An Exploration of the Other and the Disruption of Self in Schizophrenia

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ABSTRACT

Hermans' (2002) Dialogical model of Selfadvocates for a construction of Self that isfluid, diverse and dialogically constructed. He argues thatdevelopment of ongoing dialogues from within and without the Self constitute the Self. These parts of Self that participate in this internal dialogue are referred to by Hermans (2002) as I-positions. Healthy, dynamic internal dialogue between I-positions is argued to contribute to maintaining a unified sense of Self. The Self is also argued to be socially constructed, in so far as Others outside the Self participate in these internal dialogues and are able to influence and occupy I-positions. Research has shown that people with a diagnosis of Schizophrenia experience a unique form of Self disruption. It has been postulated that this disruption is due to disruptions in this internal dialogue. To date, seminal research has primarily focussed on the internal mechanisms and phenomenological accounts of these disruptions. However, little research has focused on the role that Others outside the Self play in these disruptions. Since the Self is also constructed as a social entity, the aim of this research is to explore in what ways the Other contributes and/or minimises this disruption in people with a diagnosis of Schizophrenia.

In order to achieve this, I made use of archival data which was made up of the transcripts from semi-structured interviews previously conducted with people with a diagnosis of Schizophrenia as part of a Self and Schizophrenia study. The

interviews were analysed using deductive thematic analysis, and utilised Herman's theory of the Dialogical Self as the theoretical lens for this study. The emergent themes were organised according to those that were present before a diagnosis of Schizophrenia was given and those themes that were present post-diagnosis. The themes reflected that the Other plays a significant role in the both the maintenance of healthy dialogue post diagnosis and well as in the disruption of dialogue. This disruption was primarily observed throughthecompromising of previous I-positions and in the development of new performative and deficit I-positions that contributed to the disruption in internal dialogue.

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CHAPTER 1

Introduction

1.1 Model of Self and Schizophrenia

A variety of theorists, including Bakhtin, Nietzsche, Mead and Dewey, have described the Self in terms of dynamism, multiplicity and as being dialogical in nature (Markova, 2000). This research makes use of Hermans'(2002) contemporary model of the Dialogical Self. In essence, the Dialogical Self model translates as a conception of Self that constitutes many different, parts or I- positions, and these parts being in conversation with each other. The Self is also conceptualised as being a social entity and thus socially constructed. In other words, relationships with entities outside the Self (which this research refers to as the Other) are also able to occupy and influence other I-positions and form part of the construction of this internal dialogue (Hermans, 1999).

Lysaker and Lysaker (2005) refer to the conversations between different parts of Self as personal narratives and argue that the coherence of these narratives is the basis for a unified sense of Self. Thus, a healthy Self is conceptualized in terms of dialogical capacity and coherence in the face of self-discrepancy and self-contradiction, where dynamic dialogue between different and conflicting parts of Self is present (Adams, 2010).

Schizophrenia is reported to have a worldwide prevalence of 0.5% to 1.5% of the global population (American Psychiatric Association, 2000). It has been observed that people who have been diagnosed with Schizophrenia share a common experience of their sense of Self as being fundamentally disrupted or damaged (Lysaker & Lysaker, 2004). This intense experience of Self disruption has both overwhelming and engulfing qualities (Estroff, 1989). As Kean (2009) aptly articulates:

> …but the real 'me' is not here anymore. I am disconnected, disintegrated, diminished. Everything I experience is through a dense fog, created by my own mind, yet it also resides outside my mind. I feel that my real self has left me, seeping through the fog toward a separate reality, which engulfs and dissolves this self. (p.1034)

Lysaker and colleagues were the first to use Hermans' (2002) model of the Dialogical Self to attempt understand the unique disruption experienced by those with a diagnosis of Schizophrenia. They postulated that this disruption is a result of the disruption of internal dialogue.

