

Theoretical and Review Articles // Artículos teóricos y de revisión

- Indah Mulia Sari 5-16 AI Induced Technostress: A Systematic Review of Risks and Opportunities.  
A. Malek Mohd Dahlan Hj  
Fachry Arsyad  
Gumgum Gumelar Fajar Rakhman  
Selfiyani Lestari  
Siti Vania Khoerunnisa
- CI Onyemaechi 17-37 The Paradox of Pleasure and Protection: A Theoretical Exploration of Sex, Condom Use and Human Flourishing.  
RC Ibekwe  
CJ Isreal  
PO Philip  
LA Chibueze
- Danilo Andrés Rodríguez Lizana 39-53 Qualitative Research on the psychotic experience within the Schizophrenia Spectrum from the Perspective of Phenomenological Psychopathology: A Systematic Review.  
Diego Francisco Moreno Cortez  
Mauro Senatore  
Félix Mario Cova Solar

Research Articles // Artículos de investigación

- Fabián O. Olaz 55-77 Aproximación desde el análisis discriminante al rol de la fusión, la evitación experiencial, el pensamiento negativo repetitivo y los valores en la predicción de problemas clínicos. [An Approach from Discriminant Analysis to the Role of Fusion, Experiential Avoidance, Repetitive Negative Thinking, and Values in Predicting Clinical Problems.]  
Valeria E. Morán  
María E. Caruso  
Martín R. Palma
- Jaime Yáñez Lizana 79-92 The Mediating Role of Psychological Inflexibility between Psychotic Experiences and Mental Well-being in University Students.  
Reiner Fuentes Ferrada  
Daniel Núñez  
Vania Martínez  
Jorge Gaete  
Scarlett Mac-Ginty  
Alvaro I. Langer
- Nisrine El Kabbaj 93-103 Post-stroke Depression, Anxiety, and Adjustment Disorder: One-Year Follow-Up Study.  
Loubna El Ghalib  
Aicha Raoui  
Intissar Fikri  
Rayaane Likram  
Asmae Sikkal  
Zineb Serhier  
Mohammed Abdoh Rafai  
Mohamed Agoub
- Öznur Çınar 105-118 Psychometric Validation Turkish Version Personalized Psychological Flexibility Index (T-PPFI) in Disaster Search and Rescue Volunteers.  
Ekrem Cengiz
- Veronika Duci 119-128 Stress, Anxiety and Depression in Adolescents and School Climate.
- María M. Montoya Rodríguez 129-141 Promoting Perspective-Taking in Adults with Intellectual Disabilities through Naturalistic Conditional Discrimination Training.  
Vanessa A. de Souza Franco  
Beatriz Harana Lahera  
Eduardo Polín  
David Lobato  
Francisco J. Molina Cobos

Notes and Editorial Information // Avisos e información editorial

- Editorial Office 145-148 Normas de publicación-Instructions to Authors.  
Editorial Office 149 Cobertura e indexación de IJP&PT. [IJP&PT Abstracting and Indexing.]

ISSN 1577-7057  
© 2025 Asociación de Análisis del Comportamiento, Madrid, España  
Printed in Spain

# IJP&PT

## INTERNATIONAL JOURNAL OF PSYCHOLOGY & PSYCHOLOGICAL THERAPY

EDITOR

Francisco Javier Molina Cobos  
Universidad de Almería, España

REVIEWING EDITORS

Mónica Hernández López  
Universidad de Jaén  
España

Francisco Ruiz Jiménez  
Fundación Universitaria Konrad Lorenz  
Colombia

ASSOCIATE EDITORS

Dermot Barnes-Holmes  
Ulster University  
UK

J. Francisco Morales  
UNED-Madrid  
España

Mauricio Papini  
Christian Texas University  
USA

Miguel Ángel Vallejo Pareja  
UNED-Madrid  
España

Kelly Wilson  
University of Mississippi  
USA

ASSISTANT EDITORS

Francisco Cabello Luque  
Adolfo J. Cangas Díaz

Universidad de Murcia, España  
Universidad de Almería, España

<https://www.ijpsy.com>

THE STATEMENTS, OPINIONS, AND RESULTS OF STUDIES PUBLISHED IN *IJP&PT* ARE THOSE OF THE AUTHORS AND DO NOT REFLECT THE POLICY OR POSITION OF THE EDITOR, THE EDITORIAL TEAM, THE *IJP&PT* EDITORIAL BOARD, OR THE AAC; AS TO ITS ACCURACY OR RELIABILITY, NO OTHER GUARANTEE CAN BE OFFERED THAN THAT THE PROVIDED BY THE AUTHORS THEMSELVES.

LAS DECLARACIONES, OPINIONES Y RESULTADOS DE LOS ESTUDIOS PUBLICADOS EN *IJP&PT* PERTENECEN EN EXCLUSIVA A LOS AUTORES, Y NO REFLEJAN LA POLÍTICA O POSICIÓN DEL EDITOR, DEL EQUIPO EDITORIAL, NI DEL CONSEJO EDITORIAL DE *IJP&PT*, NI DE LA AAC; EN CUANTO A SU EXACTITUD O FIABILIDAD, NO PUEDE OFRECERSE NINGUNA OTRA GARANTÍA QUE NO SEA LA APORTADA POR LOS PROPIOS AUTORES.

***IJP&PT* IS INCLUDED IN THE FOLLOWING INDEXING AND DOCUMENTATION CENTERS:**



# Qualitative Research on the Psychotic Experience within the Schizophrenia Spectrum from the Perspective of Phenomenological Psychopathology: A Systematic Review

Danilo Andrés Rodríguez Lizana

Universidad de Concepción, Chile

Diego Francisco Moreno Cortez

Universidad de Chile, Santiago, Chile

Mauro Senatore

Universidad Adolfo Ibáñez, Peñalolén, Chile

Félix Mario Cova Solar\*

Universidad de Concepción, Chile

## ABSTRACT

A significant portion of the research conducted by phenomenological psychopathology on the experience and its disturbances within the schizophrenia spectrum is carried out through philosophical and conceptual work. Regarding empirical research, qualitative methodologies are often considered the most appropriate and consistent with the phenomenological spirit. However, the translation from the philosophical to the empirical level remains a subject of debate and should not be taken as self-evident. Given this context, the following question arises: How is the approach of phenomenological psychopathology characterized in the qualitative study of the psychotic experience within the schizophrenia spectrum? Articles were retrieved from the Web of Science, Scopus, and PubMed databases, and selected using the PRISMA method, resulting in a total of 24 publications. The findings reveal the predominance of the psychopathological model of self-disorders in the conceptualization of the psychotic experience and its disturbances, as well as the inclusion of other experiential dimensions such as temporality, intersubjectivity, and corporeality. The methodological aspects of qualitative access to the psychotic experience are examined, including their limitations, advantages, and how the philosophical tradition of phenomenology can be reconciled with this empirical enterprise. Finally, understanding the psychotic experience within the schizophrenia spectrum as something beyond a mere alteration resulting from a morbid neurobiological mechanism allows for therapeutic interventions that are more attuned to the feelings of the person who suffers. At the same time, it represents a conceptual and methodological challenge to empirically access psychotic suffering without reducing its experiential quality.

