such a feedback loop? I propose a different, non-pathological way of navigating anomalous experience that aims to 'integrate' these experiences into the social world, in a way that captures what they are, as well as their phenomenological richness and capacity to be meaningful. I analyse case studies of some (non-dominant) social spaces and frameworks that navigate anomalous experience: Hearing Voices Network groups and the Open Dialogue approach; arguing that they can be seen as examples of this kind of integration. I then draw on Lugones' (1987) concept of 'world travelling' to further explicate the conditions of this integration; namely, a certain kind of interpersonal relating.

Acknowledgements

First and foremost, I would like to thank my supervisor Komarine Romdenh-Romluc for her invaluable support throughout this whole process. Thank you for bearing with my ideas, reading and listening to everything I had to say on this topic over the last few years. Thank you especially for the engaging, in-depth discussions and consistently pushing me to express these murky themes in the clearest way I could. My secondary supervisor Joel Krueger has also been invaluable to the process. Thank you for your endless encouragement and inspiration.

From the philosophical community at Sheffield, I would like to thank Emma Bolton, Anna Klieber, Rosa Vince, Henry Roe, Kayleigh Doherty, Nadia Mehdi, Matthew Cull, Lijiaozi Cheng, Richard Hassall, Robbie Morgan, Isela González Vázquez, Alana Wilde, amongst others, that have contributed to my experience over the years writing this. I would also like to thank Lucy Osler and the rest of the Cognition and Culture group at University of Exeter for the contributions to discussions on some of this work, as well as Peter Sjostedt-Hughes and Christine Hauskeller at Exeter.

Thank you also to Hugo Morris-Adams for the many scholarly recommendations and late night discussions over the years, who has witnessed the entirety of my journey into academic philosophy – our passionate debates have undoubtedly shaped its trajectory.

A very special thanks to Michael Greer, who believed in the birth of these ideas from the start, and whose trust in my ability to convey them has been invaluable. Every one of our conversations, in all their deep, meandering, philosophical richness, has helped the development of this work. I couldn't imagine walking the philosophical path without our friendship – thank you.

Another special thank you goes to Nadia Erlam. I have treasured our creative and intellectual conversations about the wider themes of this work; especially those at the conception of this idea, have had a meaningful impact. I am also thankful for the specific and committed support that they have offered throughout the process.

I'd like to especially thank Wouter Kusters for the hours we spent talking in Gouda about this thesis in extensive depth, as well as its wider themes, in an uncensored manner.

We engaged with ideas that I have never before encountered in an academic space. Also for the contribution of his book in its unique honesty and depth on the topic, which helped weave together many of my own interconnecting threads between academic philosophy and my own experiences.

Thank you also to Tehseen Noorani and Rachel Liebert, for incredibly inspiring me as academics, and everyone else at the MPA conference in 2021. On that note, I would also like to thank Katie Mottram and John Mason, and everyone else who attended the Applied PTM Framework Open Space event in January 2020 and took part in those powerful discussions.

From outside of the academy, I am thankful for the invaluable support of those in my community; especially Kaya Moore, Sophie Arnold, and Jenny Vale for the trust and belief in the message of this project, and to Selkie, for also having the curiosity and inspiration to take these ideas into a new artistic medium.

Thank you to Rhodri Karim who offered an invaluable source of practical support, encouragement, interest, excitement and intellectual stimulation in these final stages of the project. Thanks especially for our motivational library sessions.

And thank you to Ellen Percival, a dear friend and talented botanist and mycologist, who left this Earthly plane two months ago. Thank you for shining so brightly. Your dedication to sharing and contributing to collective knowledge about the intricacies of the world has been a whispering inspiration for me in all of my knowledge-making endeavours. (And not to mention your music, which powered my study sessions!) Rest In Peace and Power.

Thank you to PsyCare UK and to Burton Street Foundation, where I volunteer (at the former) and worked (at the latter), supporting people whose experience of the world is very different from my own. They each taught me the depth and value of listening, curiosity and 'world travel', and that you never ever really know anyone's mind. Thank you to Burton Street especially for opening me up to the precious work of interacting with marginalised states of neurodiverse experience – the experiences I gained through my time working there have had a profound effect on the ideas in this thesis.

I'd also like to thank my family and other loved ones for their support – especially Fran Harris, Ruby Baker, El Wildin and Siobhan Wood.

Thank you to the University of Sheffield for funding this PhD, Petrie Watson for funding my research trip, and the Royal Institute of Philosophy for their additional funding.

Thank you to the Disability & Dyslexia Support Service at University of Sheffield; especially to Corrina Wray, Victoria Cartledge-Mann and Kate Connery.

Thanks also to the other numerous conferences I have attended and spoken at, especially the University of Sheffield Philosophy Graduate seminar.

Last but not least, I'd like to thank you, the reader. Go forth!

Declaration

I, the author, confirm that the Thesis is my own work. I am aware of the University's Guidance on the Use of Unfair Means (www.sheffield.ac.uk/ssid/unfair-means). This work has not been previously been presented for an award at this, or any other, university.

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Introduction

'Madness' attracts me as a topic in its enigmatic nature. In investigating this enigma, I choose to focus on 'anomalous experience' – which I interchangeably abbreviate to 'A.E' throughout – to broadly refer to experiences often associated with the words 'hallucination', as well as 'psychosis'. This streamlines the focus somewhat to something that represents a tangible 'slice' of the mad experience; it narrows the focus down to the more experiential rather than cognitive aspects of madness. Anomalous experiences are often taken to be symptoms of psychiatric disorders. The central question of this thesis is: How do the ways that 'anomalous experience' is framed, affect the very constitution of anomalous experiences? This evokes the idea of a feedback loop; how the social framings of things create, rather than observe, those things. Thus we are engaged in a critical analysis of this psychiatric framing, and how that intersects with the phenomenology of anomalous experience. In order to answer this question, in Part One I attend to the question of the constitution of anomalous experience and how to speak of it. Part Two then asks the questions; how does Psychiatry conceptualise and respond to these states, and are there feedback loops between Psychiatry and these states? Part Three then asks; are there social contexts for anomalous experience, that frame and respond to these states in ways that do not constitute feedback loops – and what do these contexts consist of? Thus, we are concerned with Psychiatry and alternatives to Psychiatry, in relation to the constitution of anomalous experience.

The focus on anomalous experience provides a focused way to explore these questions, which inevitably shines light on the wider experiences of madness that these experiences, especially in regards to their social framing, are bound up with. 'Anomalous experience' however, is still a broad and vague concept. Can anything 'strange' count as 'anomalous'? This confronts us with the conundrum at the heart of this investigation: how what anomalous experience is can shift in relation to how what it is is explained. Therefore I decide to use anomalous experience as a 'wide concept', referring to any experience that may seem anomalous. In taking the wide concept of anomalous experience, we can investigate the widest range of experiences that may get caught up in its extension - that is the range of things that it could apply to. Since its slippery boundaries are what we are

concerned with, we do not want to prematurely set such boundaries at any point rather than another. We are concerned with the range of experiences and the range of ways that they may get 'caught' in this slippery extension of 'anomalous experience', through the ways that society frames them, and how this affects those experiences.

Part One begins by attempting to tackle the question of what anomalous experience is; it engages with the ontological makeup of these states. I consider this groundwork by looking in depth at the work of Matthew Ratcliffe (2017), who gives an account of anomalous experiences that situates them against the wider context of the structure of intentionality. Intentionality is self-consciousness, which is fundamentally directed; our self-conscious experience is directed at something, for example 'perceiving x' or 'imagining y'. The 'structure of intentionality' is the theoretical structure that is at the core of this self-conscious experience. Ratcliffe claims that a connection to the shared social world plays an integral role in the structure of intentionality, and frames anomalous experience as experiences that are constituted by skews in this relationship. I take forward Ratcliffe's claim that the structure of intentionality is both developmentally and constitutively dependent on the social world, and that the social world can play an active role in the ontology of anomalous experience, through (often traumatic) interpersonal experiences that can skew this structure in ways that make experience feel 'anomalous'. This claim is a pivotal point of the thesis; it implicates the social world as involved in the constitution of anomalous experience, rather than a passive observer and responder to it.

Chapter 2 continues setting out the groundwork of the project, and is guided by the question; how can we talk about anomalous experience in a way that most closely reflects how the experiences 'come up in the world'? Whilst Ratcliffe commits to the claim that anomalous experiences are constituted by 'skews' in the structure of intentionality, I decide not to commit to this necessary conception, but rather hold that they can be constituted this way. The aim of Chapter 2 is to consider anomalous experiences in a way that does not bind them to a value judgment, but can capture how these experiences present in the world. Since we are concerned with whether the latter is affected by the former, we want to avoid imposing the former onto the latter whilst engaged in the very discussion of this. Here we are concerned with their phenomenology, and how this features in the world, rather than explaining what they necessarily are on a deeper level. I reason that it is enough for the aims of the project just to understand how anomalous experience *can* be constitutively implicated

by the social world, without needing to explain what anomalous experience necessarily or essentially is. This way, we leave open the question of what they may be, keeping our gaze wide. From these motivations, and building on the work of the previous chapter, I introduce the idea of the 'anomalous world' as a contextual container for what we are talking about. This framework will be referred to and developed in Part Three.

First, though, we turn to Part Two. Here we are concerned with Psychiatry as the dominant social world framework for navigating these states (in the Anglo-Western world). Psychiatry frames narratives about anomalous experience, and implements intervention practices in response to them, that is upheld through law. Our focus is on the dominant interpersonal contexts that surround anomalous experience; those very contexts that frame and respond to it. If the social world is constitutively implicated in anomalous experiences through its inextricable involvement in the structure of intentionality, then it is plausible that the way the social world frames and responds to anomalous experiences can be tangled up with this relationship, through how this framing and response impacts a person's general positioning in relation to the social world.

Chapter 3 focuses on the psychiatric conceptualisation of anomalous experiences, arguing that it associates them with a pathology of the mind, which results in the assumption of impaired epistemic agency. I draw on Dotson's (2012) and Fricker's (2007) work on epistemic violence and injustice and apply this to Psychiatry. I argue that psychiatric conceptualising of anomalous experience sets up an asymmetrical relationship between the social world and the person having anomalous experiences, in which they are assumed to be unable (or impeded) to contribute to shared interpersonal processes that connect the social world to the structure of intentionality. Chapter 4 continues to look at how this framing of anomalous experience, and its implementation through institutional practices, affects those people's lives in affective and habitual ways, focusing on the various levels of coercion involved. Here I argue that this affective experience interferes with the relationship between the social world and the structure of intentionality, in a way that actually disrupts a person's access to intersubjectivity - i.e. shared experience. I argue that this disruption itself can create or sustain anomalous experience. Thus, we have a feedback loop, in which Psychiatry's response to anomalous experience actually 'pulls' anomalous experience further away from the shared, interpersonal world; it isolates and detains the experience and by doing so, creates or sustains the conditions that it frames as pathological,

which feeds in to its assumptions to confirm them. This analysis paints a picture of an asymmetrical relationship between the social world and the person with anomalous experience, where coercion is a prominent factor in the looping effect of Psychiatry's 'response' to anomalous experience (as the dominant consensus world context for it).

We now turn to Part Three, which concerns the question: how can (and does – in certain non-dominant communities) the social world navigate anomalous experience differently? By 'differently', the focus is on a framing and navigating that is not so 'looping'. I argue for a more symmetrical relationship between the social world and anomalous experience, where the people having them, as well as the worldly reality of the experiences, contribute to the shared response to them; rather than the consensus world – through the dominant institution of Psychiatry – forcing the looping interplay that we set out in Part 2. Using the 'worlds framework' developed in Chapter 2, I argue for an 'integration' of anomalous experience into the social world, which goes hand in hand with integrating anomalous experience into the structure of intentionality. Chapter 5 lays out the framework for this integration, and Chapter 6 analyses two kinds of (non-dominant) community frameworks for navigating anomalous experience, as case studies of what can be considered examples of this integration. I analyse the affective experience of the social interactions in these spaces, arguing that this specific kind of interacting in regards to anomalous experience 'invites' the person with anomalous experience into the shared world, which affirms a symmetrical process of intersubjective regulation *about* their anomalous experience. This presents a social world that is more accessible for anomalous experience, through 'making room' for it within it, which simultaneously 'makes room' for it as a valid experiential state.

This project of 'unknotting' the social world from experience which diverges from it, ends up weaving together multiple philosophical threads. This will become clear as we progress through the arguments. To put the project in a wider context; it touches on themes that intersect epistemic justice concerns with phenomenology, through demonstrating how the way that knowledge is made and dispelled through society, and the recognition of our epistemic capabilities, can implicate the very structure of our experience in a fundamental way. Furthermore, in touching on what is fundamental to the way that we experience, we inevitably evoke the lingering discussion of the notion of the pathological. I wish to sidestep discussion on what is or isn't pathological, since this thesis shows how this is not a clear

binary. This is my reason for focusing on the wide concept of 'anomalous experience'. The thesis thus, overall, brings up discussions around the dominant institution of Psychiatry, the socially embedded dominant norms about 'madness', and experiences that are unusual – that are anomalous. How does the latter get 'pulled' into the institution, through its association with pathology? How does the social world feature in this pulling? And how does the psychiatric institution frame these societal norms, thereby shaping the category of 'anomalous' by encroaching its space as the category of 'pathological'? This undoubtedly brings up the question of whether these experiences are ontologically 'made pathological' by their framing as pathological. This thesis presents some findings that could contribute to the answering of this question, though is in no way exhaustive to answer it. My focus is on exposing the presence of the looping effects; how Psychiatry might make experiences 'anomalous', but not on how this translates onto an unspecified and questionable border between pathological and non-pathological.

Part One The Groundwork: What is Anomalous Experience?

1 Ratcliffe's framework of Anomalous Experience

There is a phenomenological tradition that links the fundamental nature of experience with experience of the interpersonal world. Since this project is focused on the interactions between the interpersonal world and anomalous experience, we will start here. This phenomenological tradition holds that intentionality is of a fundamentally social character. 'Intentionality' refers to the defining feature of consciousness, that it is directed – we are conscious 'of' something. Thus, this tradition holds that the nature of having directed consciousness in the way that we do as human subjects, is tied up with the experience of other people[1]. It is this commitment that frames this thesis in its project of analysing the constitutive links between the social world and anomalous experience, through analysing how the very structure of experience is embedded with the social world. I choose to focus on Matthew Ratcliffe's (2017) explication and development of this commitment because of its specificity for anomalous experience. Ratcliffe also draws on many classical phenomenologists and extensively develops phenomenological work in the field, which makes it the most compelling place to start in terms of its relevance to my topic, philosophical depth, and potential for nuanced analysis into *how* the social world may be interwoven with states of anomalous experience. It is the most in depth account I have come across that seeks to characterise how these experiences feel, as oppose to the traditional conception of hallucination as simply 'perceptual experiences in the absence of environmental stimuli'.

Ratcliffe's account situates anomalous experience against a wider backdrop of how our awareness of our experience is possible, and how this is dependent on the social world. I will use Ratcliffe's work on anomalous experience to ground my project, specifically his analysis of how the minimal self - the pre-reflective awareness of experience - is intimately tied up with the interpersonal world - the experience of other people. This sets us up for Parts Two and Three of the thesis, which concern how the interpersonal world frames and responds to anomalous experiences, within the context of how the interpersonal world is

[1] Husserl (1960) can be seen as a proponent of this tradition. Fuchs (2015) and de Haan (2010) as well as Ratcliffe (2017) (amongst others) also apply this commitment to explain phenomena of psychopathology.

connected to the structure of experience; therefore how it is bound up with the constitution of anomalous experience.

I will be taking Ratcliffe's framework for granted, (mostly) sidestepping a critical analysis of his claims, in order to discuss the implications of it for psychiatry. There is something fundamentally compelling about Ratcliffe's extensive work on this, and this project will take that framework and see where it can take us when applied to the way the social world frames anomalous experience. Ratcliffe equips us with a framework that allows us to look at psychiatry from a unique perspective; analysing how it implicates people on the deep level of how their experience is structured. This provides insight into how psychiatry may be involved in the very formation of anomalous experience.

This chapter consists of an overview of Ratcliffe's account of anomalous experiences.[2] His account relies on some initial understandings of 'the structure of intentionality' which I shall explain first. Then I will go through how he builds upon this to explain the phenomenon of anomalous experiences. Fundamental to this account is the role of the interpersonal world in our most basic self-conscious experiences, and thus in anomalous experiences.

1.1 The structure of intentionality

I will begin by looking in depth at Ratcliffe's account of the structure of intentionality. This is the structure that is at the core of self-consciousness; the structure that makes it possible that we can be in an 'intentional state' – a state of directed-ness or about-ness, such as perceiving x, or imaging y. Ratcliffe's account of this a rich account, that includes how we know what sort of intentional state we are in, as well as how it is that there are certain types of determinable intentional states with distinct natures. 'Minimal selfhood' is the pre-

[2] To be clear, Ratcliffe's project is about hallucination; he is talking about the experience of hallucination and theorises its formation and how it connects to belief and thus wider experiences described as 'psychosis' or 'schizophrenia'. But his initial focus is on the experiential phenomenon of hallucination, and builds up from here. My project takes a similar structure in that we are focusing on the experiential side of madness – characterised as anomalous experiences (I choose this word over hallucination because of the pathological connotations with hallucination) – with a light to say something about the wider experience of living in the world with anomalous experiences, through the unravelling of the phenomenon and its social framings.

reflective self-awareness of experience – that you are experiencing *something* – and Ratcliffe is committed to the view that this must be comprised of an awareness of not just being in an intentional state (the awareness that you are experiencing something) but also of an awareness of *the type* of intentional state that one is in (Ratcliffe, 2017, p. 18). Here we are talking about intentional state types such as imagining, remembering and perceiving. Though there are others Ratcliffe talks largely of these three as prime examples. The structure of intentionality is the hypothesised 'structure' that is responsible for creating these determinable types of experience and the self-conscious awareness of being in them. To explain this, Ratcliffe highlights three aspects of the structure of intentionality: the actual intentional state one is in, the experience one is having, and the sense of being in a certain intentional state. When we are imagining, we are aware that we are imagining and when we are perceiving, we are aware that we are perceiving. This is because being in those states involves the awareness that you are in them. Ratcliffe clarifies that this is a development of the very much accepted notion of pre-reflective consciousness: that we have a minimal awareness of ourselves that consists in the sense that our experience is our own – that we experience something and that that something is happening to us. He argues that this awareness *must be more specific* to include awareness *of the particular type of state* that one is in. While the distinctions between types of intentional state are not clear cut, he claims there is definitely a certain 'sense' that comes with being in a specific intentional state, that contributes to the experience of that intentional state (Ratcliffe, 2017, p. 21). Minimal selfhood must include an awareness of which type of experience we are having, because the experience of being in an intentional state is inextricably related to its particular sense, and this is clearly related to the fact of the matter of which state it actually is. All these aspects are related in what Ratcliffe denotes as the structure of intentionality. For example, an experience of perceiving a snake involves the sense that what is going on is perception: it is here and now in the real world. And the fact that it is perception, as opposed to an imagining, is in part down to this structure that distinguishes between the two. Self-awareness is not some extra feature that is added on to all our experiences, it is part and parcel of each experience. This should become clear through his account.

Ratcliffe proposes this three-part distinction to summarise what the experience of an intentional state involves:

i. "Actually having an intentional state of type x with respect to entity p

ii. Having an experience that is characteristic of an intentional state of type x with respect to p

iii. Having the sense that one is in an intentional state of type x with respect to p" (Ratcliffe, 2017, p. 21)

Initially (ii) and (iii) may look like the same thing. However, Ratcliffe explains they are distinct because it is possible to have an experience of a state but with a certain phenomenological sense of something else. For example, it is possible to have an experience that is, overall, characteristic of imagination, but with the experiential sense of being in a state of perception. He gives the example of dreaming: it may be an experience of imagining, but without the sense of it being an imagining. There is a sense that is more like perceiving or believing, even though the experience does not share much else with perceiving or believing. The inclusion of (ii) and (iii) give more room to accommodate different experiences. For example, in regards to dreaming, we might want to say that it is still an experience of imagining – because the experience itself has enough in common with this type – yet it clearly has the sense of something more real like perceiving (Ratcliffe, 2017, p. 22). This will become clearer as we understand his conception of anomalous experience.

Conditions (i) and (ii) are distinct because having an experience of, say, remembering, may not actually be an intentional state of remembering. It is possible that memory x never actually happened, and the subject is actually imagining, despite having an experience that is, overall, characteristic of remembering. Similarly, having a perceptual-like experience of seeing a snake may actually be an imagination, or a memory, if it is the case that the snake is not actually there. The inclusion of (i) thus gives us a proper consideration of the relationship between the subject and the intentional object.

A relationship between these three conditions comprises the basic structure of experience: the structure of intentionality. So, disturbances to this structure describe experiences which have a different sort of relationship going on between the actual state one is in, the experience one is having, and possibly their sense. Ratcliffe maintains that by having such a rich account of minimal self (which appreciates an awareness of the *type* of state one is in), we are able to make more detailed sense of the nuances in the different ways that this structure can be altered in anomalous experience. He stresses that this explanatory value of this model makes it preferable – this will be demonstrated as we go on. (Ratcliffe, 2017, p. 27)

1.1.1 Ratcliffe's disclaimer to the 'three-point structure' view

Ratcliffe then presents somewhat of a disclaimer, in which he stresses that separating these three points is performing an abstraction, as experience is dynamic. There is a close relationship between all three; since "a sense of one's intentional state shapes activities and associated expectations, it cannot be insulated from other aspects of the experience" (Ratcliffe, 2017, p. 24). This is because the three aspects affect each other in a dynamic way: if it turns out that no one else in the room can actually see a spider in the corner that I perceive, I might pick up on this and realise that it is actually a piece of fluff caught on a cobweb. However, I might still experience a sense of there being a spider in the corner of the room, at least for a little while longer. My sense of perceiving a spider influenced my expectation that others could see it, which influenced my 'activity' in looking for signs, maybe even starting conversation about it. This then meant that I realised that I was actually imagining, rather than perceiving the spider, although prior to this realisation I was still having an experience of perceiving the spider. Post-realisation (which was due to 'activities and associated expectations'), my experience shifts to one of perceiving a piece of fluff, as the sense of perceiving a spider changes. Note that because the structure of intentionality determines the nature of intentional states, if one's whole structure of intentionality was to change, then this could also bring about changes in the nature of the subject's intentional state types. They might perceive in a different way – their perceptual states might have a distinctly different sort of feel and structure and a different sense. These kinds of structural changes will help to explain the phenomenon of anomalous experiences.

Ratcliffe states that there cannot be a totally unambiguous, unproblematic sense of having a type of experience in the complete absence of that type of experience (Ratcliffe, 2017, p. 19). A person's sense of being in an intentional state of type x or y is not sufficient to determine whether she is actually in a state of type x or y, but "it is at least a contributing factor" (Ratcliffe, 2017, p. 25). This is because of this dynamic relationship in which a factor of being in state x is having a sense of experiencing it, even though there can be cases of being in the state without having a sense of it – such as imagining a spider while having the sense of perceiving it. This sense of perceiving isn't totally wrong: I am perceiving a bit of fluff that looks like a spider. Hopefully this gives some insight into what is meant by the 'dynamic relationship'. The idea is that experiences do not just turn up out of nowhere – we

are constantly drifting in and out of various memories, imaginings, beliefs and perceptions.[3] Ratcliffe follows from this that the 'sense' of being in an intentional state cannot "be partitioned off and ignored by those philosophers with a more general interest in intentionality" (Ratcliffe, 2017, p. 25). Self-awareness is not some extra 'feature' that is added on to all our intentional experiences, it is part and parcel of each embodied phenomenological experience – each state comes with the feeling of being in that state. This commits him to the view that there is such a thing as 'cognitive phenomenology' – a 'what's-it-likeness' to intentional states, which he argues allows for a much richer understanding of anomalous experience in general, as it presents a more complex picture of the structure of intentionality and all its nuances (Ratcliffe, 2017, p. 28).

1.1.2 Spatio-temporal location

As we have seen, Ratcliffe's picture of the minimal self (pre-reflective self-consciousness) is richer than the common understanding of it. He presents self-consciousness as not only the experience of being in an intentional state (the sense that 'this is me, experiencing this'), but also including a sense of which type of state it is that one is in: 'this is me, experiencing *a memory* of x'. He argues that this richer conception is needed for really acknowledging the minimal self because it can properly accommodate the awareness of temporal location and boundaries between the self and environment (spatial location) that are implicitly associated with this pre-reflective self-consciousness.[4] An awareness of the distinction between perceiving and remembering is needed for an awareness of temporal location, and of imagining and perceiving in order to be aware of what is going on in the environment around us and what isn't – spatial location. My understanding of this argument is that this awareness (of temporal and spatial location) is associated with the minimal self, since the minimal self is taken to be the first-person perspective: the basic pre-reflective awareness that everything that's happening is happening to me; this cannot be separated from the basic

[3] This will become clearer as I detail the full account. But the account could be generally interpreted as a retaliation to the view that hallucinations are just 'perceptual-like experiences in the absence of percepts'. They are so much more than this, and do not come out of nowhere. Rather, they might be a thought or unconscious belief being perceived in a salient way, such as a sound or a vision that relates to unresolved memories.

[4] 'Implicitly associated' here refers to the ways in which the minimal self is often taken to mean the awareness that one's experience is their own, in a temporally and spatially located way – because our experience is pre-reflectively located in time and space.

self vs world boundary, which is a self that is experienced in time and space. Ratcliffe explains how the ability to discern between types of intentional state is necessary for this boundary:

> "My sense of perceiving a, b, and c, while imagining d, e, and f, constrains my potential actions. I cannot make the unseen sides of a, b, and c perceptually available without acting in specific ways, which I may or may not be capable of. This does not apply to d, e, and f. Without the distinction between perceiving and imagining, such constraints would be lacking. Everything would appear experientially and practically accessible in the same ways, thus amounting to a lack of self-location, of having a particular, contingent, changeable standpoint towards the world. Without some sense of spatiotemporal location, it is difficult to see how any experience of being a singular, coherent locus of experience could be sustained. Hence minimal self experience has to discriminate between types of intentional state." (Ratcliffe, 2017, p. 27)

Ratcliffe then introduces the idea that an awareness of the type of intentional state that we are in is inextricably tied to relations with other people. He argues that this kind of self-spatiotemporal-location comes hand in hand with a distinguishing between self and non-self. This relationship is one where the two are intertwined: self-location (the minimal self/ the structure of intentionality) and relating to others are intertwined, rather than the minimal self being a primary foundation that necessarily implicates the ability to relate to others. It is common to see the minimal self as primary, where disturbances of it result in disturbances of a self's relation to the interpersonal world; these self/other disturbances being symptoms of a more fundamental minimal self-disruption. However, Ratcliffe's argument is that the two are inextricable, and that in fact the minimal self "*depends on* a certain way of experiencing and relating to others, developmentally and constitutively" (Ratcliffe, 2017, p. 29). He claims that the most primitive, minimal sense of self is actually an interpersonal self. Because relating to others is both developmentally and constitutively involved with the minimal self, it means that relations with others early on, that have a developmental significance (to one's intersubjective development), can also significantly affect the structure of intentionality which is the most basic sense of self. And the same goes for day-to-day interpersonal experiences. In summary, this means that minimal-self-disturbances can originate in intersubjective disruption. This is the crucial part of Ratcliffe's

framework that I will be carrying forward with my project. I will now explain it in more detail.

1.2 Introducing the interpersonal

Crucial to Ratcliffe's account, and my project, is the claim that the structure of intentionality is dependent on other people.[5] Initially this seems to be a strong claim. Why should self-awareness of being in a particular intentional state be anything to do with other people? And since the structure of intentionality determines the types of states we have, this means that the nature of our intentional state types is affected by the interpersonal world too. Ratcliffe defends this by referring to the claim that intentional state types have characteristic senses, and specifically that the characteristic sense of perception is tied up with it being situated in a world shared by others; what can be called the 'consensus world'. In short, the idea is that a sense of sharedness, of being situated in a world shared by others, is necessary for the sense of perception.

Ratcliffe argues that the sense of being in a certain intentional state rather than another is made clear by characteristic features of different intentional state types. These characteristic features are their form, and are constituted by their 'anticipatory structure'. States of perception share their anticipatory structure, which is distinct from that of imagining, which is distinct from that of remembering, etc. Though content plays a part in the experience, here we are talking about the form. The claim is that all types of intentional states have a certain structure to how they are experienced that expresses to us what sort of state they are. These structures are recognised against the 'anticipatory structure' of perception; perceptual states are structured in such a way that they 'anticipate' what is coming next (Ratcliffe, 2017, p. 129). For example, perceiving the spider comes with anticipations about what the surrounding situation should look like; if that formation was a spider then we would see certain things – for example, it would have a certain shape, or it would move when urged by certain behaviours we can enact toward it, or if there are people around, they might react to it too. When these are not met it becomes clearer that what is

[5] Also see Fuchs (2015) and de Haan (2010) who share a similar commitment. As stated above, I have chosen to focus on Ratcliffe because of his specific focus on anomalous experience in regards to this claim, as well as the depth of his argument and its situatedness within the context of traditional phenomenological analysis. Compatible claims have also been made by Trevarthen (1993) and Tronick et al. (1998).

being perceived is not a spider but a piece of fluff, with different anticipations – i.e, there are different expectations of what we would experience if it were revealed to be a piece of fluff. This makes sense of the continuity of self-consciousness; every state leads to another, and we build up a picture of life, identity and the world through anticipating and relating our 'next states'. The idea is that other intentional state types are characterised by their type of 'lack of structure' in relation to perception, based on how tightly linked and anticipated the states of that type are. To explain further, states of perception are tightly structured by the outside world. They are constrained by spatiotemporal constraints and anticipations, in contrast to imaginings which can float around many different contents; it is apparent that you are imagining because the contents of the experience are not spatiotemporally bound, or anything that you have already lived. Memory occupies a structure somewhat in between the two: not immediately spatiotemporally constrained, but still constrained by facts about the world. And the crux is that this characteristically tight structure of perception relies on other people because its defining tight structure is shaped by a connection to others; the way that other people influence how we corroborate or amend our perceptions in an ongoing way (Ratcliffe, 2017, p. 146).

This will need some more in depth explaining. Ratcliffe refers to, and I will refer to, the 'consensus world' as the shared world which we inhabit with other people. Perception is associated with a sense of the 'real world'; the stuff we perceive is the stuff of the real world which is spatiotemporal – it is here and now. Ratcliffe's account unpacks how this sense of perception as reflecting the real world is intimately linked with a sense of the *consensus* world – the spatiotemporal world is one that is shared with others (Ratcliffe, 2017, p. 107). Because perceptual experience is the 'here-now' spatiotemporal world, this sense of 'here-now' is intimately tied up with connection to others because the here and now is what is available to others. We come to understand perceptual experience as what is in line with the consensus world, and even when there is no one else around us, we recognise what we are perceiving as being perception in so far as it involves the world in which others interact. If someone else were here with us, they would be able to see it. Perception is interpersonally regulated in this way. This creates the boundary between inner and outer experience. A sense of inhabiting a shared, consensus world with others is what gives perceptual experience its experiential character. And this structures a characteristic sense of reality.

This is the basis for Ratcliffe's account which maintains that a fundamental breakdown in one's attitude to others in general (for example, in the result of significant life trauma) – so a disruption to the sense of inhabiting a shared, consensus world - can significantly shift the way that perceptual experiences are experienced. If not in such a global way, this might happen locally and episodically, concerning how the breakdown experience in question is integrated into a person's structure of intentionality through remembering it: it may not be remembered like any other perceptual experience, since there was something about it that subverted the characteristic sense of what perception is. An interpersonal event that radically subverts one's general attitude to others is an experience that contains perceptual contents *that may have uprooted the person's very sense of what perception is*, since one's general attitude to others constitutes part of this sense. This gives us an explanation of how certain interpersonal experiences (for example abuse, threat and trauma) can have an effect that transcends content: they can alter the very form of how the experience is remembered, or how one perceives more generally (Ratcliffe, 2017, p. 132). [6]

Since the structure of intentionality is this structure in which different types of intentionality interact, experiences of remembering, imagining and perception do not remain isolated from each other. They affect each other; a shift in how perception is experienced will implicate experiences of other kinds of intentional states. So as a result of such global disruption (a change to how one perceives), there could also be changes to the nature of the type of states that one experiences altogether, since this is in part determined by the structure of intentionality more generally. Basically, a change in how one perceives will constitute a ripple in the dynamic relationship that underpins the whole structure. Thus, the structure of experience can shift according to shifts in a person's attitude to the interpersonal world (Ratcliffe, 2017, p. 136).

1.2.1 Habitual trust

Ratcliffe's conception of 'habitual trust' elucidates the connection between the sense of the 'here-now' characteristic of perceptual experience, and the sense of living in a shared world

[6] This also offers an explanation for the common content-specificity of hallucinations: if certain interpersonal experiences are triggers for or actually constitute shifts in the structure of intentionality (global or local) then it follows that these 'shifts' involve those experiences in a salient way. This may be in a symbolic or metaphorical way, but it could explain why anomalous experiences are often content-specific and focused on a particular theme, idea or character.

with others. This concept also makes it clear how a breakdown in one's relation to the interpersonal world could constitute a radical shift in how perception is experienced. It is this concept of habitual trust that I will carry forward throughout the thesis; it will serve as a linchpin between the analysis of the interpersonal world and how this affects the structure of experience, in light of anomalous experience.

Habitual trust is the basic, implicit sense of trust we have that other people validate what we perceive: that the spatiotemporal world of perception, which is generally taken to be reality, is the world which other people inhabit. It can be understood as the implicit trust in intersubjectivity; that there is a basic sense in which we share what we perceive subjectively. Regarding the anticipatory structure of perception; we anticipate our perceptual experience – it is how we manage to move through the world making sense of what is going on around us in a coherent structure. For example, walking on to a bus; I anticipate there will be a driver waiting for my money and seats laid out in a certain way, as well as stairs. And this anticipation is interpersonally regulated; it is based on others' reactions and validations and what we learn as we move through a social world. I know the seats will all be there – as oppose to in my head - because people will be sat on them; and I have learned it will be this way through previous experience or through social conventions, and other people will be acting as if they are there, responding to them. And the driver needs to take my money. If the bus is empty, I have an awareness that the other people could get on and sit on the seats; they are things that exist in a shared way – experienceable to others in time and space like they are to me. This experience is upheld as real, and the sense of realness concerns what Ratcliffe refers to as 'shared projects that concern others' (Ratcliffe, 2017, p. 147).

Ratcliffe maintains that such shared projects are a prominent source of structure to perceptual experience in that they dictate what we focus our attention on. This includes things like plans made with others: from meeting up with a friend, to having a conversation with a teacher, to eating dinner with the family. We don't question the sense of realness of the social world (the true existence of other people) like we might question something we see or remember; rather we look to others for corroboration and validation. This implicit and habitual looking to others for corroboration of perceptual experience presupposes a basic, deep-rooted trust in their existence as 'real'. Though we may question people's intentions or interpretations of social dynamics, we don't seriously or usually question the basic sense

that the interpersonal is our reality: that I need to get on the bus and interact with the driver in order to get to work, for example. And then that I need to speak to various members of the public at work.[7] When someone's experience of other people changes so that they withdraw from the interpersonal world, and feel radically alienated from other people, perception may no longer be structured by interpersonal anticipations. One might perceive something on the edges of reality but not take much significance in the fact that others do not act as if it is there; in fact this might even add to the 'realness' of the experience, if the person has a withdrawn stance in relation to others. The consensus world may occupy a different function in relation to how the person structures their experience (Ratcliffe, 2017, p. 149).

A person's experience of the interpersonal world may be one of fear, where other people are primarily associated with threat. If other people are seen with a valence of threat, then rather than a source of stability and coherence to structure the anticipation of the world around, they are sources of instability and distress. They are not anchors that ground a person to the here and now, but more akin to sharks ominously encircling, keeping the person floating around. The bus driver's basic existence might be questioned: perhaps she is an alien plotting to transport me to a strange place? The bus looks scary too, it could be her spaceship and all those people on it might be captives. One can't corroborate such thoughts with other people, since it is others that are the heart of their distrust. Instead, they may retreat into their own perception and version of events which is unstructured by the consensus world.

This analysis might ask the question of why it should be other people that we fundamentally rely on to anchor the realness of experience, rather than just the world and our spatiotemporal standpoint towards it? Why should perceiving be dependent on an awareness of other people, rather than just the spatiotemporal world around us without the people? One might think that we have no reason to believe that our perceptual experiences of the world would be any different without other people. What about the fact that there is a bus in front of me with seats right there, taking up space before me – isn't this enough to guarantee that it is real? It seems plausible that habitual trust could form from the world

[7] We may often question why we have to speak to the public at work, or why we have to be at work at all, but these questions are not usually directed to the very reality of this interpersonal environment.

around us and all the sensory input we get from it, without having to rely so heavily on other people.

Recall that Ratcliffe's account states that spatiotemporal location that is the foundation of the minimal self is constituted by distinguishing between kinds of intentional states, and the argument is that a relation to other people in general constitutes perception's affective profile, which enables us to distinguish perception in the way that we do. Being a person with one's own subjective consciousness in time and space (self-location) relies on an awareness that other people have a stake in this time and space. While the real world speaks to us in very real, sensory ways, it is other people that corroborate and shape those sensory ways to be what they are, with all their significance for us in living in a world with others. When I perceive that my bike is there outside the window, I perceive it as in the here-now world, and I perceive it as perceivable to other people. Other people are not like my bike; they are able to perceive my bike like I can, and the thrust is that perceiving my bike would be and look and feel very different if it was not implicitly tied to a pre-reflective awareness that it is perceivable to others. Basically, availability to others is a characterising factor of how perception feels: it is tied in to its anticipatory structure, and the anticipation of what comes next is bound up with the presence or potential presence of other perceiving subjects. Ratcliffe (2017, p. 123) references the work of Husserl to explain: "the phenomenological difference between encountering something as really there, independent of my own perspective on it, and experiencing it as self-generated is constituted by a sense of whether or not it is actually or potentially accessible to others".

Further to this, there is a habitual necessity to the interpersonal world. Awareness of other people's existence is a habitual attitude that is unshakeable; we rely on others to show us the ropes from day zero, and grow up in a world where our everyday situations (from big to small) are shaped and constrained by others. We are given our life necessities: what to eat, to drink, how to walk etc, by others. Though obviously some of these life necessities are worldly things, like food and the ground that one walks on, it is other people that first guide us to them. And we continue to live in such social units and interact with the social world all the time. If we didn't have other people to guide us to these worldly life necessities then maybe we would see them differently. They might be perceived in a totally different way without the backdrop of the interpersonal world; so different that it would not resemble what we know as perception. Because perception is intertwined with the whole structure of

intentionality, it is not an isolated thing; it is what it is in tandem with all the other kinds of experiences that we have, and other people play an inextricable, habitual role in characterising this structure. Other people are an integral part of our development and existence. Though the world is too, it is other people that shape our input of the world. This can also be seen through language: we learn about the world through other people, and then through language which is necessarily tied to other people. Other people can make demands on us in a way that the world cannot – they have a certain primacy that confirms the way we see the world. Though the world can make demands on us too; I could envisage the ground shaking from beneath my feet and the world drastically changing before me (an earthquake), my whole sense of what that is and what I should do to respond is shaped by others: by these 'shared concerns and life projects' that Ratcliffe talks of. [8]

1.2.2 Progression into belief

This leads us into how habitual trust anchors the formation of beliefs. Since perception is a source of belief, beliefs about what is and isn't the case are largely implicated by the here and now, which is implicated by experience of the shared consensus world. Often perception is validated into belief by others, through "testimony, instruction, confirmation, clarification and correction" (Ratcliffe, 2017, p. 154). Other people corroborate what we perceive, implicitly through communication which is grounded by this shared world in which we perceive (we talk in reference to a shared world that we all inhabit), and also explicitly through confirming, clarifying and correcting specific propositions. What we perceive becomes solidified in belief often, though not always, after filtering through this implicit or explicit 'sharedness' with others. Even in the most implicit way, we believe something to be the case in reference to the shared world: it is the case means that it is true, it is reality – and this 'status' of being the case implies the consensus world. It implies that other people 'have a stake' in the case – they can alter it or be altered by it; they are not separate from it. If awareness of what is here and now is radically altered by alienation from

[8] The work of Lisa Guenther (2013) is relevant here. Her work investigates this by looking at the experience of prisoners kept in solitary confinement, from a phenomenological lens. She argues that the very structure of their intentionality changes or breaks down when they are isolated from other people for an ongoing period of time, which means that intersubjective experience is necessary for an awareness of self (minimal self). This is an example of what can happen when a person is totally isolated from shared concerns altogether.

the shared world then this will implicate the way that we take something to be the case, since the basic distinction between x being part of the publicly accessible world and it not being, and how this bares on whether we take x to be real, is distorted. The point is that without this distinction, beliefs will be formed differently – it will amount to believing in a different way. It is not that their content would just be different, but the structure in which they are formed would be different (the process of believing) since it would lack reference to the consensus world, or at least its relationship with the consensus world would be different. Beliefs may not need to be tightly anchored to shared experience; they may become cushioned from consensus reactions or information. Ratcliffe argues that beliefs themselves have an anticipatory structure like perception. They are directly linked to the way in which we perceive, as perception transposes on to beliefs with the same anticipatory structure. Belief, like perception, references the realness of the consensus world, which perception shapes: "the modal structure of belief is parasitic on the anticipation-fulfilment structure of perception. The differences between taking something to be the case, not the case, possible, or doubtful are intelligible to us only because perceptual experience supplies us with a sense of these alternatives as distinct from one another" (Ratcliffe, 2017, p. 129). A different relationship with the consensus world would affect the way in which these alternatives present themselves, affecting the way that someone believes. Connection to the consensus world is an implicit part of how we belief; it is not *just* something that is referred to as explicit evidence but is actually constitutive to the process (Ratcliffe, 2017, p. 151).

Ratcliffe is referring to this anticipatory structure when he states that belief would lack 'temporal coherence' if it is not anchored into the public world, where we exist with a consistent set of concerns, through "coherent patterns of shared, goal-directed activities" and grounded by accountability to others. These patterns create 'temporal coherence' through a shared sense of time and chronological order that governs all such activities and concerns. The 'real world' is a spatiotemporal one, where everything takes up space and time, but it is the 'consensus world' – the existence of other people – which structures the passing of time into shared chronological patterns, which serves as grounding our perceptual and belief anticipation. Things make sense to us in a chronological way; the fact of time is a key constraint on many beliefs. For example, the exclamation: 'but Gretchen just can't have played that gig last night because she was in America then! Someone must be lying!' This references the constraint of time and space (Gretchen cannot be in two places at once) as a necessary factor in assessing the truth of the statement. The anticipatory structure

of perception (what we anticipate is coming next; the next object of awareness) is lead and constrained by a grounding temporal coherence, which is actualised by a 'shared sense of time', and this structures our beliefs too.

Ratcliffe states that without this, belief might take on a temporal structure more like imagination which is a lot more free-flowing and not grounded by fulfilment of anticipation of physical reality with its spatiotemporal composition – it is almost infinite and 'everywhere at once' without the temporal bounds of the physical world. For example, imagining that Kurt Cobain is waiting for you in your kitchen when you wake up, sitting on top of a pink tiger. You can imagine how he and the tiger got there; what happened before they arrived in your kitchen, and you can imagine what might follow. You can also imagine something else entirely, but then bounce back to this scenario. Although this example presents a basic sense of things happening in an order (a temporal structure), the process of imagining does not have to stick to it, it has free-reign of floating around different points in this order. The idea is that if belief is no longer fixed to the here-now consensus world (what we believe to be true is true in reference to the consensus world, not the world of imagination) then it may no longer be constrained by the temporal coherence of the consensus world. Saying 'but that can't be true: it doesn't make sense that Kurt Cobain could be in my kitchen when he died years ago' seems appropriate if this imagination makes its way into a belief, but it might not be an appropriate response to someone who's beliefs have a similar structure to imagination, where 'dying years ago' doesn't serve as a constraint.