1.2 Focus of this Research Project

To date, much of the seminal research that explores Schizophrenia and Self disruption has primarily focussed on the types of disruption present in internal dialogue and the phenomenological accounts of these disruptions given by people with Schizophrenia. However, the Dialogical Self Model clearly advocates for a model of Self that is socially constructed. Thus, it is argued that Others outside the Self play an important role in the construction and maintenance of internal dialogue, which contributes to a unified sense of Self. Therefore, in the case of Schizophrenia, where disruption of internal dialogue is argued to be the source of the unique Sense of Self disruption, a crucial element of this disruption that needs to be considered is how Others outside the Self may contribute to the disruption of internal dialogue. The exploration of this important element of the theory remains neglected and under-researched. Therefore, the focus of this research project is twofold. Firstly, this research aims to identify what I-positions are evident in the talk of people with a diagnosis of Schizophrenia. Secondly, this research seeks to determine whether the Other undermines and/or supports these I-positions, thereby possibly contributing to a disruption of internal dialogue. Thus, the information yielded from this study aims to address gaps in the current theory and thus contribute to the further development of this theory.

1.3 Theoretical Point of Departure

This research is qualitative in nature, as it focuses on describing and interpreting context specific data and is situated in the Interpretivist paradigm (Ponterotto, 2005). This paradigm argues that reality is co-constructed, thus the process of interpretation is subjective in nature and thus there exist multiple interpretations for a single phenomenon (Ponterotto, 2005). This is consistent with the post-modern theoretical framework of the conception of multiplicity of Self used in this research. Since this study concentrates on

rich accounts given by particular individuals, based on their subjective, personal life experiences, it is best situated within this paradigm. Furthermore, this research will make use of archival data as its data source. This is also lends itself to an Interpretivist paradigm in so far as it aims to use previously collected data in a new way.

1.4 Chapters to Follow

Chapter two will review the literature that pertains to Self and Schizophrenia. This section will give critical theoretical overviews of traditional and contemporary theories of Self and Schizophrenia, as well provide clear definitions for other key concepts pertinent to the research question. As previously outlined, one of the primary aims of this study is to address a neglected, essential element of Herman's Dialogical Self theory as it relates to Schizophrenia. Therefore, it is important to note that, although this study recognises the role of empirical studies in the contribution to the topic of the Self and Schizophrenia (Andresen, 2007; Brekke, Levin, Wolkon, Sobel, Slade, 1993; Kircher & Leube, 2003;Moe & Docherty, 2013; Nayani & David, 1996;Rabello, Saebye, Parnas, 2011; Robey, Cohen, Gara, 1989; Taylor, 2011), the second chapter of this study will specifically focus on giving a thorough theoretical overview of the topic at hand. This specific focus in the review section has been implemented in order to provide a clear theoretical context for the reader. Thus, whilst other various relevant empirical studies shall be referenced, they shall not be focussed on in great detail in this study. Chapter three outlines this project's research questions that were developed in response to the examination of the current literature and the theoretical gaps that need to be addressed further. This chapter also includes an outline of the methodology implemented in this study. This will provide further details on the background to the original study and the participants, as well as explore ethical considerations. This section will also outline the steps of the deductive thematic analysis process, which made use of Hermans' Dialogical Self as the theoretical lens. Chapter four describes the findings of the research and describes the themes that arose out of the analysis and discusses these in relation to the relevant literature. Chapter five is the reflection section, which shall explore the strengths and weaknesses of the project, as well as provide a personal reflection by the researcher, explore limitations of the study and comment on further

research recommendations. The final chapter provides a conclusion of the research findings and summarises the study as a whole.

CHAPTER 2

Review of Literature

2.1 Introduction

The contemporary Western concept of 'Self' has come to be understood as a complex, multi-faceted and dynamic psychological construct that is intricately linked with its socio-political climate (Marsh & Shavelson, 1985). However, due to the overuse and misuse of the term, particularly as a basis for other Self phenomena (such as self-esteem, self-identity etc) it remains an ill-defined and ambiguous term (Ellis & Stam, 2010). Since this research draws upon a contemporary Western understanding of Self, I will begin this literature review by exploring the traditional Western concept of Self and its transformation across various eras namely, the Pre-Modern, Modern and Post-Modern eras, within the discipline of Psychology, in order to give holistic context to the current understanding of Self for this research. I shall then put forward a contemporary theory of Self, that is Hermans' theory of the Dialogical Self, along with its relationship with Other and criticisms of the theory, that forms the basis for the current study. Following this I shall describe the historical developments of concept of Schizophrenia and introduce a current hypothesis of Schizophrenia as a disruption of the dialogical Self. In addition, I shall discuss the role of theory of performance and performativity as it relates to understanding the construction and disruption of Self. Finally, I shall explore how the combination of the afore-mentioned theoretical approaches highlight the social element of Self construction and the highlight need to address this in terms of the disruption of Self.