*Key words:* schizophrenia, phenomenological psychopathology, qualitative methods, systematic review.

**How to cite this paper:** Rodríguez Lizana DA, Moreno Cortez DF, Senatore M, & Cova Solar, FM (2026). Qualitative Research on the psychotic experience within the Schizophrenia Spectrum from the Perspective of Phenomenological Psychopathology: A Systematic Review. *International Journal of Psychology & Psychological Therapy*, 26, 1, 39-53.

## Novelty and Significance

What is already known about the topic?

- Phenomenological psychopathology explores psychotic experience beyond the biomedical model, combining philosophical foundations with empirical methods.
- Several reviews have examined topics related to the psychotic experience, but no systematic review has explored how the phenomenological tradition is integrated into qualitative empirical research on psychotic experience.

What this paper adds?

- This review characterized the main phenomenological models underlying the study of psychotic experience within the schizophrenia spectrum.
- Examine tensions between philosophical tradition and qualitative methods, highlighting contributions and limitations, and clinical and therapeutic implications from these approaches.

Karl Jaspers (1993) defines phenomenological psychopathology as a discipline that is fundamentally descriptive of consciousness and its disturbances (Stanghellini, Broome, Raballo, Fernández, Fusar Poli & Rosfort, 2019). He referred to this approach to suffering

\* *Correspondence:* Félix Mario Cova Solar, Facultad de Ciencias Sociales, Departamento de Psicología, Universidad de Concepción, Barrio Universitario s/n, Concepción, Chile. Email: fecova@udec.cl

as a static description, as it addresses the fundamental qualities of suffering in synchronic terms. Nevertheless, he also considered the possibility of genetic understanding, which focuses on the psychological, historical, and circumstantial components that allow for an appropriation of suffering in developmental terms. Both approaches to suffering are complementary rather than mutually exclusive in the task of studying and understanding subjective distress (Pienkos, 2024; Spencer & Broome, 2023).

For Jaspers, access to an empathic understanding of suffering is mediated by the intersubjective capacity to experience the other's lived experience through oneself. In other words, empathy is conceived as a form of intentionality of consciousness that enables intersubjective understanding -of suffering, in this case- through the similarity between the other's experience and one's own. Empathy thus allows for the understanding of subjective suffering in both static and genetic terms (Jaspers, 1993; Spencer & Broome, 2023).

However, from Jaspers' perspective, not all forms of suffering are accessible through empathy. In particular, primary delusions characteristic of schizophrenic psychosis, would lie beyond the reach of understanding, as their radically fractured nature in relation to common sense renders empathic access impossible. The phenomenal and experiential qualities of schizophrenic psychosis are deemed incompatible with, and irreducible to, the process of accessing the other through oneself (Pienkos, 2024). In this way, Jaspers, contrary to the phenomenological spirit that characterizes his psychopathology, relegates schizophrenic psychosis to a pathological manifestation that can only be explained in causal terms -namely, as the result of a neurobiological alteration. Its alleged incomprehensibility, due to its impermeability to empathic understanding, would suggest that no logic lies behind it other than that of mere pathological disruption (Pienkos, 2024; Spencer & Broome, 2023).

Nevertheless, this did not prevent later developments in phenomenological psychopathology throughout the twentieth century from attempting to make sense of what had previously been reduced to neurobiological explanations (Spencer & Broome, 2023; Stanghellini, 2013). Among the most prominent psychopathologists who undertook this effort are Wolfgang Blankenburg (1971), Ludwig Binswanger (1942), and Eugène Minkowski (1933). These thinkers understood psychosis as a profound disturbance in the way the subject relates to the world -a world that ordinarily appears as meaningful, familiar, and full of possibilities (Stanghellini *et alii*, 2019).

In the twenty-first century, phenomenological psychopathology has experienced a renewed flourishing, both continuing the tradition and introducing significant turning points. Stanghellini and Fuchs (2013) have deepened the phenomenological dimensions of intersubjectivity and embodiment, employing them as analytical categories to demonstrate how, in schizophrenia, the subject becomes disembodied from their own body, and likewise, a desynchronization occurs in encounters with others (Fuchs & Röhrich, 2017; Stanghellini, 2004). On the other hand, the work developed by Sass and Parnas (2003) currently stands as the most widely used and influential framework for understanding the fragmentation that occurs in schizophrenia (Pienkos, 2024). Their approach conceptualizes the alterations in the psychotic experience of schizophrenia as a loss of integrity and unity of the sense of self -ipseity- at its most basic or pre-reflective level (Sass, Borda, Madeira, Pienkos, & Nelson, 2018; Sass & Parnas, 2003).

In recent years, a critical perspective has begun to emerge among authors working within the framework of phenomenological psychopathology. These scholars have started to question the limitations of their own perspective when addressing subjective suffering

(Pienkos, 2024; Spencer, Broome, & Stanghellini, 2025). One strand of this self-critique concerns the extent to which psychotic experience in schizophrenia is legitimized and given voice. Specifically, the critique targets whether the static descriptive approach to the structures affected or altered in psychosis does justice to, and adequately accounts for, the subjective, historical, and personal background of the suffering individual (Pienkos, 2024; Ritunnano & Bortolotti, 2022; Spencer & Broome, 2023).

Given the current calls for renewal that phenomenological psychopathology is facing, it becomes relevant to ask how research is accessing and accounting for subjective suffering, and in particular, for the psychotic experience within the schizophrenia spectrum. A significant portion of this research consists of reflective, theoretical, and conceptual approaches rooted in philosophical phenomenology itself. However, this effort is also reflected in empirical studies that, through standardized and systematic methods, seek to access directly the experiences of individuals who have lived through a mental disorder (Spencer *et alii*, 2025).

Without disregarding the value of methodological approaches of a quantitative or mixed nature -which could be the focus of a separate systematic review- and in order to define the scope of the present study, it was decided to focus specifically on empirical research employing qualitative methods. This decision is based on the idea that qualitative methods, being oriented toward understanding the subjective experience of the individuals in question, offer the mode of access and analysis most closely aligned with the “phenomenological spirit” (Ballerini, 2019; Creswell, 2007; Irarrázaval, 2020).

Despite this proximity, it would be naïve to posit the possibility of a direct correspondence or seamless communion between phenomenological philosophy, phenomenological psychopathology, and the qualitative study of psychopathological experience. Although these three disciplines share an interest in the study of subjective experience, they do so from ontological, epistemological, and methodological levels that may differ and that cannot necessarily be interwoven into a frictionless synergy (Irarrázaval, 2020; van Manen, 2017; Zahavi, 2019). Accordingly, the guiding question of the present study is: How is the approach of phenomenological psychopathology characterized in the qualitative study of the psychotic experience within the schizophrenia spectrum?

