

# Excursions

Volume 13, Issue 1 (2023) | Outside/rs



## Outside/rs 2022

Making Space at the Queer Intersections of Sex and Gender

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# Queering the Schizophrenic Body: Re-orientated nerves

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## **Abstract**

In this paper I explore how some insights about queer embodiment can be applied to the subtleties of psychotic experience, introducing a recovery-oriented dialogue between a queer-phenomenological and phenomenological-psychiatric approach. More specifically, I show how some concepts from Sara Ahmed can complement the ipseity-disturbance model, with which Louis Sass and his colleagues have re-introduced phenomenological psychiatry to mainstream schizophrenia research.

**Keywords:** Daniel Schreber; phenomenological psychiatry; queer embodiment

In this paper I explore how some insights about queer embodiment can be applied to the subtleties of psychotic experience, introducing a recovery-oriented dialogue between a queer-phenomenological and phenomenological-psychiatric approach. More specifically, I show how some concepts from Sara Ahmed can complement the ipseity-disturbance model, with which Louis Sass and his colleagues have re-introduced phenomenological psychiatry to mainstream schizophrenia research. This entails an extension and translation of Sass's claims that the schizophrenic mind is not 'broken', and that symptoms like delusion represent productive cognitive responses to a distinctive experiential crisis. This paper critiques and expands the scope of Sass's phenomenological case study of Daniel Schreber, a man hospitalized for schizophrenia and 'delusions of sexual change' at the turn of the 20<sup>th</sup> century, who successfully argued for his release from the hospital despite remaining delusional. I find the bodily, 'nerve' dimension of his delusions (and its role in his behaviour) to be the next step in exploring his

delusional recovery as queer process: psychotic sensations queer his body. I employ case comparison and relevant observations from Krafft-Ebing to identify the uniqueness of Schreber's body, and reframe concepts from Sara Ahmed's *Queer Phenomenology* to explore Schreber's queer embodiment as a liberatory 'disorientation device'. I will first review the Schreber case (Section 1), then introduce Sass's account (Section 2), then critique it and advance a queer-phenomenological perspective (Section 3).

## 1 – Schreber

### 1.1 – Case Overview

Daniel Paul Schreber (1842-1911) was a judge, admitted to Leipzig hospital in 1893 at age 51. Having already had a short hospital stay in Leipzig (1884-85), this later hospitalisation was the peak of his illness (Baumeyer, 1956). Lasting nine consecutive years, this period saw Schreber move from a patient in psychotic crisis with a near-total loss of function, to one with greatly restored function. The course of his recovery is documented in his *Memoirs of my Nervous Illness*, a text written to defend his merits and autonomy, and thus be granted freedom from the hospital and control of his affairs (Schreber, 2000). He was successful in this endeavour, despite the fact that he wrote the memoir while still being in some respects deeply psychotic, retaining some of the experiences he had in his crisis. This recovery is quite interesting from both a psychiatric and philosophical perspective, because a) he had many of the more severe signs and symptoms of psychosis, and b) his recovery did not take the course aspired to by today's antipsychotic medication – namely the relief of symptoms (Sass, 1995, p. 7). As I will review, rather than his symptoms simply vanishing, his psychosis changes structure over time, integrating itself into a more habitable mental life. Nonetheless, Schreber's remaining deeply psychotic means that his long-fought release from the hospital actually happened within the context of his psychosis – actions taking shape within and through his madness. This in turn means that documentation of this process gives us tools to explore his psychosis both

in relation to symptoms, and to behaviours oriented toward recovery. The memoir cogently covers various aspects of his life prior to psychosis and hospitalisation, his present condition at the time of writing, and the revelations he was given through his “so-called delusions”, as they related to his readiness for release (Sass, 1994). Some of Schreber’s reflections reference specific events and experiences of his, some articulate the way his “so-called delusions” relate to the world he shares with other people, and others pertain solely to his uniquely “voluptuous” relation to God, which has enigmatically sexual and/or gendered dimensions: “he is called to redeem the world and to bring back to mankind the lost state of Blessedness.” (Schreber, 2000, pp. 124, 333). All topics he discusses are presented through the lens of the delusions themselves, revealing the peculiarity with which his reason is preserved – alongside his delusions. Both the content of the delusions, and his ability to reason about them, are rooted in a queer-delusional recovery process. In this analysis we find that both a phenomenological-psychiatric and a queer-phenomenological approach stress the significance of experiences of agency, suggesting that what is at stake for Schreber is less about personal identity (or ‘who he is’ in these beliefs) than autonomy and the ability to navigate experiences of psychosis in said world. We should note that phenomenological frameworks are used here as tools, expressly to elucidate details of his experiences as he describes them – attending to details and their inner connections rather than categorising based on external classifications. We will counter any vagueness by identifying the connections and distinctions between these experiences, first reviewing some basic psychiatric concepts as they relate to Schreber (Keil, Keuck and Hauswald, 2017).

## 1.2 – Categories, Themes

Much of what makes Schreber an outsider is that his self-understanding resists simple categorisation. For example, one central thread in Schreber’s delusions is that God is transforming him into a woman –

God's dutiful, but tortured concubine (Schreber, 2000, p. 250). Not in an ordinary day-to-day sense of the term 'woman', but as a divine female saviour-being whose sexual relation to God is of utmost importance/significance for the restoration of the "Order of the World." (Schreber, 2000, p. 33). Already, this summary covers "grandiose", "persecutory", "nihilistic" and "somatic" themes (American Psychiatric Association, 1998, p. 87). The list of themes is less important than the way they cluster around the somatic dimension. As is common in schizophrenia, the somatic themes also classify as bizarre: "clearly implausible and not understandable to same-culture peers and do not derive from ordinary life experiences" (American Psychiatric Association, 1998, p. 87). As we will explore in more phenomenological terms in Section 2, Schreber's bodily transformation entails "a loss of control over mind or body" characteristic of Kurt Schneider's "first-rank symptoms" of schizophrenia (American Psychiatric Association, 1998). However, Schreber's somatic delusions are as complex as they are 'bizarre'. We will now review his delusions and their relationship to different actions and attitudes.