Believing something is taking it to be the case. 'The case' concerns reality, which is upheld as the consensus world and its spatiotemporal constraints, so someone who doesn't trust the consensus world in a deep, habitual way may have a shifted awareness of what 'real' is; they will take things to be the case in this shifted way. This has implications for the concept of delusions. There are two broad philosophical understandings of delusion: as 'irrational beliefs' or as 'rational responses to anomalous experiences' (Campbell, 2001), but Ratcliffe's account doesn't prescribe either. He frames delusions as not just 'anomalous beliefs' but having their own kind of intentionality, created from strange experiences and a general shifting away from the consensus world as the bedrock of reality. Labelling delusion as mere 'irrational belief' is simplistic when we take into account the person's experience which formed the belief in question, or their whole way of experiencing and believing more

generally, since what is 'rational' often corresponds to consensus validation. And the said experience might not have been felt in a way that affirms the consensus world. In other words, the consensus world may not have been relevant to the said experience and the beliefs that it founded; or more generally, the subject might not structure their beliefs around the consensus world. Ratcliffe states that the inflexibility of delusion is not irrational because they are "inflexible precisely to the extent that they are not anchored in a shared world and therefore impervious to the influence of social, regulatory practices" (Ratcliffe, 2017, p. 155). This is a different kind of conviction: usually certainty is a matter of being rooted in a shared world, but for those who do not experience existence rooted in that shared world, certainty becomes something different or at least not reliant on consensus. Believing that Kurt Cobain waits for me in my kitchen on top of a pink tiger is plausible if my beliefs do not require filtering through according to others' reactions, or even implicitly reference the consensus world. If the shared world is an unstable and threatening place then it is not a place of reliability and corroboration: of validating what is and isn't the case, so 'the case' becomes more closely structured to my own private world: the world of imagination. This shows how the delusion cannot just be reduced to 'rational response to an anomalous experience', because there is more going on: the subject's whole way of believing is different – it is less aligned to the consensus world.[9] The aim of this section is to show how this lack of habitual trust can extend to be the root of delusional beliefs, as well as experiences that don't necessarily line up with the 'here-now' consensus world. In this way, the structure of intentionality – the minimal sense of being in a certain intentional state – is crucial to the way that we believe. This is because the way that we believe requires a trust in what reality 'feels like'; reality feels like that which is habitually affirmed by the spatiotemporal consensus world, which frames our distinguishing of perception and thus the structure of our intentionality.

An epistemologist might reply that perception is not the only source of belief: we also believe through deduction, memory and internal feelings such as believing that you are hungry because you feel a certain sensation. But taking these things to be the case or not still involves taking them to exist in this 'consensus world'. I really do feel hungry, in the same way that the coke can really is red. Even though it is only me who can determine whether I

[9] A similar argument is also made by Feyaerts et al. (2021), who claim that delusions relate to a different kind of reality experience.

feel hungry or not, I still take it to be an objective fact of the here and now, and it is a feeling that is shared by many others across the board of the consensus world – hunger 'exists', so to speak. This is the same as beliefs someone might arrive at through deduction such as 'don't trust the government' – 'Max is in the government' – 'don't trust Max'. The belief that one should not trust Max concerns the here-now-consensus world, even though no one has actually corroborated it. The point is that its status as 'the case' speaks to something of 'the case' as intertwined with the shared world of other people; taking something to be the case involves "taking it to be part of a world in which one is rooted" (Ratcliffe, 2017, p. 151). It is being stated as something that is true/ reality, which references a trust in there being such thing as reality, which (under Ratcliffe's account) is referencing sharedness. To summarise, I have shown that the consensus world is an entirely crucial part of experience; not just by characterising and shaping perception as a distinct type of experience, but also, and inextricable from this, by giving shape to our whole notion of truth and reality – what perception *is doing*, what it refers to. The consensus world plays an integral part in characterising the *way* that we take things to be the case or not. I will now expand on the affective and habitual nature of this trust in shared reality.

1.2.3 Habitual trust as an affective phenomenon

Ratcliffe talks of what he calls 'becoming unhinged' which is the loss of grounding in the consensus world – loss of interpersonal grounding – as an *affective* phenomenon (Ratcliffe, 2017, p. 154). 'Affective' here relates to feeling – 'becoming unhinged' feels a certain way. Understanding its affective nature elucidates how a loss of habitual trust might actually result in a different experience of reality, in the deep, structural and pre-reflective way that I am talking of.

In it being an affective phenomenon, this trust in others, and as such the 'real world', is bound up with our embodied, practical existence – it is not a propositional trust. Ratcliffe draws on Wittgenstein (1975) to discuss how this is a non-propositional confidence in the world, which implicitly grounds beliefs that x is or isn't the case. This confidence is the confidence that actually makes it possible to have beliefs at all, which is why it is not propositional. Consider this parallel with propositional logic: we have axioms that are the

building blocks of the logical theory.[10] They explain the rules that can be substituted to solve any kind of logical puzzle, but they do not explain the form of the logical theory – such as what 'V' (or) really represents. This essence is not easily intelligible, because it isn't propositional itself; it is an attitude – something that just is. The concept 'or' just is, in a habitual and practical way, it is naturally immersed into our lives; "Our most confident beliefs therefore turn out to be different in kind from a confidence that makes belief possible" (Ratcliffe, 2017, p. 159). This denotes the difference between the confident beliefs (propositional) and the non-propositional attitude that makes them possible. This affective confidence is the sense of realness that is required to say that anything is the case at all. I don't put my hand in the fire because I *know* it will burn. If I wanted to, I could fantasize about the possibility of the fire not really being there, but I probably still wouldn't put my hand in it. This isn't a propositional kind of certainty, it is embedded in our actions and behaviours: a "habitual confident immersion in the world" (Ratcliffe, 2017, p. 156). It cannot be structured as a belief or a proposition as it is something all-encompassing and non-specific, which shapes the structure of our experience. This is because it is not content based – why it cannot be structured in a propositional manner – but rather it concerns a 'form': the form that experience takes as being the hinge that anchors someone into the world. This form manifests in 'affective anticipation' which is a knowing of what is coming next; it is a sense of realness that solidifies and coheres the world around us. It is affective because it concerns a feeling: a feeling that the world is real.

Ratcliffe discusses how the ability to make propositions (and in general, beliefs) actually presupposes this sort of habitual certainty, since the ability to take something to be the case or not relies upon a basic trust that there is a case to be had. This is the basic, implicit attitude that there is a real world: that there really is a fire that will burn my hand if I touch it, that won't, for example, crumble away into the ether. An awareness of the distinction between x being the case or not relies upon the ability to doubt whether or not x is the case, which depends upon "grasping something as potentially anomalous *relative to* a wider backdrop of acceptance" (Ratcliffe, 2017, p. 157). It is this backdrop of acceptance that we are talking of: the sense that there is a case to be had, and what that feels like. In fact,

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[10] E.g. Axiom 1.3 [Distributivity]: $p \vee (q \wedge r) = (p \vee q) \wedge (p \vee r)$, $p \wedge (q \vee r) = (p \wedge q) \vee (p \wedge r)$

Ratcliffe holds that habitual certainty is a condition for the possession of any kind of intentional state. This relates back to my discussion of belief and how, even when it is formed through internal means as opposed to perception, it always concerns the real world. The intentional state 'I am dreaming' is taking it as a given that dreaming is a thing that happens and that it is happening to me. Even though I might doubt whether I am really dreaming, this doubt presupposes the 'really': that there is something to *really* dream. That there really is a real world that I exist in, complete with dreaming and all the rest.

To illustrate this point further, Ratcliffe references Wittgenstein's argument which holds that there are propositions that are actually inextricable from this habitual certainty, such as 'the earth exists' and 'there are physical objects' although they disguise themselves as propositions. These are distinct from propositions like 'the earth is round' or 'I have a brain'. The latter concern contents that can be empirically verified and debated; they can be doubted amongst the consensus world in which it is possible to arrive at a consensus conclusion. But the former, though masquerading as doubtable propositions, are not actually doubtable – they are 'hinge propositions'. Though we can throw around ideas of there being no earth and no physical objects, in a brain in the vat type scenario where our consciousness might just float around being fed projections, these scenarios do not often concern us in a compelling, affective way because we can't shake the attitude that affirms existence as we know it, built into all our actions and interactions. Besides, to debate whether or not the earth is real and whether reality is an illusion is still to presuppose that there is a reality; that there is a version of events that corresponds with what is true. This is why it is the 'confidence that makes belief possible' which is distinct from confident beliefs (Ratcliffe, 2017, p. 159).

And, crucially, this trust in reality, since it is habitual and practical, is firmly rooted in the social world. "Being rooted in a realm where some things are and some things are not" (Ratcliffe, 2017, p. 159) is inextricable from a style of interpersonal relatedness, since this realm is interpersonally regulated. Habitual confidence is a kind of anticipatory pattern, a knowing of what is coming next – of the solidity/realness of whatever existence we lead and the environment that inhabits in. And such anticipation is inextricable with corroboration from others: everyone else knows the fire will burn me too - they might scream out if they see me poke my hand in there. And if I was to sense that the fire might actually be a projection of some kind and so not scorch me, the first thing I would do would

be to look to others for corroboration. The distinction between things being and things not being presupposes this very certainty of there being a real world, and the real world is held as the consensus world. This is the implicit sense that I touched on earlier; the sense we all have of reality as in reference to other people. What is real (what concerns *belief*) concerns the shared world; we have to trust in the shared world as real, out of habitual, affective necessity embedded in our everyday existence. This is distinct from the notion that believing particular things requires intersubjective corroboration which *is* structured in a propositional way. It can be explicit, such as: 'I think that shape on the horizon looks like a pirate ship', 'I wonder if X thinks that too', 'X agrees – I believe it may be a pirate ship heading our way'. This is distinct from the notion that intersubjective corroboration (a key feature of experience as we know it) actually presupposes an implicit, all-encompassing, non-propositional trust that there is a real world that others share. And this sense of reality is the backdrop by which we take everything to be real including the things that can't really be shared, like the belief that we are hungry or in fact the belief that we are having any kind of intentional state.

This is how the sense of reality is crucial and pervasive, creeping into every aspect of our being. We can have an experience of some sort of intentional state, but then the way that we know we are having it (self-consciousness) immediately references this sense of existing in a real world. It is part and parcel of our very self-consciousness, in the most minimal way. And hopefully I have shown how this presupposes an awareness of intersubjectivity – of the social world – because the sense of reality references the shared consensus world. Not in an explicit, propositional way that references certain things, but in an implicit and general way. Awareness and trust in the shared world is like the skeleton upon which our recognition of realness is built – even the realness of *knowing* that we are imagining, for example.

To clarify, the 'consensus world' in terms of its content is a shifting thing. Clearly, different groups of people, subsections of society, societies and cultures will uphold different consensus on many things. And consensus beliefs change over time – for example, that the earth is flat and at the centre of the solar system. This shows us that the reality of 'the consensus' can be challenged, and is distinct from reality in general. However, we are not concerned with the content of consensus beliefs here. We are concerned with form; that the very notion of truth, its experiential form, involves a non-propositional, habitual *trust* in

shared existence. It is this that we are referring to when we talk about the 'consensus world' – an attitudinal trusting relationship with shared existence.

Although this experiential form of taking it for granted that things can or cannot be the case is non-propositional and grounds beliefs, it can still be affected by the erosion of fundamental beliefs. "If I discovered the earth was only 30 years old and I'd been cloned from a Martian, it would have a profound disruptive effect on my habitual confidence that it might well precipitate a shift in the overall form of anticipation, in the structure of intentionality" (Ratcliffe, 2017, p. 160); so even though this habitual confidence is non-propositional, there are some propositions that are "intimately associated" with it (Ratcliffe, 2017, p. 160). Since we look to others to corroborate doubts we may have about our most entrenched beliefs, and if we find those beliefs undermined, other people can act as sources of reassurance and recalibration. They hinge us to reality. But if our interpersonal relations are what is challenged (beliefs about other people in general, about their intentions) then they may no longer have the potential to restore habitual confidence in the world. We can see how quickly many beliefs could start to unravel and impact the overall structure of experience. Note that here we are talking about specific beliefs that are propositional (for example, a belief that your mother is trying to poison you); that such beliefs can impact the general (non-propositional) sense of habitual trust that makes any such beliefs possible, if they lead us to stop trusting in others completely, thus totally warping the structure of experience in a more inward fashion, for example.

1.2.4 Temporal coherence and the structure of intentionality – how time creates characteristic profiles

We can illuminate how this sense of reality structures our knowledge of being in a certain intentional state or not – the structure of intentionality – and how changes to this overall structure can result in certain localised experiences, by looking in more depth at the concept of temporal coherence, which was mentioned above. This refers to the temporal structure of perception with its pattern of anticipation-fulfilment.

Ratcliffe states that the sense of being in a given intentional state is characterised by its specific temporal pattern, and that these are known in relation to the tightly structured anticipation-fulfilment structure of perception: as 'departures' from it. Localised disturbances to the structure of intentionality can be understood as changes to the

characteristic anticipatory style of a given intentional state, usually amongst the backdrop of a wider, global change to the overall structure of experience. Ratcliffe claims that the relationship here, between the global and the local, is because the global structure of intentionality concerns *how* one believes: *how* it is taken to be the case that I am imagining, for example. (Ratcliffe, 2017, p. 164) And, as I have explained, this is part and parcel of the sense of reality, the sense of there being a case to be had, upon which perception rests. So, the anticipatory style of perception has a kind of global presiding against which other intentional states are experienced; it is pervasive since it shapes the sense of something being the case – even facts about our own intentional states, which themselves are consciously experienced as distinct from it. "The province of everyday experience has priority over others. It is "marked out as ultimate or paramount reality" in virtue of the "unity and congruity of the world"" (Ratcliffe, 2017, p. 166). Ratcliffe quotes Schutz (1945, pp. 552–554) here, referring to the sense of reality "upon which perception is parasitic" – perception/ the 'here-now', has a primary-ness in its denoting of reality. So, when this global sense of reality shifts in a more inward manner (less trust on the consensus world), experience can become more ambiguous as the temporal profiles of different kinds of intentional states become more similar, because perception loses its characteristic sharedness; it may become closer to imagination. Ratcliffe describes how this can result in localised experiences in which something like a thought content concerning a specific memory could be experienced as perceptual.

I have touched on the temporal profile of imagination as being more free than perception. Recall that the temporal structure of perception is tight, as it is a lot more constrained, by being regulated by activities, shared plans, necessary acts and goals. This is the anticipation-fulfilment: we constantly anticipate what is coming next, and what comes next either fulfils our anticipation or updates it, creating our world, subjectively experienced. Ratcliffe states that other temporal profiles (of imagining and remembering) are experienced as departures from this since they involve less structure: there is less anticipation since there is less of a need to predict what will be experienced. This is because the contents are not bound to life projects or other practical activities, they exist in a kind of free-flowing vacuum and do not need to happen in any temporal order. For example, I can imagine things that happened a hundred years ago, or that might happen in four hundred years. Similarly, I can remember now (in 2022) things that happened in 2008, though these memories (such as of my sister learning to walk) doesn't bring with it the anticipation that

she will tomorrow pull herself up to standing using the table leg. Whereas perceptions happen in temporal order; perceiving her pulling herself up using the table leg will bring the anticipation of her doing the same tomorrow. However, when perceptual experience becomes less predictable, and less regulated by such activities, because of the subject's upheaval from the consensus world (due to a change in how one perceives and relates to other people – as no longer sources of corroboration but threats) then it may start to take a more similar shape to imagination or remembering. Ratcliffe explains that the temporal profiles become less distinct through a loss of footing in the consensus world by "generating widespread unpredictability, dysregulating affective anticipation, and insulating [her] from interpersonal processes that more usually sustain or repair experiential cohesion" (Ratcliffe, 2017, p. 164).

This detail about temporal profiles helps to explicate the fact that we are not talking about the mere contents of perception, imagination and remembering, but their form: this is the *how* of intentionality, concerning *how* the contents are experienced which is an affective phenomenon. There is a certain affect to experiencing different kinds of intentional states, characterised by their temporal profiles, so when the way in which one experiences others changes to such an extent that it impacts the affect of perception on the whole, this will impact the whole structure of experience against which perception is part of, and shapes. The *how* of perception (the way in which it is experienced, affectively) is dependent on having an implicit relationship with others; an underlying sense of sharing a world together and having similar experiences and shaping each other's worlds.

1.3 Ratcliffe's conception of hallucination

So generally, Ratcliffe conceptualises experiences characterised as 'hallucination' (what I refer to as anomalous experiences), as experiences that are constituted by these sorts of changes to the structure of intentionality – when the characteristic temporal profiles of intentional states get blurred, or lose their characteristic form, giving way to experiences of a form somewhere in between the usual intentional state types. I shall now expand on this conception.

Ratcliffe's account denies the traditional philosophical conception of hallucination, which characterises it as quasi-perceptual experience; as experience identical to perceiving x, but in the absence of x. This view doesn't take into account at all the phenomenology of

these experiences – the experiential makeup of such experiences. This commonly held conception holds that hallucination is a perceptual experience of p in p's absence. This means that there can be no commitment to p's actual properties, if it is possible to replicate p in p's absence. But if perceiving p includes experiencing p's actual properties, then this would not be possible in p's absence, so any similar experience is not actually identical to perceiving p. For example, a hallucinatory vision of a spilling can of spaghetti hoops cannot be phenomenologically identical to actually perceiving a spilling can of spaghetti hoops. It is not only that the subject is being deceived by there not really being a spilling can of spaghetti hoops, but they are also being deceived by their experience not actually resembling an experience of such a thing. This is where Ratcliffe's distinction between an actual intentional state, an experience of an intentional state, and the sense of an experience of an intentional state, comes into play. The difference between hallucinating a spilling can of spaghetti hoops and actually perceiving it is the difference between being in a perceptual intentional state that involves the properties of what is going on, and having some sort of experience that merely has a 'sense' of this, but does not involve those properties. Ratcliffe explains that this perspective is committed to a 'strong transparency claim': the claim that our experience of things around us *is* actually those properties of the environment and *not* some kind of removed representational experience (Ratcliffe, 2017, p. 36).

This commitment means that a so called 'perceptual experience of p in the absence of p' is really its own *kind* of experience; an experience that shares some likeness with perceiving p (a sense) but is actually not related to the object p in this way. Ratcliffe's framework which covers the complex layers of the structure of experience allows us to see that there is so much more going on than 'experience of p in the absence of p': this is its own type of experience, constituted by all sorts of different nuances within the complex fabric of consciousness, which itself is intimately tied up with the interpersonal world. Ratcliffe explains this as the 'positive account' of hallucination. He states that conceiving of hallucination as "the absence of something, combined with lack of reflective insight into this absence is unhelpful" (Ratcliffe, 2017, p. 37), since being in an intentional state usually becomes interwoven with the wider sense of being in that state: a "wider experience that is characteristic of being in that state" (Ratcliffe, 2017, p. 37). And with hallucination, this often presents an experience of strangeness which is some *sense* that what is happening isn't usual, that there is a tension in the environment with the subject's experience; usually something more predominantly type-x would be going on around the subject along with their internal

experience of type-x. Ratcliffe argues that in such a case, the sense that something is strange doesn't actually impact on the sense of one having a certain experience – or not enough in order to actually unveil something more accurate about the type of state that one is in – but instead becomes tangled in with the general phenomenological affect. The idea is that intentional state types have certain senses, and those senses can be replicated through other means.

This is where Ratcliffe's conception of anomalous experience is committed to the view that something 'mistaken' is happening; that the experiencer has an inaccurate sense of which intentional state type they are in. It is reasonable to interpret that Ratcliffe is ultimately stating that hallucinations are imagination states that get inaccurately read as something else more akin to perception, because of a blurring in the way these states are characterised (Ratcliffe, 2017, p. 36). He claims that hallucinations are mistaken imaginings; confusion between imagination and perception, and delusions involve mistaking imagination to be belief. This fits into the trend of research that characterises anomalous experiences (described as hallucinations and delusions) as arising from self-monitoring failures; a breakdown of mechanisms used to tell that something is self-generated – an imagination.[11] However, Ratcliffe is giving a phenomenological rather than epistemological account: he is analysing anomalous experiences as disturbances to the structure of intentionality, but by focusing closely on their phenomenology. This means that, phenomenologically, they are so much more than just mistaken imaginings because they cannot be mere mistakes (of perception or belief) since they come with *their own* sense of strangeness that doesn't fit into either. In fact, Ratcliffe states that it is often actually the mistake of the clinician or interpreter to hastily compare them to their own every day experience, when actually patient reports come with their own descriptions of strangeness (Ratcliffe, 2017, p. 39).

Importantly, Ratcliffe's account states that these experiences are not just mistakes but happen in the context of a global change to the structure of experience which renders a blurring of boundaries between imagination, perception and belief, which, in doing so, creates new kinds of experiences of intentionality that cannot easily be placed in any category. A.Es (I use this as an abbreviation of 'anomalous experiences') can turn out to have

[11] See Frith (1992) and Currie (2000) who argue this.

their own kinds of feelings involved, which incorporate tensions between a subject's sense of an intentional state and other aspects of experience and the environment. This is something that can be illuminated by further analysis of the wider structure of experience, which involves "a more enveloping sense of the various kinds of intentional state as distinct from one another" (Ratcliffe, 2017, p. 41). It is this focus, on A.Es as having their own kind of sense, that I will extrapolate from and develop in the next chapter, in order to create a framework to refer to them that best suits the aims of this project. But first, I will sum up Ratcliffe's account and explain what I am carrying forward from it.

Ratcliffe explains that this blurring of intentional state types can be implicated by a loosing of habitual trust. This can happen when a person goes through a traumatic situation that subverts their very notion of what perception is, in terms of how it may radically alter their relation towards other people, in this pre-reflective, habitual, deep, pervasive way. Because the structure of intentionality is developmentally and constitutively dependant on other people, such an experience could happen at any time and constitute such a shift. To elaborate on 'developmentally and constitutively dependent'; this means that the minimal self is developed through social interactions. And in doing so, it exists as something that is constantly dependent on them – it is never, suddenly, 'made up' permanently but rather is always relying on interpersonal interactions to shape it in a particular way; that is, through the characteristic profile of perception and thus the whole structure, through habitual trust. Ratcliffe sums this up as "an interpersonally regulated, self-transformative process" (Ratcliffe, 2017, p. 35). This is important because it means that early interpersonal interaction is crucial to the minimal self becoming what it is; without affective interpersonal relations "as a kind of scaffolding" (Ratcliffe, 2017, p. 35) for the development of the minimal self, it may end up being structured differently. Just to reiterate, Ratcliffe is claiming that this is the most primitive 'self' to be found as it is literally the structure of intentionality (which constitutes self-conscious awareness) – it cannot be reduced down to any other parts – and it is "inextricable from a way of being immersed in the interpersonal world and consequently vulnerable to certain kinds of disruption" (Ratcliffe, 2017, p. 36). It is these kinds of disruption that can constitute anomalous experiences.

1.3.1 Critiquing and developing Ratcliffe's framework

Whereas Ratcliffe states that his focus is not on objectively categorising states (this would be an epistemological project) but on analysing the structure of intentionality in order to get a

nuanced understanding of the phenomenology of A.Es, he seems committed to the conception of A.Es as, while having their own kind of phenomenology, phenomena that result from a 'breakdown' in the wider structure of intentionality. This is where I differ from him; the next chapter will lay out how I propose that we can refer to A.Es as their own kind of state(s), and take them as that – without having to characterise them as something 'gone wrong'.

Ratcliffe states that A.Es can be, though are not necessarily, the result of traumatic happenings that instigate a breakdown in habitual trust; meaning a breakdown of the characteristic temporal structure of perception, and therefore of the wider structure of intentionality, constituting blurrings of the felt senses of intentional state types.[12] Ratcliffe points out that this is consistent with impressions in philosophy of psychopathology (of Parnas et al. (2005) and Sass (2014) although not Zahavi (2017)), which claim a connection between anomalous experiences and a disturbance of the minimal self as the structure constituting awareness of types of intentional state. Ratcliffe stresses that these views do not use reductive strategies in professing any causality, for example where anomalous experiences are caused by defects in this awareness: "the relationship is instead one of mutual implication: minimal selfhood, the coherence of world experience, and a sense of relating to the world are all aspects of a unitary phenomenological structure, one that includes the modalities of intentionality" (Ratcliffe, 2017, p. 28). Ratcliffe himself does not explicitly state whether he is proposing a necessarily causal account; or a similar relationship of mutual implication, which paints a nuanced picture of how anomalous experience might arise out of this interdependent relationship getting skewed, but may not necessarily be caused by 'defects in awareness'. However, there does seem to be some 'reductive strategy' going on in characterising A.Es as ultimately experiences that arise from this unitary structure getting skewed, such that states that are actually imaginings (or memories) are experienced with the sense of perception – amongst other more nuanced senses.

It is debatable how much this commits Ratcliffe to a pathological conception of A.Es. He includes discussion of the differences between more local and global changes to the

[12] He explains that there is still every possibility of A.Es arising from internal causes (brain damage after an accident for example), but this would still happen in line with more global changes to the structure of intentionality. (Ratcliffe, 2017, p. 17)

structure of intentionality, resulting in local A.Es (often thought of as non-pathological A.Es) or more global changes to a person's being that are associated with pathology – often referred to as a kind of 'self disorder' such as schizophrenia. On one hand we have a 'global change' to the structure of experience which would explain the idea of self-disturbance, and on the other hand we have A.Es which seem localised and very specific, and importantly *sporadic.* Ratcliffe reasons that if there was a 'global change' to someone's self-experience, characterised as minimal-self-disturbance, then that would imply symptoms that would be consistent and 'all-encompassing'. Some cognitivist frameworks suggest that A.Es result from metacognitive deficits, restricted to deficits in a person's brain functioning, in order to explain A.Es as the 'turning perceptual' (object-like) of inner speech or thought, but this leaves an explanatory gap for when they happen sporadically and are often only associated with certain thematic affects, rather than all the time. Many people remain relatively unaffected outside of their sporadic A.Es, which is left unexplained by a metacognitive deficit model: why would a deficit in metacognition only materialise in outward ways that concern very specific things? (For example, a talking starfish in my bathroom who tells me to go outside.) Ratcliffe reflects on how the content-specificity of A.Es thus becomes a problem within 'self-disorder', as well as the occurrence of A.Es across the board – many people seemingly do not have what is described as 'self-disorder' but do experience A.Es. Ratcliffe discusses how this creates different variables: self-disorder, schizophrenia and A.Es. Ratcliffe's theory which places interpersonal experience as inextricable with a minimal self creates space for content specificity in hallucinations, since these disturbances can be the results of certain interpersonal events (for example memories interpreted as perceptual-like), which *are* content-specific in their nature. He claims that hallucinatory experiences happen in the context of a global change to the minimal self. Though they may be localised happenings, he does still hold that they are *specified instances* of a global change, but maintains that this does not put the onus on the individual in the way that pathological conceptions imply (e.g 'self-disorder'), since the minimal self is by its very nature *developmentally and constitutively dependent* on interpersonal relationships (Ratcliffe, 2017, pp. 29–33).

Ratcliffe goes on to focus on these global style changes often associated with 'self-disorder', and explains how characterising A.Es with this rich conception of the structure of intentionality can explain their content-specificity and also the more global shifts in a person's whole sense of self that sometimes accompany them. Ratcliffe touches on the

pathology debate, and defends his view against the common charges against the 'schizophrenia as disturbed minimal self' approach; that it places the responsibility of the A.Es on a person's own global cognitive structure, rather than interpersonal relations and events. Ratcliffe's picture of the minimal self as itself socially embedded: "developmentally and constitutively dependent on a way of relating to other people" (Ratcliffe, 2017, p. 34) means it is inextricable with interpersonal relations, so relieves this worry, since the two are no longer mutually exclusive; in fact they are part and parcel of one another. This still leaves space for A.Es to be brought about by seemingly more internal causes, such as, say, a cognitive deficit after an accident; it is just that such aspects become interwoven with interpersonal aspects too in terms of the development and constitution of the minimal self. But this does not mean that disruptions to the minimal self will always be socially caused – they could have any cause. Therefore, it could be argued that Ratcliffe avoids an individualised pathological conception of (global change related) A.Es in framing them as part and parcel with certain interpersonal happenings, whilst still being compatible with the traditional psychiatric conception of 'self-disorder as disturbed minimal self'.

There are many strands to discussing the issue of pathological framing, including what about it we might want to avoid. Since the purposes of this project are to explore the ways in which the framing of A.Es becomes part of the ontological process of the experiences happening that the framing seeks to convey, I am to avoid framing A.Es as necessarily tied up with any sort of value judgement. The next chapter will explore this in depth. Whether or not Ratcliffe is committed to a pathological conception of A.Es, it seems that he does ultimately characterise A.Es as mistakes occurring in line with inaccurately read experiences – even though his phenomenological analysis is far richer than this. I do not want to commit to a characterisation of them as 'mistakes' or breakdowns in the structure of intentionality, since this has an element of pathological framing, where they are construed as something not 'working properly' – even if this is far from the whole picture. Instead I want to take this analysis as a *possible* explanation of A.Es, but not an ultimate characterisation – not their defining factor, and not their necessary constitution. I will not explicitly engage in the discussion of global vs local anomalous experience and its presumed bearing on pathological vs non-pathological A.Es. Whilst I acknowledge there is clearly a scale of extremity of experience, I do not want to focus on terminological dividing lines between the extremities of anomalous experience or how much the experience is interfering with one's whole way of being, since I am looking at the role of the social world in this. And one of

those roles may lie in how such experiences are differentiated or framed. Therefore, I do not want to presuppose any such explicit framing, although admittedly such ideas are clearly present in the background: the argument I make about psychiatry suggests that psychiatric affect can instigate the loss of habitual trust, pulling the anomalous experiences into the territory that Ratcliffe characterises as 'global disruption'.

The main aspect of Ratcliffe's framework that I will be using is his conception of habitual trust. I will be carrying forward this notion and applying it to my analysis of how psychiatry (the dominant 'consensus world' framework for navigating A.Es) frames anomalous experiences; analysing how psychiatry, in its institutional structure and affect, impacts habitual trust. In using this conception of habitual trust and analysing how psychiatry, and then alternative methods, may or may not implicate a breakdown of habitual trust, I aim to say something about the role that social frameworks for A.Es can have in the constitution of those A.Es. My project is looking at the phenomena of anomalous experiences and how the contexts in which we frame and conceptualise them – socially, and individually – get woven into those very experiences. Ratcliffe's account will elucidate my account of how psychiatry – as the dominant Western context for understanding these states – is woven into these people's experiences through the interpersonal realm, as well as the role of other contexts upon which people may engage with about their anomalous experiences. I argue: the structure of intentionality is developmentally and constitutively dependent on the interpersonal sphere, through habitual trust. Psychiatry is the dominant social framing and intervention structure in Western medicine for people who have anomalous experiences. Evidently, the discourse of psychiatry as a discipline will have profound effects on their lives: how they understand themselves in the context of their experiences, and how they respond to the interventions that it dictates. However, I will be focusing on how Psychiatry might affect the 'minimal self', through habitual trust, rather than explicit, reflective ideas that they have about their own life, identity and health.

So, I am investigating how psychiatry as a social structure, manifested by interpersonal interactions and narratives, might affect someone's structure of intentionality: the structure by which they are aware of (and which determines) what kind of intentional state they are in, based on the premise that this structure is held up by the interpersonal world. However, I want to be clear that I am not committed to any specific explanatory conception of A.Es – I want to take them as they are without seeking to explain their

inception. (The next chapter will expand on this.) I focus on habitual trust as a way that A.Es may be implicated, but I am not beholden to the view that this is how A.Es are necessarily formed. The conception of habitual trust allows us to see how knowing what is 'consensus' (in the sense meant here of being 'available to others') and what isn't, and how this is taken to be real in line with other people, is a key part of how we structure experience. It therefore offers fruitful and nuanced insights into how this may be affected by certain ways in which one can 'detach' from intersubjective experience, and how certain interpersonal interactions may implicate this. It is this interplay that this thesis focuses on; especially on these certain interpersonal interactions that are instigated by certain institutions – that of psychiatry. Habitual trust shows us something interesting and compelling about an aspect of anomalous experience, but I am not arguing that A.Es are caused by a loss of habitual trust or that they necessarily involve a loss of habitual trust. This project's aims is not in working out an explanation of A.Es but in accepting their existence and working out how the social world may be implicated in this. Therefore, some analysis of their constitution is required, as this chapter lays out, but the idea is to look at this in the context of the wider affect of the social frameworks for navigating these experiences. I aim to look at this bigger picture without reducing A.Es to a breakdown of any mechanism.

Ratcliffe characterises A.Es as (ontologically, though not phenomenologically) 'mistaken imaginings'. I aim to be careful of pathological assumptions by staying clear of positing A.Es to be any kind of 'mistakes' - this does seem to be smuggling in a characterisation of them as resulting from the breakdown of a mechanism. It is possible for me to stay clear of this whilst also appreciating and applying the conception of habitual trust and its role in Ratcliffe's framework of A.Es. This does not commit me to characterising A.Es as mistaken imaginings (or mistaken memories, etc), since I can appreciate the connection of loss of habitual trust to anomalous experience in the sense that a person may lose awareness of what is consensus and what isn't, whilst also gaining access to a new kind of state. This is generally the way that I will apply Ratcliffe's work; without strictly positing A.Es to be mistakes, yet keeping the analysis of the role of habitual trust in how we all regulate each other's experience of the world in a shared way. It is also possible for me to accept and apply the notion that traumatic events may instigate A.Es through their subversion of habitual trust, without being committed to the view that such A.Es are therefore unwanted or 'bad'/ 'pathological' just because they may have resulted from some traumatic situation, whilst still opposing the traumatic situation and its coercive implications for the person.

I shall now expand on this. Since my line of argument does start with an explanation of how the interpersonal world can play a role in the formation of anomalous experience, in order to show how Psychiatry does this, there is the concern that I may be inadvertently reducing A.Es to this formation in order to critique Psychiatry for engaging in such reductions – thus doing the same thing that I am warning against. The worry is that doing so denies or reduces the essence of anomalous experience to some extent, by framing them as 'the result' of something. The worry is that in doing so, the experience gets framed into the result of something 'gone wrong', no matter how much I try to stay clear of this. However, I am not arguing that anomalous experience is constituted by something 'gone wrong', or that it is necessarily the result of some definable cause at all. I am explaining one mechanism that may be happening, and in doing so, I am not ascribing generalised value judgements to the anomalous experiences themselves – even if they may come about in response to traumatic or horrifying interpersonal events. Even if my argument may imply (I am not making any explicit statements about morality) that losing habitual trust is a bad thing in the context of the consensus world forcing that upon anomalous experiencers (through psychiatric intervention), this does not mean that losing habitual trust is necessarily a bad thing whatever the circumstance – i.e. meaning that anomalous experiences associated with losing habitual trust are always bad. The process of being forced to alienate from others, and be threatened by the consensus world, in a generalised and existential way, is surely 'bad'; but this 'badness' is contained in the traumatic act of this coercive process. I am not engaging here in discussions of morality, and I want to be clear to hold this as separate from the ongoing 'altered state' that this trauma and losing of habitual trust may have brought about. We can simultaneously resist the interpersonal violence that may bring about these states, whilst holding space and value and acceptance and even, if appropriate, desire for these states. Clementine Morrigan (2021) references this separation and complexity in her work on trauma and disability:

> "It is possible, instead, to hold the complexity of resisting violence, while loving and valuing the embodied experience of traumatized people. My hope is to reframe trauma, to reimagine it as a site of possibility. I argue that embodied experiences of trauma are one means with which to resist violence and that embodied experiences of trauma can offer new ways of being in the world. I draw upon the work of critical disability and disability justice thinkers, as well as my own lived experience as a traumatized person in order to make this argument. In particular I consider trauma

in relation to queer temporalities, more than human worlds, and magic. By staying with trauma and engaging it as a strategy of resistance and a site of possibility, I insist on the simultaneous importance of working to end violence, and desiring the difference of the disabled embodiment that is trauma."

2 The Worlds Framework

Now that I have outlined the account of the structure of intentionality and the dependence of intentionality on the interpersonal world, I will continue this groundwork by exploring a 'neutral' conception of anomalous experience. The motivation for this is that I do not want to presuppose that A.Es are the results of 'impaired intentionality', whilst I am accepting and taking forward Ratcliffe's claim that loss of habitual trust constitutes changes to the structure of intentionality, and therefore could instigate an A.E. Importantly though, I am not committed to this being a necessary conceptualisation of A.Es. I hold that it is *possible* they may be constituted this way. I am not committed to the claim that A.Es are essentially experiences in which intentional state types get mixed up – such as imaginings or memories having a sense of perception. There is not space here to get into depth about a taxonomy of anomalous experience, so it is necessary to refer to A.Es as a broad category and leave open the question of their constitution. The 'Worlds Framework' which I set out in this chapter is motivated by this; we want a way of speaking about A.Es that does not presuppose they are 'mistakes' of some sort, or in fact presuppose anything about what they 'really are' in a reductive sense. Instead, I wish to take them as experiences in their own right, and refer to them in a way that is closest to what they resemble phenomenologically, as a kind of experience, since what we are looking at here is the interplay of these experiences with the way that they are framed. The motivation is to 'unpick' this interplay, whilst not further muddying the waters in the process of this 'unpicking'. We want to stay close to a characterisation that is broad, and recognises A.Es as a kind of experience that people have. Part Three of this thesis will then develop this framing, in order to say something about how the social world more broadly could frame A.Es, and how this could guide interpersonal relating in regards to A.E, and the implications of this for the structure of intentionality. Thus, the Worlds framework has a pragmatic motivation, in what it can offer, which will be developed in Part Three.

If social world responses to A.Es can bring about a loss of habitual trust (as this thesis will argue) then this is an important mechanism at play that has implications for people's anomalous experiences – it affects the ontology of anomalous experience. What I am interested in is the ways that psychiatry, as the dominant 'consensus world' resource for A.E, may be actively involved in the ontology of A.E. It is therefore necessary to refer to A.Es, and understand somewhat of their ontology, in order to analyse this. My motivation in

this chapter is to be able to characterise A.Es in a way that enables us to speak of them as their own type of experience, whilst not implicitly smuggling in a characterisation of them as some kind of impairment. Working backwards from the goal of 'unpicking' the affect of the social world framing of A.Es; how then should we speak of A.Es in order to engage in such unpicking? This chapter emerges from this question, and this aim; we want to characterise them in the way that makes sense as closest to how they habitually 'come up' in the world, rather than how institutions or social structures frame them – often in ways that are removed from the actual experience. We are trying to represent them in the most phenomenologically direct way; as their own type of experience in the world. This means not presupposing pathological assumptions in how we conceive of them.

I will deal specifically with anomalous experiences in relation to this, and the immediate issues that that brings to mind, towards the end of this chapter, where I set out my conceptualising of A.Es as a kind of 'world' of experience. But in order to do this, I will start by developing the work in the previous chapter on different types of intentional states, in order to situate A.Es as their own kind of state. Through this, I engage in an analysis of the 'worlds framework', developed from James (1889) and Schutz (1945). By engaging in this analysis, I consider some of the connections between types of intentional states, the consensus world, and ways of taking things to be the case, which informs this thesis subject matter more broadly, in terms of its context in dealing with the connections between intentionality and the social world.

To reiterate, here the aim is to speak about A.Es in a 'value-free' way because the dominant conception of them as symptoms of disease does not. This project is unpicking that dominant idea from the experience itself, so we want to talk about the experiences themselves in a way that does not immediately impose a value judgment about them just in virtue of the type of experience that they are. I also propose that we should want it to be possible to hold the experiences as meaningful, because this is how they 'come up in the world'; they (often) come up with meaning - it is part of their phenomenon. Thus, we don't want to conceptualise them in a way that automatically obscures the possibility of them being meaningful, by implying that they be understood only as departures from reality or mistakes.

2.1 What are 'worlds'?

I will use the idea of 'worlds' as a framework to model the qualitative nature of experience. I use this as an ongoing metaphor to explicate how different sorts of intentional states are *different kinds*. This is a development of Ratcliffe's (2017) framework which has explicated the temporal structure and characteristic feeling of different types of intentional states, referencing Schutz (1945) and William James (1912) (1889) who use the language of 'realities' and 'universes', as I will show. My project will extend this framework, drawing on others who have used this idea of distinguishing different *sorts* of experiential states by thinking of them as different worlds ('worlds of experience' – not spatial worlds), and applies it to states of anomalous experiences. I argue that by characterising anomalous experiences as their own 'world', we are able to hold potential for them to be meaningful, and importantly, it allows them to be engaged with as a kind of experience in their own right.

2.1.1 Form and 'rules'

The worlds framework is one of the 'tools' of this project, that I refer to and that is a way of modelling and making sense of some of the central ideas. It is a way of framing the appreciation of the distinct 'phenomenological character' of different types of intentional states. But it also represents more than just phenomenological character: it paints a picture of how different intentional states, with their different kinds of experiences, do different things. They have mental content which stand in different sorts of relations to the spatiotemporal world around us, which is part and parcel of 'what they do' – what they contribute to our complex lives as embodied creatures in the world. The idea is that this can be summed up with the characterisation of these different kinds of experiences as taking place 'in their own worlds'.

'Modes of intentionality' are the different types of states of intentionality that one can be in – for example; perceiving, imagining, remembering. Ratcliffe (2017) characterises the 'modes of intentionality' as having different senses; each type of intentional state feels different, which contributes to how we know that we are in an intentional state of one type rather than another: for example, perception characteristically feels different from imagination. And this is linked to the temporal structure of the state; the kind of experience that each type of intentional state is has a temporal structure. This is its shape through time. Imagination has a free flowing structure; perception has a tightly structured one, based

around patterns of anticipation and fulfilment. This could be modelled on a spectrum; imagination as free flowing is at the loose end of this spectrum, whereas perception is at the tightly structured end. Memories fit somewhere in between, involving more connection to the consensus world and its constraints (memories can affect our anticipations, and memories have a stake in what we believe to be true) but in an indirect way. Generally speaking, the way that imagination feels and unfolds through time is the furthest departure from the spatiotemporal here-now world of perception. The idea of worlds is a metaphorical model to frame how different intentional states feel different, in line with their different structures. But it is not just that being in the intentional state has a feeling quality to it; it is that these different structures also 'govern' those worlds, so to speak. They allow different sorts of experiences:

> " "In my recollection I can transport myself to past decades; in waking sensory experience I can only advance from present to present into the future". When it comes to imagination, "I can cross the ocean in one leap; in sensory experience there are no leaps". So a principal difference between perceptual experience of one's surroundings and remembering or imagining is that perception involves a distinctive, more tightly structured pattern of anticipation and fulfilment: "waking experience has its own peculiar order and precision. Every moment is directed to the following one in a meaningful anticipation, and in the continuum of anticipation we grasp our wakefulness"." (Ratcliffe, 2017, p. 165; Straus, 1958, pp. 162–164)

This 'allowing' of different sorts of experiences includes the way that perception "calls out for further exploration"; "experienced in terms of various different perceptual and practical possibilities that might be actualized" (Ratcliffe, 2017, p. 165). Contents of imagination cannot be further explored or validated in this way, which is why it is possible to 'cross the ocean in one leap' in the world of imagination. Remembered situations also have their own kind of structure and 'rules', in that they "can dart from one time and place to another" (Ratcliffe, 2017, p. 166) – free from the constraints of immediate spatiotemporality. However, they cannot be jumbled up or smoothly erased and replaced with an alternative; they have to fit in with other memories to some extent, and they do have bearings on the consensus world in terms of their implications. They have to be integrated into the consensus world in a way that imaginations do not need to be. So both imagination and remembering states involve temporal patterns that are "disengaged in different ways

from one's rootedness in the present" (Ratcliffe, 2017, p. 166). And it is these patterns that are responsible for each world's distinctive form; their distinguishing features, but also the rules of the world – its constraints. Ratcliffe makes it clear that we should want to preserve there being a distinction between the matter at hand about what intentional state one is actually in, and what intentional state one may take themselves to be in – although he does also disclaim that this distinction is not clear cut[13]. Generally speaking, these matters will be linked by the affective profile of the state that one is in; being in a type of intentional state constitutes having some sort of experience, which is constituted by the affective makeup of that experience. However, other factors can of course come into play. These other factors are what Ratcliffe is arguing are important for anomalous experiences, in that they are 'mistaken imaginings', taking on the affective sense of perceptions (or beliefs). This chapter will lay out how I want to take a slightly different conceptualisation of anomalous experience, that instead characterises it as its own kind of 'affective world'.

2.1.2 Worlds as 'provinces of meaning'

Ratcliffe references William James (1889) who uses the framework of 'worlds', describing them as many different 'sub-universes' that we inhabit throughout the day; "such as the world of perception, the world of science, and the world of the supernatural" (Ratcliffe, 2017, p. 166).These 'worlds' make up our flow of experience and influence our beliefs. Ratcliffe explains how they do not come up in fully distinct ways and 'unfold in parallel':

> "This is not to suggest that different kinds of intentionality unfold in parallel, in complete isolation from each other. As I contemplate what I will write next, perceive the computer screen, and imagine seeing my children this evening, these aspects of experience are co-present and easily distinguishable from each other. Yet they also interact in various ways, and certain kinds of interaction are anticipated. My imagining might take my writing in a new direction; something I remember might prompt me to do something else; and an incident in my environment might distract me from my task. Like the temporal profiles of the intentional states concerned, these interactions are structured in characteristic ways. I experience the influence of my imaginings on the flow of my thoughts as distinct from the influence of my

[13] See Section Part One1.1.1 of this thesis for an explication of this disclaimer.