By approach we shall understand the manner in which phenomenological psychopathology, through qualitative research, enters into an interpretative relationship with psychotic suffering (Ballerini, 2019). This relationship is determined, in the first instance, by phenomenological conceptual categories that make the phenomenon in question appear, while simultaneously directing attention toward specific dimensions or aspects of experience. In the second instance, this mode of engagement is shaped by the methodological framework within which the research is situated. Data collection methods, modes of analysis, sample inclusion criteria, among other elements, open and close fields of possibility for the understanding and study of psychotic experience. Finally, the findings of these studies and their potential implications for the understanding and treatment of this form of suffering constitute a further indication of how phenomenological psychopathology positions itself in relation to psychotic suffering and seeks to translate itself into a pragmatic contribution to the discipline.

This way of understanding how phenomenological psychopathology enters into relation with and approaches psychotic experience within the schizophrenia spectrum is operationalized through the following specific objectives: (a) To describe the theoretical concepts derived from phenomenological psychopathology that are used in the qualitative study of the psychotic experience within the schizophrenia spectrum; (b) To describe

the methodological characteristics of qualitative studies on the psychotic experience within the schizophrenia spectrum conducted within the framework of phenomenological psychopathology; (c) To describe the findings and implications that emerge from the qualitative study of the psychotic experience within the schizophrenia spectrum from the perspective of phenomenological psychopathology.

## METHOD

### *Search Strategy and Identification*

The systematic review process was conducted in accordance with the PRISMA-P protocol (Moher *et alii*, 2015). The study was designed with the central aim of conducting a rigorous, structured, and critical synthesis of empirical studies addressing a clearly delimited research question. To this end, explicit inclusion and exclusion criteria were applied, along with a transparent and reproducible search strategy and systematic procedures for data extraction and analysis, thereby ensuring the traceability and consistency of the review process. In the first phase, the following steps were carried out: identification, screening, eligibility assessment, inclusion, and bias evaluation (see Figure 1). References were processed using the online software Rayyan. The review was registered in PROSPERO under the ID CRD420251004704.

This stage involved a search in the following databases: Web of Science, Scopus, and PubMed. The search syntax for English-language articles was as follows: schizo OR psychosis OR psychotic OR delusion OR delusional OR hallucination\* OR disorganization (Title) AND phenome\* OR self-disorder\* OR “self disorder\*” OR “disorder\* of the self” OR self-disturbance\* OR “self disturbance\*” OR hyperreflexivity OR disembodiment OR intersubjectiv\* OR alienation OR Ipseity OR “pre-reflective” OR “basic self” OR “minimal self” (Title) OR “Phenomenological Psychopathology” (Topic). The search was conducted without any restriction on publication year. Articles were retrieved for analysis on December 16, 2024.

### *Screening and Inclusion Criteria*

Duplicate articles were removed. All articles whose titles and abstracts did not contain any of the keywords satisfying the search syntax were excluded. Each of the remaining articles was reviewed to confirm availability, and all those without full-text access were excluded.

The inclusion criteria for article selection were the following: (1) Empirical studies based on qualitative methods; (2) Articles conceptually framed within phenomenological psychopathology; (3) Studies addressing the lived subjective experience in schizophrenic psychosis or within the schizophrenia spectrum as the primary variable of investigation; and (4) Articles written in English.

### *Study Risk of Bias Assessment*

For the bias assessment, the articles selected for inclusion in the final analysis were evaluated using the Journal Article Reporting Standards (JARS-Qual) developed by the American Psychological Association (Levitt, Bamberg, Creswell, Frost, Josselson, & Suárez Orozco, 2018).

The assessment considered the following dimensions: (a) explicit articulation of

the qualitative approach and underlying theoretical framework; (b) coherence between the research questions, methodological design, and analytic strategy; (c) transparency in contextual description and sampling decisions, including inclusion and exclusion criteria; (d) transparency and adequacy of data collection procedures and conditions of data production; (e) clarity, systematicity, and adequacy of the analytic process; (f) explicit consideration of researcher reflexivity and positionality; (g) internal consistency and rigor in the application of qualitative quality criteria; (h) credibility, coherence, and interpretative plausibility of the findings in relation to the empirical material; and (i) clarity of the study’s contributions and relevance for theoretical, methodological, or applied understanding.

The application of this instrument was carried out independently by two researchers in terms of their explicit presence and methodological adequacy. In cases of discrepancy, a third reviewer was consulted to resolve the disagreement. All studies included in the final stage of analysis met the minimum standards required by the assessment tool.

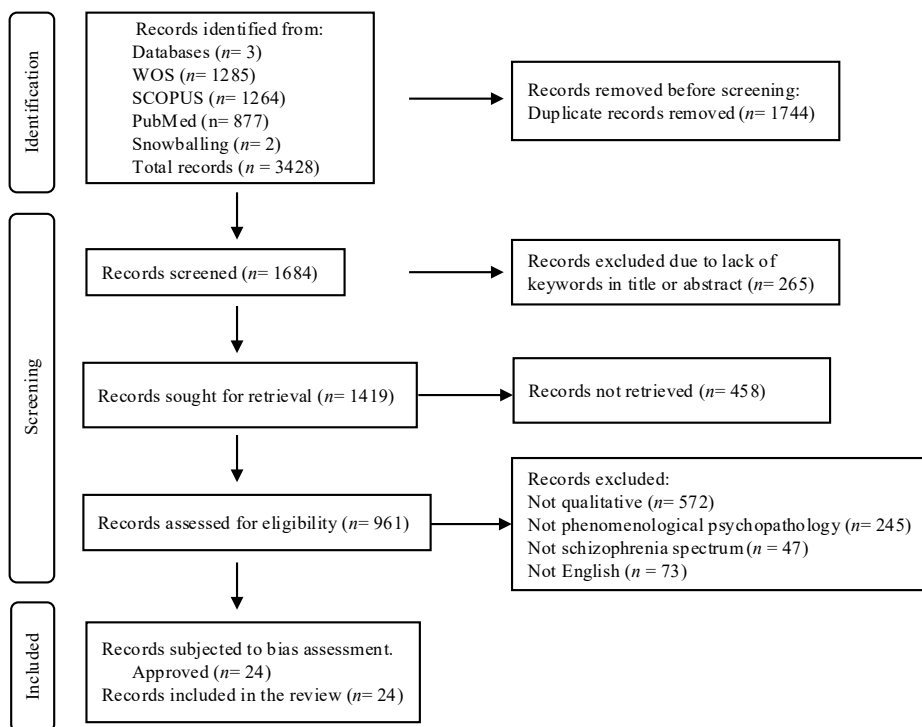


Figure 1. Identification of studies through database searching PRISMA-P Flow diagram of article selection.

## RESULTS

The list of the 24 analyzed articles is showed in Table 1. All studies included in the analysis were published between 2008 and 2024. Table 2 presents the frequency distribution of the nationalities corresponding to the authors’ institutional affiliations.