### 1.3 – Schreber's Cosmic Body

Schreber's delusions are bizarre both at the bodily and the cosmic levels. The bodily experience entailed is well encapsulated by Krafft-Ebing's (1840-1902) term "metamorphosis paranoica sexualis", where death, rebirth, sexual transformation and persecution are all prominent (Krafft-Ebing, 1899; LaTorre, 1976; Roth, 2017). Schreber's body is central to world-redemption because physicality, sensuality and spirituality are intertwined in a cosmos whose metaphysical fabric consists of seemingly innumerable forms of "nerves" and "rays" (Roth, 2017, pp. 130–40). The nerves are "extraordinarily delicate structures comparable to the finest filaments [...] the total mental life of a human being rests on their excitability" (Schreber, 2000, p. 19). The nerves are both physical and spiritual, and the cohesion of the human body, sensations, memory,

intellect, soul, etc. are all held together by nerves of various kinds. All hangs on their harmony. But Schreber's nerves endure conditions that other people's do not, and his body therefore works differently – to appease God's wishes. God is transforming his nerves with divine rays that “set [them] in motion *from without* incessantly and without any respite.” (Schreber, 2000, p. 55). By controlling the vibration of his nerves, God manipulates all aspects of Schreber's being. From his doctor's case notes:

At the beginning [...] he mentioned mostly hypochondriacal ideas, [...] would soon die, [...] ideas of persecution soon appeared [...] based on hallucinations, which at first occurred sporadically, while simultaneously marked hyperesthesia, great sensitivity to light and noise made their appearance. [...] Later the visual and auditory hallucinations multiplied and, in conjunction with disturbances of common sensation, ruled his whole feeling and thinking; he thought he was dead and rotten, suffering from the plague, [...] horrible manipulations were being performed on his body, [...] more terrible states than anybody had ever known. All that for a holy purpose, as indeed he still maintains.

(Schreber, 2000, pp. 327–28).

Schreber reaches a state of total crisis, and as the years go by, his bodily suffering takes on new associations and meaning, begins to ‘make sense’ – its divine purpose becomes much clearer to Schreber. At first, the manipulations constitute a “Soul Murder”, the controlling of his body, thoughts and will (Schreber, 2000, p. 9). However, this loss of autonomy is replaced by a torturous endowment of divine power, given to Schreber by God's continually “Unmanning” him into a woman; violating him both sexually and spiritually with “nerves of voluptuousness” that excite and agitate him (Schreber, 2000, p. 96). The nerves are in some sense passive to God's desires, but activated by them. Through this perpetual, unresolved transformation, Schreber serves as God's unwilling concubine, while also being elevated above all people, given divine powers and revelations (Schreber, 2000, p. 54). However, his delusions are not primarily about him being ‘special’ in a megalomaniacal sense. Rather, the sense of power and importance is inseparable from the suffering stemming from God's power over his thoughts and body: “Rays did not seem to appreciate at all that a human being who actually exists must be

somewhere.” (Schreber, 2000, p. 151). He can restore the “Order of the World” because he is uniquely bound to the crisis, and immersed in it: “This ‘miraculous structure’ has recently suffered a rent, intimately connected with my personal fate.” (Schreber, 2000, pp. 33, 345). To grasp the significance of these delusions, we should see the experiences being articulated alongside the ways in which they do and do not influence his actions. Not as clusters of themes, or even as discrete experiences, but as clues to the structure of his subjectivity and recovery.

#### 1.4 – Nerves Studied, Revealed

One of the great enigmas of Schreber is the way his delusions influence his interactions with others – particularly concerning his body. Consider his documented correspondence with psychiatrists as scientists, not just clinicians (Schreber, 2000, pp. 242–52). Here he shows peculiar interest in how his special nerves relate to what has already been discovered in neurology, and requests textbooks. He discusses his findings in the memoir – complete with citations – summarising the disagreement as follows:

[N]eurology does not recognize the existence of special nerves as carriers of sensuous pleasure; [and] that such nerves are palpable from outside [...] The feeling of sensual pleasure [...] occurs in the female to a higher degree than in the male, involves the whole body, and that the mammae particularly play a very large part in the perception of sensuous pleasure. [...] some organs (whether they be called tendons or nerves or anything else) cover the whole female body more extensively than the male body. [...] I am subjectively certain that my body – as I have repeatedly stated in consequence of divine miracles – shows such organs to an extent as only occurs in the female body.

(Schreber, 2000, p. 245).

On the one hand, he has a delusional certainty about the status of his nerves, and this does not need to be defended, but he wants to demonstrate, or at least delineate, the limits of science and ordinary human perception. He notes he cannot expect others to understand or believe his claims, even coining the expression “so-called delusions” to refer to the apparent divide between his knowledge and the knowledge of others (Schreber, 2000, p. 356). Schreber’s perplexing attitudes and

dispositions toward the minds of others are manifested in his mirror ritual:

When the rays approach, my breast gives the impression of a pretty well-developed female bosom; [...] hairs remain under my arms and on my chest; [...] my nipples also remain small as in the male sex. Notwithstanding, [...] anybody who sees me standing in front of a mirror with the upper part of my body naked would get the undoubted impression of a female trunk – especially when the illusion is strengthened by some feminine adornments.

(Schreber, 2000, p. 248).