2.2 History of Self as a Concept

The following section will focus on the history of the development of the traditional Western conceptualisations of Self. This research acknowledges that there are other models of Self that have different historical roots and trajectories - for example, African or Eastern models of Self (see Chiu & Hong, 2006; Eaton & Louw, 2000; Markus & Kitayama, 1991; Robins & Kashima, 2008; Triandis, 1989). However, although the various models of Self are likely to have had some influence on one

another, these alternative concepts are beyond the scope of the current research and, as a result, will not be explored in great detail.

According to Sampson (1989), Pre-modern Western society, that is society that predates the 16th century, had an understanding of the Self as being undifferentiated from one's community, and as such, the Self was defined in relation to, and resulting from, one's specific social context. The view of the Self being inextricably entangled with one's community and its members, is termed collectivism. This philosophy rests on the notion that Self is interdependent with other ingroups and that social roles and positions within the relational network define ones personhood (Chiu & Hong, 2006). Therefore, in Pre-Modern society, social roles defined and *constituted* one's Self and as such, there appeared to be no opportunity to psychologically exist outside one's community. In other words, the concept of Self was primarily defined through the lens of one's function in the community, for example as a member of a religious group, a spouse, a member of certain caste or citizens of a state, rather than being an individual. Therefore, Sampson (2000) argues, "when one describes the collectivistic person-other relationship, one speaks of blurring of boundaries or porous and ill-defined boundaries between person and other"(p.1429). These 'porous boundaries' allowed for the expansion of the Self to include others within the boundary of Self (Spiro, 1993).

The Modern era began during the 16th century, which corresponded with the collapse of feudalism (Cushman, 1990). This was a key shift in the Western world, whereby the ideological frame of reference moved from being primarily religious to scientific, where production moved from being subsistence and agriculturally-based, to industrially orientated and where people began to relocate from rural settlements to urban areas, which marked the beginning of moving away from communal activities and toward individual subjects (Cushman, 1990). Cushman (1990) asserts that the ideological shift from religion to science promoted the ontological philosophy of "objective empiricism", where "universal laws of 'pure' human nature" were able to be discovered and known (p.601). This was a result of the ontological basis of the Newtonian, scientific belief, which was rooted in the discovery of known atomic structures. Newtonian principles advocate for the unchanging properties and laws of atoms, particles and other elements that had been discovered, proved that independent

laws could be objectively discovered and known (Markova, 2000). Thus, the existence of 'true' knowledge, and the quest thereof, which was previously thought to be mysterious and arcane, became attainable and promoted through this new paradigm, known as Positivism.

Therefore, this shift also impacted on the concept of the Self, whereby individuals became conceptualised as being free from institutional, political and social ties that previously defined them (MacIntyre, 1988). Geertz (1984, p.126) referred to this new type of liberal subject as a "bounded" Self, whilst Sampson (1989) referred to this as the "self-contained individual" (p.915).

As a result of this ideological shift, one of the major differentiating characteristics of the self-contained individual from the collectivist conception of Self, was the element of choice, whereby individuals' sense of Self was no longer defined by their roles, but rather based on individual's own sets of choices, priorities and values (Sandel, 1982). This translated into an understanding of the individual's sense of Self being separate from that of other individuals, and thus gave rise to the concept of a more autonomous Self.

Due to this autonomy and focus shifting to *individual* goals and aspirations, Schweder and Bourne (as cited in Spiro, 1993) argued that the traditional Western Self is characterised as primarily egocentric. Therefore, rather than the individual's primary sense of Self being a product of how their role serves society, society becomes a contrivance that serves the needs of the individual. Thus, according to Schweder and Bourne, "society is imagined to have been created to serve the interest of some idealised autonomous, abstract individual existing free of society yet living in society" (as citedin Spiro, 1993, p.115). Therefore, the presence of psychological boundaries permitted an internal locus of control that allowed the individual to engage with the external world as a means to one's own ends (Cushman, 1990). This is consistent with the Objective Empiricism framework, which constructs the Self as being a de-contextualised, trans-historical entity (Cushman, 1990).