Table 1. List of analyzed articles

ID	Article reference
1	Deland, Karlsson, & Fatouros-Bergma, (2011)
2	Stephensen, Urfer-Parnas, & Parnas (2024b)
3	Upthegrove, Ives, Broome, Caldwell, Wood, & Oyeboode (2016)
4	Yttri, Urfer-Parnas, & Parnas (2020)
5	Yttri, Urfer-Parnas, & Parnas (2022)
6	Jones & Luhrmann (2015)
7	Henriksen & Parnas (2012)
8	Monville (2019)
9	Hirjak, Breyer, Thomann & Fuchs (2013)
10	Stephensen, Urfer-Parnas, & Parnas (2024a)
11	Irarrázaval & Sharim (2014)
12	Dijkstra <i>et alii</i> (2024)
13	Stanghellini <i>et alii</i> (2016)
14	Nilsson, Urfer Parnas, & Nordgaard (2019)
15	Skodlar, Tomori, & Parnas (2008)
16	Stanghellini <i>et alii</i> (2014)
17	Schou, Urfer-Parnas, & Parnas (2020)
18	Irarrázaval (2015)
19	Pienkos, Silverstein, & Sass (2017)
20	Vodusek, Parnas, Tomori, & Skodlar (2014)
21	Kovács <i>et alii</i> (2023)
22	Alphonsus, Fellin, Thoma, & Galbusera (2023)
23	Galbusera, Fellin, & Fuchs (2019)
24	Feyaerts, Kusters, Van Duppen, Vanheule, Myin-Germeyns, & Sass (2021)

Note: ID= Unique identifier assigned to each study included, used to facilitate referencing and cross-checking across text, tables, and sections.

Table 2. Frequency analysis of countries of institutional affiliation.

Country	<i>n</i>	ID articles
Denmark	9	2, 4, 5, 7, 10, 14, 15, 17, 20
Germany	3	9, 22, 23
United States	3	6, 19, 24
Italy	3	13, 16, 22
Belgium	2	8, 24
Chile	2	11, 18
Slovenia	2	15, 20
Netherlands	2	12, 24
United Kingdom	2	3, 23
Hungary	1	21
Sweden	1	1

It can be observed that Denmark accounts for the highest number of studies, followed by Germany, the United States, and Italy.

The most prominent researcher, appearing in eight studies, is Josef Parnas (IDs 2-4-5-7-10-15-17-20) (Denmark), followed by Annick Urfer-Parnas, with six publications (IDs 2-4-5-10-14-17) (Denmark).

The results are presented in accordance with the research objectives and their corresponding specific criteria.

With regard to the first objective, aimed at describing the theoretical concepts derived from phenomenological psychopathology, the studies reviewed conceptualize psychotic experience within the schizophrenia spectrum as a disturbance of the “self,” ipseity, or selfhood (IDs 1-2-4-5-6-7-8-9-10-11-12-13-14-15-16-17-18-19-20-21-22-23-24). This approach places at its core the disruption of boundaries and the loss of integration of a unified sense of experience. This theoretical framework draws primarily

on the work of Louis Sass and Josef Parnas, incorporating the notion of hyperreflexivity (IDs 2-4-7-8-9-15-17-22-24), through which aspects of experience that are usually tacit become objects of persistent attention, giving rise to identity fragmentation and a sense of alienation from one's own lived experience.

Complementarily, the psychotic experience described in the analyzed studies is also conceptualized in terms of disturbances in bodily experience and in the embodied sense of consciousness (IDs 9-10-11-16-18-20-23). In this context, authors such as Thomas Fuchs and Giovanni Stanghellini are drawn upon to account for phenomena of bodily alienation, disembodiment, and mechanization of the body, which compromise the subject's perceptual and practical integration with the world.

Likewise, the concept of reality distortion or "double bookkeeping" (IDs 1-2-5-6-7-9-10-11-12-13-14-15-19-20-21-24) is used to describe the coexistence of multiple levels of reality governed both by shared intersubjective norms and by idiosyncratic logics intrinsic to psychotic experience. Closely related to this, the intersubjective dimension is addressed as a disturbed domain of experience (IDs 1-2-5-10-11-12-14-15-16), characterized by a blurring of the boundaries between self and other, together with difficulties in bodily, affective, and relational synchronization.

Furthermore, psychotic experience is conceptualized in terms of passivity and a loss of the sense of agency (IDs 1-3-5-6-9-11-12), describing experiences of external influence or control over thought and action, which entail an erosion of mastery and ownership of one's own experience. Similarly, disturbances of temporal experience (IDs 1-12-13-19) are described as a fragmentation of temporal synthesis that hinders the orientation and continuity of subjective experience.

These phenomenological categories employed by the analyzed studies were translated into the examination of specific experiential dimensions constitutive of the object of study. One line of research focused on disturbances in the sense of unity and integration of the self (IDs 1-7-8-15-18-20-22-23), emphasizing descriptions of experiences of self-alienation and the blurring of boundaries between self and other. Another thematic focus addressed the experience of reality and the perception of the world (IDs 1-2-10-13-19-24), examining phenomena such as "double bookkeeping" to describe the coexistence of a shared intersubjective reality and an idiosyncratic psychotic reality.

Studies concentrated their analysis on auditory verbal hallucinations (IDs 3-4-5-6), examining the ways in which the boundaries between thought and audition, interiority and exteriority, became blurred, as well as the experiences of passivity and lack of controllability associated with these phenomena. In addition, other investigations addressed intentionality, agency, and embodiment as specific thematic foci (IDs 9-16-17-18-22), describing disturbances in the sense of ownership, mastery, and control over bodily experience and movement.

Intersubjectivity and the social world constituted another domain of inquiry (IDs 11-14-15), focusing on experiences of distancing, desynchronization, and difficulties in coordination, communication, and mutual understanding in everyday social contexts. Finally, studies directed their attention to processes of recovery (IDs 12-21), examining identity transformations and redefinitions following the psychotic crisis and within the context of treatment.

With regard to the second objective, which sought to describe the methodological characteristics of the analyzed studies, it was possible to identify that sample sizes ranged from studies with as few as three participants (ID 22) to large-scale investigations including up to 401 participants (ID 13), with intermediate ranges typically involving an

average of ten to thirty subjects (IDs 6-16). Concerning diagnostic criteria, some studies relied exclusively on a diagnosis of schizophrenia as an inclusion criterion (IDs 1-4-5-8-9-11-13-15-16-18-19-22), whereas others adopted a broader definition, incorporating the notion of the schizophrenia spectrum and other psychotic disorders (IDs 2-3-6-7-10-12-14-17-20-21-23-24). The samples included participants at different stages of clinical course, encompassing first-episode psychosis (IDs 2-3-7-11-13-16-18-22-24), phases of remission or recovery (IDs 1-8-12-14-15-20-21), and chronic clinical trajectories (IDs 2-4-5-6-9-10-13-16-17-19-23).

Regarding data collection methods, the studies predominantly relied on semi-structured interviews. A subset of investigations reported drawing on phenomenology as a methodological framework (IDs 2-5-6-7-9-10-12-13-16-19-24), although in most cases without specifying a precise phenomenological procedure; within this group, three studies employed the *Examination of Anomalous Self-Experience* (EASE) interview as a specific instrument (IDs 7-9-19). The remaining studies did not specify a particular type of interview (IDs 1-3-4-11-14-15-17-18-20-21-22-23), with one exception that incorporated complementary techniques such as diaries and photo-elicitation (ID 3). One study adopted a retrospective approach based on clinical records (ID 8).