He quite literally reveals his transforming body as an exhibition, while recognising that even if others see what he sees, somehow that is illusory. In some sense, he is acutely aware that his skin resides at the surface between his delusions and the intersubjective reality to which he is reaching out. Schreber somehow recognises that he becomes a woman, but only for himself and God – those tasked with saving the world. This dynamic is what Eugen Bleuler called “double orientation”, or “double book-keeping,” in which the patient retains private certainty about their delusion, unphased by the contradictory beliefs of others (Bleuler, 1950, p. 378; Sass and Pienkos, 2013a, p. 2). This is a long-recognised phenomenon, in which some delusions do not operate as normal beliefs do, with intersubjective verification being central to a coherent mental life with others (Parnas, 2013). There is no contradiction, for Schreber. From a phenomenological perspective, the delusion introduces an extra layer of thought, not a contradiction: a parallel awareness of one’s real-world and private experience (Sass and Pienkos, 2013a, p. 2). With this in mind, we now consider what this means for the relationship between his bodily distress and his gender.

### 1.5 – Schreber’s Queer Womanhood

If we focus on how Schreber’s words and actions construe the relationship between his bodily distress and his gender or sex, and take the possibility of queer recovery processes seriously, we become weary not to misconstrue it by misapplying contemporary notions of the sex / gender distinction. Schreber’s self-account does not follow strict distinctions



between sex and gender, and this reflects the structure of his bodily experience. They are intertwined in his cosmos – both physically and metaphysically – in such a way that does not mirror the ordinary dynamics between sexuality, biological sex and gender for persons who report a transgender identification linked to experiences of gender dysphoria (Cooper *et al.*, 2020). In particular, Schreber presents himself as woman, but not with the social concern typical of transgender persons suffering with gender dysphoria. Schreber’s concern for the embodiment and socialisation of his womanhood seems to be conditioned primarily by the double-sided structure of his delusions, as he does not change his first name or pronouns, nor make any consistent changes to his participation in contemporaneous gender expression and roles for men (Israëls, 1981).

While we lack consistent vocabulary for such patients’ experiences (where delusions of bodily change are associated with sex and/or gender) Schreber appears to reside among the nuanced cases where gender – or sexual-reassignment themes present within the delusions, not as an external factor. I follow this line of thought because this is a significant difference, and diverse clinical approaches recognise that true comorbidity of psychosis with distinct symptoms of gender dysphoria is rare, and that they must be carefully differentiated for therapeutic purposes (LaTorre, 1976; Urban-Kowalczyk, 2015; Stusiński and Lew-Starowicz, 2018; Gherovici, 2019). I will therefore conceptualise Schreber’s enigmatic gender modality as a ‘queer womanhood’ in which what is at stake above all is the God-body relation, characterised by duty and obedience, rather than identification and self-realisation/actualisation. I will return to the phenomenological significance of Schreber’s queer womanhood after first reviewing Sass’s phenomenological account of schizophrenic subjectivity and recovery (Section 2). Taken in the right direction, a review of Sass’s account of the relationship between schizophrenic processes and experiences informs a further queer-phenomenological analysis of Schreber’s embodiment, recovery and liberation (Section 3).

## 2 – Sass, Ipseity-disturbance model

### 2.1 – Ipseity-disturbance, Experiential Flux

Louis Sass uses Schreber as a case study of schizophrenia to articulate key aspects of his phenomenological model of schizophrenia, which he calls “ipseity disturbance” (Sass, 1992, 1995). This model also sets the ground for a deeper-probing analysis of Schreber’s agency and relationship to God. Ipseity-disturbance literature takes the observable symptoms of schizophrenia to be psychical responses (conscious or otherwise) to the deeper disturbance of experience (Sass, Louis A. and Parnas, 2007). Here, the symptoms and signs, including the content of the person’s self-reports, can tell us about the shape and core of the person’s experiences – and thus the alterations to the structures of their subjectivity as a whole. Ipseity disturbance is a “deformed sense of first-person perspective [...] a disorder or deficiency in the sense of being a subject, a self-coinciding centre of action, thought, and experience” (Parnas *et al.*, 2005, p. 236). Attributing this to Schreber offers an explanation for distress residing at his bodily surface, while also placing it at a most basic, prereflective level – a structure governing each thought and perception (Nelson, Parnas and Sass, 2014). In their phenomenological framework, ipseity is a basic structure of healthy cognition in the sense that experience always ‘belongs to’ the experiencing subject, and is always their experience ‘of something’: “[s]ubject and object are two abstract moments of a unique structure which ‘is presence’” (Merleau-Ponty, 1962, p. 430, cited in Sass and Parnas, 2003, p. 430). The first-person perspective results from the fact that all cognitive acts are pre-structured with a self-world “arc” such that they have an implicitly willed character (Sass and Parnas, 2003, p. 430). Not only do ‘I see’ the objects surrounding me, I can also willfully turn my attention to them ‘so as to’ see. In this way, perception, one’s private thoughts, etc., all entail pre-structured acts that allow me the agency to process my experiences as it were, unconsciously.

## 2.2 – Agency, Flux

As we see with Schreber, when this normally constant and invariable structure underpinning our psychic agency is disturbed, there is often a sense of threat to the mind and body. For example, Schreber’s enigmatic ‘headaches’, in which his ordinary thoughts and perceptions carry a distressing meta-sensation of “tearing and pulling pains” (Schreber, 2000, p. 239). There is no safe distance between the inside and the outside, so sensations that normally are not actually very intense in themselves are felt as debilitating, regardless of where they originate. This same loss of self-world boundary is responsible for both Schreber’s initial bodily ‘pains’ and hypochondria, as well as his eventual delusions that the entire universe is in flux around him (Schreber, 2000, pp. 20–21). Without the tacit, pre-reflective stability of thought given by ipseity, any and all perceptions, attitudes and beliefs can be taken up into this distressing flux, a “decontextualisation”, or “destabilisation of normal perceptual context” (Sass and Parnas, 2003, pp. 430, 437; Sass and Pienkos, 2013a, p. 8). We will expand upon this flux in terms of key factors relevant to Schreber; first in terms of distorted experiences of activity and passivity, and then in terms of the more multidimensional concept of “anomalous” experience (Parnas *et al.*, 2005).