> memories. The way in which a type of intentional state interacts with others, such as the way in which a memory can drift into an imagining and vice versa, is also integral to its anticipation-fulfillment profile." (Ratcliffe, 2017, pp. 167–168)

James' picture of worlds extrapolates from intentional states and onto wider forms of experience. For example, he talks of the 'mystical' or religious subuniverse as distinct from the tangible, practical everyday world. But he also explains how they get integrated through how different subuniverses affect how one sees the world generally, depicting how his own experience of the world is different from that of the Rationalists:

> "The "through-and-through" universe seems to suffocate me with its infallible impeccable all-pervasiveness. Its necessity, with no possibilities; its relations, with no subjects, make me feel as if I had entered into a contract with no reserved rights, or rather as if I had to live in a large seaside boarding-house with no private bed-room in which I might take refuge from the society of the place. ... It seems too buttoned-up and white-chokered and clean-shaven a thing to speak for the vast slow-breathing unconscious Kosmos with its dread abysses and its unknown tides." (James, 1912, pp. 276–278)

The 'through and through universe' is the world of the Rationalists, as oppose to his 'vast slow-breathing unconscious Kosmos with its dread abysses and its unknown tides'. This reference to the unknown and the 'vast kosmos' seems to reference a different kind of existence; a different kind of way of being, in keeping with the idea of a different sub-universe. Ratcliffe (2017, p. 288) describes this as the Rationalist believing things in a different way; "her beliefs are decoupled from how she experiences the world, and the flag of truth is instead placed in an abstract, purified realm". He explains that this is more than having different belief contents (like different feelings that steer beliefs) but actually having different styles of conviction; "in how something is taken to be the case or otherwise" (Ratcliffe, 2017, p. 288). One may actually feel conviction in a different way; perhaps the presence of a certain type of embodied feeling is what drives one's conviction, rather than the kind of abstracted analysis of someone else. This is referenced as a 'cognitive style' or 'way of believing' – a kind of intentionality – by Ratcliffe who considers Schutz's development of James: "belief systems arise, he suggests, in the context of different "provinces of meaning" (referred to by James as sub-universes), each of which has its own

distinctive "cognitive style". And what Schutz means by a cognitive style is a way of believing, a kind of intentionality" (Ratcliffe, 2017, p. 229).

To summarise: different forms of intentionality, through their practice in the world, can involve different ways of being and deriving meaning, depicted in James' characterisation of the subuniverses of science, the supernatural, etc. Schutz (1945) talks at length about these different 'provinces of meaning' in his paper 'Multiple Realities', which analyses and develops James' work, framing them in relation to the 'paramount reality' which is the world of 'everyday work' as he calls it. He is referring to the practical world; the world of objects and bodies – things that can be touched and seen and engaged with in a shared way. He talks about this world as being intersubjective; the practical world of the everyday is the shared world with others. This fits with how Ratcliffe characterises the consensus world as deeply involved with perception; perception is practical, it gives us our sense of reality through its tightly structured temporal profile, tied up with corroboration from others. This corroboration is the consensus world. Perception is 'the consensus world'; all its practical engagements involve feedback loops of corroboration from others. Ratcliffe states how all other modes of intentionality are felt as departures from this tightly structured profile of perception, upon which the sense of reality is built on, and this echoes Schutz's (1945) analysis of the shared 'everyday world' as the paramount reality.

This gives us some background context to the idea of 'worlds'. There are phenomenological worlds of experience, which affect our beliefs (and ways of believing) about the consensus world, through the way in which they contribute to the flow of meaning that we make about our experience.

2.1.3 Benny Shanon: meaningfulness of worlds

I have outlined how different modes of intentionality have different temporal structures; different forms, and this is not isolated from the 'paramount reality' – they inform each other in the dynamic way Ratcliffe describes. Framing these modes of intentionality as worlds reflects the ways that we dip in and out of these ways of experiencing, which interplay with each other and the 'paramount world' – consensus reality. The paramount world/ consensus reality/ perception, concerns what and how we take to be the case, but it is affected by, 'moving' in different ways according to, the 'movement' of the other worlds. Ratcliffe's explication above shows the dynamic way in which the different modes of

intentionality affect each other in directing the flow of experience and belief. I propose that anomalous experience can be framed in a similar way, as a 'world'; a type of experience in its own right that also can direct the flow of experience and belief. I argue that this framing does not presuppose a value judgement onto the experience just in virtue of its being that kind of experience, such as by defining it as an error about the consensus world. It avoids this while capturing how A.Es do come up in the world; as a type of experience that is intertwined with other types of experiences, and can play a part in meaning making and belief formation in its own way – much like the world of imagination does.

I will refer to Shanon's (2003) work on framing hallucinatory experiences of some psychoactive agents - mainly the psychedelic substance ayahuasca. He charts the phenomenology of experience under the influence of the entheogen that is ayahuasca[14] and creates a typology of different categories of experience it induces. He makes sense of experiences on the substance as happening in what he calls the 'non-ordinary reality', which frames these types of experiences as of a 'different world'. 'Non-ordinary reality' is a phenomenological rather than ontological claim, capturing something about the phenomenology of this type of experience: "no metaphysical or paranormal conclusions whatsoever are implied" (Shanon, 2003, p. 21). Initially, it is easy to see how the experience of being under the influence of a psychoactive substance will be 'in its own phenomenological world' as this is exactly what psychoactive substances do: induce in the user a specific kind of experience that has its own 'rules', so to speak, that can shift the constraints of the physical realm. Especially in relation to psychedelic substances; they often lead to experiences that warp the constraints of space and time. For example, one might see the solid objects around them melting or feel as if they are in a timeless dimension. But the driving force behind Shanon's framing of non-ordinary reality seems to be that it is able to capture the way that these induced experiences are meaningful and 'make sense', even bestowing their user with profound insights, despite defying the spatiotemporal structure of the everyday, practical consensus world. (Phenomenologically speaking, of course; things are not *actually* melting.) And whether or not the person does really believe the world around them is melting during the experience, afterwards it is generally clear and consensus

[14] Entheogens are psychoactive substances that are used in spiritual or religious contexts. They are often the class of drugs known as 'psychedelic' which produce a unique set of subjective effects often associated with alterations of consciousness including ego-loss, visions and dissolution of boundaries between self and other/ the world.

that it was a phenomenological rather than ontological effect. So, the actual spatiotemporal world is not what we are looking at here. But the point is that the subject still might hold some beliefs, after the experience has ended, that they wouldn't have before – and this may be due to a way of believing that they were opened to through the phenomenological effect of the substance. The experience may give them a different way of taking something to be the case; through visionary form, for example, that stays with them afterwards, and gets integrated with their wider web of beliefs. For example, one might take it to be the case that the world is beautiful, or that everything happens for a reason, after the experience. And this may not be based on their usual way of forming beliefs; the substance may have instigated a certain kind of experience, a world, that affects them in ways that other worlds of experience cannot. Like James' 'slow breathing kosmos', the kind of experience that Shanon is charting is an example of how meaning about reality can be derived through different experiential forms.

One might ask: why should we look to these experiences as valid cases of people taking on a new kind of conviction through an unusual phenomenological experience, rather than people deriving new beliefs that are simply 'epistemically irresponsible' – i.e. forming beliefs through 'incorrect' means, 'under the influence'? However, people do form new beliefs after such experiences, often feeling like the experience left them with profound insight (Shanon, 2003). This is so apparent that in recent years there has been extensive new scientific research in understanding the therapeutic effects of such experiences; this centres around the fact that they can instigate new, insightful understandings in the user that have therapeutic benefit (Carhart-Harris & Goodwin, 2017). Furthermore, such states of consciousness have been utilised for hundreds of years in religious contexts around the world as a way of catalysing insight and knowledge.[15] This depth and breadth of practice should not simply be written off as 'epistemically irresponsible' because it departs from the spatio-temporally constrained perceptual realm, when they clearly do offer people unique, experiential ways of deriving beliefs. It is important to acknowledge how these kinds of departures are relevant to belief content, but their very departure from perception shouldn't automatically discount value or meaning of the whole medium of experience entirely.[16]

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[15] See Tupper (2002) for an argument for the framing of entheogen use as a 'cognitive tool'.
[16] For example, they might be relevant for forming beliefs about God or the meaning of life, but not about the epidemiology of Covid-19.

This is the point of the 'non-ordinary-reality' conception: it illustrates how experiences that are not 'real' in the usual sense of the term, yet are not merely 'in one's head', can be meaningful, and influence beliefs about the real world. He uses the example of fiction to explicate 'non-ordinary reality', evoking the example of going to the theatre and watching a play; this experience is meaningful and engaging, and can give the subject insights about everyday life outside of the fictional. It is felt as very real indeed, taking hold of the person cognitively and emotionally, and the people doing the acting are obviously real people; yet the play is not real in the same sense as everyday life is real. It would be inappropriate to stand up in the theatre and shout "that's not Erishkegal – goddess of the underworld – that is Dawn, my next-door-neighbour!" and persist to wave at Dawn, reminding her that the bins go out for collection in the morning. Shanon (2003, p. 23) states that "the fictional has a reality of its own, one which is distinct from both the (ordinary) real and the (ordinary) unreal" arguing that hallucinations be treated in the same way. He argues that the scenario of a person standing up in the theatre and exclaiming reference to the (ordinary) real is the kind of attitude that has served the basis of the standard definitions of hallucination in academic literature; focusing on their quasi-perceptual status and not much else. The point is that framing them entirely in terms of 'experience of p in the absence of p' obscures their ability to be meaningful experiences that contribute to beliefs about reality.

By grouping hallucinations with fiction under 'non-ordinary reality', Shanon presents the idea of 'another world' that is not wholly based on a kind of phenomenological experience (rooted in temporal structure) – since watching a play and drinking hallucinogenic brew are very different phenomenologically – but perhaps more so in terms of how they can capture narrative and meaning in a way that is abstracted from the 'paramount everyday world' but still very much affects belief. Of course, experiences of imagination are meaningful, and remembering, and spiritual experience, for example, are types of experience that depart from usual spatiotemporal perception. Perhaps we don't need to frame them as worlds to understand this. However, framing experience in this way helps us to understand the unusual types of experiences that not everyone has access to, that are so often denied as 'not real' just in virtue of their departure from perception – which ignores the other ways that these experiences can make claims to reality. In the next section I will explain how this model can be applied to anomalous experiences, in order to capture how they can be meaningful whilst having 'different rules' to the everyday world of

perception. Part Three of this thesis uses the worlds framework to explore how the consensus world could relate to the 'anomalous experience' world, in a way that appreciates these different rules; appreciating the *context* of the world of anomalous experience.

Shanon's 'non-ordinary reality' frames how certain kinds of experiences have different ways of deriving meaning; ways that are removed from the everyday perceptual world. The example of the play illustrates how certain behaviour is inappropriate that would be appropriate in everyday reality. And this goes hand in hand with a certain way of thinking and deriving meaning. For example, at the play: I believe, temporarily, that person to be Erishkegal in a way that in normal reality, I do not believe my neighbour Dawn to be. One may argue that you don't believe them to be Erishkegal in the play, you believe them to be Dawn playing the role of Erishkegal. Just like in everyday life, you believe Dawn is your next door neighbour who also has played the role of Erishkegal. However, the point is that while you are immersed in the play, you are immersed in a world in which this person is Erishkegal, in a different way to consensus everyday reality. You are not following the experience thinking of each person as an actor. Or maybe for a few seconds you do, when you 'snap back to reality' perhaps at the sound of a cough from another audience member, or at the glimpse of Dawn's characteristic tattoo on Erishkegal. But the point is that something changes in this split second – you phenomenologically traverse 'between worlds'. Whilst the consensus world is preserved as the 'paramount reality'; the world in which the case is really to be had, the way that we think during the play, whilst engaged in it, following Erishkegal's mythical ways in the underworld, is a different way of thinking. It is one in which we allow ourselves to follow her fantastical powers, and this way of thinking may affect some way that we do really come to some paramount reality knowledge. Perhaps after the play I do take it to be the case that, for example, one must experience suffering in order to strip themselves of psychological baggage – a lesson from the play: the story of Inanna's descent into Erishkegal's underworld. Here the meaning taken from the play, and the belief formed in relation to this, has a quality to it that reflects the experience somewhat – a mythic quality, reflective of the kind of experience of watching a theatrical enactment of an ancient myth. We are able to speak about the experience on this level, without disrupting the narrative by claiming that the experience was a play and thus not real.

However, I do think that Shanon's analogy with fiction has some limitations, because while watching a theatre play there is a 'consensus' about what is happening, that with most

hallucinations there is not. Perhaps this limitation may be explained if Shanon does not hold reality/perception to be so enmeshed with 'the consensus' (what is shared), as Ratcliffe does[17]. But once we consider this inextricability, for Ratcliffe, and for me, in developing his account, it becomes an important distinction between 'worlds'; their relationship with the consensus world. In fact, Ratcliffe models all the different modes of intentionality as exactly that: distinct sorts of departures from the consensus world of space-time. So, this calls into question whether fiction should be grouped together with hallucination, phenomenologically. However, I maintain that Shanon's ideas illustrate the point about meaning which can be carried forward. I, however, would group fiction as a subset of the 'consensus world' in that it is interpersonally regulated, and psychedelic experiences, along with dreams and imagination, as a subset of 'non-consensus worlds' – worlds that depart from the experience of sharedness. I will explicate this in the next sections as I apply this model to anomalous experiences.

But first, allow me to deconstruct further this point about meaning, in relation to how a medium of experience departs from the consensus realm. Of course, theatre plays concern the shared and spatiotemporal world in a more direct way than with some hallucinations. The medium through which it is experienced *is* the physical and shared world: for example, whether we are thinking of Erishkegal as Erishkegal or Dawn, she is made of flesh and is acting in the time and space that is the play on stage. But hallucinogenic visions often defy these physical rules. However, what about a film? Or a computer game? These can be meaningful situations but the medium that the meaning is expressed through is not physical; the narrative exists on some sort of simulation level that is watched through a screen – it is not happening in real space-time. One would simply reply: yes of course it is happening through a different medium, but this does not 'defy space and time' because the film or the game has been created through the spatio-temporal process of acting and filming or games design and technology. It is a physical process that represents something on the narrative level. So where does that leave hallucinations? I don't think this should lead to any confusion. One may hold a physicalist position or they may not. This applies to substance induced hallucinations: one may believe that their insights and visions and all else are literally the chemical interaction of the substance and their brain and nothing more, or one

[17] Recall that for Ratcliffe, perception is inextricable from the intersubjective, shared world – perceiving is dependent on accessing a shared, interpersonal reality.

may believe that the experience opens the door to a literal other level of consciousness in which there is access to a non-physical reality. Answering this discussion is not my objective in this project; it does not really matter what one's leaning is because the point remains that the experience can still be a meaningful experience that can affect what and how one believes things to be true about the world. Modelling the experience as happening in a different sort of 'world' is a way that this can be captured – whether or not one thinks that the contents of that world have a metaphysical reality or not. This is what my discussion centres around; the fact that, whether the world of Shanon's ayahuasca visions is metaphysically real or not, the experience is not the same 'world' as the consensus world because it does not meet the basic demands of the consensus world: habitually and spatio-temporally entrenched in other people's spatio-temporal experience. Here, we are concerned with something pragmatic: there would be no use talking about the experience in terms of the chemical reactions going on if we are trying to tell the story of what was experienced and the insights it has imparted on the user. This is much the same as the experience of gaming or film-watching; we talk on the level at which is meaningfully appropriate to what is trying to be conveyed, not the level of physical interactions going on in the microchip.

Explicating this is useful to refer to as a parallel when looking at the world of anomalous experience, since it is commonly automatically reduced to something else (brain chemistry or symptoms, or just 'incorrect quasi-perception') which obstructs meaningful dialogue about the experience from the outset, or inappropriately imposes a perception based 'province of meaning' about the experience. This links to Shanon's thoughts about his approach:

> "I shall point out that while the ideas made here are directly based on empirical observations of the phenomenology of hallucination, from a theoretical point of view, they are in line with more general ones I have developed independently. In Shanon (1993), I defend the view whereby theories in psychology should be genuinely psychological. This contrasts with the more prevailing approaches that attempt to found psychological phenomena on either neurological or computational ones. This change in theoretical perspective entails a radical change in the goals of the cognitive enterprise. To my mind, rather than attempting the modelling of underlying structures and mechanisms, students of mind should focus on the systematic study of experience: They should chart the geography of mental life,

> define lawful regularities in it, and attempt a theoretical formalization thereof. In this endeavour, the notion of meaning is pivotal. The present study of hallucination, along with other concurrent investigations of consciousness — both ordinary and non-ordinary — are to be viewed as specific, concrete implementations of this general theoretical approach." (Shanon, 2003, p. 29)

The point that I will now develop is that characterising A.Es in this way, as a world 'in themselves', captures how they come up in the world – they come up in (though not always) meaningful ways. Since my motivation is to characterise them in a value-free way which captures the *kind* of experience they are, we should want to allow for meaningful engagement (if appropriate) with their content, through this characterisation.

2.2 Applying to anomalous experiences

2.2.1 Pragmatic and phenomenological motivations

The entheogen-induced experiences that Shanon charts are a kind of 'anomalous experience' in that they share some basic characteristics with the non drug-induced states that this project is concerned with. However, of course they are intentionally induced by substances so are not classed as 'unusual' in the way that the experiences I am focusing on are, since they are expected following the consumption of the substance. The 'unusual' anomalous experiences I am focused on often get characterised (by the dominant consensus) as 'abnormal' and the value judgement of pathological is immediately attributed: 'abnormal' is assumed to mean dysfunctional. Applying the worlds framework to anomalous experience allows one to engage with the content of the experience in a meaningful way, without the immediate bias of a value judgement. This is because it allows one to engage with this meaning on its own terms; its own 'rules' in how it relates to the consensus world. Since we are investigating the feedback loops that exist around the experiences themselves and the consensus narratives about them and how they frame them, it would not make sense to take the anomalous experience with a value judgement from the outset. Thus, we don't want to characterise them in a way that presupposes they are 'bad', just in virtue of being anomalous. Even if the experiences may come with distress, it is not a given that this distress is intrinsic to the kind of experience that it is, rather than the way that it is reacted to or

framed by 'the consensus'. And there are plenty of anomalous experiences that are not distressing. My project aims to look in depth at the role of the intersubjective, consensus world in the development of these experiences, so in order to do that we should want to isolate the assumption of 'distress' from the framing of the experience. The worlds framework makes it possible to engage with the anomalous experience's phenomenological content without automatically assuming that that type of phenomenological experience is dysfunctional. It allows us to follow the narrative of meaning that the experience may be offering. Note that I am not assuming all anomalous experiences to be meaningful, or have a narrative, but I am stating that we should at least want to be able to think and talk about them in a way that makes it *possible* for them to be meaningful without reducing them to a dysfunction, which judges its content as an error of the consensus world. The worlds framework avoids this by holding A.Es to be a phenomenological world of their own. Reducing them to symptoms of dysfunction obscures this meaning by attaching value judgements from the outset, judging that meaning against the rules of the consensus world.

In Part Three, I will show how engaging with the experience, with reference to 'its own world', enables engagement about its content, which opens up a space for it in the consensus world, whilst 'contextualising' it as its own world. I will show how through enabling a dialogue about the experience, a person is able to be involved in the consensus world (through dialogue exchange) in an accessible way: by engaging and sharing their non-consensus experience. This contextualises it as a non-consensus experience whilst not leaving it devoid of meaning, just through communicating about it, and makes interpersonal regulation *about* it possible. This highlights a different sort of language game at play that suspends one's disbelief, 'projecting belief' in the experience without asserting that the content of it really happened in this everyday consensus world.[18] It is possible to do this if we maintain that there can be a 'non-consensus' yet unusual mode of experience which is still meaningful; taking place in 'another world'. In the same way that this is what goes on when we watch a play, or what goes on when we talk about our dreams; this is how I propose we think about anomalous experiences, in order to understand and engage with

[18] See Andell et al. (2019), Nagel (2017) and Virtanen & Honkasalo (2020) for discussions on ways to model the connections between types of experience, meaning, and truth, that takes into account more nuance than the dominant 'Real vs Illusion' dichotomy of Western thought.

them, to make space for them within the consensus world. The Worlds Framework is thus pragmatically motivated in this way.

However this is not the only motivation; framing anomalous experience as a type of 'world' also captures something about the phenomenology of these experiences. In line with the worlds analysis thus far, framing them as a world captures the commonalities in these experiences, not in terms of them being 'incorrect (quasi)perceptions', but in terms of their phenomenology. A.Es typically defy the constraints of perceptual space-time, yet have more in common with perception than imagination – they are experienced as 'outside of the self'. The metaphor of a world captures this richness: A.Es are not felt as internal representations, they are felt as some other kind of world, with its own way of weaving meaning. They are 'in their own world', with its own kind of rules; less constrained than perception, yet more constrained than imagination in that they are experienced as coming from the 'outside'. For example, a person's A.E may not allow them to simply fly to Mars at their own choosing like the world of imagination can, but it may present them with a Martian alien, which is (currently!) outside the remit of perception. Another 'rule' of the A.E world is that these experiences are not shared. Perhaps in some circumstances they may be, but generally they are not shared – they are not consensus experiences. This appreciation of these commonalities can illuminate a more nuanced picture of the connections between the kind of experience they are and the ways of being and believing that they may inspire; their 'province of meaning'. This is reflective of how they 'come up in the world'. Since what we are talking about in this project is how they ways that A.Es 'come up in the world' interact with the way they are framed, such a characterisation suits our aims, in capturing these commonalities whilst being broad and open enough to not presuppose any ultimate constitution of A.Es that ends up explaining away their 'province of meaning' by reducing them to something 'incorrect'. The point is that that common conception also misses key aspects of their nature; that they can be meaningful.

2.2.2 Some concerns

One concern is about how the idea of the world of anomalous experience applies to anomalous experience of the kind that is not localised, since localised A.Es more easily transpose onto the framework of being 'worlds' like types of intentional states do. But someone might describe their whole identity and feelings of being as misaligned with the consensus world, without being able to pinpoint the specific experiences as localised states

in the way that I have been discussing. Would we say that they are perpetually experiencing this 'other world', so much so that they have lost touch with the consensus, and therefore their anomalous experiences can no longer be characterised as specific types of states? This is something that Ratcliffe discusses; the link between localised anomalous experiences and more globalised 'disruptions' to the structure of intentionality. My project examines the role that the social world has to play in it such a process. So for the purposes of this investigation, it is useful to characterise anomalous experiences in a way that makes it possible to capture meaning from these states, enabling engagement with them, without presupposing value judgment. Even if this is more applicable for localised anomalous experiences, it is still useful in order to trace how these localised A.Es might lead to wider experiences of misalignment with the consensus world, and the role of the consensus world (its social norms, values, narratives and institutions) in this. In fact, James' explication of his whole world as different to that of the Rationalists, showing how the meaning derived from certain types of experience can influence one's wider attitude to the consensus world, could be applied to these cases.

There is also a worry that A.Es are such a broad category, does it actually make sense to categorise them together in a parallel way to types of intentional states such as imagination and perception? The worlds framework is based on the different modes of intentionality and their characteristic temporal profiles, experienced as differing departures from perception, and how this can 'ripple out' into ways that one may believe things to be the case. Are A.Es really analogous in this way? Perhaps they are so diverse that there cannot be a 'characteristic form'.

The heterogeneity of anomalous experience is a worry. However, I argue that the above criticism takes a narrow understanding of what is meant by a world; that it must have a strict category of temporal structure. The idea that there are worlds of science and the supernatural mentioned by James as examples doesn't follow this finely grained categorisation; they seem to be based on something more than a type of intentional state. We can have 'worlds' of intentional state types, and we can also have 'worlds' that capture something slightly wider, that correspond to wider ways of experiencing the world and forming beliefs about it. I stand by my explication above that A.Es have enough phenomenological commonality in how they diverge from perception's constraints, that it does suffice to characterise them as a 'phenomenological type'.

2.2.3 Retaining connection to reality

Being a common phenomenological type is not the only thing that characterises the A.E world however, if we hold that A.Es are not shared – they are not consensus experiences in the way that perception is. Recall Ratcliffe's characterisation of anomalous experiences as blurrings between perceptions and imaginings. He states that they are states in which the person's sense of habitual trust (trust in the consensus world; trust that it is real) is distorted, which can be in response to interpersonal trauma, so that their sense of the real world is distorted too, which breaks down the characteristic distinctions between the intentional states. Once perception loses its characteristic highly structured temporal profile, then it is not so clear how the other states depart from it. This results in states that don't quite fit in to either profile: teetering on the edges between imagination and perception. However, my proposal differs in that I propose that we see anomalous experiences as a type of experience in their own right rather than a blurring. I do not want to assume A.Es are necessarily some form of 'destabilised habitual trust' – I do not want to characterise them as essentially 'mistaken imaginings'; imaginings experienced in more visceral, perceptual-like ways due to changes in the structure of intentionality. If we model them as their own world, then this allows space for the experiences without having to immediately reduce them to impairments by definition. I propose that the 'blurred' profile of A.Es that Ratcliffe explicates – such that the state has a mix of perceptual and imaginative characteristics - can be recognised as a profile in its own right. And it is this recognition that is key – it can enable the person to actually navigate their anomalous world and 'expect' it; come to terms with it, engage with it and know it. By carving a space for the experiences in the consensus world, this goes hand in hand with creating a space for them within the structure of intentionality, through the acknowledgement, recognition and expectation that can be created through the habitual, practical engagement with these experiences – for example through dialogue – that is able to engage with their meaning. This 'contextualisation' of the experience 'in its own world' would look something like the recognition that the state is that characteristic state, distinct from normal perception; inviting it into the structure of intentionality. Chapter 5 will explore this in detail.

However, this characterisation would have to rely on something more than recognising phenomenological profile, since anomalous experiences are a very

heterogeneous group phenomenologically.[19] It seems incredibly difficult to define them based on phenomenology alone; a "modally ambiguous" category (Ratcliffe, 2017, p. 164). I maintain that the idea above can still work, and is of use, without having to hold that anomalous experiences are merely a certain distinctive feeling. They have the defining feature of being non-consensus (not shared) whilst still having a 'sense of perception': a sense that what is happening is not dependent on the individual at hand; a viscerality that is not present in imaginings. Though we don't want to say that they have a phenomenological sense of being non-consensus, since not all of them do – some experiences may not obviously feel like they are not shared – we can still hold that the experience must not be part of the consensus world, for it to belong in the 'anomalous world', without it having to feel as such.

In this way, the conception of the anomalous world captures something of the connection to ontology that we wouldn't want to lose. Ratcliffe (2017, p. 41) states "the postulation of states that lie somewhere in between belief and imagination risks losing a distinction that an epistemological approach continues to recognize, between the intentional state one takes oneself to be in and the intentional state one is actually in." This is the claim that we must retain there being a fact of the matter of the features of certain intentional states, to avoid a complete confusion in which there is no distinction between what someone thinks is going on and what might actually be going on. This distinction is important because, although an anomalous experience can be meaningful and extremely profound and feel even 'more real than real' in some cases, it is still the case that it is not shared by the consensus world. The *content* of the state does not belong in the 'practical, habitual everyday world' that is shared by others[20]. Ratcliffe argues against the idea of reducing anomalous experiences to 'blurrings': "in appealing merely to a blurring between intentional state types, there is the risk of missing something important: the tensions that can arise between a sense of one's intentional state and other aspects of experience" (Ratcliffe, 2017, p. 41). There being a fact of the matter about what state one is really in is a key part of how the intentional state relates to other aspects of experience and to the structure of intentionality more

[19] See Pienkos et al. (2019), Woods et al. (2014) for analyses of the heterogeneity of anomalous experience.

[20] Though the actual content does not, it may be that an abstracted, narrativized representation of it does; for example through talking about it and making it a shared topic. Part Three will explore this in detail – the integration of the A.E world into the consensus world.

broadly. The same applies to if we were to reduce these states to only something about their phenomenology (the anomalous world as a world of experience that fits a certain feeling); the non-consensus status is a necessary feature of this world, even though it might not always be present in the state's sense. This retains the link to the ontological and epistemological by positing the 'objective' status of these experiences in how they relate to the consensus world. It is a fact of the matter that the anomalous experience is not shared by others like perception is. And this status no doubt effects how they feel, their phenomenology, even if it is still possible to have an anomalous experience without realising that it is not shared. However, by positing them as a kind of 'world', this status is not the defining feature, and we are able to hold this status whilst also following their 'province of meaning', similarly to watching a play – we are aware that the narrative is not truthfully happening, yet this does not obscure its ability to be meaningful; we still follow along.

Thus, the worlds framework captures something of the phenomenological aspects of anomalous experience (their perceptual-like yet less spatio-temporally constrained quality), but maintains their departure from the consensus world (in not being shared), which captures something about what they are that we wouldn't want to lose. It does this without presupposing any value judgement onto this conception of A.E, which makes it possible to engage with meaning that can be made – and often is – from the experience of these states.

Part Two How does Psychiatry frame and respond to Anomalous Experience?

Now we shall turn to look at the way that the interpersonal world frames anomalous experience, with a view to say something about how this might implicate the structure of intentionality. Part Two focuses on Psychiatry – the dominant interpersonal context for navigating these states in the Anglo-Western world. Chapter 3 focuses on Psychiatry's conception of anomalous experience, as it is played out institutionally in the world. To do this I will focus on some of the institution's core assumptions about anomalous experience, to expose how it (the dominant 'consensus world' context for A.Es) relates to people with A.Es, keeping the focus on what this might imply for people with A.Es in terms of their structure of intentionality and relationship with the consensus world. To do this I apply Dotson's (2012) work on contributory injustice (a kind of epistemic injustice), as it illuminates some things about the relationship between this 'consensus world' context for anomalous experience, and the people who have these experiences. Chapter 4 will focus on the affective impact of this relationship; how it is experienced in the world through interacting with psychiatric practice. It shows how Psychiatry's conceptualising of A.Es, that I outline in this chapter, instils certain affect for anomalous experiencers. Rooting this in the analysis of this chapter, of Psychiatry's conceptual commitments, exposes how institutional and entrenched this affect is.

3 Epistemic Violence in psychiatry

Epistemic violence refers to harms that occur in regards to the ability of members of marginalised groups to be 'knowers' – to contribute to knowledge in the world. Here I argue that this can be applied to psychiatry to give some insight about the way that this institution is structured, and claims that it is committed to, that marginalises the epistemic contributions of its users, in order to argue that this has a pervasive effect on their relationship with the consensus world generally. I focus specifically on this in the context of its users who have anomalous experiences. In the next chapter I will talk more about how this creates an affect of alienation from the consensus world, and how this can instigate a loss of habitual trust. But in this section, I will focus on exposing how there are assumptions that are deeply entrenched in the psychiatric framework, which play a role in blocking the contributions to 'common knowledge' (and thus, to the 'consensus world' generally) about anomalous experiences *by* the experiencers of those states, and thus about themselves. I will outline this mechanism in order to show how psychiatry has a particular way of alienating its users from the wider fabric of the consensus world as an affective, habitual, intersubjective backdrop of corroboration that is needed in order to structure intentionality, through constructing and perpetuating assumptions about their ability (or inability, rather) to be knowers. I make the argument that the epistemic violence of Psychiatry interferes with the habitual trust of its users, and therefore their structure of intentionality. This enlightens the deeper impacts of the epistemic situation with Psychiatry, when we apply our understanding of the role the consensus world plays in our structuring of our own experience. Thus, the ways in which the consensus world is marginalising of certain people has a deep impact in terms of how this marginalises their contributions and access to the consensus world, and thus their own structuring of their experience. When we consider how hinged we are; how our relatedness to the interpersonal world is embedded in how we structure our most intimate awareness of ourselves, this gives a new depth of pervasiveness to claims of epistemic violence.

To clarify, here the focus is not on applying ideas to do with epistemic violence to psychiatry per se, but to use this literature as a way of illuminating how psychiatry is institutionally set up in relation to people who have anomalous experiences who engage with it, and the phenomenological affect that this may have in regards to their sense of being rooted in a shared world. I will focus mainly on applying the work of Dotson (2012) relating

to the concept of contributory injustice and what that can illuminate to us about psychiatry's structure in relation to anomalous experiencers. Here we are talking about how Psychiatry categorises A.Es, the way that power relations work in the psychiatric context in regards to people who have A.Es, and the assumptions that this brings about people who have A.Es. I argue that this creates an asymmetry between 'the consensus world' (through Psychiatry) and people with A.Es, in which it denies people with A.Es their ability to contribute to knowledge, and specifically to contribute to knowledge about their own experiences, instead subsuming (through denying and distorting) these knowledges into its own framework - Psychiatry. This creates an asymmetry between the (dominant) consensus world and people with A.Es. In order to argue this, I will first set out the background context of Dotson's contributory injustice by outlining two other conceptions of types of epistemic violence, from Fricker (2007) – testimonial injustice and hermeneutical injustice. This will help to demonstrate what contributory injustice is specifically, and how this applies to Psychiatry in a nuanced way.

3.1 What is epistemic violence?

Dotson (2012), Collins (2000), Spivak (1988), among others, write about themes of epistemic oppression – a body of work that has developed through black feminist literature, and also through the work of Fricker (2007) on epistemic injustice. It denotes the oppression that takes place when people and groups are denied their status as knowers, and excluded from social knowledge, producing "deficiencies in social knowledge" (Dotson, 2012, p. 24). She states:

> "An epistemic exclusion, in this analysis, is an infringement on the epistemic agency of knowers that reduces her or his ability to participate in a given epistemic community. Epistemic agency will concern the ability to utilize persuasively shared epistemic resources within a given epistemic community in order to participate in knowledge production and, if required, the revision of those same resources." (Dotson, 2012, p. 24)

I will argue that Psychiatry infringes the epistemic agency of its users, reducing their ability to participate in that epistemic community, meaning that they are unable to participate in and contribute to the (dominant) epistemic resources about *their own experiences*, since psychiatry is the dominant 'epistemic community' specifically framed as having knowledge

about these experiences. It is the dominant 'epistemic community' in the sense that it frames the dominant public narratives about anomalous experience, and state-led interventions around anomalous experiences.

I will now outline 3 types of epistemic violence. I choose to focus mainly on how the third is present in psychiatry, but the first two will highlight some important features at play.

3.1.1 Testimonial injustice and first order change

Testimonial injustice is Fricker's (2007) concept for the injustice served against a person in regards to their testimonies not being believed due to the work of a 'negative-identity prejudicial stereotype'. A negative identity stereotype is defined as: "A widely held disparaging association between a social group and one or more attributes, where this association embodies a generalization that displays some (typically, epistemically culpable) resistance to counter-evidence owing to an ethically bad affective investment" (Fricker, 2007, p. 35). For example, a Latino woman being assumed to be 'over-dramatic and fiery', and thus not being taken seriously by her landlord when expressing a concern about unsafe conditions in her living situation, when there is no existing pattern of exaggerating behaviour on her part. Here a generalising association (a stereotype) is driving an epistemically culpable judgement, resulting in an 'ethically bad affective investment' – the woman's serious concerns getting ignored.

Dotson (2012) claims that to rectify testimonial injustices, we need to engage in 'first-order change'. This is change at the level of the accuracy of credibility judgements; "advocating for testimonial sensibility is a reform that promises to make our credibility judgements more accurate but does not necessarily challenge the value of credibility. The value of accurate credibility remains the same; it is how we pursue it that alters" (Dotson, 2012, p. 28). These consist of 'small behavioural adjustments'; we are not reforming the way that we think about credibility, how we understand credibility – we are adjusting behaviour and thoughts in order to not ignore counter-evidence to assumptions. Though this is not easy, it does not require changing the systems that frame how we value credibility; what is required are "incremental modifications that make sense within an established framework" (Bartunek & Moch, 1987, p. 487, quoted in Dotson, 2012, p. 28). And these modifications take place on the level of the individual, concerning the individual's behaviour and implicit

biases – the 'established framework' is the common habitual understanding of what credibility is and how to get there. In the above example, testimonial sensibility would require the landlord adjusting their stereotyped thinking about their Latino tenant so that they take her concerns seriously.

For now we will move on to look at the other types of epistemic violence. The relevance of testimonial injustice to psychiatry will come clear further on, when I explain that contributory injustice occurs *because of* certain assumptions in the psychiatric framework about people who experience anomalous states. Effectively this does instigate testimonial injustice, in that it facilitates situations in which clinician individuals do not believe testimonies of patients with anomalous experiences, due to this institutionally-scripted negative identity stereotype.[21] However, there is a lot more to the negative identity stereotype present in psychiatry than can be captured by the concept of testimonial injustice. I will illustrate how it is not just 'resistance to counter-evidence' that creates generalisations, but there is an institutional resistance to acknowledging other frameworks for understanding the phenomena that categorises the 'social group' – people with anomalous experiences, often assumed to be people with certain mental illnesses. The next two explications of epistemic violence, which focus on epistemic violence at the level of institutions, will help to illustrate this. Testimonial injustice is focused on specific instances between individuals, even if the kinds of assumptions that drive these affective assessments are generated on institutional levels. Therefore, since we want to say something about psychiatry generally as an institution, we will now move on to look at these other, institutionally-focused, conceptions of epistemic violence. Also, the 'social group' that we are concerned with here (people who have A.Es) is not a clear identity marker like race or gender, it has vague and 'viscous' boundaries in that they are partially constructed by the very institutional assumptions that will become clear as we go on. This is an effect of those normalised assumptions creating a group of marginalised people through the way the assumptions pick out and define some shared quality – the 'group' may not significantly exist in the same way without this. So, the picture is much more complex, although it does

[21] Crichton et al. (2017) have argued that testimonial injustice is present in psychiatry, in encounters between clinicians and patients and also between members of the public and people presumed to have mental illnesses, due to widespread stereotypes about mental illness.

contain something of the essence of testimonial injustice in so far as there is a pattern of the speakers not being believed.

3.1.2 Hermeneutical injustice and second order change

The other type of epistemic injustice that Fricker (2007) conceptualises is 'hermeneutical injustice'. Hermeneutical injustice exists, not through an agent's bad affective assessments of credibility due to negative stereotypes, but through socioepistemic structures (such as legal frameworks, institutional narratives, cultural concepts) – social structures which help to create knowledge. Agents help to maintain hermeneutical injustice but are not responsible for it in an individualised way. 'Structural identity prejudice' is responsible, which is sustained on the level of the socioepistemic structures – these are the collective structures through which we engage all the time in society in order to create knowledge. They include language, concepts, procedures etc which are referred to as collective hermeneutical resources – the resources that we use in order to make sense of our world and communicate it to others. Hermeneutical injustice occurs when there is a gap in this collective structure that means certain experience is not reflected in collective understanding. It is owed to structural identity prejudice since the specific kind of gaps it denotes are ones that should be filled with resources that enlighten understandings of marginalised groups' experience. But since the collective hermeneutical resource is structurally prejudiced itself, it often does not reflect the experiences of marginalised groups, whose experiences have been left absent or obscured from collective knowledge making resources. Dominant groups have a privileged ability to affect hermeneutical resources, since they dominate the processes through which these resources are created. The creation of words and concepts and procedures that are taken to reflect reality are largely the practice of the privileged; Fricker explains that dominant groups are those that have access to the kinds of careers that afford greater amounts of hermeneutical power – e.g. law, journalism etc. This asymmetrical ability of the dominant groups means that the groups which are less able, or unable, to influence hermeneutical resources will be hermeneutically marginalised. And they are served hermeneutical injustice when there is an "injustice of having some significant area of one's social experience obscured" (Fricker, 2007, p. 115) due to this asymmetry. What the concept captures is the way in which this asymmetry often means that certain aspects of reality that are specific to marginalised groups' experience are not 'common knowledge' – they are not acknowledged and shared amongst the masses. And this is an epistemic injustice in that

there are harms in regards to these marginalised groups being able to know and communicate their reality. Fricker uses the example of the creation of the concept of sexual harassment to explain, using the story of Carmita Wood who was a university employee:

> "As Brownmiller explains, an "eminent man" would "jiggle his crotch when he stood near her [Wood's] desk and looked at his mail, or he'd deliberately brush against her breasts while reaching for some papers." These and other inappropriate actions caused Wood's health to erode and led her finally to quit her job in the department. Wood was denied unemployment benefits due to an inability to describe her experience. A discussion held over unwanted sexual advances in the workplace, in which Wood shared her story, made it apparent that many women shared Wood's experience. The commonality of the experience and the need to represent Wood led those involved in her unemployment-benefits appeal to feel prompted to break the silence about such experiences. Breaking the silence, however, required naming the experience for the sake of ready identification. Eventually, the term sexual harassment was settled upon. As Fricker explains, the coining of the term sexual harassment exemplifies "a story about how extant collective hermeneutical resources can have a lacuna where the name of a distinctive social experience should be." " (Dotson, 2012, p. 30)

The emphasis is on the fact that Carmita did not have the right language and concepts to explain her experience, meaning that she was denied benefits – this is what Fricker terms a 'hermeneutical lacuna'. The lacuna is felt by both the oppressor and the oppressed – both of them lack the ability to adequately communicate and conceptualise the experience – but the injustice concerns the oppressed, because the "hermeneutical lacuna creates an asymmetrical disadvantage for the harassee" (Fricker, 2007, p. 151).

Dotson associates hermeneutical injustice with a need for 'second-order changes' which are "the conscious modification of present schemata in a particular direction" (Dotson, 2012, p. 30). Schemata are collective hermeneutical resources (structures that generate shared meanings), which need to be changed in order to reflect the experiences of the marginalised groups in order to correct the asymmetry. One *could* remedy hermeneutical injustice by dealing with a specific instance of it, such as create a new word or concept in order to reflect the obscured experience. However, in order to really implement long term

hermeneutical justice for a marginalised group, we need to go further than introducing new words; we need to actually change the socioepistemic conditions that lead to their absence. This involves change located at the level of frameworks and structures themselves; changing the frameworks and structures to be more symmetrical in the kinds of experiences (who's experiences) that they are communicating. Dotson explains:

> "In addressing an epistemic injustice that exists as a structural notion, as Fricker describes, the very structure itself must come under examination. The values inherent within it and the Socioepistemic conditions that construct and maintain it must be interrogated. In this way hermeneutical injustice is not addressed in the activity of naming an obscured experience alone. The need for such activity simply exemplifies the existence of hermeneutical injustice. To address hermeneutical injustices, one must seek out the socioepistemic conditions that foster hermeneutical injustice." (Dotson, 2012, pp. 30–31)

3.1.3 Contributory Injustice and third order change

Dotson introduces contributory injustice as the third type of epistemic injustice, and uses it to conceptualise a phenomenon that Fricker's notions fall short of accounting for. The motivation for the concept is in there being an assumption within Fricker's framing that there is just one broad set of hermeneutical resources, which gets skewed in the direction of more structurally privileged groups. Dotson claims that we do not all share the same resource since there are many "alternative epistemologies, counter mythologies, and hidden transcripts that exist in hermeneutically marginalised communities *among themselves*" (Dotson, 2012, p. 31). And there is marginalisation that occurs through the fact that these resources of the marginalised are not received, promoted or used by wider society; they do not make it into the dominant collective pool. This is because of structural oppression; wider society is ignorant of or refuses to take seriously these kinds of resources. Thus, "contributory injustice is caused by an epistemic agent's situated ignorance, in the form of wilful hermeneutical ignorance, in maintaining and utilizing structurally prejudiced hermeneutical resources that result in epistemic harm to the epistemic agency[22] of a knower"

[22] Epistemic agency concerns one's ability to contribute to knowledge production; to be able to use shared epistemic resources and receive uptake in the given epistemic community, and be able to revise those resources if necessary.

(Dotson, 2012, p. 31). Dotson explains that the structural oppression that results in marginalised groups does not always also prevent those groups from creating their own hermeneutical resources through which to understand and communicate their experiences (of marginalisation, or otherwise). However, there is a wilful ignorance on the part of the agent committing the injustice to acknowledge or utilise such resources, meaning they are ignorant of whole parts of the world; whole communities. With contributory injustice, unlike hermeneutical injustice, the experience in question is not unintelligible to both the dominant group and the marginalised, since the marginalised person does have the resources to understand their experience, but it is the dominant group who cannot engage with those appropriate resources. Thus, the change required to mitigate contributory injustice is 3rd order change, because it does not require changes to 'the' hermeneutical resource, because there is not one - 'the' - resource. It requires awareness of a range of *different sets* of hermeneutical resources in order to be able to use the appropriate ones to the context.