Regarding data analysis, phenomenological analysis was the most frequently employed approach, primarily in its interpretative form (*Interpretative Phenomenological Analysis*, IPA) (IDs 12-21-22-23-24) and descriptive form (IDs 11-18-19), along with other phenomenological variants (IDs 1-20). In parallel, several investigations followed general phenomenological orientations without explicit adherence to a specific analytic model (IDs 4-5-7-8-9-15). Thematic and content analysis were used in a subset of studies (IDs 2-3-6-10-14-17), while *Consensual Qualitative Research* (CQR) was employed in two investigations (IDs 13-16).

With respect to the third objective, which sought to describe the findings and implications of the analyzed studies, psychopathological experience in psychosis was described as an alteration in the integration of the self (IDs 1-2-5-7-9-10-13-17-18-20-21). These disturbances were expressed through losses in the sense of agency, mastery, and ownership, together with experiences of alienation from the world, from others, and from oneself (IDs 3-6-9-23). Such alterations were associated with fragmentation of reality and with the dissolution of the temporal continuity of experience (IDs 1-2-4-8-10-12-13-17-19-24).

Furthermore, the studies explored in depth the phenomenological experience of psychotic symptoms, describing the experiential qualities of auditory verbal hallucinations, which were characterized by passivity and intrusiveness (IDs 3, 4, 5, and 6), as well as delusional experience, understood as a process of sense-making with structuring value for the subject (IDs 7-15-19-21-24). The coexistence of a psychotic reality and a shared reality was also identified, conceptualized as “double bookkeeping” (IDs 10- 17-20-24).

The studies further described a profound intersubjective distancing (IDs 1-8-11-13-14-15-18-22), together with disturbances in embodiment and affectivity, characterized by experiences of bodily alienation and fragmented or overwhelming affects (IDs 9-16-17-18-20-23). Finally, the findings underscored the need to understand diagnosis, treatment, and recovery as complex processes that extend beyond symptom elimination, incorporating subjectivity, life history, and the identity-related impact of interventions, including the use of antipsychotic medication (IDs 2-4-5-7-8-9-11-12-13-15-16-18-19-22-23).

On the basis of these findings, the studies derived clinical implications oriented toward the early detection and intervention of psychotic experiences (IDs 1-2-4-7-13-16),

the integration of phenomenological understanding into clinical assessment processes (IDs 4-5-6-7-8-9-10-14-16-17-18-19-20-24), and the strengthening of the therapeutic relationship as a space for recognition and intersubjective re-inscription (IDs 1-9-13-19-22-23). The relevance of psychotherapeutic approaches grounded in phenomenology was highlighted for addressing the experiential disturbances characteristic of psychosis (IDs 2-3-5-7-9-10-11-12-13-14-15-19-20-21-22-24), together with an understanding of recovery as a process of identity transformation and reconstruction of meaning and agency (IDs 1-11-12-16-20-21-23-24). This perspective also includes social and community-based interventions aimed at reversing isolation (ID 2-3-8-11-14-15-23). These implications were accompanied by a critique of traditional psychopathological models and by the proposal to systematically integrate the experiential dimension into diagnostic and therapeutic processes (IDs 4-10-12-24).

Regarding future research directions, the studies emphasized the need to deepen the understanding of disturbances of subjectivity and the self (IDs 1-2-5-6-7-9-10-17-18-19-22), as well as of the phenomenology of psychotic symptoms, considering their experiential variability, developmental course, and subjective impact. This includes comparisons across different diagnostic categories and sociocultural contexts (IDs 2-7-9-10-11-13-15-16-17-19-20-24), and attention to the emotional and cultural dimensions of auditory verbal hallucinations (IDs 3-4-5-6). Further research was also proposed to continue examining intersubjectivity and the social world as central dimensions of both suffering and recovery (IDs 1-2-3-6-11-14-21-22-23), to advance the development of phenomenologically integrated diagnostic, therapeutic, and recovery models (IDs 2-5-6-7-8-9-11-12-13-14-15-16-18-20-21-23-24), and to expand research methods through interdisciplinary approaches, larger samples, and longitudinal designs (IDs 3-4-5-8-9-13-14-15-17-18-19-21-23-24).

## DISCUSSION

This systematic literature review aimed to examine how phenomenological psychopathology has approached the psychotic experience within the schizophrenia spectrum through qualitative research methods. As outlined in the introduction, this is not a trivial matter, as it relates to how the nature of psychotic suffering is being understood, the questions that guide its investigation, and the methodological choices made to access it. In one way or another, the way a phenomenon is conceptualized opens and closes the possibilities for questioning, inquiring, and interpreting it. Recursively and dialectically, these very questions shape the relationship with the investigated phenomenon, ultimately determining how it is understood (Ballerini, 2019).

The first objective of this review aimed to identify the conceptual framework and dimensions of subjective experience derived from phenomenological psychopathology that have been used in the qualitative empirical study of psychotic suffering within the schizophrenia spectrum. The most widely adopted conceptual framework in the analyzed studies was that proposed by Sass and Parnas (2003), which positions disturbances of the self or ipseity -at its most basic or pre-reflective level- as the core feature of schizophrenia. This conceptualization of psychosis emphasizes the loss of experiential unity, which is typically characterized by a sense of integrity and continuity of the self, enabling the individual to differentiate between what belongs to oneself and what is foreign, and to maintain boundaries between what is internal and external to the subject (Sass *et alii*, 2018; Sass & Parnas, 2003).

On the other hand, several studies stand out for their efforts to account for the psychotic phenomenon in its embodied and intersubjective dimensions. Understanding human experience as always situated in relation to an embodied self and a constitutive intersubjectivity helps safeguard against solipsistic perspectives that confine human life and suffering within the limits of the isolated subject (Fuchs & Röhrich, 2017; Stanghellini, 2004). In the studies reviewed, the quality of alienation -so characteristic of the psychotic experience- was not only approached from the standpoint of the subject's relationship with themselves, but also in relation to their bodily experience and intersubjective encounters.

The wide range of experiences examined in these studies shows that psychosis is far from being a purely morbid, incomprehensible, and inaccessible process. The psychotic experience contains a logic or coherence that cannot be reduced to a causal explanation based solely on neurobiological dysfunction. Experiential phenomena that go beyond solipsism -phenomena that project the subject into their embodied, intersubjective, and factual existence- occur in psychosis and must be studied. The core issue is not the incomprehensibility of the experience, but rather the lack of appropriate questions and methods of access that are coherent with its subjective and phenomenological nature (Pienkos, 2024; Ritunnano & Bortolotti, 2022; Spencer & Broome, 2023; Stanghellini, 2013).

Despite the phenomenological richness through which psychotic experience is disclosed beneath its veil of apparent incomprehensibility, it is important to highlight that underlying all these phenomenological dimensions there exists a common way of understanding suffering, grounded in a logic of altered normal functioning. Phenomenological psychopathology, in general, aims to describe those structures of intentional consciousness that are disrupted in psychopathological experience (Stanghellini *et alii*, 2019).