## 2.3 – Flux: Activity Passivity

For Sass, the feeling of lack of control of one’s body is rooted in alienating meta-sensory experiences, with “peculiar mixtures of activity and passivity and of pain and numbness (of pain becoming numbness, of numbness felt as pain)” (Sass, 1992, p. 305). This mix of activity and passivity is articulated quite well in the “influencing machine” delusion described by Viktor Tausk:

She [...] has been under the influence of an electrical machine [...] It has the form of a human body, indeed, the patient’s own form [...] the machine] is being manipulated by someone in a certain manner, and everything that occurs to it happens also to her. When someone strikes this machine, she feels the blow in the corresponding part of her own body [...] Those who handle the machine produce a slimy substance in her nose, disgusting

smells, dreams, thoughts, feelings, and disturb her while she is thinking, reading or writing.

(Tausk, 1933, pp. 519–20; cited in Sass, 1992, pp. 217–18).

In ipseity disturbance, the person loses their perceptual context not only in relation to the external world, but in the unity of their own body, their prereflective sense of having tacit agency over it – their ‘I can’ (Husserl, 1973, p. 38). Their bodily experiences, being so unfamiliar, must be coming from some foreign power. Various discrete sensations, and even her most private thoughts and feelings, are attributed to a foreign agency. Karl Jaspers (1997, pp. 61, 122), founder of phenomenological psychiatry, calls these “thoughts made by others”, or “made experience”. Yet something more elaborate happens with Schreber – his cosmos is more ‘overtly’ meta-sensory. The meta-sensory, anomalous nature of his experiences is key to understanding his queerness.

## 2.4 – Anomalous Experience

To grasp the complexity of Schreber’s bodily flux experiences, we must go beyond the language of activity and passivity. As we see with Schreber’s nerves, anomalous experiences can take on many associations at once – even if they sound paradoxical and contradictory. For Sass and his collaborators, this associative complexity is rooted in the complexity of the experiences themselves. They are by their very nature multidimensional and ineffable, because they do not follow the normal rules for the production of a stable, cohesive experience (Parnas *et al.*, 2005, p. 237). The recurrent themes of the typical anomalies correspond to structural features or domains of consciousness that are closely related to ipseity

**Cognition and Stream of Consciousness** [...]: sense of consciousness as continuous over time, flowing, inhabited by one subject and introspectively transparent (immediately or directly given) in a nonspatial way. [...] **Self-Awareness and Presence** [...] sense of being (existence) involves automatic unreflected self-presence and immersion in the world (natural, automatic, self-evident). [...] **Bodily Experiences** [...] sense of psychophysical unity and coherence [...] **Demarcation/Transitivity** [...]: Loss or permeability of self-world boundary. [...] **Existential**

**Reorientation** [...]: fundamental reorientation with respect to his general metaphysical worldview and/or hierarchy of values, projects and interests.”

(Parnas *et al.*, 2005, pp. 240–56).

Schreber’s is less a ‘sensory’ pain and more a multifaceted, all-encompassing ‘sense of pain’ – emotional, physical, existential, etc. – extending from the flux of their altered place in space and time, the body, and their self-awareness (Sass and Pienkos, 2013b, 2015; Sass, Louis A. and Pienkos, Elizabeth, 2013). For Sass (1992, p. 305), extreme experiential anomalies can often involve great “feelings of ontological vulnerability.” Hence, Schreber feeling as though somehow he is not properly-speaking alive anymore, even as his body is coming to life with new sensations (Schreber, 2000, p. 151). Schreber’s agony thus happens ‘on’ or ‘at’ his body, but only because that is where his actual (real world) nerves are. He experiences his pain from the embodied position out of which he feels himself being displaced. From this perspective, the sexual-persecutory aspects of his bodily delusions arise because the ‘sense’ is one of pressure, of existential contingency rather than of mere tactile sensitivity. We will close this section with Sass’s account of how these experiences relate to Schreber’s recovery, and then in the final section, explore the queerness of Schreber’s recovery.

## 2.5 – Sass on Schreber’s Double Book-keeping

Paradoxically, the meta-sensory intensity of these experiences is responsible both for the conviction of their veracity, as well as the implied, intuitive sense that the delusions can only be true for the person themselves (Sass, 1995). These experiences are “thematized”, given names that articulate and give a place to these experiences, even in some way to ‘make sense’ of them (Parnas *et al.*, 2005, p. 238). However, the person knows on some level that their root experiences happen on a level others will not understand, often relying on ‘as if’ language to articulate their experience: “I am as if I were not” (Jaspers, 1997, p. 122). In cases such as Schreber’s, this unconscious reliance on analogy and metaphor instead of description eventually becomes a solipsism written into the delusions

themselves (Sass, 1995, p. 8). What of Schreber's apparent clarity of thought? When the experiential anomalies have 'names', they lose some of their disturbing influence on the person's thoughts, as if they are not pulling the person so far from reality. So, in the ipseity-disturbance model, delusion represents a shift from crisis to a consciousness that remains in some sense disturbed, but nonetheless has much 'normal' functioning. Schreber's doctor's notes confirm this description of his 'recovered' state (Schreber, 2000, pp. 332–33). From a phenomenological-psychiatric perspective, this amounts to a delusional recovery of sorts. But how exactly does this relate to his eventual freedom from the hospital? Strictly speaking, Schreber's clarity of thought was responsible for his ability to do the work to be released, while the delusions' psychic influence (or lack thereof) extended from Schreber's psychic responses. Sass's account of Schreber's recovery in this way explores how a person's ability to symbolise ineffable experiences otherwise "beyond words" suggests they retain cognitive powers that can in turn serve recovery (Sass, 1992, pp. 242–67; Sass and Pienkos, 2015). What of his bodily powers?