This means that the person committing contributory injustice is refusing to acknowledge or open their awareness to the fact that the hermeneutical resource they are using is just one of many possible ones. Dotson frames this by appealing to the difference between the definite article 'the' and indefinite article 'a'. "An a, as opposed to the definite article the, along with the corresponding shift in perspective that makes an indefinite article appropriate, may be all it takes to create an open-ended conceptual structure" (Dotson, 2012, p. 42). If one were to situate the schema they are using as a possible framework, open to the possibility of others and aware of the multiplicity of diverse ways of understanding, rather than assume that the conceptual framework they use is the *only* one way of comprehending the phenomenon, then they may avert contributory injustice. Dotson's account illustrates this with the distinction between open and closed conceptual structures. A closed conceptual structure is one that posits itself as the fact of the matter, without leaving open the possibility for other ways of interpreting the matter, while an open conceptual structure is one that posits itself as one possible understanding. This spells out the difference between 'THE' and 'A'.

To illustrate this further with an example, Dotson's article actually goes about setting out contributory injustice explaining Fricker's conceptions and claiming that Fricker's account is a closed conceptual structure, and commits contributory injustice itself by

assuming that anything that does not fall under testimonial or hermeneutical injustice must be 'epistemic bad luck'. This means that other possible forms of epistemic injustice cannot be framed as injustices and are instead assumed to be associated with mere bad luck. The argument is that by framing things in this way, Fricker is actually committing contributory injustice because she is leaving no open avenue for other ways of conceptualising experiences that she subsumes as epistemic bad luck. So Dotson is claiming that this framework sets out testimonial and hermeneutical injustice as exhaustive categories, with no room for other possible kinds of epistemic injustice, because of the way that 'epistemic bad luck' is framed. Fricker's conceptualising of 'epistemic bad luck' applies to cases where usually reliable stereotypes are applied, resulting in disbelief of the testimony, but in reality the person's testimony was actually true. Fricker holds that in such instances, because the listener was applying generally reliable stereotypes, it is not a case of injustice but mere bad luck.

To explain this further, Fricker compares the examples:

> "1. An extremely shy testifier whose failure to meet the eyes of his interlocutor and self-conscious pauses are taken to indicate a general insincerity; 2. An "honest second-hand car salesman" who is taken for being dishonest by virtue of his profession; and 3. A habitual liar who is disbelieved when she is telling the truth due to being a confirmed liar." (Fricker, 2007, pp. 41-42, quoted in Dotson, 2012, p. 38)

Fricker rules that these are cases of epistemic bad luck as in each case the hearer has employed generally reliable stereotypes; they have made a credibility judgement that is in line with the evidence. However, Dotson points out that there may be another form of injustice at play in how the hearer is using those 'generally reliable' stereotypes.

Here Dotson is urging us to look closer at Fricker's framing, in which there is an assumption that 'usually reliable stereotypes' are thus not unjust and constitute 'bad luck'. However, who decides what stereotypes are 'usually reliable'? Is there not an element in which this value judgement lies in the eyes of the beholder? One 'epistemic community' may take certain concepts and associations about another epistemic community to be 'usually reliable' but entirely through their own ways of measuring reliability, which could be missing whole alternative interpretations of situations; whole contexts complete with

their own conceptual resources which the other community is living and practicing, which frame the situation completely differently.

Different sets of conceptual resources can apply to different social groups and different 'worlds', so to speak. Dotson references Maitra (2010) who critically analyses Fricker's examples and offers the following example of a context for #1:

> "the speaker is a victim of a crime – say a rape victim – and the hearer is a police officer to whom she is reporting her ordeal. Even granting that the stereotype here is genuinely reliable and nonprejudical, if this police officer dismisses the victim merely because of her shifty manner, without making any further effort to check whether she is really lying, he (intuitively speaking) seems to commit a wrong against the victim." (Maitra, 2010, p. 203)

The example here illustrates that the speaker in #1 could be a victim of rape attempting to express her testimony of the experience. In which case, it is not appropriate to apply the 'generally reliable' stereotype about behaviour; "stereotypes that read the behaviour of rape victims as shifty and untrustworthy are part of biased hermeneutical resources that, at the very least, cause epistemic harm….. With respect to victims of sexual violence a stereotype connecting shifty behaviour to a lack of trustworthiness is not apt or reliable" (Dotson, 2012, p. 39). In this case, biased hermeneutical resources have led to the assumption of #1 being applied, because these 'generalised' hermeneutical resources do not include specific awareness of rape and its associated experiences: post-rape experience, testimony sharing, including how these things marginalise victims. The appropriate framework to apply in this case would be a trauma informed framework that is sensitive to sexual violence victim experience. The implications on the victim/ speaker of this inappropriate use of conceptual resources is huge; it results in their testimony being denied, which is extremely traumatic (leading to further cycles of trauma and marginalisation), not to mention the lost help that they may have been able to get if they had been listened to. Dotson's point is that this is not just bad luck, it results from injustice, which is both due to the listener's inappropriate use of conceptual resources, and also due to the way that the dominant hermeneutical resource is structurally marginalising of rape victims and their experience, because of patriarchal society and the collective silence about rape.

The spread of the 'MeToo' movement shows us how this marginalised knowledge can make its way into the dominant conceptual resources of society and start to normalise awareness of sexual violence and its related nuanced information. Many people (mainly men) were speaking out about having new awareness and understanding and described something of a 'light-bulb moment' of realising how prevalent sexual violence is and just how significant it has been for so many women, emotionally and practically, effecting the trajectory of their lives and personal narratives. This kind of awareness was not present for many men beforehand because such a framework – of concepts, words, practices, behaviours – did not exist in the mainstream hermeneutical resources that most of society takes as given. And it is still a struggle to get these resources recognised; it is the constant work of feminism and social justice to normalise such resources, to get them recognised, so that people are able to listen to and deal with testimonies of sexual violence in the appropriate way, and of course for society to be able to change. Dotson argues that Fricker's conceptualising commits contributory injustice, by positing itself as a closed conceptual structure: cases will either come under testimonial or hermeneutical injustice, and if not then they will be 'bad luck' and not injustice at all. This makes it impossible for other kinds of frameworks to input and challenge this closed framework, offering new perspectives; it makes them unable to contribute.

Our propensity to assume that ideas and frameworks must be closed conceptual structures goes to show how pervasive contributory unjust habits are in the 'formal' areas of society such as academia. Academia fosters a habitual attitude around knowledge creation in which an individual person is expected to have solved the matter at hand, promoting practices of individuals claiming and defending ideas and frameworks rather than collaboration and openness to differing perspectives and life-worlds. This reflects wider structural injustices that make it difficult for marginalised groups, especially grassroots frameworks, to contribute to such knowledge creation. It has been noted how epistemic violence has been a common topic in black feminist literature[23], creating frameworks to talk about the harms that occur through the unjust way that knowledge is created and passed around in society, though this has not been referenced in the initial framings of it as

[23] Refer to Collins (2000), Spivak (1988)

'epistemic injustice'. This demonstrates the widespread silencing and ignorance of the contributions of black feminist scholars and frameworks.[24]

Different frameworks are suitable for different contexts, in line with different social groups and their differences. Different sets of hermeneutical resources are developed in different social groups and the lives they live – these are not abstract ideas that one can pluck out of conceptual space from just thinking about them. They require a kind of 'world travelling' into the other social group's world. This is a habitual, practical affair, that requires going beyond language. This isn't a matter of just learning new words; being aware of different sets of hermeneutical resources requires "fluency in differing hermeneutical resources". Dotson references Lugones (1987) concept of 'world travelling', quoting Ortega's explication of this to explain what this fluency involves:

> "World-traveling has to do with actual experience; it requires a tremendous commitment to practice: to actually engage in activities where one will experience what others experience; to deal with flesh and blood people not just their theoretical construction; to learn people's language in order to understand them better not to use it against them; to really listen to people's interpretations however different they are from one's own; and to see people as worthy of respect rather than helpless beings that require help." (Ortega, 2006, p. 69)

'World-travelling' requires an appreciation of *genuine differences.* But this requires a lot of work, and since it is a practical, 'in the world' affair, it requires a relationship of trust between the epistemic community and the perceiving agent. Dotson notes that often when sets of hermeneutical resources are developed through resistance discourses, they can be hard to access; they must be 'accessed' through in person, in the world experiences, and *in line with the epistemic community*. Dotson states: "one's motives must be assessed, an epistemic community willing to apprentice the perceiver must be located, and a relationship of trust must be built before one can even begin to learn a set of hermeneutical resources that follow from a given resistant epistemological position" (Dotson, 2012, p. 35). As Ortega puts it above: "to learn people's language in order to understand them better not to use it against

[24] Berenstain (2020) has argued that Fricker's conception of hermeneutical injustice is an example of structural gaslighting within white feminist epistemology and methodology.

them". But Dotson cautions that this process is far deeper than learning a language as it "requires a kind of embodied engagement that extends beyond conversation and dialogue", and "could literally take decades to become truly fluent in an alternative set of hermeneutical resources" (Dotson, 2012, p. 35). She notes that this kind of deep learning and sharing has been likened to an almost mystical experience, transgressing the bounds of language and schemas that a person knows; "a person must be aware of experience that cannot be contained or represented by any conceptual scheme (at their avail), and must be exposed to a form of communication that is not simply analogical, but that exposes the person to transconceptual reality that provides the ground for conceptual human understanding" (Bartunek & Moch, 1994, pp. 27-28, quoted in Dotson, 2012, p. 35).

I will work with this concept of world travelling in Part Three, where we will discuss alternative methods for speaking about anomalous experience, building on the Worlds framework as an open conceptual resource. But for now, we will discuss how contributory injustice is present in psychiatry, with a view to locate how it effects its users' relationship with the consensus world 'writ large'. Then Part Three will turn to ways to change this; ways to utilise the Worlds framework, and instigate this third order change, that comes hand in hand with changing the affective ways that the consensus world frames and responds to anomalous experience.

3.2 Epistemic violence in psychiatry

There is testimonial and hermeneutical injustice, as well as contributory injustice, in psychiatry. I have touched on testimonial injustice in psychiatry above, which happens in individual cases in clinician encounters. These instances can be traced to certain assumptions that psychiatric frameworks hold about people with certain diagnoses, and how clinician and public individuals navigate those assumptions in specific encounters. Crichton et al. (2017) have argued this, but I will argue that this is better captured under contributory injustice in the case of anomalous experience. There are certain assumptions written into the psychiatric framework that actually entail contributory injustice, since the assumptions themselves deny these people's epistemic agency, blocking their own knowledge about their experiences. This sheds light on psychiatry as an institution regardless of individual encounters; the macro way that it is structured in terms of its conceptualising of A.Es and protocol for responding to them, is asymmetrical in relation to people who have A.Es being regarded as knowers able to contribute to this framework. And

in the next chapter, we will use the phenomenological analysis in #1 to examine how this is fundamentally felt on the deep level of the structure of experience.

First though, in regards to hermeneutical injustice, this takes place in psychiatry in relation to instances in which people are not able to access appropriate resources, and who thus feel the effects of there being gaps where there are not adequate ways to understand or communicate their experiences. However, psychiatry also plays the opposite role in many ways, whereby it offers words and concepts that enlighten understandings of experiences that many people find helpful. It is common to experience feelings of revelation and relief after receiving diagnoses; the sense that previously unexplained, often distressing experiences have now been explained and validated. However, my focus here is on how, even if psychiatric explanations for anomalous experiences help some people, the way these explanations are framed is in a closed conceptual structure, which denies the epistemic agency of its anomalous experiencers, blocking their alternative knowledges about their own experiences.

It is therefore possible that this closed conceptual structure provides validation for some people, whilst still committing contributory injustice for others. And the point that I am making in this chapter is about how it is psychiatry's framework, as closed in this way, which entails an asymmetrical relationship between the consensus world and anomalous experiencers, since they are framed as not being able to contribute to 'the consensus world' – even the 'consensus' of their own experiences. And in the next chapter I will focus on the affective experience of this in relation to the structure of intentionality, expanding on the specific affective ways in which it is carried out.

Below I will outline how the content of this closed conceptual structure involves pathological assumptions about anomalous experience that entail its closedness, as these very assumptions deny people with anomalous experience an ability to contribute to its knowledge about them, since the way of framing anomalous experience is directly associated with a lack of epistemic ability. And these assumptions are applied in a general way that is felt across the board, regardless of individual encounters, because they are written into the very institutional structure. This draws attention to the way that the psychiatric framework – the dominant consensus world framework for navigating anomalous experiences and ways of being – is not created by those who have or have had those kinds of experiences. And importantly, this dominant framing of them is in a way that

precisely excludes them from being able to do so. So, we have that the dominant hermeneutical resource – psychiatry – is created by people who do not have the experiences that it is trying to make sense of. This means that there are likely to be lacunas within that resource that miss out essential parts of the experience. What we will focus on here is how this means that rather than a general lacuna (an empty space in regards to these experiences) we have a dominant resource that is pushing a certain kind of interpretation, whilst gate-keeping this interpretation (closing it off) from any alternatives. Within this framework are assumptions that actually block the uptake of resources from the people whose experiences are attempting to be made sense of, even if this framing does reflect some of these people's experiences. This shows us that the (dominant) way the consensus world frames anomalous experience is through an asymmetrical structure, where anomalous experiencers themselves are excluded from this framing. They are excluded from contributing to the 'here-now' consensus on their own experiences.

3.2.1 Psychiatric assumptions about anomalous experience

I will now explain how this happens, by exposing the assumptions that psychiatry makes about anomalous experiencers; that they are on a continuum of reduced epistemic agency. It is these assumptions, and psychiatry's closed conceptual structure in making such assumptions (through how it conceptualises A.E), that lead to contributory justice. I argue that the way it frames anomalous experiences specifically blocks the contributions of these people - the very epistemic communities of the people whom it is set up to be helping; who it is designed 'for'. Here we are looking at the macro institutional framework of Psychiatry rather than individual instances of Psychiatrists taking different approaches. This framework relies upon the biomedical model which posits itself as fact rather than one particular interpretation. It frames matters of emotion and distress according to pathology – illnesses – which are framed as factual matters regarding a person's 'mind', in a parallel way to how illnesses of the body such as diabetes are framed as factual matters of the body. It does not leave open the possibility for different conceptual frameworks for dealing with the murky territory of distress and unusual behaviour, and seeks to diagnose people and medicate them accordingly with reference to this biomedical framework. Although there is an openness to some social or environmental explanations of experiences (what psychiatry interprets as symptoms), these are considered as amplifiers or triggers of an ultimately

biologically framed condition.[25] And in the case of anomalous experiences, these are generally interpreted as symptoms of an essential condition, such as schizophrenia, type I or II bipolar and various other psychotic disorders.[26] For example, the presence of hallucinations and delusions (occurring persistently and with 'reduced functioning') is enough to be DSM-diagnosed with schizophrenia (Maiese & Hanna, 2020). And these disorders are associated with a lack of epistemic agency since they are seen as disorders of the sense of self; disorders of the mind's understanding of itself and reality. World travelling is thus not possible because this interpretation blocks any pathways that try to understand the world of the person, because this 'world' is seen as disordered and in need of treatment. For example, Karl Jaspers says of schizophrenic experience that, "[w]e find changes of the most general kind for which we have no empathy but which in some way we try to make comprehensible from an external point of view" (Jaspers et al., 1963, p. 577). This quote sums up this asymmetrical relationship, in which the experiences are framed in a way that assume that they can only be understood from an external point of view, because the person's own knowledge – their access to reality – is inherently dismissed by the existence of these 'symptoms'.

Crichton et al. (2017) frame similar assumptions as testimonial injustice in their analysis of testimonial injustice in psychiatry. They show that psychiatric patient encounters with clinicians, as well as encounters between perceived psychiatric patients (or people perceived to be in need of psychiatric intervention) with members of the public, persistently involve assumptions that lead to their testimonies not being believed, leading to cases where the patient's/ perceived patient's autonomy is restricted due to untrue assumptions being applied by the clinician. They put this down to three factors that apply to psychiatry in general:

1. "problems associated with, and partly caused by, the mental disorder
2. the higher value placed by health professionals on 'hard' or objective evidence compared with patient reports

[25] See Johnstone & Boyle (2018, Chapter 1) for an outline of this discussion.
[26] By 'essential condition', I am referring to the way in which these disorders are framed as long-term or chronic conditions that stay with a person and that they will consistently have to manage; they are framed as something relating to that person's fundamental existence in the world.

3. the entrenched negative stereotypes associated with mental disorders." (Crichton et al., 2017, p. 67)

They also argue that with the case of schizophrenia, there are specific assumptions about the disorder that lead to increased testimonial injustice for these people:

> "…it is integral to our social and epistemic agency that other people perceive us as a person – an agent – capable of engaging, in a sustained and reasonable way, in testifying, interpreting and other epistemic practices. A self is a locus of epistemic and social agency. Yet stereotypes about schizophrenia abide, typically the widespread but mistaken notion that schizophrenia is chiefly characterised by a personality split, as in the good Dr Jekyll and the evil Mr Hyde. The term 'schizophrenia' was coined by the psychiatrist Eugen Bleuler to capture a split between components of the mind – knowledge, emotion and will. This idea of a split has been abandoned in modern diagnostic criteria.[22] However, the stereotype of 'split personality' is, of course, a perfect example of a fragmented epistemic self with whom one cannot effectively engage either socially or epistemically." (Crichton et al., 2017, p. 69)

My argument is that assumptions of diminished epistemic agency are associated with having anomalous experiences, through the association of A.Es with disorders such as schizophrenia or psychotic disorders, and that these assumptions are institutionally entrenched. They lead to – not just these people's testimonies being denied in everyday encounters – but a wide-ranging denial of anomalous experiencers' contributions to knowledge, including their contributions to knowledge about anomalous experience.

The biomedical model, which is the dominant framework of Psychiatry, assumes that experiencers of anomalous states possess a pathology of the mind. Even at its least stringent end of the spectrum, where people are considered to have nonpathological anomalous states, these experiences are still seen as hallucinations. They are framed as experiences that are incorrect; 'mistaken' quasi-perceptions of reality.[27] This means that the people who have

[27] A more nuanced framework, such as the worlds framework, would not necessarily conceptualise A.Es as mistaken quasi-perceptions of reality, impacting their credibility, but is compatible with a diversity of understandings that could actually integrate A.E as a way of gaining knowledge. This will be explored in Part 3.

these experiences are considered people who have experiences that shouldn't be trusted, casting doubt on their ability to know. And when A.Es are taken as pathological (which is the wide-ranging norm) there is a sense in which a person's whole being is being effected, because they are taken to be signs of a disorder of the mind – this pertains to a person's whole existence as an epistemic agent. Their whole sense of reality is being questioned; they are considered to be outside the realms of epistemic capability (or their epistemic capability is at least diminished) – even, and especially, in regards to their knowledge about their own experience. John Hood, a person diagnosed with schizophrenia, sums up the experience of living with this assumption: "When it comes down to it, there's no greater stigma than the client thinking that his mind is diseased" (Luhrmann, 2016, p. 34).

Bueter (2019) has argued that there is widespread 'pre-emptive testimonial injustice' in psychiatry towards patients, because of the exclusion of patients in the taxonomic processes of Psychiatry – the processes that underly how disorders are classified; the revisions of the DSM: Diagnostic Statistic Manual. She argues that this exclusion is down to the assumption that they are 'lay people' rather than scientists so have nothing to contribute, and that this is an unnecessary bias that originates from Psychiatry's propensity to favour biological frameworks and pharmaceutical treatments, rather than a complex mix of interrelating biological, social, and psychological factors, for which patient perspectives provide important avenues for knowledge.[28] Thus, she argues that "excluding patients and advocates from the revision process is a case of preemptive testimonial injustice in which the perspectives of patients are not sought even though they are epistemically relevant. This undermines patients in their capacity as knowers, and it leads to epistemic losses" (Bueter, 2019, p. 1066).

I agree, and argue that her argument can be developed to show how Psychiatry has a closed conceptual structure in its rigidness of prioritising biological understandings (not necessarily in how individual psychiatrists think, but in how the institution *functions* – its widespread narratives and interventions, which are largely pharmaceutical)[29]. However, my

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[28] Bueter (2019, p. 1071) proposes that "Questions on which patients' input might be helpful include the setting of diagnostic thresholds, the ascription of disorder status, naming conventions, and the accuracy of diagnostic criteria."

[29] Bueter (2019, p. 1065) touches on how Psychiatry prioritises biological approaches in how it functions institutionally : "It is often argued that the DSM tends to pathologize normal behaviors and promotes a troublesome (bio)medicalization of common problems in life (e.g., Lane 2007; Horwitz

focus here is that, particularly with the case of anomalous experience and the classifications it is associated with, this pre-emptive testimonial injustice is solidified by the assumption that these patients do not have epistemic agency, and this assumption is directly linked to the very existence of those disorders. Thus, there is more going on than the denial of these patients' contributions because they are not scientists; their contributions are also denied because of the denial of epistemic agency that is implied by anomalous experience associated disorders. This can be captured by contributory injustice, in order to illustrate just how asymmetrical the power relations are here, and just how closed the conceptual structure is; there is no way of contributing to dominant hermeneutical resources about A.Es with alternative resources about A.Es, if the dominant resource frames itself as the only truth of the matter and, importantly, holds this truth as depicting people with A.Es as *unable* to contribute *because* of their existence as someone who has A.Es, and therefore is assumed to have reduced epistemic agency in general. Thus, alternative epistemic resources do not receive uptake, because they are dismissed as 'unscientific' if they do not appeal to the biomedical framework, but also because they are dismissed as delusional, if they come from people who are seen as so in the eyes of Psychiatry's conceptualising of anomalous experience. Bueter discusses the epistemic injustice present in Psychiatry's exclusion of patients in its own taxonomic process, but I am focusing wider afield to claim that Psychiatry is set up in a way that cannot consider a person (with A.Es) who's alternative framework disagrees with its own, because of the way that it frames that person's experiences.

This is evidenced through Psychiatry's practice of coercion. Practices of incarceration and forced medication in response to extreme behaviour around anomalous experiences show just how closed this conceptual structure is; it is prepared to violate people's most basic personal liberties according to what it takes to be the truth. These practices are conducted according to criteria of harm to self or others, so there is more going on in regards to their justification on an individual case basis, however my point here is to show that generally, they are carried out according to a framework that sees A.Es as signs of a

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and Wakefield 2012). Such medicalization critiques are connected to worries about conflicts of interest and the impact of the pharmaceutical industry (e.g., Cosgrove et al. 2006; Cosgrove and Krimsky 2012)". It is worth noting that widespread lack of resources and the dominance of the pharmaceutical industry lead to pharmaceutical 'quick fixes', which encourage and sustain a dominant biomedical paradigm, no matter what individual psychiatrists may think.

biological mind-disorder, on a continuum that could lead to coercive intervention. This 'closedness' is therefore inherent not just in the conceptualisation of A.Es but also in the practical intervention strategies which 'carry out' this conceptualisation. It therefore affects its users, whether these are people who briefly interact with it or people who are in permanent psychiatric care, as well as more removed people, through its position as the dominant 'common-knowledge' framework. Even though the coercive practices are experienced by a small proportion of the population, the fact that they are procedure is felt across the board. The fact that these practices exist illustrate the authority that psychiatry has, and threaten anyone and everyone who may be considered somewhere along the continuum of psychiatric users or potential psychiatric users. We will explore this affective experience in the next chapter. What I aim to show here is that this institutional framework is a closed conceptual structure, and its instantiation through coercive means upholds this blocking of alternative frameworks. More specifically, the very way that it conceptualises anomalous experiences and associated ways of being removes the epistemic agency of the experiencers of these states; this delegitimises the efforts of these people's attempts to create alternative hermeneutical resources to understand themselves. It delegitimises the epistemic communities that are based around such endeavours, such as the mad pride community and the psychiatric survivor community.[30]

Tate (2019) outlines contributory injustice in psychiatry in regards to people with A.Es (he refers to as 'voice hearers') by focusing on evidence that shows that clinicians do not 'uptake' service user's explanatory frameworks of their experiences. He argues that there is a routine, institutional dismissal of alternative, user-led frameworks which results in contributory injustice: "the medical lens of formal psychiatric services is objectionable to many participants because it does not accommodate their experiences and summarily dismisses resources they feel are necessary to do so. This is a case where service users have collaboratively overcome gaps in understanding present within the dominant medical model of voice-hearing, but these insights are not reflected in institutional Psychiatry" (Tate, 2019, p. 98)[31].

[30] See Starkman (2013) for an account of the development of these communities.
[31] Tate (2019) shows that in many cases these alternative epistemic communities create frameworks that actually result in increased wellbeing, and argues that therefore, even if clinicians don't personally 'ontologically agree' with alternative interpretations, they should still be meaningfully

One may be wondering, is there a sense in which – at least in some cases – caution about the reliability of anomalous experiencers' contributions is warranted? This may be appropriate in individual cases. There may be many examples where a person is exhibiting extreme paranoia, for example; we may therefore be cautious about believing their own interpretation of their experiences. However, our concern here is in the institutional structure of psychiatry and what this entails across the board. The appropriate question, then, would be; is this generalised assumption of distrust in the epistemic agency of anomalous experiencers justified? My argument is that it is not. Though there will be many cases where someone's credibility as a knower is compromised as a result of their mental health, it is not the case that the assumption of distrust should be extrapolated from the mere presence of anomalous experience. It is this extrapolation that is problematic, by generalising from anomalous experience to denied epistemic agency. The compromission of someone's credibility should be assessed on a temporary individual case by case basis based on the specific circumstances. The point here is that because psychiatry's framing of A.Es assumes a denial of these people's epistemic ability, it entails a widespread block of this whole social group's ability to contribute to knowledge on the phenomena that they are experiencing, and to contribute to knowledge in general. This assumption is entrenched in psychiatry's framework, and is part of its closed conceptual structure which, through this assumption, automatically blocks user-led alternative interpretations – as well as alternative interpretations in general. Our focus here though, which will be explored in detail in the next chapter, is on how this implicates people who have anomalous experiences, in regards to their relationship with the consensus world.

3.2.2 Clinical insight

The concept of clinical insight demonstrates psychiatry's closed conceptual structure and assumption of reduced epistemic agency towards people with anomalous experience. It demonstrates this because it is a conceptual tool of Psychiatry's own framework, and shows that when a patient agrees with the Psychiatric framework about their own experience, this is considered knowledge, but when a patient appeals to any other alternative framework to

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accepted and used in practice if they are in line with the users' wellbeing, since their wellbeing is the function of the clinician's role.

understand their own experience, this is considered incorrect and is taken to be evidence that a person is 'more ill' – thus subjugating them to its own framework. This demonstrates just how 'locked in' patients are to the completely closed conceptual structure.

'Clinical insight' is the psychiatric notion that describes the awareness a person has into their own condition – basically the 'insight' they have into their being ill. If a person has a different interpretation of their experiences, that does not see them as symptoms of a disorder, then this is taken to be a sign of lacking in clinical insight, which is seen as a further symptom of illness (Roe et al., 2008, p. 2). Alternative frameworks are automatically rejected and instead read as symptoms of being more ill; possible readings of meaning or value into the anomalous experience are denied as delusional. This is a fine example of psychiatry's closed conceptual structure: it interprets deviations to it as mistakes, as incorrect, and the control of such mistakes is written into its very framework. Such 'mistakes' are signs of illness, and therefore are used to prop up its own framework, taken as evidence of what it is claiming. So we have that psychiatry – the dominant consensus world hermeneutical resource for A.Es – is structured in such a way that any knowledge contribution from the people this applies to, about themselves, is considered wrong if it deviates from this resource, and is instead taken as evidence of what the resource of psychiatry is claiming.[32] We can sum this up into two deeply entrenched assumptions: that A.E-based illnesses impair one's ability to know, and that this perspective is *the* only one; the ultimate truth rather than one way of understanding such experiences. If someone has a different understanding of their experiences, that does not associate them with a disorder of their capacity to know reality, then this person is deemed lacking in clinical insight, and thus their experience is framed as a disorder of their capacity to know regardless. In fact, the very behaviour of framing their experiences with an alternative framework is seen as a reduced epistemic ability (lacking in insight) and a sign that their disorder is more severe.

[32] "Individuals with schizophrenia are especially considered to suffer from the consequences of lack of insight. Research has consistently shown that approximately 50% to 80% of individuals with schizophrenia exhibit varying degrees of lack of insight into their illness (Amador et al., 1991; 1994; Lincoln et al., 2007)" (Roe et al., 2008, p. 2).

3.2.3 A case study of these assumptions, resulting in contributory injustice: Maria Legghio's 'Denial of Being'

Legghio (2013) details a personal story of these assumptions being played out, giving us a real-life example of the extrapolation detailed above – where the presence of A.Es at some point in a person's life is associated, by the (dominant) consensus world of Psychiatry, with a blanket denial of that person's ability to be a knower; resulting in a denial of their ability to contribute to the 'consensus world' knowledge of their own experience, which results in the 'consensus world' coercively detaining them. Legghio takes us through the story of her mother who was dying of cancer. She had her 'at home' care suspended and was hospitalised in the last few weeks of her life because it was judged that her 'mental illness' was active, making her a risk to the visiting staff. She writes that her mother exhibited 'confusion and agitation', which was interpreted by a mental health professional as evidence that her 'mental illness' was active: "Why can't they see that the confusion and agitation is not about her diagnosis of "bipolar disorder" but rather because the liver cancer has taken over her body's ability to process the toxins. The confusion and agitation come from the accumulation of those toxins. What risk of harm could this woman, too physically withered and weak to sit up, possibly pose to herself or others?" (Legghio, 2013, p. 122)

Here her mother's own knowledge about what was happening to her, her experience and her way of being, was denied because of her mental illness diagnosis. The author makes a point of saying that, while it is often claimed that psychiatry silences and makes invisible people whom it deems its patients, this analysis actually does not go far enough, because these people are not actually invisible to psychiatry, since they get targeted and detained. Rather than being silenced or not noticed, being denied as knowers means that their way of being and experiencing and knowing the world are actively denied as illegitimate:

> "Applied to the experience of psychiatrized people, epistemic violence is the treatment of their knowledge and ways of knowing as something other than knowledge and other than legitimate. It is more than being silenced or dehaumanized by stigmatizing and sanist practices, such as diagnosis and classification. Rather, the violence occurs when different forms of madness are constructed in particular ways and then used to diminish and deny the legitimacy of the knower. It is the very denial of a person's legitimacy as a knower – their

> knowledge and their ways of knowing – that renders that person out of existence, unable to be heard and to have their interests count." (Legghio, 2013, p. 124)

Legghio argues that this is what is going on in the situation with her mother; her mother knows what is going on but her way of knowing is actively denied because of assumptions applied to her because of her diagnosis. And this diagnosis is something that was supposedly 'active' in the past, but not now. However, the behaviours of confusion and agitation are taken to be signs that it is active, and the assumptions are applied. This is evidence of the extrapolation I have explained above: Legghio's mother's experiences that led to her diagnosis of bipolar disorder, despite those experiences not being active at this time, meant that her own knowledge of what was happening to her was discounted as illegitimate. It was denied in favour of her diagnosis as the explanation of her behaviour. Even though the 'disorder' hadn't been seen as active for a while, the institutional assumptions attached to it were still used to deny her knowledge in an all-encompassing way. They apply over time and deny her epistemic agency when that is in opposition to Psychiatry. She is denied ability to appeal to any other framework other than the psychiatric one in order to advocate for herself.

Legghio claims that this denial of her mother's knowledge is due to the assumptions that she is incompetent and dangerous, and that these assumptions apply to psychiatrized[33] people in general. I will expand on her explanation of the incompetence assumption, since this mirrors the argument I have been building, that inherent in Psychiatry's conception of A.Es, is an assumption of not being a legitimate knower. Legghio frames this as an assumption that the person has a general "flawed or disordered way of seeing, perceiving, judging, and thus, knowing reality", which construct beliefs that "the person is incapable of making appropriate decisions and of caring for herself or others" (Legghio, 2013, p. 126). She explains that this is because their anomalous experiences of reality are "interpreted within a modernist framework as a break from reality, a break from what is considered to be real or true":

[33] 'Psychiatrized' is a term for people who have been subject to the Psychiatric system in relation to their own experience or behaviour (LeFrançois et al., 2013, p. 1).

> "Dismissed as incompetent, the psychiatrized person cannot get their knowledge, the content of their experiences, or their ways of knowing recognised and heard as legitimate. Alternative experiences of reality-defined as "psychosis" or "hallucinations" - become the rationale for the denial of their legitimacy as a knower. Rendered incompetent persons are disqualified as legitimate knowers and lose their epistemic agency, specifically losing their ability to speak on their own behalf and to be heard on their own terms and in their own styles." (Legghio, 2013, p. 126)

As we can see, these dominant assumptions entrenched and sustained through the institution of psychiatry can amount to a denial of one's epistemic agency. I have argued that this is sustained through psychiatry's closed conceptual structure, and automatically blocks users' own knowledge about their experiences, resulting in contributory injustice. This gives us an understanding of the institutional picture of Psychiatry. In the next chapter, we will analyse the phenomenological affective experience of interacting with this institutional picture, and how it potentially effects the structure of intentionality. The analysis here is important for this because it shows how Psychiatry's conceptualising of A.Es makes assumptions about these people's whole 'being', that extrapolates from their A.Es to something about them as a whole person; a denial of their capacity to know the world. This way of being 'seen' by the consensus world extends far beyond the temporal boundaries of their A.Es in particular. In the example of Legghio's mother, we see this in how she is treated by the consensus world (through the dominant resource of Psychiatry) at the end of her life. Even though she was receiving home based care, she was still being seen as an illegitimate knower, because the moment that her behaviour was deemed questionable by Psychiatry's framework, it was perceived as a sign that she could pose a risk and needed to be incarcerated (Psychiatry's protocol, according to its framework); *against* her own will and *against* her own knowledge of this behaviour. This means that she was effectively *always* seen as someone who might need to be hospitalised against her will, more than other members of society, because of the assumptions inherent in Psychiatry's response to her A.Es, which deny her as a competent knower:

> "In her near 20-year history of living with a diagnosis that carried strong stimgatizing reactions, my mother never actually harmed nor threatened to harm herself or others, and yet at the moment of her death, the potential for harm was used as the rationale for the removal of the in-home services necessary for her to live

> and die at home. She was disqualified as a legitimate knower because she was constructed as dangerous. The knowledge – ultimately her knowledge – of her impending death was dismissed and other interventions were activated. The withdrawal of home care services forced a hospitalization against her wishes and against our wishes as family members." (Legghio, 2013, p. 125)

There is something insidious about this assumption applying over time; a person may always be at threat of having their actions perceived in a way that is according to the Psychiatric framework and mental health legislation, which could legitimise coercive treatment according to this. This amounts to a kind of othering, where one has been 'marked' as a person with reduced capacity to know the world and possibly in need of coercive detainment because of this. This amounts to a one-way relationship with the consensus world: the person 'cannot' contribute to consensus reality with their testimony or insight (because they are seen as unable to), even in relation to the reality of their own experience and the place this takes in the consensus world – how it is responded to and 'treated' and the words, concepts and practices around it. This one-way relationship, this asymmetry, does not result in the person being invisible. As Legghio states, they are not invisible because of this, because they are marked in a way that legitimises the consensus world to constrain their freedom in a very explicit, visceral way, such as in the example of being hospitalised in the last few weeks of life. This means that the consensus world, the world of here and now and other people, is actively influencing the person's life, yet they are unable to influence the way that the consensus is influencing their own life; they "[loose] their ability to speak on their own behalf and be heard on their own terms and in their own styles" (Legghio, 2013, p. 126). It is not that they are unable to speak, but they are unable to be heard by the dominant consensus resource which has power to coercively control them, which renders them unable to (effectively) speak to the dominant consensus world, or contribute to its dominant resource which exerts this very power over them and conceptualisation of them. This constitutes an asymmetrical relationship between the (dominant) consensus world and people with A.Es, which constitutes an alienation from the consensus world, since they are judged as unable (or impaired) to access consensus reality, including the reality of their own existence. Legghio's paper provides an example of how psychiatric assumptions instigate this wide-reaching exclusion from the (dominant) consensus world in an insidious way, through the potential of psychiatric intervention that they hold. Her mother is marked by this label and its assumptions of epistemic denial in a

way that extends across time (far beyond the A.Es that brought it about), because it can legitimise coercive force being applied at any point it is seen to be 'activated', whether or not anomalous experiences are present. This kind of labelling of a person by the consensus world, with these implications, can reach right down into the depths of the person's existential being; the person is othered in relation to the consensus world in a way that transcends temporal instances of anomalous experience and applies to their existence as an epistemic agent across time and space. Chapter 4 will explore this in detail.

To summarise, I have argued that the dominant consensus world response and framework for anomalous experience – Psychiatry – conceptualises and responds to A.Es using assumptions that deny these people's epistemic agency. This means that people with A.Es cannot contribute to this dominant consensus world resource, that is used to frame and possibly coercively respond to their experiences. I argue that Dotson's conception of contributory injustice captures this effectively because it highlights that it is not just that people with A.Es are not being believed, or pre-emptively not being believed, but that any alternative frameworks they may use to understand their own experience are automatically denied. Contributory injustice captures the extent that they lose the ability to be received by the (dominant) consensus world, in their own styles or using alternative frameworks, and how this is constituted by Psychiatry's closed conceptual structure – it cannot accept any alternative framework. This Psychiatric assumption delegitimises the person's ability to be an epistemic agent, in a blanket and wide-reaching way, which relates them asymmetrically to the consensus world. The next chapter will explore in more detail the implication of this asymmetrical relationship; its phenomenological affect and effect on the structure of intentionality.

3.3 Conclusion

As the Worlds framework highlights, I argue for 'knowledge' of anomalous experience to be able to exist, in a practical way, 'in' the dominant consensus world, that acknowledges their existence and is open to and encouraging of the differing meanings and values that may be gaged from A.Es. The aim is to prompt a shape-shifting of the asymmetry of the dominant consensus world in relation to A.Es, to make it more accessible by recognising these experiences and the different frameworks, outside of psychiatry, that can be used to make sense of them. And to recognise people with A.Es as totally capable of having such knowledge and alternative frameworks. The worlds framework, thus, aims to provide a

kind of gate-opening (as opposed to gate-keeping) to other conceptual frameworks, by aiming to not assume any reduction or value judgement of A.Es in general, and certainly not any blanket assumptions about anomalous experiencers in general. The worlds framework thus aims to be an open hermeneutical resource, sketching out conceptual tools that aid this openness. Its framing and motivation are naturally connected to the epistemic work here, since it is capturing something about the relationship between experience and the need for there to be shared ways that allow one to acknowledge, make sense of, and share experience; and how the shared ways available are based on the concepts, practices and narratives that have been and are dominant in society. The motivation for the worlds framework is the need for a way of speaking about anomalous experiences that does not immediately pathologise them, so that there can be validation that the experience has happened, without this immediately being connected to a value judgement. And the analysis of contributory injustice sheds further light on this; it is not just that there is a (dominant) lack of this kind of way of speaking about and conceptualising A.Es, but it is also the case that the dominant ways of speaking about and conceptualising them directly assume those people who have them to be unable to contribute to their framing, thus denying these other frameworks that do exist.

Part Three of the thesis introduces examples of alternative-to-psychiatry conceptual frameworks and epistemic communities that utilise open conceptual framing of A.Es, and shows how they offer a 'different kind' of consensus world in relation to A.Es. One that sustains the epistemic agency of anomalous experiencers; enabling habitual trust through sustaining their automatic status as part of the interdependent web of intersubjectivity, where anomalous experiencers are apt contributors to the 'here-now' consensus *of* anomalous experience.

The following chapter focuses on the phenomenology of psychiatric users' experience of engaging with these assumptions, in practice. It will detail and develop how these assumptions exist in practice, and analyse the affectivity of this in relation to the structure of intentionality. The analysis here aids those phenomenological points about the alienating and threatening affect of this epistemic exclusion and denial on epistemic agency, by showing how difficult it is for psychiatry – the dominant narrative – to accept alternative ways; to allow its users to actually frame their own responses with their own understandings of their A.Es. This analysis shows us how institutionally stuck and

entrenched this affect is, because it is instantiated by the asymmetry of psychiatry's closed conceptual structure. The next chapter will develop how this asymmetry is felt on the level of the structure of intentionality, in regards to how people with A.Es are able to habitually participate in intersubjectivity; how they are (or rather, are not) recognised as and recognise others as part of the intersubjective web of perceiving and knowing the here and now. Habitual trust in the consensus world is a trust in the here-now reality of the consensus world; where other people are fellow knowers of reality, able to corroborate or edit our perceptions of the world. Denying someone their status as able to contribute to knowledge, to edit or corroborate our beliefs, is akin to shutting them out from intersubjectivity; shutting them out from the mutually sustained consensus world. The next chapter will show how this is the implication of how these psychiatric assumptions are felt affectively in the world. The consensus world becomes a guarded place, gate-kept by assumptions about what a knower should and shouldn't be like; associating anomalous experience with the latter. This shows us how analysis of epistemic practices and structures profoundly intersects with phenomenological work on the role of 'knowledge-making' as a core intersubjective hinge to reality, and the integral part this plays in intentionality.

4 Phenomenological affect of Psychiatry's practices

The previous chapter showed how dominant psychiatric ideas and practices deny anomalous experiencers status as knowers. In this chapter, I will make use of case studies to consider the affects created by this situation, showing how this can affect the structure of intentionality. The focus of this thesis is not about debates of justice in psychiatry in and of themselves, but how they intersect with what it's like to interact with psychiatry day-to-day, and how this feeds in to the processes happening on the structure of intentionality level. Because of the importance of the consensus world - a feeling of being 'plugged in' to and trusting the consensus world – for our sense of reality and subsequent awareness of other forms of intentionality, matters of justice involving social power relations can weave into a person's connection to the consensus world and therefore their sense of what is real. This seems especially apparent when we consider how those matters have epistemic underpinnings, concerning harms in the field of knowing oneself and being known to others.[34] If how we concede what is real is through our relationship with others; knowing others and being known to others, and habitually trusting others' knowledge in order to know at all, then distortions in this relationship could constitute very real distortions in how a person relates to the world and relates to reality.

Recall that Ratcliffe's account details how traumatic experiences can make the consensus world a threatening and/or alienating place, which can change the structure of intentionality through uprooting or impeding habitual trust. I argue that the psychiatric method can have a threatening and alienating affect on its users, in regards to the intervention practices that it provides and enforces, and the narratives about anomalous experiencers that it dispels onto wider society and culture. I argue that this can make the consensus world a threatening and alienating place, which can erode habitual trust and exclude its users from the intersubjective web of social life - living in a shared world with others.

In order to make this argument about how interacting with Psychiatry in relation to anomalous experience affects the structure of intentionality (and thus anomalous experience

[34] See Guenter's (2017) 'Epistemic Injustice and Phenomenology' for a discussion of the intersections between epistemic injustice and the phenomenological tradition, arguing that this consideration highlights the ontological and existential ramifications of epistemic injustice.

itself), we must clarify what counts as 'interacting with Psychiatry'. Therefore, the argument is divided into sections which analyse differing levels of interacting with Psychiatry; from its coercive intervention practices as well as its wider narratives in society that still significantly affect people who do not get hospitalised. I have chosen three forms of interaction in order to explicate this, the sections are as follows:

1. Psychiatric Interventions: incarceration, solitary confinement, forced meds – People who are 'severely psychiatrized'
2. Psychiatric 'marking' through diagnosis: your behaviour is seen in the context of your diagnosis and the context of the possibility of incarceration – People being treated by the psychiatric system but who are not currently hospitalised
3. Wider narratives inherent in the psychiatric way of understanding anomalous experiences: case study of the 'prodromal phase' – People who are outside of the psychiatric system, who have anomalous experiences

Section 4.1 focuses on coercive intervention practices of psychiatry in relation to A.Es – mainly forced hospitalisation and medication – and so focuses on people who end up being faced with the ward as their 'consensus world', in response to their anomalous experiences. These are the most 'severely psychiatrized' people; i.e. people whose lives are most effected and bound up with the psychiatric system. Section 4.2 touches on people who are diagnosed and labelled by psychiatry in relation to A.E and the affect of this sort of engagement with psychiatry (outside of hospitalisation) – following on from Legghio's (2013) case study in the previous chapter. Section 4.3 focuses on more 'outside' forms of engagement with psychiatry; the kind of engagement that comes with having an anomalous experience but not a diagnosis, or the early stages of interacting with the institution about one's anomalous states. This analyses the wider narratives of psychiatry in relation to anomalous experience, and how the affect associated with these narratives aids in sustaining those narratives. I will then talk more generally about this feedback loop, having explicated in detail how different sorts of interactions with psychiatry in relation to anomalous experience can destabilise a person's intentionality.