This way of understanding psychopathological experience -one that centers attention on the description of disturbance and abnormality in the essential structures of consciousness- raises concerns as to whether psychotic suffering may become uprooted from its situational and contextual embeddedness within the singular life in which it unfolds (Pienkos, 2020, 2024). Similarly, it may lead to subjective suffering being transformed into a phenomenon placed under the control of method and observer, thereby sidelining the person who suffers as the primary epistemic agent of their own experience and lived existence (Spencer & Broome, 2023). Both critiques point to the concern that, insofar as psychopathological experience is understood as an alteration of the essential structure of consciousness, it risks losing its grounding in the world from which it emerges by virtue of its intentional character, becoming instead an object subject to observation and description (Pienkos, 2020, 2024; Spencer & Broome, 2023).

Qualitative research is deeply permeated by a hermeneutic dimension. Subjective phenomena do not present themselves as natural objects ready-made for verification and description; rather, their emergence depends on and is shaped by previously defined conceptual categories that frame the phenomenon in question (Ballerini, 2019; Irrázaval, 2020; Zahavi, 2018). In this sense, it becomes relevant to ask how psychopathological experience is understood and which hermeneutic horizons of possibility are opened by such an understanding.

The second objective guiding this systematic review was to examine the methodological characteristics by which qualitative research in phenomenological psychopathology approaches the psychotic experience in schizophrenia. A key

methodological issue concerns the boundaries of the phenomenon under investigation. Among the studies reviewed, nearly half used a strict diagnostic criterion of schizophrenia, while slightly more than the other half operationalized their inclusion criteria by referring to the notion of the psychotic spectrum.

For at least the past two decades, the status of schizophrenia as a disorder or disease with clearly defined boundaries has been increasingly questioned (Bentall, 2004; van Os & Reininghaus, 2016). Scholars have pointed to the difficulty of establishing a clear-cut line between madness and sanity, as well as the challenge of drawing definitive distinctions between psychosis and other forms of suffering. Psychosis seems to cut across multiple dimensions of human experience, blurring the boundaries between the normal and the pathological. As a result, there has been a growing trend to conceptualize psychosis within a schizophrenia spectrum, allowing for the mobility of symptom expression and for its understanding in all its kaleidoscopic manifestations (Bentall, 2004; Ritunanno & Bortolotti, 2022; van Os & Reininghaus, 2016).

A second methodological issue that deserves attention concerns the matter of access to the phenomenon under study and the way in which the results obtained are interpreted. In almost all studies analyzed, semi-structured or in-depth interviews were used, and more than half reported following a phenomenological method of access and data analysis. Within the qualitative paradigm, all of the reviewed studies aimed to account for the subjective dimension of their objects of study, including experiential qualities and the meanings associated with them (Creswell, 2007). Furthermore, since these studies were conceptually grounded in phenomenological psychopathology, their research questions and objectives were coherent with a phenomenological perspective and scope.

However, several questions arise: Is a specific method of access to subjectivity necessary in order to reach an experiential dimension of interest to phenomenological inquiry? Is a particular kind of phenomenological stance or disposition required to access the experiential qualities of consciousness? Moreover, once subjective reports and experiences have been collected, is a phenomenologically informed method of analysis necessary to address research questions and objectives within the domain of phenomenological psychopathology?

From a strictly phenomenological perspective, access to the transcendental structures of consciousness requires a specific method that goes beyond the mere suspension of prior judgments and theories. The phenomenological epoché, frequently referenced in qualitative research methods inspired by this philosophy, entails a transformation in the habitual mode of consciousness's relation to the world. It points to an ontological issue, rather than merely an epistemological or methodological one (van Manen, 2017; Zahavi, 2003, 2018).

Moreover, the phenomenological method does not end with access; it also involves a series of steps such as eidetic variation and reduction, which are conceived within the context of a philosophical endeavor concerned with how the world is given in a transcendental relation with consciousness (Zahavi, 2003, 2018). Thus, it becomes highly relevant to question the role that phenomenology can play in qualitative research methods that seek to explore and articulate the qualities of human experience in suffering.

It could be concluded that a strictly phenomenological method is not necessary in order to gain descriptive access to psychopathological experience. However, not every subjective description meets the methodological rigor required by phenomenological philosophy (Ballerini, 2019; Irarrázaval, 2020; van Manen, 2017; Zahavi, 2018).

The third and final objective was to describe the findings and implications emerging from the qualitative study of the psychotic experience in schizophrenia, within the framework of phenomenological psychopathology. Among the main findings, the psychotic psychopathology of the schizophrenia spectrum is primarily understood through the lens of disturbances or disruptions of the self (Sass *et alii*, 2018; Sass & Parnas, 2003). Likewise, a significant number of the reviewed studies reported findings related to the understanding of psychotic experience in connection with symptom-related lived experience -such as auditory verbal hallucinations, alterations in agency and bodily experience, as well as the intersubjective dimension. These findings were presented as advances in the clinical understanding of psychotic experience and emphasized the need for continued investigation in these areas.

With regard to the clinical implications of the findings, the need to translate these insights into tools for the early recognition of potential psychotic developments was emphasized. Similarly, incorporating a deeper understanding of psychotic experience into clinical practice would allow for targeted interventions at critical points of suffering. The findings suggest the importance of moving toward an intervention and recovery model that goes beyond the mere elimination of characteristic psychotic symptoms.

A therapeutic intervention model is proposed that understands recovery as a radical and comprehensive transformation of the individual -one that takes into account key dimensions of suffering such as the social-intersubjective domain, the relationship with the body, and affectivity. In addition, emphasis is placed on the relevance of psychotherapy as extending beyond mere pharmacological intervention. Therapy is understood as an intersubjective process that facilitates renewed engagement with the world and with others, contributing to the integration of the subject and the reconstitution of fragmented experience.

These empirical findings are consistent with the general principles articulated within phenomenological psychotherapy for schizophrenia. This approach places the therapeutic relationship at the center of clinical work, conceiving it as an intersubjective space of support and stability in the face of experiential fragility. Intervention is focused on specific domains of suffering, such as disturbances in the sense of self, intersubjective difficulties, experiences of bodily disanchoring, and affective states of vulnerability, while promoting strategies of regulation and de-reflexivization that foster greater embodied presence and a more fluid engagement with the shared world. Biographical and narrative work is prioritized in order to strengthen self-coherence and subjective agency, orienting the therapeutic process toward the stabilization of the structural tensions of experience and the reconstruction of relational bonds and meaning, beyond the mere suppression of symptoms (Irrázaval, 2020; Skodlar & Henriksen, 2019; Messas, Tamelini, Mancini, & Stanghellini, 2018).

These intervention proposals demonstrate that phenomenological psychopathology can move beyond a static description of alterations or disturbances in the structure of consciousness within the schizophrenia spectrum, translating instead into ways of engaging with psychotic suffering that seek to remain closely attuned to its singular mode of manifestation as subjective experience.