Taking Sass's work as a foundation for a phenomenological account of Schreber's recovery, we can add elements of Sara Ahmed's *Queer Phenomenology* to complement this idea of recovery and explore how the specific contents of his delusions – and not just the 'double book-keeping' – facilitate a queer liberation from the hospital. Much of the memoir with which he argued for his cogency is devoted to describing his bodily experiences and their shift from a total agony into a divine sexual relation, and an explanation of how his body and gender-practices relate to the bodies of those around him. This bodily-encoded self-awareness is central to his account that he is sufficiently self-aware to be freed. We will find Schreber's queerness at the surface of his body – in the fleshy dynamism of the nerves.

### 3 – Probing Schreber’s Queerness

#### 3.1 – Challenging Sass on Schreber’s Sexual Embodiment

One key limitation of Sass’s account of Schreber’s delusion is his narrow account of the sexual and/or gendered dimension of the embodiment. For Sass, Schreber’s sex and/or gender reassignment is above all an elaborate metaphor for the peculiar passivity. I will show that this is reductive and skips over relevant details pertaining to the more active, creative dimension of Schreber’s bodily delusions. These details are crucial to understanding his behaviour in recovery. Many scholars have explored the potential causal roles of childhood trauma and societal and family relations to explain certain details, while others have compared Schreber’s sexual and power relations with God to potentially relevant cultural issues (Schatzman, 1973; Nederland, 1974; Allison, 1988; Freud, Strachey and Freud, 2001; Gherovici, 2019). Sass (1995, pp. 118–122) acknowledges that some of these findings and parallels may be relevant to having a more complete understanding of Schreber’s embodiment, but asserts that above all, Schreber’s sexual transformation is not concerned with his womanhood as such, but with his perceived loss of agency. Recall that in Schreber’s text his initial peak of suffering, prior to the clearer delusional notions, was a “Soul Murder”, a loss of agency over his thinking and body (Schreber, 2000, p. 9). Then as his delusions evolve, we see Schreber describe his position in the cosmos as an “Unmanning” (2000, p. 54). Crucially, however, these two phases of his delusional development are mediated by what Schreber (2000, p. 141) calls progressive divine “miracles” – beginning as painful attacks to his “bodily integrity” and shifting into the pseudo-visible transformation of his chest and genitals – and all this in turn mediated by the nerves. While Sass (1995, p. 123) admits to the relevance of these bodily factors and nuances, he claims that ‘Soul Murder’ and ‘Unmanning’ are structurally identical, “synonymous terms”. He stresses that the memoir shows key signs that Schreber’s own understanding of gender is of a classical patriarchal western tendency, paralleling observations by Simone de Beauvoir and

John Berger, regarding claims that ‘man’ is the rational agent, the subject, the one who sees and has insight (Sass, 1995, pp. 122–23). Here Sass argues that for Schreber ‘woman’ does not denote culture, but raw, material nature; not rational, but emotional; not subject, but object; seen and known from the outside, rather than having knowledge and agency of her own. By this interpretation, Schreber’s womanhood here is merely a lack. Here is where I break from Sass, while retaining some insights.

A phenomenological approach does indicate a strong link between his passivity experiences and his perceived womanhood, but in a qualified sense. Regardless of one’s interpretation of Schreber’s unconscious views regarding gender, which are not central to the ipseity-disturbance model itself, Sass’s model does emphasise the significance of bodily sensations. It is crucial to acknowledge that even a cursory reading suggests Schreber’s metaphorical womanhood expresses two things – losing one’s autonomy and being subject to greater sensitivity. Recall that in Sass’s account, the production of meta-sensory, anomalous experiences relates primarily to the flux entailed in the passivity – an elevated ‘sensitivity to change itself’ entailed in this way of having-been-changed. However, we will next explore certain passages both from Sass and Schreber regarding the quasi-concrete nature of Schreber’s nerves – which is the basis of both his delusional sex, sexuality and gender. Therefore, my emphasis on the ‘sensation’ does not really go against his broader account of Schreber’s psychosis. Sass’s explanation may exclude sexuality and gender as causal factors of the psychosis, but Schreber’s mirror ritual and intent to reveal and explain his womanly body demonstrates that we cannot exclude the specifics of Schreber’s sex/gender related experiences from the dynamics of his recovery. So, what exactly is the dynamism of the nerves, and how does their sensitivity relate to his recovery and queer womanhood?

### 3.2 – Sensitivity of the Nerves

To make greater sense of Schreber’s nerves as they relate to his recovery, we compare this ‘sensitivity’ to that found in other cases of Krafft-Ebing’s



“delusion of sexual change” (Krafft-Ebing, 2011, p. 414). This detail of increased physical and sexual sensitivity in women being part of a patient’s “delusion of sexual change” is not unique to Schreber, nor even to persons Krafft-Ebing classified as having “metamorphosis paranoica sexualis” (Krafft-Ebing, 2011, pp. 374–427). As an early sexologist, Krafft-Ebing has a very different classification system than we find in phenomenological psychiatry, and instead focuses on ‘sexual pathologies’ (hence “Psychopathia Sexualis”, originally 1886; Krafft-Ebing, 2011). While these frameworks cannot be synthesised, we find a relevant point of comparison. He differentiates four degrees of severity and/or progression into “delusion of sexual change”, and only the fourth degree includes paranoid features (Krafft-Ebing, 2011, pp. 374–427). In Degree III, “cases in which physical sensation is also transformed”, Krafft-Ebing (2011, pp. 392–414) mentions a variety of material changes that Schreber does not mention, as well as a number of ‘feelings’: a) ‘feeling like a woman’, qua personal/social identification, b) having feminine feelings ‘about things’, in the sense of believing that one’s emotional reactions are the same as women, and even c) having a higher degree of physical sensitivity, which the patient attributes to women in general. All these feelings and/or beliefs about feelings seem to be oriented in some fashion or another to the kind of patriarchal attitudes mentioned earlier. In these cases, however, the role of personal identification is unambiguous (unlike Schreber), and most importantly there is no explicit and direct link between the feminine attitudes in themselves, and the concrete nerves. They are instead linked as things ‘belonging to women’, whereas Sass (1995, p. 127) observes in Schreber’s “voluptuousness” a tactile femininity – a (meta)physical link between woman and nerve, not just the sensitivity of said nerve: “Tactile voluptuousness [... causes] him to oscillate between different physical states”. ‘Voluptuousness’ does not simply reside in the feelings made possible because the nerves also belong to women. Rather, once the delusions are formed, Schreber’s voluptuousness is something extra-sensory happening in the nerves themselves – material parts of his body.