I make my claims by drawing on people's personal accounts following involvement with psychiatric services. I want to acknowledge that clearly not everyone's experience will be exactly the same; this is a qualitative look at a limited number of accounts. However, they are representative of wider themes of psychiatric experience, and what I am really interested

in is what they show about the hidden ways that psychiatry operates, even if not everyone who interacts with psychiatry ends up having this perspective. These accounts show us ways that psychiatry's institutional framework shapes its patients' worlds. By acknowledging my claims in the previous chapter about Psychiatry's framework, we can see how, whilst these accounts are just a few people's accounts, they expose the phenomenological mechanisms at play behind the institution as a whole; its conceptualisation of A.E and coercive protocol in response.

4.1 Intervention practices

Hospitalisation is experienced by just a proportion of the people who interact with psychiatry in the context of their anomalous experiences, and an even smaller proportion of the people who have anomalous experiences altogether, so it may not initially stand out as the most relevant place to start when thinking about the affective social context of anomalous experience. However, if we want to look at the effect that psychiatry has on the world and for people, this cannot be separated from the power that is behind it as a legally enforced institution that has the power to hospitalise people against their will. Because it has this legal and social authority, the threat of this happening always exists, and is upheld by dominant social attitudes to anomalous experience – that it is a symptom of disorder that needs to be intervened with. Thus, I start by looking at this specific context of psychiatry because it is the extent of the power that psychiatry, as an institution, has over any one person. This is significant for analysing the affectivity that the institution has for its users and others, and will frame the analysis by focusing on the threat it poses to anyone who has anomalous experience, and therefore has the possibility of being marked as pathological, and therefore somewhere on the radar of possibility for this kind of treatment. Erin Soros (2019) sums up the experience of receiving this coercion at the hands of the legal system:

> "A woman injected the drug deep into my flesh – my bottom bare while my mind braced itself for resistant intelligence to disappear into oblivion. If this encounter had taken place outside of a psychiatric ward, if I were physically assaulted and then penetrated while being held down by multiple men on the street or in any other public or even private place, I would be able to press charges or at least to speak of the crime. But what if the very ordeal is sanctioned by the very justice system to

> which I might turn? What if the police were the ones to deliver me to my treatment?" (Soros, 2019, p. 117, quoted in Brown & Brown, 2020)

The use of coercion in psychiatric intervention is something that underpins all interaction with the institution since it marks the power that the institution has, creating an underlying affect of threat. This threat is prevalent amongst the first group of people I am looking at, since they are the most habitual recipients of psychiatry's coercion, as we will see. Throughout this chapter I will show how this state of threat of Psychiatry's coercion is dispelled out to each of the groups. It is this state of threat that can be conducive to losing habitual trust in the consensus world and thus instigate a distortion to the structure of intentionality, I will argue. The 'consensus world' for our first group, who are forcibly hospitalised, is the hospital setting since they cannot leave – the ward is the entirety of their outside world for that time. If their very being there is based on coercion (as well as coercive treatment practices whilst there), then their 'consensus world' becomes a forceful place. Whilst this kind of intervention is implemented when it is judged that matters are unsafe, we have seen in Legghio's case how subjective this judgement can be. The legal use of coercion in response to A.E cannot be understated; it denotes how the capacity to be responded to in this way is always there, as it is a response to the assumption that A.Es are illnesses, and that the persistence of A.Es are signs that the person is not 'getting better'.

I shall start by considering some cases in the Ji-Eun Lee (2013) paper entitled 'Mad As Hell: The Objectifying Experience of Symbolic Violence'. Lee goes through some 'survivor narratives' – testimonies of people who consider themselves survivors of psychiatric violence – and collates several themes amongst them. She selects the survivor narratives from a review of Canadian survivor literature since the 1970s and uses content analysis to identify underlying themes. Though the term 'survivor' gives the impression that this is a specific group minority who consider themselves to have survived violence at the hands of psychiatry, Lee introduces the text by explaining that there are minimal narratives actually from the point of view of psychiatric patients. The most prevalent narratives are authored by experts who retell these people's stories through 'professional interpretation', which end up cementing prevailing psychiatric norms (Lee, 2013, p. 106). Therefore, survivor narratives are all we have to go on and present an important alternative perspective.

4.1.1 Affect of threat through coercion, seclusion and punishment

One of the themes picked out is 'coercion, repression, and the feeling of being punished' (Lee, 2013, p. 111). She describes how coercion is always present on the ward even if it is not explicit, through the underlying ever-present threat of punishment:

> "In a psychiatric ward, the possibility of coercive intervention is often unspoken; nevertheless, it exists to strike fear in patients and to control their behaviours. When co-operation becomes difficult to come by, however, the clinical staff creates a context of coercion tacitly, knowing that patients are unaware of their rights and of the mental health legislation, by simply telling them that they have to (Sjostrom, 2006). As a result, patients believe that they do not have a choice and that if they do not comply, they will be coerced…" (Lee, 2013, p. 111)

> "[You] assume threats are there even though they're not stated… conscious coercive intent is not required for every instance of coercion. On the contrary, conscious effort would be required to refrain from coercion. Staff would have to state explicitly that the patient was free to make decisions of treatment and it would have to be spelled out that there weren't any strings… No one could be certified or involuntarily discharged in retribution for non-violent non-co-operation. There could be no screaming in the bubble room, and no drugged zombies in the halls." (Supeene, 1990, pp. 35-36, quoted in Lee, 2013, p. 111)

One testimony states that coercion is implied in four ways: "seclude them, restrain them, medicate them or pass the problem to someone else" (Hoekstra et al., 2004, p. 277).

Seclusion is described as a key factor in the threat dynamic that exists on the psychiatric ward; a practice which clearly has severe consequences for habitual trust and the structure of intentionality since it removes a person from others completely.[35] Lee references Hoekstra et al. (2004) on psychiatric patients who have been secluded (locked in a small room alone) for a period of time: "acute feelings of losing power and autonomy when going

[35] Lisa Guenther's 'Solitary Confinement: Social Death and its Afterlives' (2013) is relevant here; she uses solitary confinement in prisons as a case study to explore how confinement effects intentionality, arguing that removing a person from intersubjective environment breaks their structure of intentionality down completely.

through such an experience... feared the absolute power of the nurse and the reoccurrence of seclusion… being unable to talk about their experiences with others also gave them no option but to rely on themselves in order to cope with the traumatic effects of seclusion." (Hoekstra et al., 2014, quoted in Lee, 2013, p. 111)

Lee (2013, p. 112) takes us through how patients experience being 'punished' for non-compliance: examples of electro-shock given the day after refusing medication, and another patient being thrown into the self-isolation room after going for a walk, seen as deliberately disobeying (Pratt, 1988). Lee (2013, p. 112) describes how these repeated experiences lead to "spirit breaking", described as the result of humiliating experiences where patients are made to 'feel less than human', "in which their will to live is deeply shaken or broken, in which [their] hopes are shattered and in which 'giving up', apathy and indifference become a way of surviving and protecting the last vestiges of the wounded self" (Deegan, 2000, quoted in Lee, 2013, p. 112). Lee claims that ultimately people give up fighting and surrender; "for it is only when they are seen as "getting better" and, hence complying with treatment and behavioural norms, that they are able to speed up their release" (Lee, 2013, p. 112). These excerpts show us how coercion is both implied and used so that patients 'comply' with the psychiatric explanatory framework and its treatments, in line with its closed conceptual structure. This excerpt about Shimrat's treatment demonstrates this:

> In line with survivors' accounts, a compliant patient is generally seen as less ill and is treated better than a non-compliant patient by the hospital staff. Patients in a locked ward, through many trials and errors, learn this lesson over time. It is these patients who are seen as recovered and who get discharged quickly. Shimrat (1997) was given an injection of sedatives and placed in a seclusion room where she felt sheer humiliation and terror. Coming to a realization that there was no one to protect her but herself and that she could be there forever, and because all kinds of horrible things were done to her for the purpose of "treatment" and behavioural change, she started to "behave". "After a long time, I hit upon the magic words that would actually open the door: I told them I understood that I was sick, and I was willing to take their pills. They let me out into the ward" (pp. 14-15). These kinds of incidents are commonplace, because there seems to be little or no understanding of the distinction between refusing help and non-compliance. Whereas patients in a locked ward are exercising their rights, hospital staff tend to paint all with the brush of non-

> compliance. This distinction is conflated with the prevailing view that associates resistance to treatment with peoples "lack of insight", taking it as the very evidence of one's mental illness." (Lee, 2013, p. 108)

These accounts show how the dynamic of threat is used on the ward; people are implicitly coerced to comply with psychiatry's way of framing and dealing with their experiences for fear of more force being used against them if they don't, even if this is not made clear explicitly. We have descriptions of the 'absolute power of the nurse' and the underlying threat of the reoccurrence of such force being used, until people literally meet 'spirit-breaking'. 'Treatments' such as seclusion actually act as punishment from the perspective of the patients, which creates an atmosphere of fear and threat of this happening to them. The analysis of Psychiatry's epistemic violence is evidenced in practice through these excerpts, in how patients' non-compliance is taken to be a sign of illness and therefore is responded to with more severe treatment. This is the conceptual tool of clinical insight being played out, as (Lee, 2013, p. 108) touches on above: if patients don't comply with the psychiatric framework for their experiences then they are seen to not have 'insight' and thus seen as 'more ill' and in need of more coercive treatment. These excerpts show us a perspective from the side of the patient. They may have a different way of understanding their experiences; this refusal is interpreted as non-compliance, which is seen as 'lack of insight' and a need for more treatment, which actually functions as punishment. Reading the excerpts gives us a richer understanding of the asymmetry going on here, where the psychiatric institution in practice is not leaving any room for patients to have a say in how they be treated once hospitalised; it takes itself to be '*the*' only way, rather than *a* way, of framing these experiences - its closed conceptual structure is sustained through coercive practices. Psychiatry's closed conceptual framework for explaining these experiences explains them in a way that assumes denial of a person's own knowledge about themselves, thus leaving no open avenue for the person to contribute in any divergent way to this body of knowledge that refers to and 'intervenes' with their own experience. Thus, there is no way that the patient's non-compliance could mean something other than evidence of illness, so much so that it justifies coercive treatment such as seclusion. This creates a widespread affect of threat across the ward, as patients are under constant watch for behaviour that may legitimise even worse treatment, subject to the power of the staff whom have total power over the patients' most basic choices, needs and freedoms.

4.1.2 Alienation on the ward

Alienation is also a key factor in the affectivity of these coercive practices. By alienation, I am talking about a phenomenological experience of being separated from others – here the focus is on a general alienation from the consensus world.[36] I will argue below that the experience of threat and alienation in the generalised way described here, is destabilising of habitual trust in the consensus world and thus destabilising to the structure of intentionality. Threat of coercive treatment is likely to bring about alienation as one is not being listened to or heard; their own agency is being viscerally denied. Since the biomedical narrative assumes A.E patients to be incapable of knowing themselves, and this is what legitimises the coercion, it is likely that those that hold the power in the situation hold this belief, which makes listening to and understanding those patients' perspectives an impossible matter – if they are seen as incapable knowers. Instead, patients' basic freedoms (over what they do, where they can go, what they can and cannot put inside their bodies) are restricted and controlled. This is inherently alienating.

There are also other specific ways in which patients are alienated on the ward, such as being prevented from making or seeing friends. Lee (2013) describes how patients are discouraged from forming connections with other patients, which is the only thing that is likely to help them feel less alienated:

> "Sometimes in mental hospitals a patient's friendship with another patient is viewed suspiciously, even if the relationship is reciprocal…. Despite the importance of friendships, staff are often reluctant to facilitate them among patients and ex-patients. As Suppene (1990, p. 29) recollects, "[on] the ward, friendship was very important. Unfortunately, former patients were prohibited from visiting the ward… This rule prevented or hindered friendships from developing among patients, thus

[36] The Stanford Encyclopedia of Philosophy characterises the basic idea of alienation as "a social or psychological ill involving the problematic separation of a subject and object that properly belong together". The separation must be problematic, which is referenced as something that could be described by "words suggesting: breaks ('splits', 'ruptures', 'bifurcations', 'divisions', and so on); isolation ('indifference', 'meaninglessness', 'powerlessness', 'disconnection', and so on); and hostility ('conflicts', 'antagonism', 'domination', and so on)" (Leopold, 2018). From the analysis of the structure of intentionality, it is clear that a generalised affect of alienation from others, a loss of habitual connection to the social world, fits with this characterisation.

> cutting off important mutual support, and reinforcing patients' dependence on professionals"." (Lee, 2013, p. 117)

This means that a person's general connection to intersubjectivity, to the habitual being with others, is one that is based on an asymmetrical power dynamics and threat. This is inherently alienating: "for some patients, it is a lifelong struggle to cope with these disempowering experiences, especially if there are few "Others" around them who can validate their experience of the world" (Lee, 2013, p. 117). If patient relationships were encouraged then this could act as habitual corroboration; a sense of sharedness in the experiences that are occurring. This would be likely to form alternative epistemologies about what is going on, which psychiatry in its closed conceptual framework would not be able to allow. The contributory injustice that is inherent in its closed structure is played out through coercive practice, force to comply, and thus a resistance to inter-patient relationships that may challenge that status quo.

The whole process of hospitalisation also isolates people further from their social networks outside of hospital, further extenuating the affective experience of the staff (and the threatening, coercive practices they impart upon the patients) being the main loci of intersubjectivity. This loss of contribution from one's outside networks further alienates them from a general sense of intersubjective sharedness. Lee describes how being hospitalised has this effect:

> "A nagging sense of needing to be out of the hospital, combined with the isolating experience of hospitalization, has also recurrently alienated patients from their social networks outside the hospital. Consider the anguish of Pratt (1988): "I was lonely for parents and friends. I was so far away from home and had no way of getting in touch with them" (p. 61). A patient may feel isolated due to emotional distance as much as geographical distance. An effect of her hospitalization, Irit Shimrat (1997) now realizes, is that her world and that of her family and friends who visited her grew miles apart." (Lee, 2013, p. 117)

Alienation pervades through hospitalisation, isolating a person from other patients as well as their networks outside the ward including their navigations with their family. Shimrat describes not receiving any support for navigating matters with her family; "they were not

sure what kind of face to put on when visiting their daughter in a "loony bin"" (Lee, 2013, p. 117).

Many accounts demonstrate a disconnection from the two-way practice of intersubjective corroboration. One is the experience of observation, which describes the experience of being watched like an object, denied a say or contribution to these observations:

> "Since I was suicidal they put me on "constant observation" which meant that I was watched 24 hours a day by a ward aide who sat at the foot of my bed and read True Confessions. Every move that I made was "symptomatic"— a feature of my disease. They searched my belongings.… I was naked and there was nowhere to go to escape their eyes.… My self no longer resided in my body … but in a file folder accessible to everyone in the hospital but me. I had no way of knowing what was in the folder, whether it was true or false, compiled by a series of doctor's remarks and nurse's shift notes." (Findlay, 1975, pp. 69–70, quoted in Lee, 2013, p. 110)

> "[M]y problems and emotions were in the public domain but theirs were their own." (Supeene, 1990, p. 38, quoted in Lee, 2013, p. 111)

This presents a visceral asymmetry in interpersonal experience. The patient is excluded from a two-way process of intersubjectivity where we acknowledge each other's subjectivity and corroborate or 'challenge' each other's perceptions; instead they are treated as having an absence of perception and an absence of epistemic capability, further emphasising the affect of being separated from what is shared. The testimony above describes the feeling of having one's self not residing in their body but in a "file folder accessible to everyone in the hospital" except themselves. This amounts to a total denial of one's ability to contribute to knowledge or influence the shared world – even the 'shared world' about their own self.

Johnstone's 'Users and Abusers of Psychiatry' (2000) also presents alienation as a key part of the affective experience of hospitalisation. She presents the testimony of Linda Hart, originally written as a diary, which shows a detailed, personal, day-to-day exposition of the isolation she felt throughout her hospitalisation. There is a persistent experience of alienation (disconnection from others – the staff) evidenced through a myriad of ways throughout her excerpts:

> "My head feels fuzzy and I'm distanced from people and find sustained conversation a strain. My toes spread and in sandals this looks weird. I'm constipated, tired and very unhappy with my lot. [Her consultant decided to increase her medication yet again.] Afterwards I slumped into a deep depression. I saw Laura and couldn't make much sense of what she was saying because I was emotionally overladen. I felt a terrible fear about the medication but when I saw her later I realised that the fear was a projection. I felt unsafe myself and converted that into being afraid of the staff and to thinking they were trying to kill me with drugs." (Linda's excerpt in Johnstone, 2000, p. 28)

This excerpt shows how the experience of cognitive and bodily changes as a result of forced medication affects her ability to hold conversation and understand what others are saying, including associating others with threat due to the fear and unsafety brought about by the coercive experience of the medication. The next excerpt is about her experience of the response from staff following a serious suicide attempt she made. The suicide attempt is described as being triggered by her inability to escape her father's voice – a distressing anomalous experience:

> "Christine came to special me [that is, to keep her under close observation]. She looked hostile. She said I was selfish, had betrayed her and when I cried she said she had no compassion whatsoever for me… Chris, the ward manager, kept away for several days and when he did come in he looked serious and said he had felt angry with me. Laura was also serious and said she felt very upset. I was kept in isolation in the room, only using the loo and the shower en suite. The nurses had each other in their teams, I had nothing. Only my nightie. Jack, who had more to lose than anyone, did not accuse me. He was forgiving and kind and gentle… I felt beaten, hated, abused… I did try to argue that because I was on a Section 3 [that is, detained on hospital against her will], legally I was not responsible for my actions. They told me over and over again that I couldn't go home and leave the ward because I wasn't considered responsible; but when it came to the hanging, suddenly I was considered responsible… I was taking instructions from my father. I had no resources left in my battle against him." (Linda's excerpt in Johnstone, 2000, p. 28)

This shows the alienation of the seclusion room as a response to her suicide attempt. Her words describe the experience of epistemic violence of the staff being incapable of considering her perspective, which results in the physical act of literally secluding her. The next excerpt describes being temporarily transferred to a locked ward: "Here, there was little attempt to provide anything more than physical security. Linda felt rejected, terrified and punished" (Johnstone, 2000, p. 29). This excerpt below shows explicitly the complete loss of trust that this experience of isolation results in, with Linda pledging to "never talk to a single soul again" as a result – a wide-spread, generalised disconnection from the consensus world:

> "I started wandering around the ward crying and terribly distressed. The nurse, Bridget, said I had to sit down and talk. I thought to myself I would never talk to a single soul again. How could I trust anyone? Eventually they made me take extra medication, but that didn't have any effect. Then Margaret came and held my hand. That was what I needed." (Linda's excerpt in Johnstone, 2000, p. 29)

The last two sentences are very telling; hand holding was what was needed. This presents the importance of interpersonal connection; habitual and embodied connection to others.

There are consistent themes through Linda's diary entries of Linda's own framework for trying to understand these experiences, including how she is being treated, being supressed, and the punishment and shame resulting from this attempt to understand, and resulting suppression. We see overall the unravelling of Linda's stability and well-being over time throughout the excerpts, in relation to her understanding being denied, the staff responses to her and the coercive practices used. We see how this unravelling involves the anomalous experience of her father's voice becoming stronger and seemingly more distressing. The entirety of the excerpts show the interactions between how she perceived the staff's actions and practices, and how alone she felt because of this, resulting in the breakdown of trust in them to the point that she pledges to never speak again. This shows how alienation and disconnection from others is brought about by the experience of hospitalisation; both through the coercive practices involved (forced medication and isolation and seclusion) as well as what can be read as the experience of epistemic violence through the general staff attitudes that fail to understand her perspective and the

asymmetrical power relations that sustain this visceral denial: "the nurses had each other in their teams, I had nothing" (Johnstone, 2000, p. 28).

4.1.3 Threatening the Structure of Intentionality

The excerpts above present evidence that A.E patients get alienated from the shared world whilst hospitalised – through being sectioned away from loved ones, and on-ward practices of seclusion – and experience the denial of their place in intersubjective processes, through consistent denial of their needs, perspectives and subjectivity. Being coercively hospitalised constrains their 'consensus world' to the hospital setting since they cannot leave. As well as inducing alienation, I have described how the coercive practices detailed above rely on an affect of threat, which means that the 'consensus world' for these people can be a forceful and therefore threatening place. I argue below that it is plausible to think that this, as well as the alienation that I have detailed, has profound consequences for the structure of intentionality.[37]

The structure of intentionality relies on habitual trust in the shared world to shape the affective profile of perception. Our picture of the structure of intentionality denotes other people as corroborators of our perceptual experience. Perception has the feeling of perception because of its anticipation-fulfilment structure which gives it its characteristic feeling, in which we know that what we perceive to be there is really there – as opposed to something being an imagination or a memory. This characteristic feeling of realness is bound up with the experience of living in a shared world, in which other people can either

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[37] The claim that this kind of incarceration can have deep effects on intentionality, is echoed in Guenther's (2013) work on the phenomenology of prison incarceration, particularly with respect to solitary confinement. Her arguments are based on the phenomenology of solitary confinement, using in depth case study analysis, arguing that being denied the embodied, habitual presence of other people causes a deep unravelling of intentionality. Parallels can be drawn with the practice of solitary confinement on the psychiatric ward, which is still a practice used today and which some of the accounts here reference, and also with my arguments more generally. Guenther's project is similar to mine in using phenomenology to critically analyse the existential ramifications of coercive institutional practice in the world; how such practices effect the deep structure of intentionality of the people they are enacted upon.

corroborate or 'question', leading to updating, our perceptions. This is not to say that others are present for every perception, but we differentiate perception from other modes of intentionality through this affective profile, that is grounded and learnt through a connection to others as corroborators of that which is real; realness hinges on availability to others. And this requires habitual trust in that sense of realness; that the temporally and spatially extended world which we perceive is the world which other people inhabit. Habitual trust is felt and sustained through living day to day in a way that implicates others; engaging in shared projects – the things we need to survive are involved with other people all the time. Recall that Ratcliffe claims the structure of intentionality is both developmentally and constitutively dependent on other people in this way – we need to be constantly in connection with others in an implicit, habitual way, in order to sustain habitual trust and thus recognition of the affective profile of perception.

This habitual trust and affective profile of perception can be shaken if a person's experience of others is shrouded with the affect of threat, or if they disconnect from others in general. People no longer play a role of corroborating or amending one's perceptions if people in general become the source of threat. We have seen above how service users are discouraged from forming connections with other service users – these may be their only potential for non-threatening intersubjective interaction. Thus, the coercive practices on the ward, whilst a person's very being there is coercive, and they have no other access to the 'consensus world' outside of these coercive relationships, is likely to instil a generalised affect of threat, that would shift a person's relationship to others in general. If the only regular interpersonal connections in one's life continuously act in a coercive way, in such a visceral way that the person's freedom is restricted by them for a long period of time, then it is possible that their sense of what is real may shift. Their affective awareness of what realness is may have a different shape in relation to other people, because other people are threats that do not corroborate their reality, but asymmetrically 'clash against' it, consistently constraining one's body and basic freedoms in time and space. There is no longer a two-way pattern of information being corroborated or adjusted by others in relation to one's perceptions. Consider the parallel with gaslighting; someone constantly denying your perceptions makes you *feel* crazy. Imagine if your whole existence for some amount of time (possibly without a temporal end) and ability to move around space was constrained by a few others, denying your perceptions and feelings. Your implicit sense of sharing space and time with others is likely to shift somewhat – these people do not corroborate your

sense of what is real. This is not someone having some of their needs restricted by just some people, this is the complete restriction of one's whole body-mind, by nearly their whole outside world, since their outside world has now been constrained to the hospital wall. It is plausible to think that this may have implications on how they experience the world intersubjectively, on their very structure of intentionality, in a generalised, wide-reaching way.

If habitual trust does break down then this has wide-reaching effects on the structure of intentionality, since the sense of realness and feel of perception underscores how other intentional states are felt and known. Thus, this may induce the kind of experiences that Psychiatry is supposed to be 'treating' – experiences that may arise from a shift in the structure of intentionality and a shift in the sense of realness, and a loss of habitual trust. Ratcliffe's account details how traumatic experiences can instigate such experiences because of how they may uproot or impede habitual trust in leaving a person with an association of threat with other people, rather than corroboration. I am arguing that the coercive practices described on the ward could have a similar effect in that they are underscored by an affect of threat – that is the nature of coercion. This setting could act in a similar way to early trauma in its 'all-encompassing-ness'; much like the impact that a threatening care giver plays in such trauma, the reduction of one's 'outside world' to a threatening and coercive place with no escape could have a similar impact[38]. Since the structure of intentionality is developmentally *and constitutively* dependent on the consensus world, such trauma – in the here and now – could have similarly profound implications on it as developmental trauma. The point here is not that this is bound to happen, but that it can happen. Although this may seem like a weak claim, the point is in investigating the *how* behind this potential, in order to expose the ways that Psychiatry, as the dominant 'consensus world' response to A.Es, may have a deep effect on these people, from this phenomenological perspective. The argument is that this is not just a chance effect, but is implicated in the constitution of Psychiatry; its conceptualisation of anomalous experience and its practices instigates an affective experience of the kind that may break down habitual trust.

[38] The notion of iatrogenic trauma is a term for the trauma that engaging with health services can cause. See Reddy & Spaulding (2010) for a case study of iatrogenic trauma in psychiatric settings.

The same can be said for the experiences of alienation described. As well as threat, the experience of alienation is destabilising to the structure of intentionality, since one feels separated from the consensus world in general and its meaningfulness for the sense of reality – widespread alienation leads to a loss of habitual trust in the consensus world. Threat and alienation work closely together, as threat leads to alienation, and vice versa. Alienation makes everything feel more threatening, adding power to the institutional practices that one does not understand and does not feel connected to yet is bound by. Linda's diary entries above demonstrate this, taking us through her mounting distress and alienation as the coercive practices and staff attitudes and responses continue, resembling nothing short of traumatic. The excerpts show how the ongoing hospital experience results in the anomalous experience of her father's voice getting more extreme and more 'real': "I was taking instructions from my father. I had no resources left in my battle against him" (Johnstone, 2000, p. 28). This could be interpreted as evidence that her structure of intentionality was getting more and more dysregulated throughout the hospitalisation, resulting in more visceral and distressing anomalous experiences, which take on a more 'real' quality, as the sense of realness shifts further away from the other people that Linda is sharing space with in the here and now – the consensus world around her.

Both Linda's narrative and the narratives from Lee (2013) talk explicitly about a loss of trust in those surrounding the patient in hospital, as well as outside connections, as a result of these experiences. Lee describes how these practices lead to breakdowns of trust – of care givers as well as professionals – yet a dependency on them, causing profound alienation through a dependency on something that is ultimately distrusted. Alienation and distrust of the other people whom one is in the vicinity with and whom they depend upon for survival yet who control their most basic freedom, presents an asymmetry in regards to intersubjective corroboration. One is dependent on the relationship yet has no ability to influence it. As well as this, the loss of trust in care givers and close connections outside of the psychiatric system is described:

> "Although not as explicitly mentioned as the sense of disappointment and betrayal they felt towards mental health professionals and the system, this sentiment exists in most of the sample narratives. Not being able to trust those to whom one is closest, in and of itself, causes extremely painful sense of grief and loss; it can be dangerous to one's sense of self." (Lee, 2013, p. 115)

The combined loss of trust in people that one is in habitual space with, as well as trusted others, could constitute a wide-reaching breakdown in trust in others – in the shared world – in general.

I argue that it is reasonable to propose that, given how all-encompassing this distrust and disconnection is, and the importance of interpersonal interaction for the affective profile of perception, this loss of trust could pervade into a wider loss of trust in the sense of realness that is tied up with feeling habitually connected to others through intersubjectivity, in the minimal, pre-reflective way that the notion of habitual trust denotes. The other people (the clinical staff) who make up the 'consensus world' that one does have access to, do not present a sharedness or corroboration of the patients' reality since they present a 'consensus' that alienates the patients. We have seen how profound this alienation is, involving the consistent denial of their status as knowers or their alternative frameworks throughout each interaction. The kinds of interpersonal interactions that patients have are of the kind that subvert their place as knowers in the two-way process of intersubjectivity, where they cannot corroborate or amend the staffs' perceptions – they are perceived akin to objects, as Findlay's and Supeene's testimonies above describe (Lee, 2013, pp. 110–111). This may subvert their very sense of the realness of intersubjective interaction, destabilising habitual trust in the consensus world and the affective profile of perception, and thus the structure of intentionality more widely. "Mental health service users and psychiatric survivors argue that the use of force should be permitted only as a last resort with strict criteria attached, because it is traumatic and results in the loss of trust in the service and in the professionals (see O'Hagan, 2004a)" (Lee, 2013, p. 111). If these professionals are the entirety of the interpersonal 'consensus world' for the service users, then this trauma and loss of trust could have the profound consequences I have detailed.

So we have that the experience of being coercively hospitalised in relation to one's anomalous experiences involves threat and alienation of a profound level. Threat of other's shifts the corroborative role that others play for our perceptions to one of threat, and alienation presents a disconnect from this corroborative interplay altogether, thus they both can lead to a loss of habitual trust in the consensus world. This can lead to changes to the structure of intentionality, which can bring about anomalous experiences. This means that Psychiatry's response to anomalous experience, through coercive hospitalisation, can actually bring about the kind of experiences that it claims to 'treat'.

One concern that may be brewing in response is that the people we are talking about may already have differences in the structure of their intentionality, since they must have an altered relationship with what is real in order to be hospitalised for this in the first place. The concern is that people must have quite extreme anomalous experience if they have been detained for behaviour or risk of behaviour in relation to these states, and therefore they would probably already lack habitual trust or have a different affective sense of realness. However, the point is that I am focusing on the potential for psychiatry to contribute to this and deeply destabilise people. I have shown how Psychiatry's framework is reliant on assumptions about anomalous experience; that the presence of anomalous experience is associated with pathology that implies a person has an inaccurate conception of reality and is not a capable knower, and that there is a way to frame anomalous experience that does not have to make such assumptions. Thus, we have that people who are psychiatrized may not necessarily have such an altered sense of what is real, since Psychiatry casts the net of anomalous experience in need of hospitalisation widely based on these assumptions – Legghio's case is an example of this. They may be able to navigate their A.Es, or their own frameworks may be sufficient for this navigation. Their A.Es may not be initially destabilising; they may not be destabilising when they are not assumed to be evidence of a lack of knowing, with threat, coercion and alienation in response to this. Or perhaps they are initially destabilising to the structure of intentionality. Of course, this is very possible and is common. But this still does not undermine the importance of analysing how Psychiatry itself may destabilise the structure of intentionality. The importance is in how a person may start the psychiatrization process in a variety of states, and Psychiatry, in its closed conceptual structure and coercive processes, instigates an affective experience of the kind that can break down the structure of intentionality, thus creating the experiences it seeks to respond to[39]. We must separate what is *implied* by a person's coercive hospitalisation, from other

[39] I also want to be clear that in making this argument, I am not claiming that anomalous experiences brought about in such a way (by Psychiatric treatment) or breakdowns in the structure of intentionality, are necessarily pathological. As stated in Chapter 1, the focus is on exposing feedback loops through the ways that Psychiatry can affect the structure of intentionality. As for the inevitable normative undertones of this argument, I direct toward the injustice inherent in this happening to a person coercively in the name of treatment. I do not want to get into a debate here about how this normatively implicates the very phenomenon of anomalous experience. As previously stated, it is possible to hold it possible to value anomalous experience generally, while still speaking out against coercive measures, especially ones that are institutionally sustained, that may have brought anomalous experience about.

possibilities and other alternative understandings. I therefore, am not making any blanket claims about the nature of people who are hospitalised for anomalous experience, since this is varied and unknown, but I am making claims about the process and setting of this hospitalisation.

4.2 Diagnosis and moving through the world as a psychiatrized person

This shorter section focuses on the affectivity of Psychiatry outside of the ward, in regards to people who are still 'psychiatrized' i.e. are subjects to the psychiatric system, through diagnosis and the assumptions that accompany it, in relation to having anomalous experience. Here we are not concerned with the experience of hospitalisation, but the experience of moving through the world with psychiatric assumptions applied to you, and the threat of hospitalisation that this poses. I will mainly reference Legghio's (2013) case study detailed in the previous chapter to analyse how the experience of living with these assumptions may impact the structure of intentionality. Because this has already been discussed, there is not so much to say here.

4.2.1 Being marked

Recall that Legghio's account tells how her mother was hospitalised against her will at the end of her life, due to her behaviours being perceived as signs that her diagnosis of bipolar disorder was activated and therefore those behaviours were judged to pose a risk to herself or others, legitimising her incarceration. This is an example of the treatment that a person can receive in regards to being diagnosed, showing us how the diagnosis can follow one through the world. Here I am drawing attention to the way that this labelling and the assumptions it imparts bring the threat of incarceration and a denial of epistemic agency; and the affective experience of this denial. I argue that both of these bring about threat and alienation.

The threat experienced on the ward, detailed above, extends to people who are not there but who may be seen as at risk of being there in the eyes of Psychiatry – since the possibility of being incarcerated by Psychiatry is threatening in itself. This means that there may be an affect of threat under the surface at all times, as any behaviour one exhibits could be interpreted as 'incompetent' or 'dangerous' (Legghio's summary of psychiatric

assumptions) at any point because one is labelled according to Psychiatry's conceptualisation of A.Es, which legitimises the possibility of forced hospitalisation and/or forced medication in the name of these assumptions and labelling. Legghio's testimony presents evidence of how her mother is 'marked' by her diagnosis in this way – a way that people without one are not marked. She is marked by the consensus world, as someone with reduced epistemic agency, and at risk of incarceration because of this. I detailed in the previous chapter how this sets her up in a different relationship to the consensus world, where she is assumed to be unable or impeded in her ability to contribute to knowledge – an exclusion from intersubjective processes in which others are acknowledged as able to corroborate or amend perceptions of reality. And as I have argued in the previous chapter, this marking extends over time as it is carried with her; her incarceration and the grounds for it that are based on this marking are proof of such marking and its visceral consequences.

Authors writing about race identify the phenomenon of being marked. I am arguing that Psychiatry marks people in an analogous way. Ahmed's (2006, 2007) account of disorientation in relation to living in a racialised world is applicable here. It denotes how race 'marks' one out by the consensus world, which leads to all sorts of othering treatment of them, by the consensus world, that constitutes a wide-spread affect of disorientation – of 'losing one's way'. Ahmed describes disorientation as an experience of being 'out of sync' with the space in which they try to move through, because of the way that such marking 'stops them'. For example, she talks about this in relation to having a Muslim name, and how this 'marks' her in certain ways – as a "could be terrorist" – by institutions and authorities in ways that people without this marking are not. This concept from critical phenomenology can be applied here in that it demonstrates something similar in the sense that a person is marked out in a generalised way that is 'unlimited' – this label follows them around and has certain meaning, for institutions and also for other people in general, since other people largely follow institutional practices, biases and assumptions. This experience of moving through the world in such a way is described by Fanon (1986, p. 83) as being "surrounded by an atmosphere of certain uncertainty". Krueger (2022) describes the phenomenological frameworks of Fanon and Ahmed in relation to being a racialised 'stopped body':

> "This stopping doesn't just place practical constraints on stopped bodies by depriving them of access to certain things and spaces (although it does). It also has

> significant phenomenological consequences: it induces a perpetual bodily disorientation, a disturbance of that stopped body at a pre-reflective level. This is because the persistent threat of being stopped isn't an abstract or ephemeral thing. It endures. It is materially encoded within different contexts of betweenness designed to unsettle and disorient certain bodies. A stark example is the proliferation of "Whites Only" and "Colored" signs once found above drinking fountains, waiting rooms, toilets, restaurants, and swimming pools across the American landscape well into the 20th century. This persistent materialized threat leaves its traces on stopped bodies (Ahmed, 2007, p. 158). These traces are present not only when stopped bodies inhabit acutely threatening spaces but also when they move on to other spaces, too. This is because, as Fanon observes, stopped bodies are perpetually "surrounded by an atmosphere of certain uncertainty" (Fanon, 1986, p. 83). Can I use this toilet? Why did that police car slow down as it drove by? Why are the diners at the next table staring at me? Why is this security guard following me as I shop? For both Fanon and Ahmed, no space is entirely free from the threat of being stopped. As Ahmed emphasizes, the threatening character of these spaces means that "[t]hose who get stopped are moved in a different way" as they find their way through the world (Ahmed, 2006, p. 162); they are never allowed to fully extend and take shape within everyday contexts of betweenness." (Krueger, 2022, p. 26)

Although being marked by psychiatric diagnosis is not as visible a marking as the colour of one's skin, I argue that the pervasive threat of coercive practice and the experience of being denied epistemic agency in a generalised way, in regards to one's diagnosis, echoes the affect described here of 'certain uncertainty' in relation to the consensus world. It is the limitless pervasiveness of this that I am drawing attention to; Ahmed's experience of having a Muslim name may function in a similar way to the experience of having a diagnostic label of schizophrenia, for example, in how it is institutionally attached to a person and shifts their relationship to those around them through how they are seen, habitually[40]. Whilst

[40] See Luhrmann (2016) for an analysis of John Hood's experience of moving through the world with the label of schizophrenia: "When I talk to people, I have to say, 'I am a person with schizophrenia,' and I don't like that", and cites "the idea that you have a diseased brain that destroys you" as the greatest stigma of all. Another person with the diagnosis states that being told she is schizophrenic "means that they're not schizophrenic", highlighting this existential mark of otherness (Luhrmann, 2016, pp. 34–35).

Ahmed's account focuses on the disorientation this brings about for a person in their being made to feel out of sync with the spaces they inhabit, the analysis of the dependence of the structure of intentionality on the consensus world, exposes another layer to this experience of disorientation in that it may amount to a disorientation of the person's structure of intentionality.

I am arguing that psychiatric marking brings about affect of both threat and alienation, which can destabilise the structure of intentionality as I have analysed. The threat aspect is evident through the threat of coercive practice. The epistemic violence brings about alienation from the consensus world in how it shifts a person's relationship to intersubjectivity through denying their status as an epistemic agent. This may distort or break down habitual trust through a profound change in relating to others; a change in one's affective experience of being part of the shared world as their status in this sharing is denied. Thus, one's sense of reality may change as a result, as they are alienated from or threatened by that sharedness that shapes the sense of realness, resulting in distortions to their structure of intentionality.

Legghio's account reflects this idea in its description of the experience as a 'denial of being' – the denial of her mother's epistemic agency is so profound that it amounts to a denial of her being in the world as a subjectivity. The testimony presents how her ability to know reality – even, and especially, the reality of herself – is denied. This is the consensus world showing that her way of knowing is not acceptable, which may rupture a person's relationship to the consensus world. Other people are not corroborating the person's experience but showing them that their experience is illegitimate, and that their knowledge of their experience is illegitimate, to the point that their most basic freedom is able to be taken away, legitimately, by 'the consensus world'. This rupture can amount to the alienation of the person and the consensus world in the asymmetrical way as described. The person is being 'othered' as someone who is not part of 'the consensus' – the ongoing patterns of corroboration that make the intersubjective world – due to their assumed status as someone who is not a legitimate knower. This effect can especially be present if the person does not have many others to get feedback from, so are left with the 'dominant' consensus world that exists through Psychiatry, as the only feedback from others in relation to their A.Es. And because of the authority of this dominant consensus world in terms of its ability to make coercive practices happen, even if one does have some alternative

perspective, the alienation from the general consensus world may still be apparent, because the law and mental health services have such authority. They represent the 'general consensus world' to an extent, unless one has a strong tie to alternatives that they 'live out' – experiencing these alternatives habitually in day-to-day life. The alienation just described, of the othering of being marked in this way and the complex web of shifts in the person's intersubjective space that this inspires, including the fear and awareness that this legitimises coercive practice being used on them, can amount to an 'unhinging' from habitual trust. This yet again demonstrates the severity of contributory injustice, where such alternative epistemic communities are denied uptake as 'knowledge'. Such alternative epistemic communities may be a person's only opportunity for connection to others, if they are being denied by the dominant consensus world. It may be there only opportunity for habitual trust. We will explore this in the final chapter where I analyse such alternative epistemic communities for anomalous experience.

As well as alienation from the consensus world, this kind of marking by the consensus world can be intimately tied to a general affect of threat in relation to others. Legghio's account describes a case of otherwise 'normal' behaviour in relation to a situation being marked out as pathological (and so associated with the assumptions of 'incompetent' or 'dangerous') and in need of coercive response, just because of having a diagnosis. The generalised alienation from the consensus world that comes with the diagnosis and its assumptions of denied epistemic agency thus also come with a threat of its power. The alienation associated with being labelled in a way that has certain meaning for the consensus world comes with an awareness of that 'certain meaning' for the authorities of the consensus world, including the coercion that it can legitimise, and an awareness that it does not apply to other people who do not have such labels and meanings given to them. There is an awareness that they may be put into an environment where their *only* consensus world is the hospital ward and all its coercive practice *because* of how the consensus world 'marks' them. And this may easily extend to a distrust of other people in general, since there is no clear boundary between the institutional authority that may enact this and other people in general. There is not a clear cause of the threat such as a certain person or place to avoid; it is generalised and boundaryless because it is upheld by the law, and any person or situation could lead to this law being enacted. The notion of 'certain uncertainty' applies here. Even without the explicit threat of coercive practice, there is likely to be a threat of being generally 'othered' by others, in relation to the assumptions described above. This can inspire

suspicion of other people and consensus events in general, rather than looking to the consensus world for corroboration of experience. Ratcliffe's account details how habitual trust is developed and sustained through 'shared projects' – sharing in life with other people. However, if a person is generally suspicious of others, because of this generalised sense of threat, of the 'certain uncertainty' of whether their marking may lead to coercive or distressing treatment from others, then other people will be more threatening than corroborative. This could unhinge the person from relating to others with habitual trust necessary for the affective profile of perception, thus instigating a wide-scale disorientation of the structure of intentionality.

This brings us to the next section, about the more generalised narratives in the consensus world that concern anomalous experiences, and how these may affectively impact a person. I focus on this separately as they apply to people who have not yet been given a diagnosis or 'psychiatrized' as such, but who are at the start of this process, or merely people who have anomalous experiences and have to navigate the consensus world in such a way that is impacted by the dominant psychiatric narrative about these experiences, even if they are not themselves officially 'marked' by the psychiatric system. This affect exists in the wider reverberations of Psychiatry's narratives (and practices), applying to people who are in the early stages of relating to their A.Es, or in a 'prodromal phase' as Psychiatry would call it. This will shed light on how psychiatric affect applies to anomalous experience outside of those who are in direct contact with its institutional practices.

4.3 The wider reverberations of psychiatric affect

So far I have argued that being subject to psychiatry's coercive practices as well as its practice of diagnosis in relation to anomalous experience, can both bring about the generalised affect of threat and alienation, which could instigate a breakdown of habitual trust, constituting a distortion to the structure of intentionality. This means that Psychiatry, in regards to anomalous experience, is set up in a way that can bring about the experiences that it is set up to 'get rid of'. By looking at the wider echoes of this for people who have anomalous experiences but who are not institutionalised by psychiatry through diagnosis or more coercive measures, we will dig deeper into this feedback loop that is being described. I argue that the wider narratives that Psychiatry dispels about anomalous experiences in general, actually 'pulls' these experiences into its own remit, through creating affect around

A.Es that instigates the signs of something supposedly pathological – something that (by its own framing) needs to be got 'rid of'.

As Legghio (2013) writes, diagnostic marking comes with the assumptions of incompetence and dangerousness, and these assumptions are also reflected in lay beliefs about anomalous experience, as well as (and because of) being legitimised and cemented through the psychiatric institution. Such dominant public narratives have affectivity for people who may not be psychiatrized but who may be going through an anomalous experience. This chapter will focus on how this plays out by drawing people in to the process of psychiatrization, which is an example of what Hacking (2006) has called a 'looping effect' – generally known as a feedback loop.