Thus, this conception of the traditional Western Self had implications for the discipline of Psychology. Since the individual emerged as the central unit of society, Sampson (1989) advocates that understanding the individual became a decidedly valued

cultural task. Therefore, Psychology became the appropriate vehicle for understanding the dynamics within this self-contained individual (Smith, 2001). Through the ‘study’ of such an object, Psychology thus reinforced the subject/object divide as well as advocating the capacity for experts to be objective observers of essential truths within the individual (Smith, 2001). As Smith (2001, p167) articulates:

> It is of course understandable that psychological science should have set out with a procedural model that would attest to its status as serious science, with intentions of pinning down the wayward human psyche with tools and techniques already seemingly fruitfully employed in the nineteenth century…objectifying these ‘animals’ through various ‘psychological microscopes’ seemed a reasonable way to proceed.

Accordingly, psychological instruments and theories were created to discover and explain these ‘truths’. As previously highlighted, these theories were not immune to their socio-political context. As such, one of the consequences of this move toward individuation of Self was a loss of community and connectedness. This occurred alongside the rise of America’s post World War II consumer-based economy. Therefore, Western Psychology began to theorise that pathology was a consequence of an ‘empty self’, that was evident in the rise of materialism (Cushman, 1990, p.603). Thus, the concept of Self, informed psychotherapeutic theory and interventions. For example, Kohut (1977) theorised that Self is developed when a parent (Self Object) is psychologically absorbed by the psychologically ‘empty’ child. Therefore, individuals who were unable to achieve this developmental task would have an ‘empty self’. As such, therapeutic interventions required the psychologist to act as the Self Object, which would allow the patient the opportunity to fill their ‘empty self’ (Cushman, 1990). This was echoed in the work of object-relations theorists such as Kernberg (1975) and Masterson (1981), who argued that this ‘empty self’ needed to be filled through a process of introjection of external part objects to ensure a stable self-representation – that is the ‘true self’. Therefore, the self-contained individual was expected to develop skills that allowed them to function primarily separately and independently of others, such as being able to self-sooth and becoming self-reliant(Cushman, 1990). Cushman (1990) argued that this seemed to be an ambitious expectation, since infants, paradoxically, require a nurturing, attentive, empathic environment that seems inconsistent with a

parent whose bounded, masterful selves are highly ambitious and self-serving. As such, Cushman (1990, p.608) concludes that the Modern era had "constructed a self that is, fundamentally, a disappointment to itself".

Toward the end of the 20th century, a movement had begun that challenged the primacy of the self-contained individual and instead began to suggest a more porous and less bounded conception of Self. The beginning of this shift was most obvious in the economic and technological contexts. For example, in order to analyse internal and local market systems, analysts had to increasingly take into account the impact of linked world market systems for a more holistic interpretation. Technological innovations allowed for more globally expansive boundaries, which allowed people and information to be connected and shared despite the physical, geographical boundaries that had previously constrained them, which directly impacted on previously seemingly bounded constructions of Self (Sampson, 1989). Sampson (1989) argues that even previous conceptions of consciousness and rationality had to be expanded to include influences that exist outside the previously constructed definitive and insular boundaries of the individual. One of the implications of this transformation was that individuals were increasingly understood as part of a larger, world system, which McLuhan (1964, p.6) popularly termed the "global village". Therefore, this change led to challenging the previously constructed definitive boundaries of Self as well as the implications this had on conceptions of self-sufficiency and autonomy.

The changes of the socio-political context, which was moving toward globalisation, challenged the Modern era's Newtonian Ontology and Epistemology. This philosophical shift marked the transition into the Post-Modern Era. Post-modern thought is characterised primarily by a movement away from universalistic, positivist and objective frames of reference and towards multiplicity, relativism and subjectivity of experience (Combs & Freedman, 1996). It opposes the assertion of objectively known, essential truths, and instead argues that human beings are very limited in their capacity to describe and measure their universe in absolute and universally applicable terms (Combs & Freedman, 1996). Combs and Freedman (1996) argue that notions of 'objectivity' that are characteristic of the epistemology of the Modern era negate the value of individualised meaning and experience. Smith (2001) argues that these claims

ofobjectivity also serve to undermine the influence that socio-political ideologies have on the development of theories. Therefore, a logical consequence in response to the acknowledgement that humans experience the world *in light of* the context they find themselves in, is that individuals thus became understood as unable to exist as de-contextualised, objective observers of the other, which is in opposition to notions of objectivity and differentiation of the Modern Era. Therefore, the ontological implication of moving away from Newtonian-based reality is that realities become conceptualised as being *socially* constructed (Smith, 2001). In other words, the psychological fabric that informs one's experience of one's own reality, does not exist in a vacuum, but is rather constructed with others, as they live these realities (Combs & Freedman, 1996). Accordingly, the Post-Modern paradigm becomes more concerned with understanding subjective meaning rather than 'excavating' absolute, universal truths (Combs & Freedman, 1996).