In the context of his broader mental life, Schreber finds a way to physically ‘use’ these material nerves – they become goal-oriented:

When I exert light pressure with my hand on any part of my body I can feel certain string or cord-like structures under the skin; [...] particularly marked on my chest where the woman's bosom is, here they have the peculiarity that one can feel [...] nodular thickenings. Through pressure on one such structure I can produce a feeling of female sensuous pleasure, particularly if I think of something feminine. I do this, by the way, not for sensual lust, but I am absolutely compelled to do so if I want to achieve sleep or protect myself against otherwise almost unbearable pain.

(Schreber, 2000, pp. 245–46).

He must perform feminine gestures for God, and find some form of pleasure in them, otherwise God will sexually persecute him further. While Schreber’s body remains the site of various ‘feminine’ pleasures and pains, he gains agency by acting upon the nerves – using and repurposing them to choose compelled pleasure over crude torture. Within the context of his delusions, this is how Schreber relates to God. However, when we consider Schreber as a person trying to escape the hospital, re-establishing his agency, this passage shows us his new ways of interacting with his otherwise tortured and confined body. The nerves become sites for an activity that circumvents the passive pain. From this perspective, we could say that if the passivity of the nerves is more associated with the delusional loss of autonomy, his interaction with the nerves (the production of sensations, and interaction of bodies) is much more connected to ‘femininity’ as a restoration of his autonomy.

While this restoration of autonomy may seem a negation – to overcome pain – that same autonomy is linked to a newfound mobility, rooted in his perceived relations to women. His body is quite similar to the bodies of ‘free women’, ones outside the hospital:

I felt exactly the same string or cord-like structures on my sister-in-law's arm during a visit [to the hospital] (after my attention had been drawn to this point) and I presume therefore that they are present on every female body in the same way.

(Schreber, 2000, p. 246).

When he makes these claims about women’s bodies, he is implicitly associating himself with their ‘healthy’, ‘free’ bodies despite calling his

condition a “nervous illness” (Schreber, 2000). Again, the nerves are serving as tools – repurposed, with new meanings. Both in the metaphors, and in the behaviours and tactile recollections, Schreber’s flesh and nerves become his new way into the world – things he can ‘explain’ and ‘reveal’ to us, as evidence of his paradoxical divine status. Importantly for our understanding of recovery, we also see that his renewed agency entails an interweaving of the delusional and the practical. From this we see that while delusion-formation may be a response to the crisis, said delusions are evidently not the only way Schreber responds to the problem of psychotic embodiment. He lives-out his body with new practices, thereby creating new reference points in the intersubjective world. The nerves have something ‘extra’, reducible neither to an actual sexual – or gender-reassignment, nor to his paranoid victimhood in relation to God. Therefore, we need conceptual tools to discuss not just delusion-formation as a cognitive response to crisis, but response in general – as an embodied, in this case ‘nerve’-coded process. To further investigate the significance of his sexuality and/or gender will require that we turn to concepts with shared phenomenological origins, and a ‘queer’ interest in the body. In what follows, I will use Sarah Ahmed’s queer-phenomenological emphasis on kinesthesia to explore how Schreber’s special nerves contribute to his freedom from the hospital as a special surface with which he actively touches, and quite literally reaches out. To this end, we consider how orientation and inhabitation relate to his increasingly apparent queerness.

### 3.3 – Ahmed: Embodied Orientation

To integrate Ahmedian insights into our account we must stress three relevant commonalities with Sass’s phenomenological model – their phenomenological roots, and their emphasis on embodiment and a person’s capacity to overcome a crisis. In *Queer Phenomenology*, Ahmed (2006) explores what it means for a subject to be lost in a world that is not built for them – and find their way. As a queer theorist, many of her

reflections refer specifically to feminist issues, queer persons and communities, and the effects of colonialism. Importantly, her analysis is not grounded solely in these reflections on specific phenomena, but in the way she applies insights from phenomenology. Her work shows deep interest in embodied subjectivity in general, employing phenomenological notions from Husserl, Heidegger, and Merleau-Ponty, particularly concerning kinesthesia (Ahmed, 2010, p. 24). *Queer Phenomenology* approaches each issue from the question “What does it mean to be orientated?” (Ahmed, 2006, p. 1). Her method: “It is by understanding how we become orientated in moments of disorientation that we might learn what it means to be orientated in the first place.” (Ahmed, 2006, p. 5). In this way, orientation and disorientation are to be understood in conjunction, and always in terms of the processes necessary for navigation and inhabitation. As with all other aspects of mental and embodied life that we might investigate ‘as orientation’, sexual orientation entails an embodied “becoming”, movement, an orienting-oneself within a moving world (Ahmed, 2006, p. 20). This entails not just constructs, but lines, processes, paths, and ever-shifting positions and relations with other persons (Ahmed, 2006, pp. 65–108).