The looping effect is when the act of categorising 'things' as kinds (in this case, we have anomalous experiences being categorised as symptoms of psychiatric disorder) creates a process which actually brings about the result of the categorisation that we are seeking to observe rather than create; or modifies the thing substantially simply by categorising it. Hacking calls these kinds 'interactive kinds' and describes them as 'moving targets' because of the constant shifting relationship between our 'identifying', investigating or creating them, and categorising predicates as them, which then may lead to revised beliefs about what they are. In this sense, they are not "definite classes identified by definite properties" (Hacking, 2006). He writes about how clinical classifications are these sorts of interactive kinds; they have differing ways of 'making up people'. Hacking uses this phrase to describe the way in which these kinds create ways that people can be. In explaining why there were no people with 'multiple personality disorder' in 1950, Hacking (2006) states: "In 1950, this was not a way to be a person, people did not experience themselves in this way, they did not interact with their friends, their families, their employers, their counsellors, in this way; but in 2000 this was a way to be a person, to experience oneself, to live in society." Hacking explains this through a five-part framework. In this excerpt, he is analysing the case of multiple personality disorder which was a DSM classification from 1980s until it was changed to Dissociative Identity Disorder in 1994:

> "We have (a) a classification, multiple personality, associated with what at the time was called a 'disorder'. This kind of person is now a moving target. We have (b) the people, those I call 'unhappy', 'unable to cope', or whatever relatively non-judgmental term you might prefer. There are (c) institutions, which include clinics,

> annual meetings of the International Society for the Study of Multiple Personality and Dissociation, afternoon talkshows on television (Oprah Winfrey and Geraldo Rivera made a big thing of multiples, once upon a time), and weekend training programmes for therapists, some of which I attended. There is (d) the knowledge: not justified true belief, once the mantra of analytic philosophers, but knowledge in Popper's sense of conjectural knowledge, and, more specifically, the presumptions that are taught, disseminated and refined within the context of the institutions. Especially the basic facts (not 'so-called facts', or 'facts' in scare-quotes): for example, that multiple personality is caused by early sexual abuse, that 5 per cent of the population suffer from it, and the like. There is expert knowledge, the knowledge of the professionals, and there is popular knowledge, shared by a significant part of the interested population. There was a time, partly thanks to those talkshows and other media, when 'everyone' believed that multiple personality was caused by early sexual abuse. Finally, there are (e) the experts or professionals who generate (d) the knowledge, judge its validity, and use it in their practice. They work within (c) institutions that guarantee their legitimacy, authenticity and status as experts. They study, try to help, or advise on the control of (b) the people who are (a) classified as of a given kind." (Hacking, 2006)

This framework can be applied to what we are looking at, in explaining how the institution of psychiatry effects public beliefs about certain experiences and behaviours; creating certain kinds that these experiences and behaviours fit in to. This section will explore the details of this looping effect applied to anomalous experience, and some of the connections between these different 5 counterparts (largely, between the institution and the public), that result in a person who is not already 'psychiatrized', but has experiences that are considered anomalous, being made so.

We shall now look at how psychiatric narratives frame those experiences as pathological. The argument is that this may affect the ontology of those anomalous experiences in ways that reinforce the notion of pathology, thereby confirming what psychiatry is 'looking for' through the affect that is brought about by this 'looking'. I will use Liebert's (2019) work on the 'prodromal phase' of psychosis as a case study to argue that Psychiatry's process of looking for experiences that it frames as 'potentially pathological'

actually *creates* experiences that fit its pathological narratives, feeding back in as evidence to confirm them.

This, then, is very much about what Hacking calls 'moving targets'. We are concerned with cases that linger on the periphery of the psychiatric institution, socially embedded norms about 'madness', and experiences that are unusual – that are anomalous. The wider questions concern how the latter get pulled into the institution, through their association with pathology, and how societal norms feature in this pulling. These societal norms are framed by Psychiatry, which shapes the consensus category of 'anomalous' by merging it into the category of 'pathological'. Liebert (2019) analyses this by looking at the concept of the prodrome: the psychiatric label for the 'pre-psychotic' – the 'pre-pathological'. Her work characterises how this concept is one laden with threat; threat around this periphery space, and how this threat frames non-pathological experiences as pathological. I will now consult her work on the prodrome as a case study to illustrate the looping effect of psychiatric affect about anomalous experiences, and how this spills out outside of the institution and into the public, consensus world.

4.3.1 Case study: 'The prodrome'

The work of Rachel Liebert (2019) specifically focuses on this 'periphery'; the prodromal movement. Initiated in the US but having reverberations worldwide, it is a movement that aims to 'catch' psychosis before it manifests. Catalysed by a mass shooting by a young white male Adam Lanza in 2012 (who shot himself, his mother, 6 staff and 20 children at Sandy Hook school in the U.S), the movement aims to "identify and intervene on young people who may become psychotic" (Liebert, 2019, p. 23). These people are depicted as 'prodromal' and referred to as 'prodromes'. Liebert focuses on this movement – a programme of research and intervention – by drawing attention to what it is aiming to do and how it is going about this. The critical 'may' in the 'may become psychotic' that is the target of the movement is questionable; Liebert looks in depth at how the impetus to find the prodrome is entangled with wider social contexts. Liebert's account, amongst other things, analyses how the concept of 'prodromal psychosis' grew in line with security culture that is based on the narrative that certain kinds of individuals pose enormous risk and threat to society and must be intervened with before they reach this point. It is thought to be the responsibility of the public, through various institutions, to catch this risk before it actualises as some kind of disaster – when it is too late. She particularly documents how there is not sufficient evidence

to back up the existence of prodromal psychosis, yet the movement and narrative continues to 'swell'.

Whilst Liebert is looking at the evolution of the movement as a whole and its social backdrop, she also looks at the specific ways that the movement affects individuals who are drawn in as prodromes, through a dynamic of threat. She argues that this is driven by the concept at the heart of the movement – which is of an undefined and dangerous threat – and instigates its 'swelling'. 'Swelling' here refers to something similar to the feedback loop – the movement creates subjects that confirm its narratives, causing it to grow as it brings in more and more subjects. She examines how there is an element of unverifiability in the movement through its immunity to alternatives. She uses Philippe Pignarre's and Isabelle Stengers' (2011) concept of 'infernal alternatives': alternatives against which researchers of the prodromal movement defensively mobilize. This alternative is:

> "the possibility that people's experiences are Normal. Its [the prodromal movement's] critics are concerned that *if* people are Normal *then* they are wrongly diagnosed and treated, subjected to negative effects on their sense of selves, their bodies and their lives; prodromal researchers defend against this by pointing to the potential harm and impingement of rights for someone who is *really* pre-psychotic, ignoring the possibility that people might be Normal." (Liebert, 2019, p. 42)

She uses her own ethnographic fieldnotes of observing the implementation of the prodromal movement, to show how this alternative gets blocked in certain ways; through mechanisms that "effectively builds a wall around the prodrome, allowing the movement to make its own fuel for data production while preventing us from smelling its smoke" (Liebert, 2019, p. 42). This 'wall around the prodrome' [41] is built through the problematisation of certain traits, linking them with the onset of pathology through the idea that they signify risk of such an onset happening in the future. This signifying of risk marks the prodrome, and it must be dealt with as soon as possible. The point is that by equating the potential for an onset of what is considered a pathology with the threat and risk of the pathology itself (which itself is ideologically linked to extremely threatening behaviours like school shootings), the

[41] 'The prodrome' refers to both the person who is 'prodromal' but also the concept itself. Similar to the use of 'the schizophrenic' to refer to a singular schizophrenic person but also to the general concept of someone (any x) who has schizophrenia.

movement uses this threat to justify erring on the side of caution in relation to experiences that may well be Normal.

Liebert uses ethnographic field notes to demonstrate this, which include recordings from her investigations into areas in society in which the prodromal movement is implemented. I will focus on her ethnography of it being implemented in a school, as an example of a public, 'consensus world' sphere of influence which this affect of threat targets, which pulls subjects into the process of psychiatrization. I focus on her ethnographic notes from the prodromal training for staff in a school, that she attended, which consisted of the RCC (Research Clinical Co-ordinator) coming to the school to deliver training on identifying and intervening with prodromes, as well as her interview with the RCC. I use these to show how there is an overall affect of threat that is dispelled from the professionals and the authority of the prodromal movement onto the staff at school, and onto the school students who are the potential prodromes, all in relation to experiences that may be considered anomalous.

The content of the training is about identifying prodromes and refers to anomalous experience as a key sign of being prodromal. Some examples include:

> " "These are the kids who can't keep pop culture in check" – when vampires and werewolves were "all the rage" recently they "actually believed it" – they were afraid of what was in their backyards at night-time.
>
> "These are the kids who" believe in "aliens", "UFOs", "any type of alternative philosophies out there."
> *(School fieldnotes)*" (Liebert, 2019, p. 43)

Some of the experiences that are associated with prodromal symptoms are divided into the categories: unusual thought content/delusional ideas (consisting of 'perplexity and delusional mood', 'first rank symptoms' which refer to the experience of one's thoughts being disturbed, and 'overvalued beliefs') and perceptual abnormalities/ hallucinations (consisting of perceptual distortions, auditory distortions, visual distortions, and illusions); showing the explicit connection between A.Es and prodromal symptoms. The training takes the staff through the screening process which is called the SIPS. For each experience like the above, the SIPS asks questions in order to gauge whether the person (supposedly) meets at

least three of the five qualities below in order to make the experience a prodromal symptom. However, the ethnographic descriptions of the trainings and interviews with the RCC show that there is a real push to allocate people as prodromes. The screening processes described very much come across as actively looking for prodromes by questioning the suspected children in ways that are going to positively meet the prodrome criteria. The training urged the staff: "don't spend a lot of time asking questions that aren't going to get you a diagnosis." (Liebert, 2019, p. 52)

> The 5 qualities that "turn an experience into a prodromal "symptom"":
>
> 1. Began/worsened in the past year
> 2. Occurring in past month an average of 1/week
> 3. Distress/interference
> 4. Not better accounted for by another DSM diagnosis
> 5. Mentions insight (Liebert, 2019, p. 50)

Quality #5 is what differentiates the experience as prodromal from actually psychotic: whether or not the person can tell that their experience is not "real". If the person is not deemed to have 'insight' in this sense, then they are seen with even greater urgency as 'actually psychotic'.

The training shows how staff are trained to carry out screening in a way that will actively 'find' prodromes. There is an extreme urgency in going about identifying prodromes, which leaks into the actual identifying of them:

> "Schooling us to "follow a symptom," to move on if we "can't get it there," to not "back off," to not "spend a lot of time asking questions that aren't going to get you a diagnosis" and to call people back in case we "just got them early in the prodrome," the evaluation-*cum*-interrogation seemed driven by a desire to know where the prodromal symptom was hiding, a certainty that it was there, somewhere. Even if this meant broadening the jurisdiction of the borderguards: we were told at one point "don't get stuck on 'distress,'" that "people may not be bothered but they might be 'intrigued', 'curious', 'captivated', 'find it weird.'" (Liebert, 2019, p. 52)

Liebert metaphorically uses 'borderguards' to denote the screening criteria, as guarding the border between Normal and Prodrome, explaining how the urgency of 'finding' prodromes

lets this apparent border slip – evoking Hacking's notion of an interactive kind. In fact, looking at the 5 point criteria alone shows us that the model cannot take into account a person having an anomalous experience that 'interferes' with their life, and it not be a sign of 'oncoming psychosis'. This fatality is written into the model since it would meet #3, #4 and #5; #4 and #5 do not positively require anything of the experience itself. Even if a person has what the framework deems 'insight', they are still seen as a prodrome which means that they are at risk of having psychosis. Thus, the minimal requirement is anomalous experience which is considered 'interfering', whilst the evidence above also shows how even the importance of this interference (criterion #3: interference or distress) is actively downplayed.

This is backed up by Liebert's transcription of an example SIPS screening they were shown of a student who 'passes' the screening, confirming them to be prodromal, presenting even the delivery of the screening to be exemplified in such a way that would heavily encourage positive results. She writes about the SIPS example:

> "I was noticing that, "This questioning is so intense?!" – A feeling created by the speed with which they were being delivered … Combined with the structured, closed ended nature of the interview, requiring potential prodromes to give a definite affirmative or negative response. Only one of which is Normal. … Notably, *not* the response that 'we' were looking for." (Field notes quoted in Liebert, 2019, p. 58, my ellipses)

> " "Everyone is taking notes furiously – there's a palpable sense of 'BINGO!' – it's like RCC is digging for gold with increasing skill and speed." Yet, far from unearthing prodromal experiences, by the end of the session it felt as if the SIPS was creating them. Bullied into predetermined binaries, they had little space to go – the structured nature of this interview standardized not just the questions, but the answers too." (Liebert, 2019, p. 59)

So we have that the screening criteria for identifying prodromes, as well as the way the screening is executed, actively encourages positive results – evoking Hacking's notion of an interactive kind**.** There is urgency and a strong desire to find the hidden prodrome, wherever it may be lurking, driven by 'the risk' of not catching it.

This urgency is extenuated by explicit claims about the importance of finding prodromes and the speed at which this identifying happens:

> "RCC had opened by saying that their clinic "specializes in the prodrome," that it's really important to get "help as soon as possible" as "the sooner they are identified, the better the prognosis," and that they were "very pleased" with the outcome of the hearings following the Sandy Hook shooting – "millions of dollars" had been allocated to the field of early intervention, so they "have the resources now to do this really right." (Liebert, 2019, p. 43)

This urgency is bolstered by the proclaimed authority of the movement through its appeal to science and 'expertise', which intensifies its direct appeal to threat – the claim that it is risky to ignore prodromes. Liebert (2019, p. 44) describes how the RCC "really, really established people needing her" through scientific-appearing claims (e.g. referencing the frontal lobe without any proper explanation), reiterating the importance of finding the prodrome as soon as possible: "in the past had to "wait and see" – don't want to do this as affecting the brain, especially the executive functions, and their primary occupation is students so frontal lobe issues make learning difficult" (Liebert, 2019, p. 49). Liebert describes how the method is not about understanding certain behaviours or experiences, but is stemming from preventing tragedies; threat is the ultimate driving force – that students *might* be prodromal. Liebert likens this attitude to the casting of a net:

> "Evoking both a trustworthiness and urgency, RCC summons "better care" as the ultimate driving force of the community presentations. Yet, in doing so, she avoids another agenda. The distribution of the suspect descriptions, early warning signs, and screening questionnaire are also casting a different kind of net – as often and as far and as wide as possible. When asked in our interview if people usually do call "the number" after the presentations, RCC replied: "Absolutely. Absolutely. You know it resonates with them and they'll say, 'Listen I have a student, this is what I'm seeing'" " (Liebert, 2019, p. 50)

This combination of authority and urgency through possible risk, mimics aspects of how Psychiatry is set up; the authority of its closed conceptual structure in positing itself as the only framework for understanding anomalous experience, and the threat behind its

conceptualisation of anomalous experiences, as essentially symptoms of pathology that mean that a person could become a risk to themselves or others, requiring coercive intervention.

We see a widespread affect of threat driving the prodromal movement, framing the training and therefore the attitudes of the staff, in respect to 'finding' prodromal students. Threat is dispelled through the underlying narrative of the Sandy Hook school shooting as an example of what might happen if prodromes are not found; the school shooting is referred to continuously, and it is explained that the funding for the national (and then global) prodromal intervention was the government response to this event.

As well as prodromes being marked as threats, they are also framed as not to be trusted:

> "This sense was furthered in both the SIPS training and school presentation when repeatedly told to "remember that there is 'a lot of noise going on in their head at this time and they don't want people to figure that out,'" that "young people go on the Internet and look up the symptoms, so 'we have to get better at asking questions' in a 'softer manner' - the SIPS is 'really good at this' – 'otherwise they know what not to say.'" Framing "these" young people as guarded, cunning, and deceitful, this tip dusted distrust over the prodrome while adding to the seriousness and expertise of the prodromal movement." (Liebert, 2019, p. 53)

This echoes the contributory unjust framing described of Psychiatry, in which people are framed as not having capacity to really know their own experience – therefore they cannot be trusted about their own experience. Here, it is implied, not that they cannot know their own experience but that they may want to hide their experience. This is different, but creates a similar power relation in which the screener is set up to 'know' more than the 'prodrome' lets on about their own experience; meaning that the person's own contribution about what may be going on for them is discredited under the authority of the prodromal framework. The prodromal framework is *the* way, and subjects to it are powerless to contribute with any alternative framing of their experiences.

4.3.2 The felt sense of being a prodrome

So we have that staff are encouraged to relate to potential prodromes with an affect of threat (the threat they pose if not 'caught') as well as distrust of them. I argue that this mimics the threat and alienation described of the more explicit interactions with Psychiatry. The threat of not catching prodromes is ultimately driven by the central idea that they *are* threats; potential threats. I will now show that a pathological conceptualisation of the prodrome is smuggled into its supposed 'non-pathological' status. This directs the threat that is driving 'the hunt' – the threat that prodromes pose – onto the prodromes themselves, as they are singled out with an affect of threat pushing them to engage with the conceptualisation and 'choose' intervention.

The prodromal movement is not explicitly diagnostic; 'prodrome' is not a DSM category but appears in the Appendix of DSM V. However, implicitly it is very much following the same vein in terms of the phenomenological affect it imposes on the person; one of being marked and singled out with the sense that they just are a certain way that means that they *could* 'lose their mind' or act violently. The training is filled with words like 'diagnose', 'diagnosis', and 'diagnosing' - used to "declare when one crossed into prodromal territory" (Liebert, 2019, p. 51) which shows a clear leakage of pathological language in how the movement is carried out. With the being labelled as prodromal comes the assumption that a person is sick and should be treated. This is where the threat comes in as a felt sense for the anomalous experiencer – the 'prodrome'. The RCC talks about how the most important thing is the "Psycho education that occurs during the evaluation process": "they think they're the only ones out there struggling with this, they have no idea how prevalent it is. And once you start to explain it to them and they see that other people experience this and that other people have been effectively treated, it really normalises it for them. And it reduces their stress. And we've talked about this illness being a stress vulnerability illness. So anything that we can do to help them manage their stress is a positive thing" (Liebert, 2019, p. 60). Here prodromal is referred to explicitly as an illness in need of treatment. This shows us how 'prodromal', which refers to someone who does not yet have an illness, actually starts to function similarly to 'psychotic' in what it assumes of that person. We have that the 'maybe' in 'maybe psychotic' actually affectively brings those 'maybe' experiences into the realm of pathology – this is exactly what Liebert is talking about in their description of how the prodromal narrative 'casts a wide net'.

Whilst the RCC frames the labelling as prodromal as a positive thing due to the normalisation of it, telling patients and their parents that other people are prodromal and have been effectively treated, Liebert points out how this is an intervention in and of itself in its casting of suspicion: "A slippage between evaluation and psychoeducation that further suggests people are prodromal by default" (Liebert, 2019, p. 60). What is being normalised is not the experiences that the patients are having, but the 'fact' of being a prodrome – very much framed as an illness that needs to be treated. And once this has happened, the phenomenological marking that I have described may start to set in. Liebert describes the connection between the way the research movement is set out and the affect that this dispels: "The prodromal movement casts suspect descriptions, early warning signs, and screening questionnaires within a fear-full context of under-resourced schools, problematic mothers, and potential shootings. Pulled by a direct line, potential prodromes are interrogated, standardized, and educated – assembling them as perhaps psychotic, as suspects" (Liebert, 2019, p. 60).

The threat of these suspects gets directed onto them once they are singled out as prodromes. This is seen in the practices that follow which have an implicit coercive underpinning through their ultimate framing as illness intervention. Since the prodromal movement is a self-described 'research' movement, there is a veneer of 'consent' present; that it is a person's own choice what they want to do after being diagnosed as a prodrome – whether they want to partake in the next steps. However, these 'next steps' are automatically framed as *treatment*/ responses to *illness*, which shows a lack of consent in the kinds of frameworks that a person may use to make sense of their experiences. Though they have a choice on how to proceed, they don't seem to get a genuine contribution in the form of this proceeding - it is ultimately about helping their *illness:*

> "Once diagnosed prodromal, RCC explained that she will ask people, "Tell us what you want, what are you interested in, how do you want to approach your illness?" While said to illustrate that people's participation depends on what *they* want, RCC's questions also suggest that people are immediately spoken to in terms of being sick. Similarly, her description above once and again suggests not only an expectation that people will be deemed prodromal but that they are called "patients". Indeed, the benevolence of the clinic is about ultimately doing what one "needs to do to treat them" – treatment is the explicit, unquestioned priority. However, this is after

> recognizing that the prodromal movement is technically a program of research. RCC's seamless shifting to talk of treatment illustrates a slippage in this movement between these two practices."
>
> "The 'search' itself is laden with binaries, forcing people into this standardised territory, and once they are confirmed as prodromal, they are automatically lumped with the weight of illness and urgency of treatment; "for looming over the shoulder of the treatment and patient distinctions is one's potential psychosis"." (Liebert, 2019, p. 62)

The RCC describes the relief that people feel once they know that 'there is treatment available' and that it doesn't mean that they are 'doomed' as they may think, presenting normalisation as the vehicle to helping people. At first, this seems close to the kind of consensus-world acknowledgement of anomalous experience that I am advocating. However, the relief and hope described is wholly centred around the removal of the experiences, or the prevention of them worsening, rather than finding ways to be comfortable with them or integrate them into a person's life; there is absolutely no acknowledgement that this might even be a possibility. This is because the whole movement gets its momentum from the *threat* that such experiences pose, ultimately associating these experiences with the threat of something much worse. This threat is used to justify any risk that being labelled prodromal itself may pose.

This 'threat of psychosis' is explicitly mentioned by the RCC as something so scary, that prevents people from coming forward, explaining that by coming forward they realise that this risk may not be so bad because other people are going through the same thing and there is treatment available. Yet it is exactly this risk, and the worst possible things that it may have in store, that fuels the whole movement:

> "RCC neutralizes concerns about diagnoses by summoning an illness from the future. Big enough to outweigh even the smallest of "symptoms", this potential threat is able to persuade people that they need treatment"
>
> "While initially silenced because of concerns that it may stop people from agreeing to an assessment, "psychosis" is summoned once they have been – its associated terror shifts from being harmful to helpful"

> "People are made to feel better about their potential illness because it is treatable. Paradoxically, it's only okay to have it because they no longer have to."
>
> "While above RCC neutralizes the potential stigma of being deemed prodromal with reference to people being *risky*, throughout the school presentation, the SIPS training, and our interview this neutralizing was typically done with reference to their *at-risk* status. Both relying on a looming psychosis, the former makes people dangerous whereas the latter makes them vulnerable." (Liebert, 2019, pp. 62–64)

These excerpts show how there is no alternative framework considered because of the seriousness of the threat of this risk; you are either dangerous whilst posing a risk, or you are in need of help and treatment whilst being 'at risk' – which is once you have been identified as prodromal. The differentiation between the two is the involvement of the prodromal movement and being marked a prodrome. Once a person is marked, they move from dangerous to vulnerable; this vulnerability is fuelled by the possibility of the dangerousness, *if they are to not comply with doing something about* their vulnerability – i.e. partaking in treatment. So we have that if they are to refuse the treatment, then they will be marked as dangerous, with all the threat of what a prodrome may do if not dealt with.

This is shown further through how the willingness to have treatment is taken as a sign of rationality that demarcates a person as 'prodromal' rather than psychotic. This means that rejecting the treatment may actually put someone at risk of being seen as psychotic – which could mean coercive treatment. Liebert's (2019, p. 64) fieldnotes quote the RCC: "the biggest difference between 'prodromes and schizophrenics' is that prodromes approach 'medication like a lifeline'" … "usually psychotic people are paranoid and suspicious with regard to treatment". This echoes the same rhetoric of the psychiatric ward described above; not wanting treatment becomes evidence that the person needs it even more. This speaks to the concept of 'clinical insight' I have discussed previously; that agreeing with psychiatry's framework is taken to mean a person is 'less ill' and therefore requires less coercion to 'make them better'. Refusing treatment leaves them possibly deemed psychotic, which may mean they would be coerced into the treatment regardless.

These observations very much build a picture of coercion and dominance coming from psychiatry and its 'wider net' that is in the world, manifesting in schools and communities and parental judgements. Anomalous experiences are a threat; they are bad

unless they are treated, and then they are 'fine' because there are others in the same boat and they are getting treatment. There is very little room for alternative framing of what is going on. This (covert) coercion creates a threatening, asymmetric relational dynamic between 'patient'/'prodrome' and the institution, and also creates fear within the person of themselves; of what might happen to them if they don't get treatment. Though the normalisation of knowing that there are many other prodromes may counter a sense of alienation, this normalisation is based on those others *being prodromes*: not being 'normal' people with 'strange experiences', all institutionalised together. So we have that the threat of psychiatric intervention and labelling is active even in these non-psychiatric spheres: if one does not agree to treatment then they might just end up getting it anyway, as a 'psychotic' or 'schizophrenic'.

4.3.3 A feedback loop on multiple levels

This shows how psychiatric affect of threat seeps out into more public consensus world spaces. I would also argue that this process instigates alienation for the prodromes. There is the sense of normalisation that may go someway to counter this, but as explained, this normalisation is directly linked to the idea that these students are 'at risk' and need to be treated, which is bound up with the threat associated with not getting treatment. The distrust of the prodromes detailed above is likely to feel alienating; being singled out is likely to feel alienating This affect of being marked as a prodrome is a limitless affect, much like the affect described around diagnosis. Fanon's 'certain uncertainty' could be applied here; being marked in this way means that every behaviour of a person will be read against the context of their supposed threat. There is even a reference in Liebert (2019, p. 43) of the RCC positing "not wearing makeup" as a "telltale" prodromal sign. This limitlessness instils both alienation from and threat of the consensus world. Being singled out is alienating in itself and the way this is done is threatening, since it is underscored by covert coercion to accept this framework and treatment. This may break down habitual trust for a person, in the generalised way described of the affect of diagnosis, since they are now marked out in such a way that anything they do may be seen as a further 'warning' sign. Similar to Ahmed's account of the generalised disorientation instigated by being marked as a 'maybe terrorist', Liebert's account shows how being marked as 'maybe psychotic' functions in a similar way. The widespread threat associated with it, similar to the widespread threat around terrorism, and how the consensus world 'writ large' reacts to this, may disorient a

person's positioning in relation to others in general, which could disrupt habitual trust and their structure of intentionality.[42]

If being prodromal may destabilise the structure of intentionality, through the affective experience of navigating the world as one, then it is possible that the process of being screened and labelled a prodrome may actually lead to a person losing touch with the consensus world. This may bring about the very effects that the prodromal movement is looking for, or even effects that would deem the person 'psychotic', thus confirming the narratives of the prodromal movement. This exposes the feedback loop; the affect of being identified as prodromal could bring about the very signs the movement is looking for, yet is supposedly 'getting rid of'. Liebert's investigation shows how the feedback loop is also present on a more macro level through the very process of identifying prodromes being a process that 'creates' them, simply by marking people as such. My analysis shows how this feedback loop is present on a deeper level, if we consider the ways that such marking may ontologically affect a person's intentionality.

The analysis of the prodromal movement overall shows how the psychiatric affect described in the previous sections is dispelled and felt and moves out of the psychiatric institution and through the world. It is dispelled out into the public sphere through this initiative; into schools and other community organisations, which is then transferred onto the people themselves experiencing these anomalous experiences, through their interaction with the screening process, and then through the being marked as prodromal and the treatment. They are thus psychiatrized. Psychiatric affect reverberates out from the experience of diagnosis, effecting those who are diagnosed, to the experience of being 'maybe diagnosed', through the prodromal movement, affecting those who 'might be diagnosed'. These 'maybes' – prodromes – are people who have anomalous experiences. Thus, anomalous experiences are pulled in to the realm of the pathological through this affective marking as being supposed 'maybes'. This is similar to how the affect instilled by psychiatry through coercive treatment, in the name of people being a risk to themselves or others, permeates into the 'maybe harmful' which is the people with diagnoses. Legghio's

[42] In fact, Liebert (2019) uses the parallel with the War on Terror throughout her book, showing how the prodromal movement is driven by the threat and fear of school shootings. Liebert frames the prodromal movement as a paralleled war on the psychotic, and frames this as the 'War on Imagination' (included in the title of the book).

(2013) testimony presents this case – her mother's diagnosis is enough to mark her as someone who *could* become a risk to herself or others, which justifies her coercive treatment when this '*could* be a risk' status is the background context for her otherwise understandable behaviours. Thus, the psychiatric affect of threat and alienation that is felt most intensely through coercive treatment, reverberates out to people who *may* be 'in need' of that coercion – whether they be people with diagnoses or they be prodromes – because of the essentialised way that psychiatric marking works; the experiences being seen as pointing to *something about 'these people'*. The marking creates the possibility of this coercion, and the sense that the consensus world sees them in such a way. And this is all in relation to the person having anomalous experiences – the consensus world response to anomalous experience. Thus, the coercive affect of psychiatry's closed conceptual framework and interventions for anomalous experience is very much interwoven with the consensus world in a generalised way, through its wider narratives and interventions about anomalous experience in general. The prodromal movement is a key example of this. This affect pulls people in to Psychiatry's remit, through the way that it disturbs their relation to the consensus world, habitual trust, and therefore their structure of intentionality, thus instigating experiences it frames as pathological, and also just through the very way that it goes about identifying these people – as Liebert's account presents.

4.4 Conclusion

So we have that the experience of 'being psychiatrized' in relation to anomalous experience can bring about affect that actually creates or exaggerates a kind of 'anomalous experience', but through the affect of threat and alienation. This is likely to be distressing, and thus shows how the experience of interacting with Psychiatry in relation to anomalous experience can actually bring about a kind of anomalous experience that Psychiatry itself would frame as 'pathological' – experience associated with the loss of habitual trust in the consensus world. This shows us that Psychiatry's conceptualising of anomalous experience and its practices in relation to this, have a looping effect, whereby they bring about the experiences that confirm this conceptualisation. I have shown this in relation to Psychiatry's coercive practices as well as the practice of diagnosis. I have also shown that this is evident in Psychiatry's practices of 'looking' for potential patients – in its 'identifying' of people who *may* 'need' to be psychiatrized. This exposes the remit of the feedback loop to be wide-ranging; the very act of this 'looking' actually creates subjects for Psychiatry, that confirm its

narratives, through the affect of threat and alienation that this imposes. This applies to people who have experiences that may be considered anomalous. Thus, we have that mere anomalous experiences can become what Psychiatry frames as pathological, just by being considered 'possibly' or 'potentially' pathological. Therefore, the binary between the concepts of pathological and non-pathological anomalous experience collapses, once we consider the affective experience that comes with the policing of that binary by Psychiatry.

Part Three How could the consensus world navigate Anomalous Experience?

Part Two has investigated the affects brought about by Psychiatry, as the dominant consensus world epistemic resource for anomalous experience. I have shown that Psychiatry's pathological conceptualising of anomalous experience assumes a denial of epistemic agency in anomalous experiencers, which commits contributory injustice against them as it blocks them from being able to contribute to the epistemic resources for understanding their experiences. This exposes Psychiatry's closed conceptual structure, and the asymmetrical relationship that it sets up between people with anomalous experiences and Psychiatry, as well as the consensus world more generally. This asymmetrical relationship is often characterised by an affect of threat and alienation, which can break down or impede habitual trust. This results in a shift or disintegration of the structure of intentionality, instigating anomalous experiences. Part Three now turns to alternative ways that the consensus world can navigate anomalous experience. The motivation is for epistemic resources and practices that engage with anomalous experience in a way that does not set up such an asymmetrical, looping relationship.

5 Integrating the World of Anomalous Experience

This chapter considers what an alternative way of navigating anomalous experience might look like. I argue that the consensus world can integrate anomalous experience; 'make room' for it, and in doing so, can instigates a different affective experience. It can support habitual trust by integrating the person, with their anomalous experiences, into the consensus world.

Since this affect and looping relationship comes from Psychiatry's conceptualisation of A.E, we can now use the Worlds framework from Chapter Two to set up a context for A.E that uses a non-pathological conceptualisation. I will recap the Worlds framework, in order to sketch out how this framework could work in the world. What might the consensus world be like, and feel like, if it adopts this approach, of integrating the existence of anomalous experience into it, as its own *kind* of experience, rather than reducing it to symptoms of pathology? Here I will argue for this process of what I call 'Integration', and how it supports habitual trust. Chapter 6 will move on to consider spaces that do exist in the world – alternative to psychiatry spaces – that can be seen as examples of this Integration.

5.1 The 'World' of Anomalous Experience

The Worlds Framework frames different phenomenological states as different worlds, which denotes something about their phenomenological character as well as what they are 'doing' in terms of how they relate to the consensus world. This framework allows us to relate to each kind of state 'on its own terms', where we do not judge imagination states with the rules and constraints of perception states, for example. For example, I can fly to Pluto in my imagination, but talking in reference to the world of perception, this would be judged to be incorrect. The worlds framework extends this to apply to anomalous experiences: one can engage with the experience in a way that does not automatically reduce it to a symptom. Even if reductions such as that may be someone's preferred way of relating to their experience, the point of the worlds framework is the idea that this should not be the assumed *only* way of relating to such experiences. The worlds framework provides space for other ways of relating to anomalous experiences, by allowing us to engage with the anomalous experience on 'its own terms', first and foremost. This means being able to engage with the content and form of it that the experiencer feels are primary – the

experiencer may have their own meaning from the experience that should be able to be acknowledged. Here we are trying to make space for a multiplicity of ways of engaging with the anomalous experiences; we do not want to presuppose any one way of interpreting them, or even that they must be interpreted or 'made intelligible'. Through this, we can attempt to have a contributory just way of navigating A.Es, in which the people whom have the experiences contribute to knowledge in the world about those experiences, by laying the groundwork for open conceptual frameworks that can allow for this, and encourage this. This is what the worlds framework attempts to do.

In order to maintain this openness, the notion of the A.E world must not be value-laden; it is a form of experience that is not intrinsically either good or bad. There may of course be good or bad value attached to the experience, but this is not related to it simply being that type of experience. The experience may well come with distress for a person, but we do not want to attach this distress to the fact that the experience is 'of the A.E world'. The distress may not originate 'in the A.E world', and may be bound up with how the 'A.E world' is responded to or framed *by the consensus world*, which is what we have spent most of Chapter 4 exploring. Therefore, if we are to try to untangle this feedback loop of distress affect in relation to anomalous experience (alienation and threat attached to consensus notions of anomalous experience) then we must aim to hold the A.E world as a neutral world. And this means having ways of navigating it in the consensus world that do not immediately shroud it with the affect of threat and alienation.

My notion of Integration follows from this Worlds framework; it is a way to respond to A.Es with awareness of them being 'in their own world'. The idea is that we can integrate them into the consensus world with this awareness of the A.E World, as they become talked about and referenced in the consensus world – with others – in a non-pathologising way. Value judgements can then be ascribed (if wanted or needed) through a process that is not one-sided, but influenced by the experiencer in how they wish to frame their experience with others. Others can respond to this and help it become a 'thing' in the consensus world – whether that be through shared meanings or simply acknowledgement of it. The point is that that 'thing' in the consensus world that a person's A.E world could be, should not be automatically constrained as a bad thing that is a sign of further illness in need of getting rid of, but given space in terms of possibility to be what is right for the person and their life in the shared world.

Therefore, as well as not characterising A.Es as value-laden (I will refer to this as the criterion of 'acceptance' of A.Es), Integration also requires a shared process with others. I refer to this as 'dialogue'. Integration can be summarised as a process of dialogue about A.E, that does not immediately assume any value judgment of A.Es, and 'contextualises' A.Es as 'of the A.E world'. This contextualisation comes through the way of speaking about A.Es in this shared way – speaking *about* A.Es, not *'in'* them. The hope is that such interactions encourage the affect of safety and trust which encourages habitual trust – A.Es are therefore a point of sharedness, rather than a divergence from the consensus world. This contextualisation goes hand in hand with distinguishing between anomalous experience and perception. This whole process is what I propose as Integration – I will now expand on each of these facets.

5.2 What is Integration?

To clarify, I am talking about a process by which a person's anomalous experiences are 'recognised' somewhat in the consensus world – the A.E is treated as something that can be engaged with by the person with others. It transforms from being an aspect of the person's experience that is felt in their life – which includes feeling the mesh of consensus world affect in response to the experience – to something that can be referred to as a 'kind of thing' in itself, where importantly this 'kind of thing' is not value-laden. In doing so, the anomalous experience gets 'integrated' into the consensus world as this particular kind of thing – as a form of divergence from the consensus world, at the very least, in being 'of the A.E world'. But it can be integrated in ways that are much more meaningful than a mere divergence from the consensus world, however, and this is part of the multiplicity of ways that the experience can become 'integrated' with the consensus world. For example, if a person sees a small gnome that communicates with them from time to time, they might relay this experience to someone. When that other person becomes acquainted with the experience and what it means to the person, they might enquire about the gnome. This would be a way in which the anomalous experience of the gnome has found its way into the 'consensus world' just by becoming known to some people. It is not however being referred to in the way that a perceptual object is, as it is being referred to with the awareness that it is part of that person's 'anomalous world' – the other person cannot use perception to find out more information about it for example; they have to ask the person. However, they can start to have their own relationship with it as a 'thing' that is affecting this person close to them.

This demonstrates how integration can inspire 'crossings over' to the consensus world, if an anomalous experience becomes more and more present in the consensus through such communication. An example of this might be certain aspects of anomalous experience that come up for many people, and for which consensus world 'cultural infrastructure' might start to form in response to it or to try to understand it, including for people who do not have direct experience of this anomalous experience, but who are interested in the phenomenon.

An example of this could be UFOs. Such an experience could be considered anomalous, especially if it is a reoccurring experience in someone's life. Erik Davis (2019) writes about consensus world cultural phenomena that emerge around such sightings, and how they take on a life of their own, effecting the very presence and occurrence of such experiences. Davis goes into detail about these phenomena, framing them as 'loops' in reality, exploring the connections between these facets of subcultural collective belief and how they interact with perception and reality. This is an example of how people talking about the anomalous experience and making 'a thing' of it can develop into it being a part of the consensus world; not necessarily in a direct way where other people share the experience but in a removed way, but nevertheless one which may affect the anomalous experience in a myriad of ways. Davis writes about the links and loops that go on between these cultural groups and their beliefs and expressions and the very existence of the strange phenomena they are focused on.

The cultural groups that Davis studies are epistemic communities. These epistemic communities form around typically 'non-consensus' experiences, though clearly there is a sense in which they become facets of the consensus world as such epistemic communities form around them, with their own hermeneutical resources. This is an example of how they become integrated into the consensus world. The case of UFOs is one where the line is blurred around it belonging in the remit of the anomalous or the consensus, since it is such a recognised kind of experience to have. There are also many reports of shared anomalous experiences of these kinds of cases. Also, in religious communities it is common for multiple people at once to report a common anomalous experience. These examples really are crossings over; where the anomalous seeps into the consensus. I will not discuss these examples further, but mention them here just as cases that help to illustrate what I am talking about.

Despite how blurry this territory is, integration must consist, in some way, of an anomalous experience being contextualised as an anomalous experience, so that the consensus world can 'make room' for it in a way which is understandable. This requires some form of distinguishing between the anomalous world and the consensus world for this contextualising to be able to take place. The consensus world is what is accessible to others (so for example, the situation itself in which the person is talking to another person about their A.E – this is a consensus world experience), and the anomalous world consists of the person's anomalous experiences, that are not directly accessible to the other person/ other people. The anomalous world is only directly accessible to the person having those anomalous experiences. There is often already some form of awareness of this distinction for the person; a sense of weirdness around the anomalous experience – that it is out of the ordinary and not easily described or categorised - there may be awareness that it is not 'represented' in the consensus world in a way that actually feels representative, and so it may feel outside of language and inaccessible to the consensus in such a way. Integration must hone in on this awareness but in a way that does not mark the distinction with a value judgement; the important thing is that the meaning or value of the experience is driven by the person having it. Dialogue, or some form of communication, is the means to enabling this distinguishing, through the way that it contextualises the A.E against the backdrop of the consensus world by talking *about* it, not *in* it.

Something to note is that, since I have shown how enmeshed the existence of A.Es and their social responses are, the feelings brought about by other people's reactions (and those of wider societal narratives) to anomalous experiences become part of the world of anomalous experience itself. This will become clearer further on, as we consider alternative social responses that hopefully can integrate the World of A.E, with consideration of all its baggage and 'feedback loops'. I bring this to awareness because the nature of discussing A.Es can seemingly reduce anomalous experience in some way to an abstract idea. However, I want to make clear that we are dealing with something that is in many ways unable to be constrained in such a tight way, and includes all these messy looping effects that I have shown. Nevertheless, attempting to have this discussion is part of the very process of Integration that I am talking about. We will see how Integration is about the consensus world making such attempts, and specifically, the process of this itself; the process of 'inviting in' anomalous experience in order to navigate it, rather than having a

neatly packaged solution and roadmap to it, asymmetrically prescribed by the consensus world.

5.3 Dialogue

Dialogue is the medium for Integration; bringing A.Es into the consensus by talking about them in a way that does not assume any categorisation or value judgment of them. Here I am talking about the A.E being acknowledged by another and responded to – some kind of process of shared understanding – rather than any specific standard of sense-making. The important thing is communication; that there is a to-and-fro between people in a way that references A.Es, but this does not necessarily require the person to form a full, coherent narrative framework about their A.Es. Integration may be about getting meaning from the experience, but the point is that we have a space that is open for someone *to be able to* thread a meaningful narrative about their A.E. However, narrative or meaning may not be the only way that someone wants to navigate their experiences and we don't want to be making this a requirement for an A.E to be acceptable[43]. Integration aims to create accessible space in the consensus world (in the form of physical space, or social narratives/ approaches) for the anomalous world that is not value laden. It is simply saying; it is ok to have these experiences. The main requirement is this acceptance of A.Es, which means that there cannot be any requirements *for* them to be acceptable. Such requirements would constitute an asymmetry from the consensus world in regards to anomalous experience, and the whole point is that we are making the consensus world accessible for anomalous experience in general (not only if it fits certain requirements); inviting it in, and inviting in a process of integration. Through this, the hope is that some form of communication with the consensus world will emerge. There may be ways in which a person who has A.Es behaves that could be deemed unacceptable by the consensus world, but this is distinct from an attitude of acceptance towards the A.Es themselves.

The dialogue, or whatever method of shared communication, naturally provides this habitual to-and-fro aspect, whereby the person is engaging with the consensus world by engaging with another person. And if this engagement is about (or involves) their A.Es, then

[43] See Woods et al. (2022) for a critical discussion of the recovery narrative as the dominant approach to managing mental distress, and a discussion of alternative contexts to the genre of narrative for sharing experiences of madness and mental distress.

this is a process of making the A.E accessible to the other person (not directly), but through referring to it, whether this be sharing narrative meaning on it, or something less coherent but still involving another person. If less coherent, it could be a process involving the other person starting to learn something 'of' the experiencer's A.E world; its 'tones', themes, or affect for the experiencer, and providing some kind of consensus world feedback. The important thing is that the experiencer is encouraged to reference their A.E world in some way; this may take a while if it has been 'silenced' for long. It is important that the listener does not project their own explanations on to the experiencer but instead plays a role of facilitation or encouragement of dialogue – this will be explored in the case studies. Through this shared communication, these spaces are interpersonal spaces that allow the integration of anomalous experiences into whichever framework a person has, or merely just an acknowledgement of their expression.

5.4 Contextualisation

The mere act of communicating about the experience means we are talking *about* the A.E world rather than *'in'* it. I refer to this criterion of Integration as 'contextualisation'; A.Es have a context, in being 'of the A.E world', and the consensus world can accept and acknowledge them with awareness of that context. This is the nuance of being aware of the A.E world as different from perception: of its characteristic kind of phenomenology and constraints, and subsequent kind of relationship with the consensus world, and contextualising the A.Es as such. [44] The feeling of A.Es do share aspects with perception, but importantly they defy the constraints of space and time – people may experience the physically impossible, for example, the voice and presence of a family member who died years ago – and they are not shared with others. And even though they have a sense of realness to them, there is often also a sense that the experience is not available to others and that it is different from normal perception. In fact, the sense of 'realness' of A.Es is often felt as a different kind of realness to perception – sometimes felt as 'more real than real'.[45] The process in these spaces hones in on these senses of difference, contextualising those feelings with the A.E world, and provides connection to the shared world in doing so.

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[44] See Section 2.2.3 for more about the characterisation of the A.E World and a discussion of it.
[45] See Kusters & Forest-Filer (2020, pp. 49–54) for a detailed discussion of the phenomenological sense of 'more real than real' in regards to anomalous experience.