This philosophical shift has implications for the traditional Western psychological concept of Self. The construction of Self as being bound, separate and immune to context, becomes challenged and consequently a plethora of multidimensional aspects avails itself to the emerging contemporary concept of Self.

Thus, the Post-Modern understanding of a socially constructed reality places emphasis on multiplicity rather than universality. This concept extends to challenging how Self has been historically constructed. Therefore, rather than being theorised in terms of singularity, which is essential and universalistic in nature, there has been an assertion of Self in terms of multiplicity - having multiple ways of being – thus becoming understood as a collection of 'selves'.

2.3 The Dialogical Self

William James is recognised as being one of the first theorists to give a voice to Self as having a pluralistic, decontextualised structure (Altrocchi, 1993). In a passage that has become well-known, James states: "A man has as many social selves as there are individuals who recognise them…[and] generally shows a side of him to each of these"(as cited in Altrocchi, 1993, p.168). Shortly after this, in his book *Problems of Dostoevsky's Poetics*, Bakhtin gave rise to the notion of a polyphonic novel, which

describes several authors or thinkers within the same story, who each embody independent and mutually conflicting viewpoints (Hermans, Kempen & van Loon, 1992). In the polyphonic novel, the perspectives and thoughts of the thinkers were transformed into utterances that could be heard and were in conversation with each other. In other words, these thoughts were in *dialogue* with each other. For Bakhtin, it was crucial to expose the relational aspects of these thoughts with one another. The polyphonic novel thus created a platform for understanding how the Self, as a plural entity, has the capacity to engage in imaginative narrative within itself and with others, and that such an internal dialogue forms the basis of the structure of Self, which is theorised to constitute many selves (Hermans & Kempen, 1993).

In the early 1980s, discussions regarding the plurality of Self were reignited (Rappoport, Baumgardner,Boone, 1993). Kenneth Gergen became one of the first theorists to argue that the view of multiplicity - as a formative model of the structure of Self - was not indicative of pathology as previously theorised. Markus and Nurius (1986) extended the concept of non-pathological multiplicity of selves, whereby one's Self can include different versions of Self simultaneously and across time, for example, the "good selves (the ones we remember fondly), the bad selves (the ones we would just as soon forget), the hoped-for-selves, the feared selves, the not-me selves, the ideal selves, the ought selves"(p.957). Importantly these selves are constructed both *in relation* to others outside the Self and other selves within the Self. Thus, Self became constructed relationally and thus dialogically. In addition, the Self does not exist as a decontextualized, unaffected, bounded entity. Instead, Rappoport et al. (1993) argue that Self is understood in terms of constituting multiple selves that exist in relation to their social environments. Thus, the ontology of Self has shifted from being solely originating from within the self-contained individual, to one resulting from connectedness, interdependence and inclusivity of the Other (Markova, 2000).

Hermans (2002, p.147) who is widely recognised for coining the term "the dialogical self", focussed on the relational aspect of the construction and development of Self. This model of Self advocates for multiple ways of being, whilst simultaneously acknowledging that these ways of being are indissolubly linked to the context in which individuals finds themselves. Ellis and Stam (2010) argue that the dialogical self is

dynamic in nature and interconnected with others, who enable the continuation of its existence. This research will make use of Hermans' structure of the Dialogical Self as the model for the concept of Self.