Ahmed’s interrogation of such issues stays close to a most general sense of the term queer. To be queer means to literally not be straight, not “follow a line” – to deviate from pre-established paths – to twist or pervert them (Klein, 1971, p. 609; Ahmed, 2006, p. 16). It is also linked to disorientation and displacement, to being or feeling “odd, strange, unseemly, disturbed, disturbing [...] a sick feeling; feeling queer as feeling nauseous” (Ahmed, 2019, p. 197). Always returning to embodiment, she likens the discord between queer persons and their environment to the manner in which a person who is not ‘vertically aligned’ loses balance:

Moments of disorientation are [...] bodily experiences that throw the world up, or throw the body from its ground. Disorientation as a bodily feeling can be unsettling, and it can shatter one's sense of confidence in the ground or one's belief that the ground on which we reside can support the actions that make a life feel livable. Such a feeling of shattering, or of being shattered, might persist and become a crisis. Or the feeling itself might pass as the ground returns or as we return to the ground.

(Ahmed, 2006, p. 157).

Now, as with all queer persons, Schreber's disorientation is more nuanced. He is not temporarily lost in space, but the structure of space is itself somehow destabilised, and he is left to grapple with this indefinitely. We can say that Schreber is radically disoriented in the sense that he becomes displaced in relation to his most basic experiences, and queer in the sense that he no longer fits in with the rest of the world. He is also queer in the sense that his divine body is queer – it no longer resembles the bodies of others, and as a result he must take special measures in order to comfortably inhabit his body, such as his self-pleasure to satisfy God, and his mirror ritual to explore his special status in relation to other bodies. Keeping this in mind, Ahmed's embodied account of orientation, disorientation, queerness and the body will allow us to further elaborate delusion formation as a shift from disorientation to re-orientation and give a more phenomenologically informed account of Schreber's embodied consciousness – as sexually mobile.

### 3.4 – Ahmed's Phenomenology of Orientation, Queerness

Ahmed's use of phenomenology to interrogate orientation-as-such is deliberate and suitable, because some form of orientation is always either explicit or implicit to a phenomenological account of experience and consciousness. Here, orientation is implied at all levels of consciousness, in both its fundamental structures and the processes that sustain it. Phenomenology has gone in many directions since its birth at the turn of the 20<sup>th</sup> century, but the earliest phenomenologists, Husserl, Heidegger, and Merleau-Ponty identified basic orientations between the subject and the world, between the body and material reality, and between one's own existence as an individual, and "reality as a whole" (Merleau-Ponty, 1981; Heidegger, 1988; Russell, 2006; Sass, Pienkos and Fuchs, 2017, p. 5). However, all of these tensions and orientations are intertwined, extending from Husserl's (2001) fundamental insight: 'intentionality'. This notion, at the core of Husserl's phenomenology, articulates that consciousness is

always consciousness ‘of something’, and that all thought has an inherent ‘directedness’, or ‘aboutness’ (Zahavi, 2019). Likewise, the aforementioned first-person perspective that functions as a basic orientation of consciousness derives from this same elementary Husserlian notion central to Ahmed’s ‘orientation’ (Zahavi, 2005). Merleau-Ponty’s major contribution was to explore how this intentional structure of consciousness is not only facilitated by, but inseparable from the body. As Ahmed’s quotations of Merleau-Ponty show, she follows him in emphasising that our thoughts and actions (conscious or unconscious) are always embodied in various ways and thus directed toward and situated within the world, relatively near or far from various objects and people:

We grasp external spaces through our bodily situation. A ‘corporeal’ or postural schema gives us a global, practical and implicit notion of the relation between our body and things, and our hold on them. A system of possible movements, or ‘motor projects’ radiates from us to the environment. Our body is not in space like things; it inhabits [...] space. It implies itself to space like a hand to an instrument and when we wish to move about we do not move the body as we move an object

(Merleau-Ponty, 1964, p. 5, cited in Ahmed, 2006, p. 53).

For Ahmed, all other senses of orientation begin from this, and constitute elaborations of the complexity of human life and situatedness. Sexual orientation is an expression of which persons and bodies one is oriented towards or away from, just as we may have varying degrees of interest in or access to various physical objects and spaces. Whether they are inbuilt, or socially enforced, one’s tendencies are just that – various ways of ‘tending toward’ different objects and persons around us. To be queer means that one’s tendencies toward people, places and things do not fit with either the social order, or in Schreber’s case, intersubjective reality and the ‘shared world’ in the most general sense. When this happens, disorientation ensues. Consider one of the bodily analogues that Ahmed draws from Merleau-Ponty, regarding the importance of physical alignment for perception and the body, and for being ‘in place’:

If [...] a subject sees the room in which he is, only through a mirror which reflects it at an angle at 45° to the vertical, the subject at first sees the room

‘slantwise.’ A man walking about in it seems to lean to one side as he goes. A piece of cardboard falling down the door-frame looks to be falling obliquely. The general effect is ‘queer.’

(Merleau-Ponty, 2002, cited in Ahmed, 2006, p. 65)

One can address this disorientation various ways. One can choose to straighten the mirror, or with some practice, one could learn to maintain a corrective physical posture – to keep from falling. These two involve a correction by realignment either of ourselves or aspects of our world. However, one can also learn to inhabit this disorientation as we see with Schreber’s mirror ritual, learning to ‘live with’ and think ‘around’ or ‘through’ the queer experience of disorientation. Ahmed’s interest is the lived consequences of being out-of-place, not in-line. The subject must respond, or suffer:

The body might be reoriented if the hand that reaches out finds something to steady an action. Or the hand might reach out and find nothing, and might grasp instead the indeterminacy of air. The body in losing its support might then be lost, undone, thrown.

(Ahmed, 2006, p. 157).

A queer life recognises that falling out of alignment is inevitable. Instead of trying to correct or avoid these moments entirely, one finds or creates other lines and paths for living – queer happenings and spaces (Ahmed, 2006, p. 176). Now, because orientation is a responsive process, a person’s queerness cannot be fully understood without consideration of their particular displacement, the causes, conditions and specifics of their situatedness in a world where they do not fit. Schreber’s disorientation goes much deeper than a crooked mirror – into the structure of his own thinking – the conditions for inhabiting any world, and existing there as an autonomous, embodied subject. Therefore, it seems consistent with an Ahmedian approach to apply phenomenology to investigate the details – just as Sass has done. However, the next step in applying Ahmed’s approach is to ask what this means for Schreber’s queer life.