This contextualising happens naturally through being in a space with others which *references* the A.E world; relating to the A.E world presupposes an awareness of it. This does not necessarily need to be explicit, but is demonstrated habitually through the act of referencing the A.E world through talking *about* it as a world in itself; as something that can be engaged with – a different sort of state of consciousness to the shared world, but one that can be referenced and engaged with *in* the shared world. This is something to do with a person's ongoing engagement with their A.Es. When we talk about it in terms of being a 'world' we are talking about more than an experience, but talking in terms of a *kind* of experience, which opens up more ability to engage with it as that kind of thing – it has its own context. This automatically opens possibilities to take meaning from the experiences, through opening up possibility for narrative or occurring themes or relationships with the contents of the A.Es, once we consider them to be part of this particular 'world' – this *kind* of thing, with its own rules and relationships to the consensus world. In a similar way to dreams or psychedelic trips, people can become acquainted with themes or symbols that are reoccurring, when there is some framing of these types of experiences as kinds of things where certain kinds of things can happen. Once they are contextualised as certain kinds of states of consciousness that can allow for certain kinds of experiences that perception does not, people may start to form relationships with aspects of the content of these states, with full awareness that these are states of consciousness distinct from perception. An example of this would be: A person experiences a gnome that communicates with them. Sometimes the gnome appears and says helpful and insightful things such as "you know what you need" and offers guidance such as "you need to retreat from this situation". However, sometimes the gnome takes on a different affect and says condescending and teasing things to the person, such as "you're pathetic" and "your father hates you". If a person is able to contextualise this experience this may allow them to process how the gnome makes them feel in different situations, rather than being fully consumed with the feelings. It enables a separation of the experience from the affect that it may be bringing about, which includes the affect of living in the consensus world whilst having the experience. Having the A.E world as a metaphorical container for the experience enables a person to relate to it with awareness that it is distinct to perception. Although the experience may still be just as visceral when it is happening, having this context and the consensus world dialogue about the experience may enable a relationship to form between the person and the gnome, where the person is able to think about how this kind of experience effects them, and how it effects

and relates to the consensus reality of their life. Without having this context, the gnome may have a lot more power over the person and become enmeshed with the person's flow of experience and the affect that it instils. For example, its being not directly accessible to others may be felt but not understood; thus it may seem 'more real' than the consensus world.[46]

An example of how Integration can situate A.Es in their own world, with its different 'rules' to the consensus world, and different ways to explore the experience, whilst still attaining meaning from it, can be seen in Dean Smith's (2009) testimony. "I began to recognise the voices as representing the negative feelings I had about myself, and that alone helped me feel less frightened of them. It's not that they aren't real, but they ceased to have the power over me they did. I began to realise they couldn't carry out their threats." Dean uses metaphor to understand the experience as representative of his own negative self-feelings. By creating this narrative framework, he is able to contextualise the experience as different from consensus world experience. He states that this helped him realise that they couldn't carry out their threats: they are not able to, like some sort of consensus world entity would be able to. However, he is not saying that they are not 'real'; they have realness and possess meaning to him. This example might not seem too different from a clinical perspective, in seeing the voices as a negative thing, using a psychological framework, but the point is that Dean has chosen this framework. In another scenario, a person may use a different framework to explore their A.Es as very positive things.[47]

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[46] Patrick Harpur's (2003) book 'Daimonic Reality' presents a similar idea, proposing Imagination with a capital 'I' to refer to the mode of experience of certain anomalous experiences. He focuses on paranormal experiences that are common or archetypal to some extent but that are not directly accessible to most people. Such as alien sightings, angels and fairies; his work is more about these 'crossings over' between the anomalous and the consensus, which he links to mythology. He presents 'Daimonic Reality' as the metaphorical container for these experiences, and posits them as having a certain kind of ontological relationship to consensus reality. This is an example of a framework which posits a type of 'world' for certain experiences that have their own kind of phenomenology and status, and contextualises them 'in the consensus', through this 'world'.

[47] See Andell et al. (2019) for an analysis of anomalous experiences (they refer to them as 'uncanny experiences') and their narration as 'therapeutic events'. They draw on a letter archive of reported experiences and relate to them as 'social phenomena', arguing that they can be understood as " 'therapeutic events' that propagate social knowledge production; that is, new and/or old 'truths' in relation to oneself, the world and one's social relations" (Andell et al., 2019, p. 202). Their argument is not that these experiences are essentially positive or healing, but that they "are often made sense of through their transformative and fundamental effects" (Andell et al., 2019, p. 188). Their argument points to a process of integration like I am proposing here, but focuses mainly on a person's personal narrative rather than interpersonal processes as a means to this.

The aim of Integration is to invite A.Es into the consensus world which helps the person build trust in the consensus world. Clearly, some amount of trust in the shared space is required to be able to differentiate between it and the A.E world that it is referencing. This may well be a process, through which a person trusts a little bit more each time they access such a space, which is why it must be accessible in the first place in not presupposing any judgements on the mere existence of A.Es. Hopefully, over time, this will help a person recognise their A.E experiences as distinct from perception, if they do not already have this differentiation. And this may help them to navigate what these differences mean in terms of living with others in a shared world, as they integrate more generally into the shared world. For example, through engaging in a shared space and talking about the gnome, it may become more clear how the gnome diverges from other people, its different qualities – in virtue of being 'of the A.E world' – and how this implicates other people. The person might start to feel like it is possible to talk back to the gnome, to disagree with the gnome, and navigate how the gnome relates to other people in the consensus world. Through having a space in the consensus world to navigate the A.E, these distinctions would become apparent. It might become clear that the gnome cannot make demands on other people in the consensus world. For example, it cannot speak to their boss explaining why they cannot come to work, and also that their boss would relate to the gnome in a very different way, if they were to use it as a reason for their absence. Practicing talking about the A.E world in the consensus world, in these shared spaces, sets up a way of relating to the A.E with others, which naturally contextualises it and demonstrates possibility for navigating its nuanced relationship with 'realness'.[48] The people in the space might also start to build their own picture of the gnome and indirectly become acquainted with it, which may also implicate how the gnome shows up for the person who directly experiences it. This is an example of

[48] This navigating is likely to differ between people and their experiences. For example, some integration spaces might lend themselves to more involvement from the other people with the person's A.Es, meaning different levels of integration of the person's A.E world with the particular epistemic community they are interacting with about their A.E. There is also the issue of what happens when a person's A.E conflicts with the consensus world, and the particular consensus space with which they are interacting. For example, if a person's A.E is instigating them to act in ways which violate consensus world accepted boundaries such as demanding them to act violently. Dealing with this is outside the scope of the thesis. So I shall merely gesture to the role of Integration spaces as providing contextualisation of anomalous experience which should hopefully support the navigation of these kinds of boundaries, in navigating the rules and constraints of the A.E world in relation to the consensus world.

the 'crossing over' between the A.E world and the consensus world as one forms a relationship with the A.E world *with* others, the more they integrate their A.Es with the people they are engaged in this process with.

Consider the parallel with imagination. It has meaning; one can derive meaning from what they imagine. We get meaning from imaginative states, and cross between them and perceptual states all the time as we process thoughts and think about things. Imagination is not dismissed as meaningless because it's 'not real' like the consensus world is; it is just seen in a different way. Philosophy uses imagination frequently in the form of thought experiments; hypothetical scenarios are used in conjunction with reasoning and perception in order to say things about the consensus world. Sometimes these hypothetical scenarios even talk about things that are very other-worldly, like zombies and brains in vats. We don't discount what a person is saying *just* because they are using their imagination to make a point; but we also don't count the imaginative state to be 'of the consensus world', on its own. This is possible because we have such an ingrained ability to easily switch between the imaginative and other kinds of states. I am proposing that something similar could be developed about anomalous states: it is understood that these states are different to perceptual states of the consensus world, though they may help a person come to a realisation they might want to come to, or express certain ideas like through frameworks of spirituality or symbol. It is important that the content of the anomalous state alone is seen as *not* the consensus world: it is in its own world, although it can still be used to come to insights about the consensus world, if contextualised in a way that properly represents the kind of state that it is. This requires awareness of how it bares on consensus reality, so that such insights are not used to justify consensus world violations[49]. The dialogical process should help to create this awareness, through the habitual trust that it invites. Again, the details of how the anomalous world bares on the consensus world when it comes to ethical violations, and how this should be dealt with, is outside the scope of this thesis.

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[49] For example, violence against others; such as appealing to the anomalous world to override another person's boundaries. An example could be the case of someone justifying raping another by claiming something along the lines of: 'it was spiritual healing that you needed but weren't aware of. I spoke to the tantric goddess Kali and she urged this of me.' Such a scenario presents a mix of narrativizing an anomalous experience, but in a way that blurs the boundaries of the consensus world with the sense of realness of the anomalous world.

To clarify, the contextualisation does not have to be narrative based. The emphasis is on inviting in a process of dialogue with the consensus world, though this does not necessarily need to be focused on finding a meaningful narrative about one's experience; it is simply about existing in the consensus world. This will become clearer in the case studies in the next chapter. Many forms of communication are possible which are not centred around narrative – such as non-verbal communication with people who cannot use verbal language such as with non-verbal autism. In order for this communication to be possible, one needs to 'enter the world' to some extent of the non-verbal person, and use their own cues for shared meaning and experience. This kind of situation can be seen to involve a regulating of habitual trust by making an interaction more accessible for someone who experiences the shared world differently.[50] The point is that such ways of communicating, even when they are not narrative-based, situate the person in the consensus world, which enables some kind of differentiation between the consensus world (in whichever way the person may experience this, which instigates a habitual trust in its sharedness) and the person's worlds which are not directly accessible to others. This enables some kind of contextualisation to take place – a point of reference for this distinction.

So we have that Integration enables distinguishing of the A.E world from perception by setting up a shared space that contrasts against the A.E through navigating it. The hope is that this means that as the A.Es come up, they are not embedded in perception, but given a 'place' in the person's structure of intentionality by being recognised and anticipated as a kind of state in themselves – they get integrated into one's own structure of intentionality. The dialogue and consensus world interaction that the spaces provide build habitual trust, as other people interact with them with acceptance of their A.Es rather than denial, alienation and threatening power dynamics. There should be an affect of safety and connection that is fostered. The hope is that this brings some stabilisation to the consensus world for the anomalous experiencer in so far as other people can relate to their A.Es in the way that (or close to) the way that they do – and importantly, without a threatening affect.

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[50] See Krueger (2022) for a discussion of the structure of dominant (neurotypical) social world spaces in relation to Autism, arguing that the social world can adopt more inclusive practices that enable people with autism to exist in them more easily, and prevent the disorientation that can happen when these spaces are not structured accessibly. This disorientation is framed by the dominant consensus world as social impairment that is intrinsic to Autism, however Krueger shows how it is constituted by socially embedded affective processes.

In doing so, other people start to take on the corroborative function that grounds the sense of the here-now consensus world, and a bridge forms between the consensus world and the anomalous world – the A.E need not function as a total 'departure from' the consensus world, but can offer a point of sharedness. This affirms trust in this sharedness, and demonstrates how the affective profile of perception is tied to this sharedness through an awareness of what is available to others, through the mere act of being in dialogue with others. Engaging in the 'to-and-fro' presupposes some awareness of availability to others. This is how Integration enables this general regulation of the interdependence of distinguishing affective profiles and connecting to others. Integrating their A.Es into their structure of intentionality requires recognising A.Es as distinct, with their distinct relations to the shared spatio-temporal world. This awareness is tied up with the affirming of habitual trust as one integrates with others socially, acquainting with the here-now of this sharedness and how that relates to the anomalous.

6 Integration Spaces

Now that we have considered the theory of Integration, we will consider how Integration is played out in the world, by analysing two case studies that show examples of something along the lines of what I am proposing; Hearing Voices Network groups and the Open Dialogue approach. The former exist in physical spaces and the latter is an ongoing therapeutic approach. Both exemplify the consensus world presenting an alternative approach to anomalous experience. First I will introduce each case study – the Hearing Voices Network (HVN) groups and the Open Dialogue (O.D) approach – and show how their principles exhibit these qualities of Integration; acceptance and dialogue, and how this enables contextualisation of the A.E world and evokes an affect of connection and safety. Through this, they both present opportunities for anomalous experiencers to influence consensus world knowledge and frameworks on anomalous experience – this goes hand in hand with encouraging habitual trust. I will then analyse this further using the conceptual framework of World Travelling (Lugones, 2003) to further explore these qualities of Integration. World Travelling describes aspects of the phenomenology of structural oppression. I will analyse its applications for the marginalising and looping way that anomalous experience is dealt with by the dominant consensus world, offering insight on how we might go about shifting this through Integration. I am exploring how the consensus world might be able to navigate anomalous experience in a way that is not threatening and alienating – how the consensus world can be more accessible for anomalous experiencers.

6.1 Hearing Voices Groups

The Hearing Voices Network is a network of peer support groups for people who hear voices, have visions or experience alternative realities. The Hearing Voices Network (HVN) started in 1987 and is a global network that supports hearing voices groups (HVGs), of which there are at least 180 in the UK (Oakland & Berry, 2015). Since its formation, it has grown to be well-regarded and a powerful resource – for its community and also culturally. The network states on its website:

> "We focus on helping to create respectful and empowering spaces, whilst challenging the inequalities & oppressive practices that hold people back.
>
> Our aims are to:

- Raise awareness of the diversity of voices, visions and similar experiences
- Challenge negative stereotypes, stigma and discrimination
- Help create more spaces for people of all ages and backgrounds to talk freely about voice-hearing, visions and similar sensory experiences
- Raise awareness of a range of different ways to manage distressing, confusing or difficult voices
- Encourage a more positive response to voice-hearing and related experiences in healthcare settings and wider society" (*Hearing Voices Network*, 2022)

Peer support means that the groups are based around having contact and communication with people who have similar experiences, and that support is developed through this mutual process of peers supporting each other. The HVN believes in becoming experts through experience, encouraging voice-hearers to take on roles as facilitators, and is part of a wider movement to encourage expertise through experience in mental health care. A further aim of these groups is to "encourage people to share coping strategies in order to increase a sense of control over the experience of hearing voices" (Oakland & Berry, 2015). Importantly, these coping strategies are not prescribed according to certain rules or judgements about what is best for a person by someone in a position of power. People share their own personal ways of navigating their A.Es. Importantly, the HVN is not committed to the narrative that A.Es are symptoms of pathology, and it does not use coercion through medication or incarceration.

6.1.1 Acceptance and shared meaning making – the dialogical process

The groups promote acceptance and shared meaning making of A.Es rather than cessation of the experiences, which is what I propose is integral to Integration. These qualities can enable a transitioning between worlds; accepting the A.E world and navigating it in the consensus world space of the HVG brings it in to consensus world, while contextualising the A.E, as one talks *about* their A.E world rather than '*in*' it. This is especially apparent in HVGs as their existence is *about* A.Es – a space to collaboratively discuss them, without any value judgements about what they are or should be.

The user led feature of the HVN means that everyone who uses the group has experience of voices or other anomalous experiences. Ideally this means that effects of alienation from other people may not be so prominent because everyone has a common

point in having those experiences (and probably the alienation that comes with them, in order to have sought out the group at all). The fact that the anomalous experiences themselves are what the interpersonal interaction is actually about, in these groups, means that this common point is emphasised, but crucial to this is the way in which it is emphasised. This is through the acceptance and shared approach to anomalous experiences; the interpersonal interaction of the groups is focused on navigating the anomalous world and accepting its existence for the person, rather than denying it and attempting to erase it. This is a subversion of the role that others can play in instilling affect of threat and alienation – particularly the role that other people who are upholding psychiatric intervention can play. Interactions based on acceptance make it possible for others to offer corroboration for the anomalous experiencer, through engaging with the anomalous experience in an accepting way. This invites a connection to the consensus world – in the form of these other people – as one of trust, where others provide some acknowledgement of the A.E world; its presence being the very thing that has constituted the 'rupture' with the consensus world.

To look closely at how these values play out in HVG processes of transformation, Hornstein et al. (2020) undertook a qualitative study of HVGs and modelled 3 phases of transformation based on HVGs' unique characteristics: discovery, re-framing and change, modelled below. I will show how these phases of transformation show signs of Integration happening in the groups. They also grouped HVG characteristics into two general classes of elements; style of interaction and content of meetings. This passage shows how the description of these characteristics can be mapped on to the conceptualisation of the requirements and qualities of Integration:

> "The elements concerning style of interaction include: the group's intentionally non-judgmental attitude; its non- hierarchical role structure (facilitators do not "run things"); use of curiosity to foster a detailed articulation of experience; sense of community, belonging and connection among participants; opportunities to help others as well as to be helped; sense of safety amidst vulnerability; no behavioural targets/outcomes; shared responsibility for meetings; freedom to speak in organic, unstructured dialogue on any topic and potential for authentic relationships – those not constrained by professional roles or codes of practice – both inside the group and beyond it.

> The elements concerning the content of meetings include: welcoming multiple perspectives; no pathologizing or use of formulaic language; sharing coping strategies in non-prescriptive ways; valuing expertise by experience; enabling anomalous experiences to be made meaningful according to personal frameworks; appreciating variability in both experience and in modes of explanation. All these elements work together in a unique structure that allows fundamental change to occur." (Hornstein et al., 2020)

Below (Figure 1) is a diagram that explicates the phases of transformation. Each of the phases reflects the aspects of the process of Integration; the contextualisation of their A.Es, once they feel the safety of being in a space that accepts A.Es, and how this constitutes integrating A.Es into their lives in various ways, in ways that help them live in the consensus world *with* A.Es:

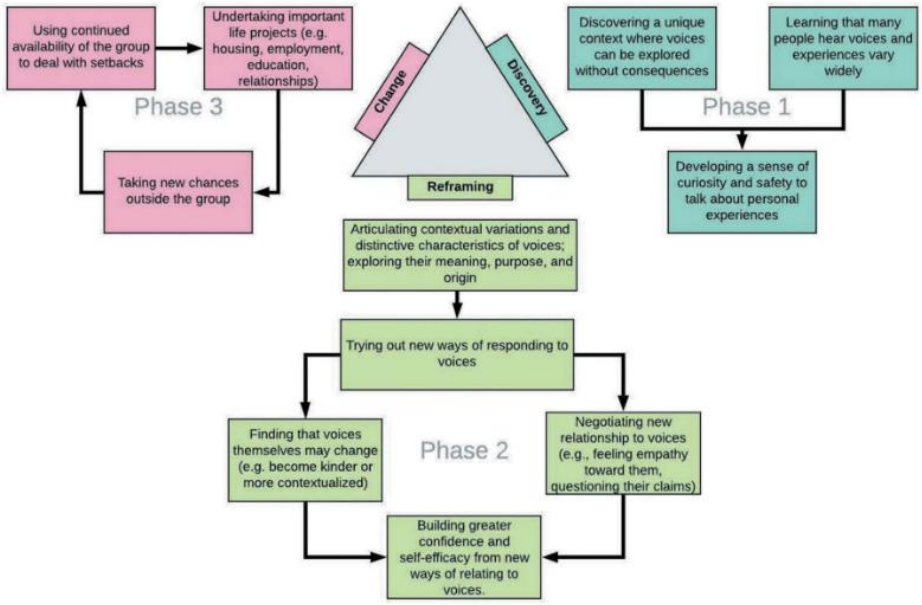

Figure 1. A three-phase model of transformation in hearing voices groups.

Figure 1: A three-phase model of transformation in hearing voices groups. (Hornstein et al., 2020) ***© copyright 2020****, reprinted by permission of Informa UK Limited, trading as Taylor & Taylor & Francis Group, http://www.tandfonline.com*

Hornstein et al. (2020, p. 206) explain that the phases "are not prescriptive, and a given individual may move back and forth among them or not go through the whole sequence" and that they provide a "useful framing of how HVGs operate".

The discovery and re-framing phases findings show step by step some of the nuances of Integration. The discovery phase shows the quality of acceptance of A.Es – of not relating to them with value judgements and coercion ('voices can be explored without consequences') – and how this is a distinctive aspect of discovering the group: a participant described the group as "a space of radical acceptance, non-judgment, support, and safety" (Hornstein et al., 2020, p. 206). 'Learning that many people hear voices and experiences may vary' shows the importance of a sense of sharedness, yet this is not created around the experiences being 'wrong', as we have seen of Psychiatry. These two aspects combine together to give: 'developing a sense of curiosity and safety to talk about personal experiences', which shows us how this value of acceptance, in this particular shared environment, creates the safety needed to start dialogue about one's A.Es. This is an example of being invited in to the consensus world, through the consensus world 'making room' for A.E, which invites them to start the consensus world process of dialogue. The explicit mention of 'safety' as needed to start dialogue about A.Es echoes how the building of habitual trust is written into this process – one needs to feel safe rather than threatened by others, which requires there to be no coercive consequences of the interaction. This presents the conditions for habitual trust, through others playing a corroborative role that is not threatening or alienating. Habitual trust is invited through interacting about A.Es with others who have A.Es; the people having A.Es contribute to the knowledge about them. Thus we have the grounds for a symmetrical relationship between a person having an A.E and the others around them through which they are hinged to the consensus world. This symmetry can be interpreted from one participant's description of the group as "freedom, mutually created, like a sacred space" (Hornstein et al., 2020, p. 206). The paper emphasises how the HVGs mean that "experiences long-kept secret can be discussed openly", and the importance of this for the transformational process: "this atmosphere allows for greater curiosity about their own and others' experiences, less fear about acknowledging or exploring them, and a sense of belonging, connection, and hope (often for the first time and after years of feeling alone, hidden, hopeless and strange). In striking contrast to what many had repeatedly been told – that blocking out voices and ultimately having them stop ought to be their only goals – members discover a landscape of possibilities for understanding and

change, even for experiences that have long puzzled or distressed them" (Hornstein et al., 2020, p. 206). This observation marks the difference between Psychiatry's affect of threat and alienation, compared with HVGs' affect of safety and connection.

The reframing phase provides evidence of the importance in having this dialogue for finding new ways to approach / respond/ contextualise the experiences – this is how A.Es get integrated into the consensus. The first point of the reframing phase is "articulating contextual variations and distinctive characteristics of voices; exploring their meaning, purpose, and origin". This looks a lot like contextualising A.Es by articulating their characteristics; highlighting the characteristic phenomenology and nature of a person's A.Es would distinguish it from perception. Exploring the meaning, purpose, and origin of the state is exploring their A.E world *in* the consensus world, *with* other people. The other points in the reframing phase describe how the person may then go on to engage with their A.Es in different ways (responding to them or negotiating different relationships with them) which show examples of how the A.E world is 'crossing over' to the consensus world, as the person experiences their A.E world differently through a renewed framing that emerges from the process of talking in the groups and sharing the existence of their A.E world with others. The last point of the reframing phase illustrates this: "the voices themselves may change (e.g. become kinder or more contextualised)".

The paper models an overall process of Integration through repeated attendance at the groups. There is a focus on personalised contextualising of A.Es, which "encourages each member to articulate subtleties and variations in their own experience and to situate them within their specific life circumstances", emphasising how "members evolve an understanding of the nuances of their own psychologies." It shows how the continued group dialogue encourages members to "try out new ways of responding to voices or learn to negotiate with them, rather than feeling powerless to affect their intensity, tone, frequency or content". This shows how the dialogue and acceptance creates new ways of navigating A.Es; integrating them in rather than being lost in the experience. If a person is able to 'negotiate' with their A.Es, then there must be some sort of distinction taking place; they are distinct experiences from usual perception – they have a separateness. Hornstein et al. (2020, pp. 206–207) note: "Voices may stop or become more contextualized, or quieter, or clearer, or a person's relationship with them may start to shift (e.g. become less oppositional or less controlling; empathy, rather than fear, may emerge more strongly). As one participant said:

"I am no longer just a pawn to the whims of the voices . . . I am more in control. My voice matters, not just theirs.""

This is evidence of Integration. I argue that the actual space of the group itself is also just as important for this Integration process, by inviting the person in to an intersubjective space that exists in the here-now of the consensus world. It is a physical and temporal space, that exists in the here and now 'real time' of people speaking and engaging together: this provides a direct way of distinguishing between the A.E world and the consensus world, since the here and now of the physical space is the consensus world. This present-ness and directness is important for regulating a connection to the here and now that is grounded in a recognition of it being available to others; thus instigating habitual trust and the regulation of the structure of intentionality. Crucially, this here and now is not one that is underscored by the affect of threat and coercion. A shared space is created that promotes others as corroborative and supportive in relation to the A.E world. The "landscape of possibilities for understanding and change" (Hornstein et al., 2020) emerges from the integration of anomalous experience into the consensus world, and the general regulation that this hinging provides, for being able to live in the shared world.

Hornstein et al. also mention some extreme examples of this, where the group itself "acts directly on the voices during the meeting, rather than indirectly (i.e. by encouraging a kind of exploration that can then affect the voices outside the group context)." They state: "Some participants reported that their voices come to see themselves as group members in their own right. As one put it: "They feel heard. They are not as loud, aggressive or invasive. They enjoy the groups." Another noted: "My voices used to yell at me and scream in pain; they're much calmer now" (Hornstein et al., 2020, p. 208). This presents a more direct overlap of worlds, as the participant's voices are almost present in the here-now group space. In this sense, the voices appear to be 'here' and 'now' to some extent, yet they are distinct from perceptual consensus reality, and my understanding is that the Integration that the groups provide highlights this distinction. For instance, the participant refers to them as 'my voices' that attend the group, presuming an awareness of their inaccessibility to others – a characteristic attribute of the A.E world.

Another thing to note about the dialogue process, that reflects my theorising of Integration in the previous chapter, is that it is focused on dialogue and words (a 'to-and-fro' between people) but not with any pressure to make certain meaning from it or even say

anything at all. It seems that there is an importance in the process of *this being possible* just through existing in the here-now space of the group: "Sometimes what is needed is to "sit in quiet understanding," as one participant put it, with no focus on advice or support. "They want to be able to put words to it," said this member, without necessarily being pressed to think a certain way about the meaning of an experience or how to respond to it" (Hornstein et al., 2020, p. 208). The groups offer the freedom to form one's own contextualising of their A.E world in the consensus world – driven by the individual themselves – but importantly made possible by the group's intersubjective, shared 'here-now' space.

We also see how this Integration is not only happening on a personal level for each individual's A.Es, but also for the general normalising of there being such a thing as the A.E world that one can 'visit'. Hornstein et al. note how the collaborative discussion in the groups can consist of general talking about A.E worlds in general, on a collective level. This shows how HVGs provide a specific epistemic community for anomalous experiencers: "We found group members to be intensely curious about the phenomenology of voices (their own as well as those of others) and appreciative of a context where they can try to make sense of these very complex experiences. HVGs embody an unusual combination of the philosophical and the pragmatic. In a given meeting, discussion may range from pharmacology to spirituality to trauma theory, from abstract explanations of voice origin to concrete strategies for coping with a specific situation" (Hornstein et al., 2020, pp. 207–208).

6.1.2 Structure of HVGs

Hornstein et al. group the elements that characterise HVGs into two general classes: a) those related to style of interaction and b) those related to content of meetings. Their analysis of (a) emphasises the structure of these groups as non-hierarchical; this may be important for there to be genuine acceptance and a dialogical process that is genuinely open to being driven by the person who is having the A.E. I argue that this non-hierarchical structure enables the HVGs to foster a generally open conceptual framework approach to A.Es, where there is no 'the' way to understand or navigate A.Es – no type of perspective has authority over any other – and a symmetrical intersubjective relationship in regards to knowledge-making about A.Es. This non-hierarchical structure consists of the groups being peer run with a facilitator. There is an assumption that no one knows more about anyone else's experiences than they do themselves, and the facilitator's role is strictly to facilitate not guide. This means that the meaning made about A.Es through the group processes should be led by the

person having that specific A.E. At the heart of the HVN is the view that 'all perspectives are valid' – there is no priority placed on any one framework of understanding such as biomedical, spiritual, psychological, social, paranormal or other (Longden et al., 2018). All explanatory frameworks are considered as primary as each other; there is no value or reduction or meaning ascribed to the mere existence of an A.E at its outset – it is up to the person what they make of it. Crucially, this means that A.Es are just A.Es – there is no universal reduction of A.Es to something else.

This shows us that the 'how' of the dialogical process is critical; it needs to be driven by the person and not sustained by or the implication of a coercive power relationship, as we see in psychiatric contexts. I argue that this emerges naturally from the condition that A.Es are accepted – that there is no assumed categorisation or value judgement of them. However, there is also something to say for how this condition is practiced, in the world, through these 'to-and-fro' processes – which we analyse in depth in Section 6.3 using Lugones' (1987) framework of World Travelling. Hornstein et al. explain the role of the facilitators:

> "Facilitators are seen as essential to well-functioning HVGs, with a distinctive role not found in other kinds of groups. They encourage members to engage one another with "more of a relationship connection as opposed to a therapeutic connection," as one participant put it. Another, himself a facilitator, noted: "I'm not the interpreter of other people's experience, the person set up as the 'expert.' In HVGs, people are the experts of their own experience . . . if someone comes in and says 'I have schizophrenia,' I'll say, 'Ok, what does that mean for you?'" Another participant highlighted the importance of allowing time in meetings to absorb what was happening: "The facilitator doesn't have to fill silence . . . it's ok that we sit in silence for a while as people process what's been said."" (Hornstein et al., 2020, p. 208)

The importance of this symmetrical structure is also echoed in other HVG studies. Oakland & Berry's (2015) qualitative study names the group structure as a superordinate theme for what was important about HVGs, which was found to consist of 'facilitation of groups' as well as 'group control'. They characterise the facilitation with the quote "no one in a group has power over you". They describe how, when discussing the issue of whether professionals or non-voice-hearers could facilitate groups; "some participants felt that it

would be more difficult to talk openly to professionals, as they feared that their conversations would not be confidential or their treatment would be affected", referencing power imbalances between professionals and voice-hearers (Oakland & Berry, 2015, p. 123). However, other participants did not view being a voice-hearer to be necessary for facilitation, and some groups have 2 facilitators: one professional and one voice-hearer, which was viewed as supportive by some. This suggests that the condition for having this kind of dialogue is not necessarily that the facilitator is an anomalous experiencer, but that an accepting, symmetrical, and non-hierarchical group relationship is sustained. This may be reflected in Oakland & Berry's finding of 'group control' to be the other equally important structural factor, summarised by the quote: "It's their rules" - the group is 'owned' by its members.

> "Group ownership meant aspects of the group which were valued and not always available in the NHS could be maintained, including no time limit, no expectations regarding weekly attendance and availability. For example, one participant described how if the group had a finite number of weekly sessions people might feel pressure to contribute when they are not ready to do so and one participant remarked that she knew the group would always be there unlike her psychiatrist. I don't think there should be a time limit like a 6 weeks or 12 weeks because people might get anxious if they've not contributed. (Claire)" (Oakland & Berry, 2015, p. 123)

There seems to be a common theme about the need for freedom in how the person interacts with the group; the absence of pressure to speak or come to any outcome, in order to be able to actually be able to engage in this 'free' dialogue in which they drive their own perspective. This echoes the idea of these spaces *inviting* people in to the consensus world, inviting the habitual trust that is needed to integrate A.Es, by creating the conditions that make it possible to integrate the A.E world in a genuinely self-driven way.

This is in contrast to the power dynamics in psychiatric interventions, in which there is the legitimised possibility of use of coercion by professionals at all times, with incarceration as the ultimate threat. We have seen how this threat can underpin even peripheral interactions with the psychiatric system. However in these spaces people are free to talk about their A.Es without any threat of action being taken or judgement that will

result in a certain type of intervention. Ultimately, psychiatric interactions rely on the role of the psychiatrist as a gate-keeper controlling the flow of medication or the use of other interventions, whether the patient wants it or not, which means that the dialogue of these interactions is the basis for an outcome that is at the psychiatrist's discretion.[51] The reports in the previous chapter showed that interactions with other staff members are also observed and used towards this discretion, even before a person is psychiatrized – i.e. in the prodromal phase. This analysis demands that we take seriously the importance of dialogue that is not tainted with these coercive undercurrents, which inevitably create an affect of threat and alienation.

6.2 Open Dialogue approach

Another alternative approach that has been gaining interest and traction is the Open Dialogue (O.D) approach, developed since the 1980s in Finnish Western Lapland. It was developed as part of the Finnish National schizophrenia project which aims at finding new ways to navigate experiences described as 'schizophrenia'. This project opened up a series of family centred and community-based clinical programs, of which the O.D approach followed, aiming to be a "radical reorganisation of the treatment system as a whole" (Galbusera & Kyselo, 2018, p. 47), by focusing on understanding the meaning of symptoms rather than their cessation:

> "In contrast to biological psychiatry, the O.D approach does not view psychiatric disorders as brain diseases but considers instead each symptom of a person's psychological distress as an adaptive and meaningful reaction to a specific difficult life situation or context (Seikkula, Alakare, & Aaltonen, 2001a, 2001b). Through dialogical processes with clients and their social networks, O.D professionals aim at generating new meanings and at finding alternative solutions" (Galbusera & Kyselo, 2018, p. 47)

O.D is a dialogue centred approach, where the clinicians and the clients as well as their social networks (their families, friends, communities) talk in an open way in order to

[51] Note that I am not saying that this role is necessarily 'bad' in each specific situation, but I am drawing attention to the existence of a power relation that is inherent in the clinician – patient relationship, and how the legal legitimacy of coercion in mental health care is a foundation of this.

gauge meaning around what the person is experiencing. It started as part of the Finnish state intervention, but stands out as very distinct from biological psychiatry as it rejects the view that A.Es are symptoms of disorder that need to be erased. I will outline the basic principles of the O.D approach, showing how O.D also provides an example of Integration, and then use Lugones' World Travelling to deepen this analysis.

It shares some similarities with HVGs in its guiding principles, of acceptance and dialogue, which I set out as necessary for the integration process. Yet there are also some differences, particularly in structure and set-up; O.D is clinical in that it involves a clinician working with a client, as well as their family and network. It is a 'therapeutic approach' rather than a specific kind of group space. Galbusera & Kyselo (2018, p. 48) outline its macrolevel and microlevel principles. On the macrolevel (the structural) there is 'immediate help for the client through 24 hour crisis service', 'a network perspective (the client plus all relevant people in their life invited to participate in meetings, and all meetings any decisions require the presence and consent of the client)', 'flexibility and mobility (meetings organised according to client's specific needs in terms of frequency and location)', 'guaranteeing responsibility (professionals present at original meeting also take responsibility and initiative for planning ongoing treatment', and 'psychological continuity (same professional throughout client's whole treatment)'. The microlevel principles are 'dialogue', described as therapeutic change that happens "through dialogical interactions with the client instead of being steered unidirectionally by professionals" and 'tolerance of uncertainty': "all participants are encouraged to tolerate uncertainty about process and outcome of the treatment, instead of trying to predefine and control the situation" (Galbusera & Kyselo, 2018, p. 48).

6.2.1 The dialogue of Open Dialogue

Again, this is not just any dialogue but an 'open-ended process' where understanding and meaning are continuously emerging - never expected, superimposed, or ultimately reached:

> "Unpredictability and uncertainty are simply part of the treatment process. Uncertainty also means to embrace the idea of a "neither-nor" reality (Seikkula, 2011 referring to Andersen, 2007), a reality that exists through the embodied encounter with the other person, prior to words and expression. Dialogue is thus not only conceived as the linguistic exchange of spoken words but also, and most

> importantly, as touching upon an embodied and prereflective reality in which the things we live through cannot be always explicitly and linguistically grasped (Olson, Laitlia, Rober, & Seikkula, 2012; Seikkula, 2008, 2011; Seikkula & Arnkil, 2006; Seikkula & Trimble, 2005). It follows that dialogue also implies being present in the here-and-now interaction, and being ready to deal with contingencies rather than relying on pre-planned interventions or goals (Arnkil & Seikkula, 2015; Olson et al., 2014). In summary, the active participation of all subjects, the open-ended and uncertain nature of the process, as well as the embodied dimension of the encounter and the presence in the here-and-now moment are the main important features of the dialogical process." (Galbusera & Kyselo, 2018, p. 49)

Understanding and meaning as continuously emerging means that these are not translated into a quota or standard that is superimposed and then 'reached' or not; there is no division of 'good A.E' and 'bad A.E' because there is no standard or goal. There is no requirement for an A.E to be acceptable – they just are. Unpredictability and uncertainty allow the process to be what is most suitable for the person; we have a 'to and fro' dialogue that is based on this acceptance, which reflects the conditions of Integration. As well as this, there is a focus on "embodied and pre-reflective reality" and an acknowledgement that this does not require linguistics or 'sense-making' where sense is a goal to reach. In fact, there is emphasis on an important affect created "prior to words and expression", which echoes the sentiment from the HVGs about the importance of being able to 'sit in quiet understanding'.

This reflects my analysis of Integration as needing real-life, here-now encounters – something embodied happening on the pre-reflective level through "being present the here-now interaction" sounds a lot like the here-now intersubjective corroboration needed for habitual trust. Something profound happens on this level, where there is possibility of habitual trust and the regulation of the structure of intentionality – if the interpersonal conditions foster trust and safety. My theory is that this encourages the contextualisation of the A.E as 'in the A.E world'; as another phenomenological state, distinct to perception, and with a different relationship to the consensus world, which a person gradually becomes more hinged to through these encounters. This is why these encounters must foster an acceptance of and genuine openness to the A.E world, in order to invite this process of habitual trust building – offering a 'bridge' to the here and now of the consensus world. The dialogue itself starts this embodied process, building new habits, through this kind of

relating (which does not necessarily require linguistic dialogue), which practices how the A.E world can 'fit in' to this interpersonal, intersubjective realm, which will take a different sort of shape for each person and their particular network.

Galbusera & Kyselo state that the dialogue itself has a quality of what they call 'responsive responsiveness': "The team members open up and focus on what is relevant for the client and adapt, through the course of conversation, to the client's language", and that "attentive and respectful listening to each network member is important to ensure that the voices of all participants can enter the dialogical space. This also involves an attitude of acknowledging the other as other and unconditionally accepting and respecting her." It is also stated that "this applies in the most radical sense, thus also when the client is psychotic and behaves in an apparently nonsensical way" (Galbusera & Kyselo, 2018, p. 50). Here the explicit mention of adapting to the client's language is an example of fostering contributory justice; the client's own language and concepts being given uptake and used throughout the process, by others, who do not share in the clients' type of experiences, yet are engaged in knowledge-making about them. There is again a strong focus on acceptance, including the seemingly non-sensical which is accepting the client's A.E world – not accepting it as consensus reality, but accepting its 'world' status, and the client as a person who is experiencing that world. This looks like the consensus world attempting to make itself accessible for the person with A.Es, no matter how non-sensical they may seem to the consensus world, rather than alienating or threatening them due to this apparent 'non-sensicalness'. Importantly, the emphasis on uncertainty and pre-reflective, embodied presence means that this does not consist of the consensus world trying to make sense of this 'non-sensicalness' according to its own preconceived frameworks (though this may and probably does happen) but being open to a shared process of exploration:

> "We thus take the notion of openness as an effective encompassing term under which these different descriptions can be subsumed and suggest that openness is the first constitutive aspect of a dialogical therapeutic stance. An attitude of openness creates possibilities and a space for participation and dialogue. The client is invited to step into the interaction and to take an active role in the dialogical process. This actually ensures that the client participates as a subject, which as we emphasised earlier is a necessary condition for dialogue." (Galbusera & Kyselo, 2018, p. 50)

This is very similar to the way that I use the term 'acceptance' in my explication of what Integration involves; creating an attitude to A.Es that is accessible, by *inviting the person in to the interpersonal space,* by being open to their A.E world. This notion of accessibility and invitation is necessary for the symmetrical intersubjective relating that is needed for the process to foster habitual trust. The quote above reiterates the importance of creating the right conditions for this process to be able to unfold. It is not about getting to a prescribed goal, but about allowing a process, and, like my theorising about Integration, it is the process itself that is the crux of the approach.

It is worth noting that they also include the value of 'Authenticity' which refers to the clinician remaining authentic, explicated as the clinician refusing to be passive towards the client such as allowing a monologue from them; the therapist has an active stance in the intersubjective relating. My analysis of worlds could interpret this as the clinician 'representing' the consensus world, in order to enable integration in to the consensus world, and exemplify the rules and constraints of the consensus world in contrast to the A.E world. However, there is clearly the issue of power dynamics and threat. O.D interactions are not non-hierarchical like HVGs, even though it is implied, since there is still very much a therapist–client dynamic. This is a clinical encounter, not a peer support group. Therefore, the affectivity of threat of coercion may sneak in and skew the affective building of habitual trust.[52] This next section will now turn to Lugones' concept of World Travelling to deepen the analysis here, which indeed could be a useful resource for navigating such encounters which inevitably do have inherent power relations behind the scenes. O.D is can be seen as an example of (attempted) Integration through interpersonal interaction that are not solely between anomalous experiencers. I will now propose how World Travelling can deepen the

[52] In fact, when discussing Open Dialogue recently with people in the field, I received mixed responses that cast doubt on how much the values that Galbusera & Kyselo (2018) identify are really implemented. It was mentioned that O.D is, at the end of the day, a solution-focused intervention; it is called upon when there are problems, and is instigated from mental health providers and professionals. Thus, whilst it is not goal-orientated, it is ultimately a national intervention; there is a wider goal behind the scenes of implementing it in order to find solutions to problems, rather than simply to integrate anomalous experience. This is in contrast to HVGs which were and are created by people with A.Es in order to help each other navigate these experiences. This incentive is immediately more aligned with the idea of integrating A.Es into the consensus world. Furthermore, as stated above, O.D aligns itself with the claim that A.Es are 'adaptive and meaningful reactions', which could be seen as restrictive to those A.Es that are not immediately presented as 'meaningful' or that the client does not frame in such a way. Further discussion could be had about whether this compromises O.D's value of unpredictability and uncertainty.

analysis of what this kind of interaction should look like, in order to really foster the kind of accessible, symmetrical intersubjective relating that we are looking for – which should achieve contributory justice through doing so.

6.3 Applying Lugones' concept of World Travelling

Lugones' (1987, 2003) concept of World Travelling offers a way of attaining deeper understanding of what the acceptance and dialogue of Integration involves, and relates especially well to Open Dialogue, since it is concerned with interactions between people who inhabit 'different worlds'. It is a methodology for interaction that has been created from Lugones' perspective as a woman of colour speaking about the phenomenology of living with marginalised identities; she identifies World Travelling as a methodology that is used in order to live this kind of life, and details ways it can be applied as a way of resisting oppression. I will outline it and then apply it to O.D and our wider understanding of Integration.

6.3.1 What is World Travelling?

Lugones frames World Travelling as something that women of colour have to do involuntarily in order to navigate living in a white supremacist world; they travel between "the mainstream construction of life where she is constructed as an outsider to other constructions of life where she is more or less 'at home'" (Lugones, 1987, p. 3). This is referencing the act of having to act in a certain way that is not natural, in order to assimilate into the mainstream consensus world, in order to survive in it. Lugones references her Latino lineage and language and the requirement to assimilate into mainstream American culture – 'white/Anglo organization of life in the United States' – by hiding or shifting this:

> "As outsiders to the mainstream, women of color in the United States practice "world" – traveling, mostly out of necessity. I affirm this practice as a skillful, creative, rich, enriching, and give certain circumstances, loving way of being and living. I recognize that much of our traveling is done unwillingly to hostile white/Anglo "worlds." The hostility of these "worlds" and the compulsory nature of the "traveling" have obscured for us the enormous value of this aspect of our living and its connection to loving." (Lugones, 1987, p. 3)

This shifting, this travelling between worlds, might include having to change the way one talks; having to hide or change certain ways one behaves; having to hide or shift one's presuppositions, in order to fit in to the dominant way of being. For example, speaking in Creole to one's family and then having to shift to talking in English to others; having certain greeting mannerisms with one's family and then shifting to not doing this with others. This travelling means that one must have a deep awareness of this dominant way of being; they must know how to shift in order to do it. As well as this is the sense of needing to shift; the urgency or deep awareness of having to because of how one would be treated if one didn't. And our understanding of the necessity of the interpersonal for intentionality illustrates this even deeper; there is a deep need to fit in – to assimilate. Lugones maintains that this knowing how to shift is a matter of necessity; "it is required by the logic of oppression". (Lugones, 2003, p. 77)

This flexibility is required by the 'outsider', yet it can also be exercised resistantly by the outsider in order to understand other outsiders, rather than just to understand 'the mainstream' for means of survival and necessity; Lugones references other women of colour from different backgrounds and lineages – from other 'worlds' yet sharing in their alienation from the mainstream. And it can also be exercised by those 'at ease in the mainstream', in order to love others in ways that are not necessary for them to do so, due to not having to, because of their situatedness as 'at ease in the mainstream'. The mainstream which marginalises and makes outsiders of those who do not fit in to its norms, preconceptions and perceptions. Those at ease do not need to travel to outsiders' worlds, but Lugones advocates for this as anti-oppressive praxis.

It is not completely clear from Lugones' account whether this kind of travelling, from mainstream to 'outsider world' would require actually behaving like those who are situated as outsiders (i.e. mimicking their movements/ assimilating, as Lugones describes this process for those who are 'outsiders'), or whether it is more about practicing an openness to their way of being and not asserting the mainstream world upon them in a presupposed and coercive way. Perhaps cultivating the practice of world travelling enables an awareness about the kind of situations in which each would be appropriate. I do not think Lugones wants to advocate a kind of tokenistic mimicking of 'outsider' behaviours by people at ease in the mainstream, however there may be situations in which dominant world inhabitants

should mimic or adopt behaviour from 'outsider' worlds, for example in order to respect some cultural norms if they are entering space that is 'of' that outsider world.