Hermans' (2002) defined the dialogical Self as "a dynamic multiplicity of I-positions in the landscape of the mind, intertwined as this mind is with the minds of other people" (p.147). The 'I' in 'I-position' refers to the capacity for different parts of Self to engage in dialogue with one another (Ellis & Stam, 2010). Importantly, the 'I' is able to 'think' independently and thus is characterised by a capacity for introspection (Hermans & Kempen, 1993). When this capacity is exercised, different parts of Self are able to change position (thus exist in space) at different moments (thus exist in time) (Hermans et al., 1992). This is rooted in the Jameson structure of Self, whereby the multiple I - positions are arranged in such a way that each position has the capacity to reflect on its own position and the position of other I-positions, in the same way that Bahkin described the polyphonic novel (Hermans, 2002). As Hermans and van Loon (1992, p.28) articulate:

> The *I* has the capacity to imaginatively endow each position with a voice so that dialogical relations between positions can be established…the voices function like interacting characters in a story…each character has a story to tell about its experience from its own stance…resulting in a complex, narratively structured self.

Therefore, different I-positions within the Self are able to engage in an internal dialogue where they can agree, disagree, debate, question and answer each other (Hermans, 2002). These relational I-positions are also characterised by hierarchy. At times, some positions of Self may be 'louder' or more easily heard than others at a particular time, or may even have more opportunity to express their view point in certain situations (Hermans, 2002). These dynamics of dominance in dialogue may also fluctuate according to different circumstances. According to Hermans (1999), the discrepancies and contradictions that occur in these internal dialogues are indicative of a Self that is healthy, and are crucial to its ability to remain healthy and unified. Therefore, for the purpose of this research, I-positions are defined as multiple parts of Self, that exists in a particular position at a particular time, that are able to engage in internal dialogue with one another, and form part of a fluid, hierarchical structure.

2.4 The Other and the Dialogical Self

A further fundamental relational aspect of Self is the role that the 'Other' plays in the construction of the Dialogical Self. Hermans argues that when Self was previously conceptualised as being self-contained, it was also conceptualised as being set apart from and unaffected by social interactions (Hermans et al., 1992). However, the Dialogical Self is conceptualised as being a social entity, not simply in dialogue with parts of itself, but in meaningful dialogues with Others outside of itself. Thus, for the purpose of this research, the Other can be understood as relational influences originating from outside the Self, such as people, social constructs, other social interactions that are able to influence and occupy I-positions in the multi-voiced Self (Hermans et al., 1992). Adams and Marshall (1996) describe the Other as including "macro-environmental features of culture, economics, population demographics, politics, institutional values, physical environments…and micro-level features such as interpersonal communication, conversation, written word, media and common or routine daily interactions" (p.348). For the most part, many of the internal dialogues are imagined dialogues that take place within the Self. This does not necessarily assume that the perspective of the Other that occupies an I-position in the Self is an accurate reflection of the actual Other outside of the Self. This internalised dialogue from the Other is able to occupy, impact, change and/or reinforce other I-positions and thus impact ones experience of Self (Hermanset al., 1992).

Therefore, this research will use Hermans' model of the multi-voiced, Dialogical Self to conceptualise the Self. This Self is a social entity, which constitutes multiple parts that are in dynamic dialogue with one another. These parts are referred to as I-positions. The Other, which is defined as macro and micro relational influences that originate from outside the Self, are also able to occupy I-positions. However, this model is not without criticism, and some of these will be reflected below.

2.5 Critique of Model

Although the notion of the Dialogical Self is relatively young theoretically, there have been two main critiques raised against this existing theoretical model that remain

unaccounted for. The first critique focuses on the constructs of I-positions. Ellis and Stam (2010) draw attention to the concern that there has yet to be an explanation put forward for the mechanisms of the I-positions. In other words, Hermans' model of the Dialogical Self has yet to account for how individuals do or do not identify with certain positions that arise from dialogical interactions between I-positions (Ellis & Stam, 2010).

A second critique is aimed at Hermans emphasis on the assertion that the I-positions are voiced in both latent and/or manifest aspects of Self, in order to engage in dialogue with one another. Adams (2010) argues that there are, what he refers to as "non-voiced, non-narratable, or unspeakable" parts of Self that are neglected by the proposed Dialogical Self model (p.344). Thus, by privileging the status of other voices, other experiences such as sensory, spiritual or unconscious become marginalised, and this then reinforces the mind/body split that the discipline of psychology has been attempting to rectify (Adams, 2010). Frosh (2002) aligns with Adams' (2010) concerns and echoes his sentiments when he argues that these unspoken narratives need to be equally recognised and valued as agents of subjective experiences.