A relevant limitation of the present systematic review concerns the ambiguity and nonspecific use of the term “phenomenological” in the literature on psychopathology, psychiatry, and qualitative research. This adjective is frequently employed in a loose manner to refer to non-prejudicial subjective descriptions, without a clear affiliation to a phenomenological theoretical, philosophical, and methodological framework in a rigorous

sense. Given this conceptual complexity, the application of the selection criteria led to the exclusion of numerous studies that, despite self-identifying as phenomenological, did not develop a coherent understanding of the phenomenon nor a precise and methodologically consistent operationalization. In this process, a certain degree of bias may have been introduced, considering the inherent difficulty of drawing clear boundaries regarding what properly constitutes phenomenology or phenomenological psychopathology. In the present study, this criterion was operationalized through the explicit identification of a theoretical framework grounded in phenomenology and phenomenological psychopathology.

The selection of Web of Science and Scopus was based on their high academic prestige, broad coverage, and rigorous indexing criteria, which make them widely used sources for systematic reviews. The inclusion of PubMed, in turn, responded to the need to incorporate literature from the biomedical and psychiatric fields, given the clinical component of the phenomenon under study. Nevertheless, this search strategy may have excluded databases more specifically oriented toward philosophy and phenomenology, within which relevant contributions to the phenomenon in question might be found.

Future research could further develop comparative analyses of different phenomenological and qualitative methods, examining whether findings vary as a function of the methodological approach employed, both in studies of schizophrenia and of other psychopathological conditions. In addition, it would be pertinent to explore more precisely the criteria that allow a method to be considered phenomenological, including the possibility of phenomenological orientations within quantitative studies, in order to advance toward a clearer and more critical delineation of the methodological status of phenomenology in psychopathological research.

## REFERENCES

- Alphonsus E, Fellin LC, Thoma S, & Galbusera L (2023). They have taken out my spinal cord: an interpretative phenomenological analysis of self-boundary in psychotic experience within a sociocentric culture. *Frontiers in Psychiatry, 14*. Doi: 10.3389/fpsy.2023.1215412
- Ballerini M (2019). Phenomenological Psychopathology and Qualitative Research. In G. Stanghellini, M. Broome, A. Raballo, A. V. Fernandez, P. Fusar-Poli, & R. Rosfort (Eds.), *The Oxford Handbook of Phenomenological Psychopathology* (pp. 925-940). Oxford: Oxford University Press. Doi: 10.1093/oxfordhb/9780198803157.013.87
- Bentall R (2004). *Madness explained: Psychosis and human nature*. London: Penguin.
- Binswanger L (1942). *Grundformen und erkenntnis menschlichen daseins* [Basic forms and knowledge of human existence]. Zürich, Switzerland: Niehans.
- Blankenburg W (1971). *Der verlust der natürlichen selbstverständlichkeit: ein beitrag zur psychopathologie symptomarmer schizophrenien* [The loss of natural self-evidence: a contribution to the psychopathology of paucisymptomatic schizophrenias]. Stuttgart, Germany: Enke.
- Creswell JW (2007). *Qualitative inquiry and research design: Choosing among five approaches, 2nd ed.* Thousand Oaks, CA: Sage Publications.
- Deland AC, Karlsson G, & Fatouros-Bergman H (2011). A Phenomenological Analysis of the Psychotic Experience. *Human Studies, 34*, 23-42. Doi: 10.1007/s10746-011-9174-0
- Dijkstra SA, Rijkeboer J, Noordhof A, Boyette LL, Berendsen S, de Koning M, Bennen RLJ, Hofman T, & de Haan L (2024). Making Sense of Recovery From First Psychosis With Antipsychotic Medication: A Qualitative Phenomenological Study. *Schizophrenia Bulletin, 50*, 6, 1508-1520. Doi: 10.1093/schbul/sbae104
- Feyaerts J, Kusters W, Van Duppen Z, Vanheule S, Myin-Germeyns I, & Sass L (2021). Uncovering the realities of delusional experience in schizophrenia: a qualitative phenomenological study in Belgium. *Lancet Psychiatry, 8*, 9, 784-796. Doi: 10.1016/s2215-0366(21)00196-6

- Fuchs T, & Röhrich F (2017). Schizophrenia and intersubjectivity. An embodied and enactive approach to psychopathology and psychotherapy. *Philosophy, Psychiatry & Psychology*, *24*, 2, 127-142. Doi: 10.1353/ppp.2017.0018
- Galbusera L, Fellin L, & Fuchs T (2019). Towards the recovery of a sense of self: An interpretative phenomenological analysis of patients' experience of body-oriented psychotherapy for schizophrenia. *Psychotherapy Research*, *29*, 2, 234-250. Doi: 10.1080/10503307.2017.1321805
- Henriksen MG & Parnas J (2012). Clinical manifestations of self-disorders and the Gestalt of schizophrenia. *Schizophrenia Bulletin*, *38*, 4, 657-660. Doi: 10.1093/schbul/sbs033
- Hirjak D, Breyer T, Thomann PA & Fuchs T (2013). Disturbance of intentionality: a phenomenological study of body-affecting first-rank symptoms in schizophrenia. *PLoS One*, *8*, 9, e73662. Doi: 10.1371/journal.pone.0073662
- Irrázaval L (2015). The lived body in schizophrenia: transition from basic self-disorders to full-blown psychosis. *Frontiers in Psychiatry*, *6*, 9. Doi: 10.3389/fpsy.2015.00009
- Irrázaval L (2020). A Phenomenological Paradigm for Empirical Research in Psychiatry and Psychology: Open Questions. *Frontiers in Psychology*, *11*. Doi:10.3389/fpsy.2020.01399
- Irrázaval L & Sharim D (2014). Intersubjectivity in schizophrenia: life story analysis of three cases. *Frontiers in Psychology*, *5*. Doi:10.3389/fpsy.2014.00100
- Jaspers K (1993). *General psychopathology*. Mexico City: Fondo de Cultura Económica.
- Jones N & Luhrmann T (2015). Beyond the sensory: Findings from an in-depth analysis of the phenomenology of "auditory hallucinations" in schizophrenia. *Psychological, Social and Integrative Approaches*, *8*. Doi: 10.1080/17522439.2015.1100670
- Kovács A, Ladányi B, Farkas N, Stempel L, Kiss D, Bittermann É, & Rác J (2023). The recovery of homicidal people diagnosed with schizophrenia and schizoaffective disorder: An interpretative phenomenological analysis. *Frontiers in Psychiatry*, *13*. Doi: 10.3389/fpsy.2022.951678
- Levitt HM, Bamberg M, Creswell JW, Frost DM, Josselson R, & Suárez-Orozco C (2018). Journal article reporting standards for qualitative primary, qualitative meta-analytic, and mixed methods research in psychology: The APA Publications and Communications Board Task Force report. *American Psychologist*, *73*, 1, 26-46. Doi: 10.1037/amp0000151
- Messas G, Tamellini M, Mancini M, & Stanghellini G (2018). New perspectives in phenomenological psychopathology: Its use in psychiatric treatment. *Frontiers in Psychiatry*, *9*. Doi: 10.3389/fpsy.2018.00466
- Minkowski E (1933). *Le temps vécu: études phénoménologiques et psychopathologiques* [Lived time: Phenomenological and psychopathological studies]. Paris, France: D'Artrey.
- Moher D, Shamseer L, Clarke M, Ghersi D, Liberati A, Petticrew M, Shekelle P, & Stewart LA (2015). Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015 statement. *Systematic Review*, *4*, 1, 1. Doi: 10.1186/2046-4053-4-1
- Monville F (2019). Delusion, self, and antipsychotics. A phenomenological approach to antipsychotics' effect. *L'Évolution Psychiatrique*, *84*, 1. Doi: 10.1016/j.evopsy.2018.11.002
- Nilsson LS, Urfer Parnas A, & Nordgaard J (2019). Social Life in the Schizophrenia Spectrum: A Phenomenological Study of Five Patients. *Psychopathology*, *52*, 4, 232-239. Doi: 10.1159/000501833
- Pienkos E (2020). Schizophrenia in the world: Arguments for a contextual phenomenology of psychopathology. *Journal of Phenomenological Psychology*, *51*, 2, 184-206. Doi: 10.1163/15691624-12341377
- Pienkos E (2024). Understanding, schizophrenia, and the limits of phenomenology. *Theory & Psychology*, *34*, 4, 427-445. Doi: 10.1177/09593543241266618
- Pienkos E, Silverstein S, & Sass L (2017). The Phenomenology of Anomalous World Experience in Schizophrenia: A Qualitative Study. *Journal of Phenomenological Psychology*, *48*, 188-213. Doi: 10.1163/15691624-12341328
- Ritunnano R & Bortolotti L (2022). Do delusions have and give meaning? *Phenomenology and the Cognitive Sciences*, *21*, 4, 949-968. Doi: 10.1007/s11097-021-09764-9
- Sass LA, Borda JP, Madeira L, Pienkos E, & Nelson B (2018). Varieties of Self Disorder: A Bio-Pheno-Social Model of Schizophrenia. *Schizophr Bull*, *44*, 4, 720-727. Doi: 10.1093/schbul/sby001
- Sass LA & Parnas J (2003). Schizophrenia, Consciousness, and the Self. *Schizophrenia Bulletin*, *29*, 3, 427-444. Doi: 10.1093/oxfordjournals.schbul.a007017
- Schou ML, Urfer-Parnas A, & Parnas J (2020). The Hoarding Phenomenon in Schizophrenia Spectrum Disorders. *Psychopathology*, *53*, 2, 111-118. Doi: 10.1159/000508453