However, generally I interpret cultivating the practice of World Travelling to be more akin to the latter; practicing an openness to the other's way of being and not asserting one's own world upon them in terms of preconceptions and how this seeps in to the way that one behaves and relates. This emphasis on preconceptions makes sense when we consider Lugones' focus on ways of perceiving as part of the process of world travelling. I think the assimilating/ mimicking aspect of Lugones' explicating is referencing what World Travelling can be used for; how and why it is utilised in these contexts (out of necessity to assimilate) but the crux of World Travelling is an ability to be receptive to, understand and step into an other's 'world'. This is facilitated by something Lugones calls 'loving perception'. Lugones' account gives us insight into how oppression and oppressive social structures influence people phenomenologically; she talks about kinds of perception – arrogant perception and loving perception. I argue that this theorising can have important applications for thinking about how the consensus world can be accessible for anomalous experience; how we can counteract marginalising consensus norms through how we perceive each other.

6.3.2 Loving perception vs arrogant perception as a way to World Travel

Lugones (2003, p. 77) references Frye's (1983) notion of arrogant perception and loving perception. These are ways that one can see and relate to another. Arrogant perception involves seeing someone as reduced to nothing more than certain preconceptions based on the social identities they hold. Lugones describes it as a 'failure to identify'; a failure to identify with them as the full person that they are because one sees them only as a reduced version – reduced to stereotypes and preconceptions which are framed by oppressive societal norms.

Frye's notion of arrogant perception is focused on women as objects of arrogant perception from men – arrogant perception is a facet of patriarchy and 'the white male gaze'. But Lugones' argues that arrogant perception is pervasive; white women perceive women of colour arrogantly, but also, women of colour perceive other women of colour arrogantly: "white/Anglo men are not the only arrogant perceivers" (Lugones, 2003, p. 78). She opens the chapter with the example of perceiving her own mother arrogantly, explaining how this

was taught to her by others who perceived her mother in this way. Ford (2009, p. 52) analyses Lugones as "talking about arrogant perception not as the conscious, usurperous attitude of the bigot but as the unconscious, daily-life-constituting, frame of reference of a subject so at ease with her place in "her world" as literally to ignore, render invisible, stereotype, and leave untouched, the others upon whom her perceptions of the world does not depend".

Lugones describes how she perceived her mother arrogantly; "I was brought up in Argentina watching men and women of moderate and of considerable means graft the substance of their servants to themselves. I also learned to graft my mother's substance to my own" (Lugones, 2003, p. 78). She references the way that she is taught to see servants; "I could abuse them without identifying with them, without seeing myself in them" (Lugones, 2003, p. 79). This is a lack of identifying with a person and seeing them as nothing more than fulfilling some kind of preconceived role, likened to being used for one's own gain. One's 'own gain' is referencing the way that the arrogant perceiver's own world characterises this other person; seeing the other as slotting into one's own world, according to whatever stereotypes or norms the outsider characterisation depicts of them, and not appreciating the other's world – not allowing the other's world to 'rub off on them at all' in the sense that it challenges these characterisations. This reading of arrogant perception likens it to an epistemological relating to an other; where seeing arrogantly amounts to a distorted knowing of them through a lack of identifying with them and instead seeing them as a means to one's own life. It is not explicit whether this is literal perception or metaphorical perception.[53] Either way, Lugones is drawing attention to the way in which the phenomenological experience of seeing another already contains this kind of 'subjugation' within its process:

> "I am interested here in those many cases in which white/Angla women do more of the following to women of color: they ignore us, ostracize us, render us invisible, stereotype us, leave us completely alone, interpret us as crazy. All of this *while we are in their midst*…. Their "world" and their integrity do not require me at all. There is no

[53] Whether Lugones is referring to literal perception or metaphorical perception is another discussion outside the remit of this thesis. See Alcoff (2006, Chapter 7) for related discussions about racist perception.

> sense of self-loss in them for my own lack of solidity. But they rob me of my solidity through indifference, an indifference they can afford and that seems sometimes studied." (Lugones, 2003, p. 81)

Here Lugones explicates this being seen according to someone's racially constructed preconceptions, and 'used' for their own gain in this way, in the sense that these preconceptions are not challenged; there is "no sense of self-loss". Much like her own attitude towards the servants, there is no compromise of the perceiver to know the other, to challenge one's own perceptions, and no investment in this knowing. In Section 6.4 below, I will explicate more about this quote and how it relates to my analysis of the consensus world and intersubjectivity.

This failure to identify has an objectifying quality which can apply in the literal sense of using an other for one's own gain (the description of people exploiting Lugones' mother), but also in the metaphorical sense of relating to an other in a way that ignores who they really are, but a way which suits the arrogant perceiver. This refers to the subjugation that is happening through the mere act of seeing another in a way that does not comprehend who they really are, and has no intention to, because of the depth of oppressive characterisations: being seen "as a being to be used by white/Anglo men and women without the possibility of identification (i.e., without their act of attempting to graft my substance onto theirs rubbing off on them at all)" (Lugones, 2003, p. 79). "Without their act of attempting to graft my substance onto theirs rubbing off on them at all" references how the perceiver sees the person only according to this arrogant way and refuses (unconsciously or consciously) to see the effects of this – to step outside of this frame of reference. Allowing their own attempts to 'rub off on them at all' would require identifying with the person; seeing the relating through the other person's eyes, which would require stepping outside of one's own frame of reference, allowing themselves to be changed by them – a transcending of one's own preconceptions. Thus, arrogant perception describes an interpersonal asymmetry: the object of arrogant perception cannot do anything to show the arrogant perceiver that they are outside of their frame of reference – that they do transcend those preconceptions – so long as the perceiver remains an arrogant perceiver. And importantly, there is nothing to urge the arrogant perceiver to transcend their preconceptions, since these are framed by oppressive structural norms which encourage, sustain and favour such relating: "they could remain untouched, without any sense of loss." (Lugones, 2003, p. 79)

'Loving perception' involves perceiving the other as the full person that they are, with appreciation of their world and what that means to them. Loving perception *is* challenging one's own preconceptions. Loving perception goes hand in hand with world travelling; it is about cultivating a seeing of the other with openness, not driven by one's own preconceptions or agenda about the other or ignoring them completely – perhaps this is what the 'agenda' dictates. Lugones explains that while arrogant perception is a failure to identify, loving perception must involve an identifying with the other. However, "to the extent that identification requires sameness, this coalition is impossible. So, the coalition requires that we conceive identification anew" (Lugones, 2003, p. 82). Loving perception is not seeing each other as the same or even identifying by projecting one's self into the other; it requires seeing each other in each other's own worlds. This means 'going beyond' the mainstream constructions of a person. Lugones references Frye (1983, p. 75) by stating that the loving eye is "the eye of one who knows that to know the seen, one must consult something other than one's own will and interests and fears and imagination." Lugones develops this by emphasising that there is not a doing away with one's own interests completely, since "my self and the self of the one I love may be importantly tied to each other in many complicated ways" (Lugones, 2003, p. 82). Lugones explains how loving perception and world travelling go hand in hand – one must leave one's own world in order to lovingly perceive the other:

> "Loving my mother also required that I see with her eyes, that I go into my mother's "world," that I see both of us as we are constructed in her "world," that I witness her own sense of herself from within her "world." Only through this travelling to her "world" could I identify with her because only then could I cease to ignore her and to be excluded and separate from her. Only then could I see her as a subject, even if one subjected, and only then could I see at all how meaning could arise fully between us. We are fully dependent on each other for the possibility of being understood and without this understanding we are not intelligible, we do not make sense, we are not solid, visible, integrated; we are lacking. So traveling to each other's "worlds" would enable us to *be* through loving each other." (Lugones, 2003, p. 82)

6.3.3 Leaving preconceptions; perceptual changes to enable Integration

Lugones writes about seeing each other enacting "dominant constructions" (Lugones, 2003, p. 82) and non-dominant differences, and this tells us something about the change of perception that is required. World travelling comes with a change of perception that transcends the dominant constructions that frame how we see one another. Lugones advocates for "the epistemological shift to non-dominant differences" from these dominant constructions, explaining that dominant differences are "differences concocted by the dominant imagination" (Lugones, 2003, p. 81). The focus on non-dominant differences explicates how loving perception is connected to an awareness of difference; that this other person is a separate person to oneself, but importantly, in a way that does not reduce the other person to what society has constructed them as. Awareness of non-dominant difference is achieved through travelling to the other's world – through this we can really know who the other person is.

This has applications for understanding what is happening with Open Dialogue and how it allows for interpersonal interaction that integrates the A.E world into the consensus world.[54] O.D requires the clinician to leave their preconceptions in order to perceive the person differently; to see the other, and oneself, constructed in that person's world rather than seeing them as the 'dominant construction' of themselves. This dominant construction would be the psychiatric construction of the person as having a disorder of the mind. The psychiatric method perceives and relates to the anomalous experiencer with the preconceptions that their experiences are unwanted symptoms of pathology. The 'psychiatric gaze' is one of arrogant perception in this way. Open Dialogue is committed to there being no particular agenda for the interaction with the Anomalous experiencer; nothing is superimposed in terms of an outcome or direction. The focus is on a present-ness in the here-now of the dialogue itself, which is open to whatever meaning there is to be made from the person's experience – or no meaning at all but simply the embodied

[54] I am mainly referencing Open Dialogue in relation to World Travelling, since it involves interactions between people from 'different worlds'. The dialogue that happens in HVGs is more akin to people from a world interacting inside that world. That being said, the HVG studies presented a focus on the pre-reflective, embodied, 'here-now' level of the interaction as creating the conditions for transformation – recall the description of "sitting in quiet understanding". This has similarities with the emphasis on perception that the World Travelling framework points us to; the significance of the pre-reflective way that people interact.

interaction. Lugones' work gives us insight into how this openness can be created through a change in perception; a seeing of the other that is not shaped by preconceptions.

Clinicians of Open Dialogue reference having to leave all their preconceptions and paradigms as therapists behind (Hall, 2010). Potter (2013, p. 304) references World Travelling in the context of clinicians and their patients. She gives the example of a clinician World Travelling by leaving behind their paradigm of selfhood when traveling to the world of someone who does not experience themselves as a bounded single unified self, and states that the process of doing this leaves one open to being genuinely 'changed' when coming back to the world that one is at ease in. In terms of Integration, the person who is at ease in the consensus world must be ready to leave the rules and paradigms of the consensus world in order to fully appreciate the world of the anomalous experiencer and perceive them differently – perceive them in a way that is not confined to their 'dominant construction'. This sets up a more symmetrical interpersonal relating. Integration advocates for this process to extend outside of a clinician-patient context and into the norms of the consensus world; people who do not experience A.Es to be interacting with those that do in this world travelling process.

This process, where one really tries to leave their preconceptions and rules of the consensus world and immerse oneself in what it is like to have the person's anomalous experiences, and as well as this, what it is like to live with those A.Es and navigate the consensus world (which is often one of threat and alienation in relation to these people and their experiences), constitutes a direct subverting of that threatening and alienating (dominant) consensus world, in the here-now of that situation. The person is providing interpersonal interaction that is not shaped by denial of the other's world (of their A.E world). This is interaction that is not shaped by, to paraphrase Lugones' earlier quote; 'ignorance, ostracization, rendering invisible, stereotyping, leaving completely alone', and, very relevantly: 'interpreting as crazy'. This interacting should instil habitual trust through interpersonal connection that is based on seeing and empathising with the other. I will expand on this in Section 6.4 below.

6.3.4 The leaving of preconceptions requires playfulness; openness to uncertainty

Lugones describes how leaving one's own world of ease involves cultivating 'loving playfulness'. This is described as an openness to uncertainty which is also reflected in the Open Dialogue methodology. The kind of dialogue that we are seeking to facilitate is one in which this openness and trust in the present – in the process itself – is present. Lugones explains what she means by playfulness with this example:

> "We are by the riverbank. The river is very low. Almost dry. Bits of water here and there. Little pools with a few trout hiding under the rocks. But it is mostly wet stones, gray on the outside. We walk on the stones for awhile. You pick up a stone and crash it onto the others. As it breaks, it is quite wet inside and it is very colorful, very pretty. I pick up a stone and break it and run toward the pieces to see the colors. They are beautiful. I laugh and bring the pieces back to you and you are doing the same with your pieces. We keep on crashing stones for hours, anxious to see the beautiful new colors. We are playing. The playfulness of our activity does not presuppose that there is something like "crashing stones" that is a particular form of play with its own rules. Instead, *the attitude that carries us through the activity, a playful attitude, turns the activity into play.* Our activity has no rules, though it is certainly intentional activity and we both understand what we are doing. The playfulness that gives meaning to our activity includes uncertainty, but in this case the uncertainty is an *openness to surprise.* This is a particular metaphysical attitude that does not expect the "world" to be neatly packaged, ruly." (Lugones, 2003, pp. 88–89)

Lugones goes on to explain that this playfulness entails "we are not fixed in particular constructions of ourselves, which is part of saying that we are open to self-construction" and that "we are not wedded to a particular way of doing things. While playful, we have not abandoned ourselves to, nor are we stuck in, any particular "world"" (Lugones, 2003, p. 89). Again this echoes Dotson's explication of open conceptual structure: not being attached to there being one '*the*' way of doing things; each way is *a* way, and this is central to the world travelling attitude. Earlier, Lugones describes the Western notion of

play (called 'agonistic play') by referring to two classic pieces of literature on what play is[55], whose explanations are "to do with contest, with winning, losing, battling" (Lugones, 2003, p. 88). She explains that in these notions of playfulness one better know the rules of the game, and that the uncertainty is in who will win or lose, but not in the how of the playing itself; "the attitude does not turn an activity into play, but rather presupposes an activity that is play" (Lugones, 2003, p. 89). Lugones explains that the world traveller who travels in this sort of way is "a conqueror, an imperialist" who wants to win and compete. This traveller fails at Lugones' conception of world travelling – they cannot attempt to travel in this way: "Their travelling is always a trying that is tied to conquest, domination, reduction of what they meet to their own sense of order, and erasure of the other "world" " (Lugones, 2003, p. 89). This explanation helps us understand what is not meant by playfulness in the way Lugones uses it. Lugones explains that positively, the playful attitude involves "openness to surprise, openness to being a fool, openness to self-construction or reconstruction and to construction or reconstruction of the "worlds" we inhabit playfully, and thus openness to risk the ground that constructs us as oppressors or as oppressed or as collaborating or colluding with oppression" (Lugones, 2003, p. 89). This suggests a surrendering and trust in uncertainty as one is met with another's world. But not necessarily committing to this other world, that is not what is being asked; what is being asked is to suspend one's own beliefs and disbeliefs and experiment with being opened up and changed by the other world. What is really important here is the letting go of things having to be a particular way – "not taking norms as sacred and finding ambiguity and double edges a source of wisdom and delight". (Lugones, 2003, p. 89)

This has a lot of relevance for the Open Dialogue method. O.D requires a letting go of presumed assumptions about what A.Es are or what that might mean for the person, and a surrendering to there being no fixed outcome of the process. The necessity of the person themselves and the inclusion of their family/friend network in decisions being made shows signs that there is genuinely an openness in the direction of how things are going to play out. This is written into the structure of the process seeing as the clinician is not able to just decide the way of things; it is a collective process that will be different for each person and open to the nuances of their specific situation. This requires a surrendering to uncertainty

[55] These were Johan Huizinga's *Homo Ludens* (1968) and Hans-Georg Gadamer's chapter on the concept of play in his *Truth and Method* (1975) (Lugones, 2003, p. 88)

for the clinician, in order to actually be receptive to the specific situation at hand. A lot of the information about O.D explicated in the previous section can be interpreted as promoting a sense of playfulness; the openness to whatever the dialogical process might bring. Recall the Galbusera & Kyselo (2018, p. 50) quote: "This also involves an attitude of acknowledging the other as other and unconditionally accepting and respecting her. Note that for the O.D, this applies in the most radical sense, thus also when the client is psychotic and behaves in an apparently nonsensical way." Cultivating Lugones' playfulness would take this instruction and develop it as an openness to "construction or reconstruction of the "worlds" we inhabit playfully, and thus openness to risk the ground that constructs us as oppressors or as oppressed or as collaborating or colluding with oppression" (Lugones, 2003, p. 89). This calls to mind Potter's (2013) example of the clinician being open to leave behind their paradigm of selfhood; an openness to adapt this paradigmatic 'world', but playfully. The playfulness means that there is no necessary commitment in taking on another's world as if it were one's own; the commitment is in being open to this perspective and being open to being changed by it. Importantly, O.D is about the dialogical process as the therapeutic tool; it is in this process of exchange that new meaning is made, and that is the point – there is no set outcome. This new meaning is the result of the process, and it is necessary that this process is genuinely collaborative and open to the anomalous experiencer's 'world'. Playful world travelling is a way to enable this.

In this way, the dialogical process allows the anomalous experiencer to 'live through' the experience rather than shaping it into something else – reducing it to a pathology that needs to be erased. And this is the aim of Integration; being able to live through the experiences and navigate them in the consensus world, with the help of the consensus world. O.D (and HVGs) provides ways that the consensus world can help the person remain rooted in the consensus world *with* their anomalous experiences, through the here-now interaction and the meaning – or contextualisation – that it creates, which is through being open to and respectful of their world. The playful and empathic approach of world travelling can provide a scaffolding for the person in the consensus world, by providing corroboration and acceptance of, interest and care in one's experiences by the other. In order to strive towards genuineness and integrity in this, one does not want to be interacting driven by a (dominant) consensus world preconception of what anomalous experience 'reduces' to; this would be the imperial 'travel' that Lugones warns us of, and does not provide this kind of scaffolding and symmetry, since it is shrouded in alienation and threat,

and we have discussed the looping, asymmetrical effect of this. Playful world travelling is a methodology to strive towards to ensure this. I will now elaborate on how this 'scaffolding' works, by using the metaphor of building a bridge from the consensus world to the anomalous world.

6.4 'Bridging' the consensus and anomalous world

Integration evolves through the here-now process of interacting with each other about anomalous experience; with an anomalous experiencer, in a way that does not immediately reduce the experience to an unwanted symptom of pathology. World travelling presents insight into the how of this dialogical process. World Travelling can be a methodology for Integration interactions, and is relevant to O.D in the ways that I have shown O.D to be an example of Integration; there is an emphasis on the here-now of the present moment of the interaction, and it is the interaction itself – rather than a goal it is intended to reach – that is at the heart of the approach. O.D emphasises this in a therapeutic context, but I am proposing that the essence of this can be applied outside of the therapeutic realm and influence how people should interact with each other; specifically, how people without A.Es could interact with people who have A.Es. Note that the 'should' here refers to the argument that this thesis has built up; that we should be building a consensus world that presents an affect of safety and habitual trust in connection to it, in relation to anomalous experiencers. The argument for Integration is in the spirit of creating such a consensus world. The reason for including an analysis of World Travelling here is to dig deeper into what these consensus world interactions could look like. World Travelling goes further than phenomenological conceptions of empathy in its focus on 'playfulness' – the leap of faith in uncertainty. This highlights a willingness to be changed by an other, and creating the conditions for this through changing how one sees the other; cultivating a pre-reflective attitude. I will now explain how this relates to our discussion of the structure of intentionality, and can be a methodology for Integration interactions, which act as consensus world 'responses' to A.Es that do not mimic the looping effect of Psychiatry.

6.4.1 'Interdependence' and intersubjectivity

Lugones writes about the interdependence of subjects on each other. She states that arrogant perception involves a "leaving completely alone" of the other – an indifference whilst working alongside the outsider; "many times white/angla women want us out of their field

of vision. Their lack of concern is a harmful failure of love that leaves me independent from them". She then states "I am incomplete and unreal without other women. I am profoundly dependent on others without having to be their subordinate, their slave, their servant" (Lugones, 2003, p. 81), and comments on wanting to understand "why the racist or ethnocentric failure of love of white/Angla women – in particular of those white/Angla women who are not pained by their failure – should leave me not quite substantive among them" (Lugones, 2003, p. 80). This can be read as referencing intersubjectivity; the connectedness between us and reliance on each other. Whether Lugones means this in terms of living in society together or whether she does mean the deep interpretation I am taking of referencing the connectedness between us in sustaining a picture of reality; the two are very interconnected. The reliance on each other for habitual trust in the consensus world and therefore perception of what we uphold as the consensus world is necessary because we do live alongside each other in society and therefore do need each other to corroborate each other's worlds. And this development of Lugones, using the picture of intersubjectivity that I have worked with throughout the thesis, sees the profound harm in arrogant perception; it is a seeing of the other that results in leaving the other "not quite substantive among them". We can interpret this as a denial of another's place in the intersubjective fabric of the consensus world. I understand this as a denial of their ability to really contribute to consensus knowledge; a denial of their ability to corroborate or challenge a person's perceptions (to some extent).

Chapters 3 and 4 have shown that this applies to people with anomalous experiences; they are denied as contributors to the consensus world. Both Open Dialogue and World Travelling present us with a commitment to uncertainty in interaction with the other. I interpret this as tracking how habitual trust in the consensus world requires a commitment to the uncertainty of others; a commitment to their ability to either corroborate or alter our perceptions. The temporal structure of perception is tightly structured by others' reactions and interactions, in line with the trust that this requires of others' reality. On the pre-reflective level, we trust in others to corroborate or challenge what we perceive, and this process constitutes the anticipatory structure of perception. This may not require much from a person, to fulfil this role in our experience; for example, the way they react, or do not react, to a spider on the wall informs our perception. And this requires that we habitually trust in their ability to inform our perception. But there are many more complex ways in which one's perceptions of the world may be 'unable' (or rather, unwilling) to be altered by an

other, depending on who that other is and the way they are perceived by the consensus. This is clear when we consider epistemic injustice writ large; some groups of people, because of how their identities or certain attributes about them are perceived, are discounted as knowers while others are automatically corroborated as knowers. And I have shown that the way that Psychiatry perceives and frames anomalous experience results in a discounting of anomalous experiencers as able to contribute to consensus knowledge, even in regards to their own experience of themselves and what they are experiencing; and this assumption is applied in a generalised way across the board.[56] Ford (2009, p. 52) analyses Lugones as "talking about arrogant perception not as the conscious, usurperous attitude of the bigot but as the unconscious, daily-life-constituting, frame of reference of a subject so at ease with her place in "her world" as literally to ignore, render invisible, stereotype, and leave untouched, the others upon whom her perceptions of the world does not depend." This references how oppressions in society shape the consensus world and all its preconceptions in such a way that those whom are privileged by this do not need to depend on the epistemically marginalised for their perceptions of the world – because they can be untouched by them in this way. I think this is what Lugones means when she states that arrogant perceivers "remain untouched, without any sense of loss" (Lugones, 2003, p. 79). She is referencing this ability to use others, or simply exist with others, without actually being affected by those others; without having the world of those others make a mark on the arrogant perceiver's world. The arrogant perceiver's perceptions of the world do not depend on the person whom they are perceiving in such a way – there is a refusal to really comprehend the other as a valid contributor to intersubjective, consensus reality. This looks something like; the object of arrogant perception could say anything, and none of it would change the arrogant perceiver's world. There is no uncertainty in their perceptions in relation to the arrogantly perceived.

This explicates how structural oppression touches intersubjectivity; in how we perceive one another and subsequently how we relate to one another as contributors to our own perception of the world and to consensus knowledge. We all depend on each other for

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[56] Here I am referencing how psychiatry's framing of anomalous experience as symptoms of pathology makes this assumption of reduced ability to be a knower, across the board, because of the ramifications of having a 'pathology of one's sense of reality'. This is applied in a general way, rather than being sensitive to nuanced specifics of each person's situation, which is what Integration methodology promotes.

intersubjectivity and thus perception of a shared world, but the structural oppression and epistemic injustice in society means that certain groups can be discounted from the domain of 'dominant consensus world making' i.e. the creation of shared knowledge, that is valued in a dominant way and therefore influences everyone's lives. Part Two showed how the dominant framing of A.Es undermines these people's ability to contribute to general 'knowledge making', and how this can actually create a looping effect, which effectively separates the 'consensus world' from those that are seen to diverge from it, because this depiction of them as incapable knowledge makers alienates them further from the consensus world. The effect of this can be that ontologically, habitual trust gets impeded as the consensus world is not an accessible place for these people. Therefore, our aim here is in creating a framing and response to A.Es that is accessible; we want to build a metaphorical bridge of access from the consensus world to 'the anomalous world', in a way that genuinely allows anomalous experiencers to contribute to the consensus world through knowledge making. A way of doing this is interacting with anomalous experiencers in a way that really sees them as able to contribute to consensus knowledge in regards to what anomalous experience is; and/or (this goes hand in hand with) what their own anomalous experience *is* – what its meaning or significance is. This may well be; recognising them as intersubjective contributors, including about anomalous experience, which is implied by Integration. Thus, anomalous experience can be a point of sharedness rather than a rupture from the consensus world that undermines one's status as a knower.

6.4.2 World Travelling as resistance

There are epistemic communities of people who experience anomalous states who are already contributing to their own knowledge about these experiences, through their own conceptual frameworks. These groups are epistemically marginalised; I have shown how Dotson's (2012) account of contributory injustice applies to anomalous experiencers in the context of Psychiatry. They may have their own frameworks for understanding these experiences, but there is not uptake of this by the dominant groups who they interact with. Contributory injustice 'warps' common knowledge of reality in favour of the epistemically dominant; 'common knowledge' is skewed according to the perceptions and narratives of the epistemically dominant, even when these narratives are about groups who do not fall into this category, and affect the lives of those groups. Dotson shows how contributory justice is a making symmetrical of these marginalising asymmetries, by encouraging uptake

of the conceptual frameworks of knowledge from the groups that that knowledge concerns. World Travelling is a resistant methodology for accessibility and contributory justice; it demonstrates how we can alter the perceiving of people with A.Es and alter interactions with them in a way that is actually open to their conceptual frameworks for anomalous experience, hopefully resulting in a more symmetrical epistemic situation. It is a way of building this bridge; creating pathways for the conceptual frameworks of anomalous experiencers to influence dominant consensus knowledge.

Lugones states that she wants to take up playful world-travel "as a horizontal practice of resistance to two related injunctions: the injunction for the oppressed to have our gazes fixed on the oppressor and the concomitant injunction not to look to and connect with each other's resistance to those injunctions through traveling to each other's "worlds" of sense. Thus, the first move is one that explores top down failures of love and their logic; the second move explores horizontal failures" (Lugones, 2003, pp. 78–79). So World Travelling encourages marginalised groups to see each other as full people, (i.e. not as reduced versions – the oppressor's gaze) and also; those who occupy positions of epistemic privilege to see and relate to marginalised groups as the people they are, not reduced to the dominant preconception of them but with the conceptual frameworks of those marginalised worlds. This is the kind of seeing and relating that I propose of people who do not have A.Es to do of people who have A.Es; challenging the asymmetry of epistemic power around these experiences, and challenging the direct way that this feeds into the experience of anomalous states, by cultivating a consensus world that has the affect of connection and safety – that is not based on the assumptions and reductions of the psychiatric gaze, which are alienating and threatening, which disintegrate habitual trust. These assumptions erode access to intersubjectivity, because the 'consensus' message that (dominant) intersubjective relating gives out is one which tells the anomalous experiencer that they do not belong there; that they cannot be trusted and cannot trust themselves. This blocks the two-way process that habitual trust relies on, where we trust each other to corroborate or alter our perceptions in order to experience perception as what it is – the experience of shared reality. The psychiatric gaze is one which engages in 'imperial travel'; its way of seeing anomalous experiencers is one that assumes superiority and through this, impedes their very access to intersubjectivity. Therefore, world travelling is a powerful methodology for accessibility, and in the context of A.Es, may encourage A.E worlds to become integrated into the consensus world, which in turn may create more connection and consensus world

understanding of them as acknowledged experiences. This promotes generalised habitual trust in the consensus world, if it is a place that is hospitable to these experiences, rather than a threatening one. We can imagine a consensus world in which dominant perceptions and narratives do 'depend' (to reference the dependence we have spoken of) on the existence of A.Es, on the A.E world, from its own perspective, its own characterising of itself, rather than an imperial characterising of it. This epistemic symmetry – contributory justice – and the symmetrical interrelating that it requires, between those who don't experience A.Es and those who do, encourages habitual trust and integration of A.Es into the consensus world, and into the structure of intentionality. This would likely be reflected in less disruptive A.Es, as they are integrated and contextualised, 'scaffolded' by these world travelling interactions, and thus breaks out of the looping effect of the Psychiatric response.

6.4.3 Commitment to uncertainty as 'third order change'

In creating this bridge of access through world travelling, we can hopefully mobilise the 'third order changes' that Dotson (2012) speaks of; where those whose perceptions of the world 'do not depend' on anomalous experiencers are prepared to transcend their own conceptual frameworks for A.Es, and implement the frameworks of those who have these experiences – in the sense that there are shared schemata from this epistemic community of anomalous experiencers. The HVN is an example of this epistemic community. Dotson argues that third order systemic changes require transconceptual experience; one needs to be able to go beyond the conceptual system that they know, and cannot appeal to their own conceptual system in order to do this. Therefore, it requires a kind of experience that transcends any particular concept system; Dotson (2012, p. 35) references authors who have likened this to a kind of 'mystical' experience, and cites the importance of embodied engagement for this. World travelling could be transconceptual experience. The descriptions of Open Dialogue continuously state the embodiment of the here-now process of the interaction as what is significant, in a similar way to what World Travelling proposes; this is essentially a leap of faith in its commitment to the uncertainty of what the interaction may bring; a leap of faith in the ability to be genuinely changed by another's world, where one may no longer be able to return to their own world and be 'at ease' in the same way. Potter (2013, p. 303) uses the idea of literal travel to explicate this reading of Lugones: "Suggestive of a link with world-traveling in Lugones' sense, Van den Abbeele says that the activity of traveling is both the menace of loss and the possibility of gain (Van den Abbeele, 1992). His

way of characterizing travel is resonant with that of Lugones: travel in which we remain oriented yet are willing to risk loss (including loss of orientation) changes us; it is a kind of travel in which we are open to being changed". Being open to uncertainty in this way is a kind of transconceptual experience; one has to trust in what is beyond their own frameworks for understanding. This transconceptual experience is what I interpret Lugones as referring to when she writes about resistant communities making meanings and understanding each other's meaning makings by travelling beyond 'dominant constructions' – these are constructions based on "differences concocted by the dominant imagination" (Lugones, 2003, p. 81). In order to travel beyond these differences, one needs to be moved by something outside of conceptual thinking, in order to really be able to take on a new conceptual framework that transcends the current one 'concocted by the dominant imagination'. This is why one must actually world travel; they must engage in these interactions themselves, in order to actually surrender to the uncertainty of the interaction itself, so that such changes can be possible.

This is no straight-forward endeavour in regards to anomalous experience – it is incredibly messy. World travelling as a methodology respects this messiness and the many looping effects that Integration is dealing with. There are many facets to Integration, to building a bridge between the A.E world and the consensus world, including interacting with the existence of these looping effects – interacting with and appreciating the marginalisation and affectivity that the dominant construction of A.Es propels, and navigating this as we try to interact in a different way. The idea of a world highlights the fact that people experience the world differently; their lived worlds are different. The idea of the 'world' of anomalous experience, as well as tracking something about the phenomenological character of anomalous experience and what these states 'do' in relation to the consensus world (their rules and context) – as Chapter 2 sets out - also symbolises the myriad dimensions of living with anomalous experience. For example, one's lived world may be characterised by threat, including the stigma of how the consensus world interacts with them. This is not just simply 'having A.Es' but constitutes a whole lived different world; it is not the case that we can just 'slot' the A.E world in to the 'consensus world' in this simplified way that theorising about it can sometimes seem to presuppose. We need to travel to that world, engage with it, and this is a constant process that must happen between people, as it is messy and shifting; as things are uncovered and made 'consensus', new affects will emerge. Recall Hacking's (2006) 'moving kinds' – consensus observation and

knowledge-making effects the objects of that observation and knowledge-making. World Travelling provides a fuller appreciation of the way that a person is living in the world and all that that entails. Applying this to Integration interactions shows us that this interaction isn't just any dialogue, it is an appreciation of all the baggage that comes with having A.Es and navigating the world with them; and aims to allow a person to really navigate their A.Es in the most appropriate way for them, considering all of this. The World Travelling methodology characterises how Integration must be informed by all of this; its aim to make space for the anomalous in the consensus requires that the consensus must be receptive to this baggage – this affect and looping and how that might affect a person. Thus, processes of Integration must be receptive to the 'world' of A.Es; to the specific person's A.E world, but also, with respect to the shifting and messy nature of how this exists. It exists amongst a consensus world with myriad ways of framing and thus affecting the person and their anomalous experiences.

6.4.4 Limitations of World Travelling in navigating this territory

It should be briefly noted that there are some limitations to using World Travelling for integrating anomalous experience. For example, if a person is very delusional – convinced of beliefs that are clearly not true – we do not want to be accepting that as consensus knowledge. In this sense, the person travelling to the World of A.E effectively plays a role of 'representing' the consensus world to some extent. Though they must be open to being changed by the world travelling, this does not require that they forgo their own world and the boundaries of it. This is part of Integration and contextualising A.Es as 'of the A.E world'. If someone's A.E world is such that it inspires beliefs about the consensus world that transgress this contextualisation, then World Travelling may constitute the traveller empathising with this experience, but rejecting the beliefs of the anomalous experiencer in this situation. The point is that the way this plays out is specific to that interaction. World Travelling demands this context-specificity. We have seen how Psychiatry applies the judgement of delusional across the board, assuming that A.Es are signs of generalised defected epistemic ability, which creates the looping effect of destabilising affect and epistemic marginalisation. Integration and World Travelling demand that any such judgements remain specific to that particular situation.

Properly considering delusion, and how Integration could navigate this, is outside the remit of this thesis. However, I will gesture towards the idea that, parallel to the way

that psychiatric affect 'pulls' people into its looping effect, a consensus world that is accessible for anomalous experience and generally integrates A.Es, could have an affect of 'pulling' people closer to habitual trust, as the consensus world is a more accessible and safer place to trust. Thus, those who are furthest away from consensus reality may have more opportunity to find their way to the shared world.

6.5 Conclusion

I have presented the HVN and O.D as examples of spaces/approaches that foster Integration of A.Es. HVGs show clearly an example of the affect of safety and connection being created in regards to A.E, bringing the phenomenon of anomalous experience and anomalous experiencers into the consensus world. HVGs are also spaces in the consensus world where consensus knowledge about A.Es comes from anomalous experiencers, through a shared process, which is an aspect of their inviting habitual trust. O.D also presents opportunity for this, through creating the conditions for this opportunity, but between a person/people that doesn't have A.E and a person who does, through World Travelling interactions. World Travelling and loving perception gives us a deeper analysis of these conditions, with the focus on acceptance of uncertainty as a key factor of the interaction. O.D can be an example of World Travelling, and this gives us insight into how Integration should look like – how the consensus world could respond to A.E in an integrating, habitual-trust-building way, through this way of interrelating. The acceptance of uncertainty marks a recognition of anomalous experiencers as intersubjective agents; as epistemic agents. This constitutes more symmetrical relating between the (dominant) consensus world and anomalous experiencers, which also constitutes a more symmetrical epistemic relationship, in which the consensus world knowledge about A.E, and methods for attaining this knowledge, come from anomalous experiencers and their conceptual frameworks from their epistemic communities. This breaks out of the looping effect of Psychiatry's conceptualisation of and response to A.E, as it presents a consensus world response to A.E (based on the characterisation of it as a 'world') that does not predetermine an exclusion of anomalous experiencers from the consensus world.

Conclusion

In this thesis I have explored how the social framing of anomalous experience is tied up with what anomalous experience is. I have argued that dominant psychiatric practices, in regards to anomalous experiences, can help create anomalous experiences – the phenomena they supposedly treat. I have also offered an analysis of what an alternative to this looks like.

Ratcliffe's work on anomalous experience provides an in-depth analysis of the phenomenology of anomalous experience amongst the structure of intentionality, highlighting the constitutive and developmental dependence of the structure of intentionality on an experience of sharedness of the consensus world. This experience of sharedness is the hinge of 'habitual trust' – trust that other people corroborate our experience, which anchors the sense of reality. If breakdowns in habitual trust can instigate anomalous experiences, then we must look at how institutions, as prominent parts of the consensus world, can instigate such breakdowns.

Psychiatry is the dominant institution for framing and navigating anomalous experience. I argue that it can instigate such breakdowns, through the assumptions about anomalous experience it imparts and the intervention responses that it implements. From analysing case studies and first hand reports of varying levels of interaction with Psychiatry, in relation to anomalous experience, it is reasonable to conclude that Psychiatry, through its conceptualising of A.Es and coercive response to them, relates to anomalous experience in a way that can threaten and alienate people who have anomalous experiences from the consensus world in general. I conclude that this is an experience of the kind that can destabilise the person's habitual trust in general, thus shifting their structure of intentionality. This means that interaction with Psychiatry in relation to anomalous experience can actually instigate anomalous experience. Thus, Psychiatry can instigate the experiences that it aims to eliminate. This is apparent even in relation to people with anomalous experiences who are not explicitly engaged with the institution of Psychiatry. The prodromes are examples of this, and expose how Psychiatry 'pulls into' its periphery anomalous experiences, through the way that it characterises them, and the forms through which it 'measures' them. These mechanisms drive, and are driven by, an affect of threat in relation to people with anomalous experience, even for those on the periphery of the

institution. To clarify, I am not saying that the very fundamental nature of anomalous experience is wholly created by Psychiatry. I am focusing on how it is that Psychiatry's dealing with anomalous experience *can* sustain, amplify and instigate anomalous experience.

The analysis of Psychiatry exposes the mechanisms through which this feedback loop takes place, involving a conceptualisation of anomalous experience which assumes it to be a pathological symptom that is associated with reduced epistemic agency, which also blocks those people's contributions to changing such a conceptualisation – it blocks their contributions to knowledge on the matter of their own experiences. This can affect the person's general intersubjective standing, which alienates them from the consensus world, yet subjects them to coercive practice, or the threat of it, which creates an asymmetrical relationship between the consensus world and the person with anomalous experience. In thinking about how to navigate anomalous experience in the consensus world, in a way that does not repeat these feedback loops of alienating and threatening affect and of compromising habitual trust, we can think about how to create a more symmetrical relationship between the consensus world and anomalous experience. This paints a picture of consensus spaces which are more accessible to anomalous experience; that do not alienate the person in regards to their A.E, or threat coercive practice in response to it, but actually 'invites in' the possibility of their knowledge about A.E.

The final part of my thesis navigates these alternatives by proposing integration of anomalous experience into the consensus world, through acceptance of A.Es (not imposing an essential conception onto them as symptoms or as pathological), and dialogue that acknowledges this acceptance. This 'contextualises' A.Es as their own kind of experience, which the consensus world can recognise. The proposal is that this could actually build habitual trust, through the connection and the affect of safety that this may instil. Hearing Voices Network groups and the Open Dialogue approach present us with some examples of current consensus world spaces or frameworks which navigate A.Es in this way – or close to it. World Travelling gives us a deeper insight into what is required of this kind of interacting, which highlights that the interaction must be open to whatever may emerge out of its process. This reflects the condition to not impose a normative conception onto the existence of A.Es, and to engage with the person in a way that acknowledges this 'world' of experience. This requires an openness to uncertainty, in which the person with the

anomalous experience is related to as an epistemic agent, able to contribute to intersubjective processes of perceiving, and knowing, reality.

This is how the consensus world can 'make room' for those states which diverge from it in unusual ways. The worlds framework helps us navigate this, whilst retaining connection to the fact that these states are not shared in the way that perception is, but integrating them into the consensus in light of this context, recognising that they can be meaningful. This 'makes room' for such experiences within the structure of intentionality, and encourages habitual trust in others and the grounding in consensus reality that this constitutes. This grounding need not entail the elimination of anomalous experience, but the integration of it.

Appendix

Some final remarks about this project and its wider implications are that it highlights intersections between marginalisation in society, epistemic justice concerns in relation to this, and the phenomenological effects of this on the most minimal ways that intentionality is structured – through the dependence of the latter on intersubjective processes. These intersections meet in a nuanced way at the notion of 'pathological'. A critical analysis of 'pathological', with awareness of the above intersections, calls into question how such minimal structures (e.g. the structure of intentionality) are essentialised as necessary for 'normal, healthy functioning', thereby pathologising that which is anomalous to them as 'abnormal'; and also questions how this intersects with epistemic violence and marginalisation towards those who fall into such a category. My argument has aimed to sidestep discussion of what is normal/pathological, and in doing so, sidesteps whether or how anomalous experiences fit in to an essentialised, normative conception of normality, in regards to the structure of intentionality. I have presented how Psychiatry, in its pathologising of A.E, can instigate experiences that shift the structure of intentionality, thereby instigating anomalous experience. Even if these A.Es have come about because of epistemic violence or coercion - unwanted, violent means – this does not mean that these anomalous experiences paint anomalous experience as an essentially 'unwanted' (in the sense of being pathological and needing to be eliminated) *type* of experience.

I have shown that Psychiatry instigates an affective experience in regards to anomalous experience that may bring about anomalous experience, which Psychiatry itself

would frame as pathological. Thus, I have shown how this pathologising is socially constructed and 'looping', whilst myself staying outside the business of defining 'pathological' or rewriting its boundaries. I have shown how a different social context around anomalous experience can bring about affect that actually supports habitual trust. On my account, the supporting of habitual trust does not entail the elimination or reducing of A.E, since I do not see A.Es and the loss of habitual trust as interdependent. Rather, anomalous experiences *can* be constituted by loss of habitual trust. And whilst a connection to the shared world, and the ability to have habitual trust, may have normative associations, this does not entail that anomalous experiences essentially do. Evidently, this leaves the question about those anomalous experiences that are constituted by the loss of habitual trust; those ones that do come about in line with the total unhinging of a person from the consensus world. Could these be considered pathological, whilst A.Es that coexist with habitual trust, that are integrated, are not? It may seem as if this is a natural implication of my argument. Whilst my focus is on how social contexts for A.E implicate feedback loops in regards to it, and how we may have a consensus world that does not instigate this, through integrating A.Es, there is a lingering implication that the integrated A.Es are therefore 'good' in some sense whilst the others are not. One might reason from this that it is society that 'makes the A.E pathological' – if we consider these A.Es that are not integrated, and are bound up with a total 'unhinging' from habitual trust and the consensus world, penetrating a person's whole sense of reality, as pathological. Perhaps a new understanding of 'pathological', with very different social responses to it, is a fruitful avenue to explore.

However, I do not wish to stress this line of argumentation here, as the whole notion of 'pathological' assumes an experience or change or behaviour that is ultimately constituted by dysfunction of that individual's body-mind workings. Thus, if we posit the social world as ontologically active, in a very primary way, in this process, then we are immediately calling into question the notion of pathological as ultimately tied to individual dysfunction/ abnormality. Of course, it is possible to say that one's situation might be pathological, and hold that the cause of that pathology may be societal, but that the expression of 'pathological' denotes something about them as an individual not being able to function in society or the shared world in the normal way that they 'should'. Psychological discourse does seem to be shifting to using 'pathological' in this way, as social framings of distress and

unusual experience are gaining popularity and momentum[57]. However, this thesis has shown that integration really requires listening to people who inhabit worlds of anomalous experience; we can resist the 'unhinging' affect of the social world by changing the social world, building bridges in this way to counteract the affects that unhinge people from habitual trust. One way of starting to do this is to change the common narratives for speaking about anomalous experience; and discarding the use of 'pathological', even for those A.Es that are bound up with this kind of total unhinging, is one way of engaging this transition. Thus, I do not wish to simply shift the responsibility of 'pathological' to social factors. For one, I do not even think this is accurate, since there may be many different factors that constitute a person's total disconnection from the shared world. Furthermore, 'the social' is implicated in every aspect of life, so is it even possible to divide up the picture in this way? But more broadly, this move would not be in line with the aim that has emerged from this work; to make third-order changes in how anomalous experience, and madness more generally, is framed and responded to. In making the argument that this thesis does, I have attempted to explode our understanding of what 'pathological' even is, by showing how the social world underscores the very fabric of the reality of how our experience is structured. Working with this understanding, rather than against it, requires exploring how the social world can help people to have easier lives within it, while not alienating or othering them in the process, but actually integrating these 'othered' ways of being. I think this calls to a reimagining of what 'pathological' really means, and whether it serves us at all.

[57] For example, the RDoC framework which is a biopsychosocial model of health; framing social conditions as just as important as biological ones in the constitution of pathologies. (Bolton & Gillett, 2019)

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