### 3.5 – Orientation Devices, Queer Use

If for Sass, Schreber's delusions are a semi-corrective response to destabilisation of the most basic orientation – the first-person-perspective – then Schreber's work to reinhabit the world constitutes a delusional re-orientation:

The work of inhabitation involves orientation devices; ways of extending bodies into spaces that create new folds, or new contours of what we could call livable or inhabitable space. If orientation is about making the strange familiar through the extension of bodies into space, then disorientation occurs when that extension fails. Or we could say that some spaces extend certain bodies and simply do not leave room for others.

(Ahmed, 2006, p. 11).

What would it mean to frame delusion as an orientation device? A device can be understood in terms of how and why it is used – what it facilitates, and for whom (Ahmed 2006). Ahmed (2006, p. 166) frequently refers to Husserl's writing table as an orientation device: "We normally work 'on' the table – the table exists as an 'on' device: we do things 'on' it rather than just 'with' it." A table functions as a surface, giving a place to all the things we need in order to accomplish whatever writing is necessary. When Schreber writes his memoir from within the hospital, he too uses this on-device, but repurposing it in opposition to others' devices. From an Ahmedian perspective, Schreber is also surrounded by the devices of others. Social and economic powers, and other institutions use "cloning", "straightening" and "legislative devices" against queer persons –to make an out-of-alignment life unlivable (Ahmed, 2006, pp. 122–24). Just as queer persons must find other paths and lines in response to their environment, likewise that same social reality is sustained by devices built to 'correct' or 'contain' them. Thus, the memoir itself is supplemented with legal arguments opposing his confinement, as it were inverting the law and forcing the other judges to approve his release. These dynamics pertain to external relations, but what is the internal structure of the delusion, as an orientation device?

Schreber's delusions are the product of associations made from a vastly altered state of consciousness. Therefore, the complexity of



Schreber's disorientation, along with the linguistic-associative nature of his elaborate delusions make a full catalogue of his devices unattainable: "Thinking about the use of words is to ask about 'where' they go, 'how' they acquire associations, and in 'what' or 'whom' they are found." (Ahmed, 2019, p. 3). The core structure pertains once again to use. Queer use entails appropriating something to be used in an unintended way, for an unintended/excluded person or group (Ahmed, 2019, pp. 26, 34). Schreber's mirror acts as a surface to support his mirror ritual, which in turn supports his delusional relations to others:

The 'on' can [...] simply mean proximity, situation, location, place. Some proximities exist to 'support' actions [...] The work of support involves proximity, but it is also the ground for the experience of other proximities.

(Ahmed, 2006, p. 166).

The delusion is not a surface per se like the mirror, but works like the mirror ritual – a new set of use relations, a new dimension both intimate and socially mobile (Ahmed, 2019, p. 7). Here Schreber can freely move himself and the elements of his reality at will – because these delusions belong to him – but can welcome others. He may not need to refer to his delusions at all times and may keep them at the edges of his proverbial table while he lives/writes. However, he can always revisit or reuse his delusional language when needed, if his experiences return or if he wants to reveal himself. Just as Schreber's body is part of the ritual itself, the full liberatory structure of Schreber's delusions is not limited to the social mobility they eventually afford him. We must stress the significance of his queer body as a device of 'nerves'. To close, we will distinguish Schreber's body 'as device' by differentiating it from the influencing machine.

### 3.6 – Queer Body as Disorientation Device

Tausk's influencing machine delusion contrasts with Schreber's delusions, in that the machine is a fixed place both for bodily activity and for its sensations and receptivity. While the subject's 'way of feeling', their "self-affection" is not the same as in 'healthy' cognition, their delusions

describe the sensations themselves as though they are much more relatable than Schreber's (Sass, 2003). The thoughts and feelings are 'normal' in their content, but foreign. The machine itself acts like a table that fits the body identically – it does not change what is possible for said body. This is radically different from Schreber's, in which his sensations are so different that their associations connect him with various bodies – even God. Instead of merely a symbolic response, something more adaptive becomes possible. On this note we see Schreber's body exemplifies the Ahmedian disorientation device, a queer orientation device in which ongoing disorientation itself produces a freedom of movement and association (rather than mere symbolic representation and repetition) allowing old things to slide off and new things to emerge:

[A]n orientation toward what slips, which allows what slips to pass through [...] would function as a disorientation device; it would not overcome the 'disalignment' [...] allowing the oblique to open up another angle on the world.

(Ahmed, 2006, p. 171)

The experiential flux itself remains unresolved at the surface of his body, and his physical surface as it were remains open, with a productive vulnerability emerging. He can "inhabit the intensity" of anomalies as he once did normal space (Ahmed, 2006, p. 107). The fact that he has found gendered associations to account for these unresolved sensations means that he can develop meaningful gendered practices and form new associations to other bodies. This queer orientation device, or disorientation device, literally opens up new links to the world, new trajectories. Thus, moving through his delusion, Schreber not only re-orientates, but emerges from his newly queered body.

Conclusion: Queer Bodies, Recovery

While I must end here, the idea of introducing queerness into ipseity-disturbance literature already poses many questions relevant to recovery. I have reviewed some delusions and behaviours, but rather abstractly. However, if queerness and recovery can be intertwined in their

embodiment, as we see with Schreber, then how can we recognise other, more concrete signs of orientation devices? I have shown how Schreber repurposes a) his faculties, to form the delusion, b) the mirror, to present his delusional clarity to scientists, and c) his nerves to relate to different bodies. How, then, can we identify other forms of use – other devices and bodily relations? If both recovery and queer bodies can entail queer use, how might this relate to intersectional approaches to recovery? What conceptual tools might this give us to explore recovery beyond conformity?

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