- Skodlar B & Henriksen MG (2019). Toward a phenomenological psychotherapy for schizophrenia. *Psychopathology*, 52, 2, 117–128. Doi: 10.1159/000500163
- Skodlar B, Tomori M, & Parnas J (2008). Subjective experience and suicidal ideation in schizophrenia. *Comprehensive Psychiatry*, 49, 5, 482–488. Doi: 10.1016/j.comppsy.2008.02.008
- Spencer L & Broome M (2023). The epistemic harms of empathy in phenomenological psychopathology. *Phenomenology and the Cognitive Sciences*, 1, 1–22. Doi: 10.1007/s11097-023-09930-1
- Spencer L, Broome M, & Stanghellini G (2025). The future of phenomenological psychopathology. *Philosophical Psychology*, 38, 1, 1–16. Doi: 10.1080/09515089.2024.2403881
- Stanghellini G (2004). *Disembodied Spirits and Deanimated Bodies: The psychopathology of common sense*. Oxford: Oxford University Press. Doi: 10.1093/med/9780198520894.001.0001
- Stanghellini G (2013). The ethics of incomprehensibility. In G. Stanghellini & T. Fuchs (Eds.), *One Century of Karl Jaspers' General Psychopathology* (pp. 166–183). Oxford: Oxford University Press. Doi: 10.1093/med/9780199609253.003.0012
- Stanghellini G & Fuchs T (2013). *One century of Karl Jaspers' General Psychopathology*. Oxford: Oxford University Press.
- Stanghellini G, Ballerini M, Blasi S, Mancini M, Presenza S, Raballo A, & Cutting J (2014). The bodily self: a qualitative study of abnormal bodily phenomena in persons with schizophrenia. *Comprehensive Psychiatry*, 55, 7, 1703–1711. Doi: 10.1016/j.comppsy.2014.06.013
- Stanghellini G, Ballerini M, Presenza S, Mancini M, Raballo A, Blasi S, & Cutting J (2016). Psychopathology of Lived Time: Abnormal Time Experience in Persons With Schizophrenia. *Schizophrenia Bulletin*, 42, 1, 45–55. Doi: 10.1093/schbul/sbv052
- Stanghellini G, Broome M, Raballo A, Fernandez AV, Fusar-Poli P, & Rosfort R (2019). *The Oxford Handbook of Phenomenological Psychopathology*. Oxford: Oxford University Press.
- Stephensen H, Urfer-Parnas A, & Parnas J (2024a). Double bookkeeping in schizophrenia spectrum disorder: an empirical-phenomenological study. *European Archives of Psychiatry Clinical Neuroscience*, 274, 6, 1405–1415. Doi: 10.1007/s00406-023-01609-7
- Stephensen H, Urfer-Parnas A, & Parnas J (2024b). An Empirical-Phenomenological Exploration of Anderssein (Feeling Different) in Schizophrenia: Being in-between Particular and Universal. *Psychopathology*, 57, 6, 459–469. Doi: 10.1159/000538707
- Uptegrove R, Ives J, Broome MR, Caldwell K, Wood SJ, & Oyebo F (2016). Auditory verbal hallucinations in first-episode psychosis: A phenomenological investigation. *BJPsych Open*, 2, 1, 88–95. Doi: 10.1192/bjpo.bp.115.002303
- van Manen M (2017). But Is It Phenomenology? *Qual Health Res*, 27, 6, 775–779. Doi: 10.1177/1049732317699570
- van Os J & Reininghaus U (2016). Psychosis as a transdiagnostic and extended phenotype in the general population. *World Psychiatry*, 15, 2, 118–124. Doi: 10.1002/wps.20310
- Vodusek VV, Parnas J, Tomori M, & Skodlar B (2014). The phenomenology of emotion experience in first-episode psychosis. *Psychopathology*, 47, 4, 252–260. Doi: 10.1159/000357759
- Yttri JE, Urfer-Parnas A, & Parnas J (2020). Auditory Verbal Hallucinations in Schizophrenia: Mode of Onset and Disclosure. *The Journal of Nervous and Mental Disease*, 208, 9, 689–693. Doi: 10.1097/nmd.0000000000001179
- Yttri JE, Urfer-Parnas A, & Parnas J (2022). Auditory Verbal Hallucinations in Schizophrenia, Part II: Phenomenological Qualities and Evolution. *The Journal of Nervous and Mental Disease*, 210, 9, 659–664. Doi: 10.1097/nmd.0000000000001514
- Zahavi D (2003). *Husserl's Phenomenology*. Stanford: Stanford University Press.
- Zahavi D (2018). Getting It Quite Wrong: Van Manen and Smith on Phenomenology. *Qualitative Health Research*, 29, 6, 900–907. Doi: 10.1177/1049732318817547

Received, October 15, 2025  
 Acceptance, January 15, 2026