These criticisms provide valuable reflections on the weaknesses of the Dialogical Self Model. This research will be concerned with identifying I-positions that are present in the narratives of the participants. Therefore, in terms of addressing the first critique in relation to the current research,this research is not primarily focussed on the *mechanisms* of these I-positions, which is the crux of the contention raised above. As such, this criticism does not directly impact the current research and will not be addressed further. However, the second criticism, regarding neglecting the so-called 'unspoken' narratives, does need to be accounted for. Therefore, in an attempt to avoid marginalising the unspoken narratives, this project will draw on White's (2000) work of the Absent but Implicit (which will be explained in greater depth further on in this research) as a means of identifying subjugated meaning in order to minimise the risk of prioritising only the obvious, spoken narratives.

2.6 History of Schizophrenia and Self

As with the concept of Self, Schizophrenia is a complex, multidimensional concept. McNally (2011) notes that, in terms of definition, "Schizophrenia has not been

a stable trans-historical object" (p.109). Thus, current understanding of the term is not void of its context. Therefore, in order to understand what is meant by the term 'Schizophrenia' today, it is important to explore the historical roots that have shaped its definition.

In 1908, Eugen Bleur was the first to coin the term 'Schizophrenia' (McNally, 2011). Bleur proposed that Schizophrenia was a reformulation of one of Emil Kraeplin's existing classifications of this mental disorder, known as Dementia Praecox (Pull, 2002). Kraeplin defined Dementia Praecox as a mental disorder that had an early onset, which typically led to psychic impairment (Pull, 2002). The characteristics of the disorder included, "hallucinations, experience of influence, disturbances in attention, comprehension and the flow of thought, affective flattening and catatonic symptoms" (Pull, 2002, p.1). For Kraeplin, the aetiology of Dementia Praecox arose from an organic formulation and thus was conceptualised in terms of a disease model (Andresen, 2007). Thus, Dementia Praecox was equivalent to an irreversible, chronic illness, with little hope of recovery, which Deegan (1997) referred to a "prognosis of doom" (p.16). Bleuler (1952) described this philosophy that dominated psychiatric formulation during Kraeplin's time as "incurability in principle". Bleuler (1952) argued that this principle was so engrained that even if a patient diagnosed with Dementia Praecox were to show signs of recovery from the disease, it was assumed that if the patient had lived for longer, they would have eventually relapsed and become demented once more (Bleuler, 1952).

Bleuler attempted to broaden the conceptualisation of Dementia Praecox with his formulation of Schizophrenia. He proposed that Dementia was not a fundamental aspect of Schizophrenia and advocated for a connection between psychological processes and the symptoms of Schizophrenia (Andresen, 2007). Thus, the term Schizophrenia was derived from a combination of the term *schiz*, which means to split, and *phrene*, which refers to the mind (McNally, 2011). Thus, Schizophrenia was conceptualised as the fragmentation of the psyche of the bounded, integrated and unified self-contained individual that was previously described by Sampson (2000).

In addition, Bleuler also argued that rather than Schizophrenia being a single illness, it was a merging of multiple disorders that shared clinical features, and he thus referred to the disease as a "group of Schizophrenias" (Pull, 2002, p.2). However,

although Bleuler's extended conceptualisation of Dementia Praecox, that is Schizophrenia, appeared more optimistic, he did not have confidence that people with a diagnosis of Schizophrenia had the capacity to make a full recovery from the illness (McNally, 2011).

Much of the chronicity of the illness was embedded in the mainstream Western psychiatry's assertion that Schizophrenia was genuinely incomprehensible to those that do not suffer from the illness, and therefore, due to the extreme degree of madness, clinicians were unable to comprehend or empathise with the mind of a sufferer(Rulf, 2003).

A consequence of Schizophrenia being understood as a disease that divides the psyche of the sufferer was that clinicians, who were considered to be bound, well integrated and self-contained, were deemed unable to venture into the darkness of such madness. It was argued that the only way to diagnose this form of madness was by clinical intuition, known as the Praecox-Feeling (Kraus, 2002). This was based on a nebulous description of what Wyrsch referred to as perceiving a person as "a certain way of being in the world and taking part in it" (as cited in Kraus, 2002, p.48). Therefore, although Bleuler attempted to improve the concept of Dementia Praecox by making it more inclusive by introducing the concept of a group of Schizophrenias, he was unable to comment on its aetiology and thus caused the term to become more ambiguous (Strauss, 2002). Thus, the main treatment for the illness was limited to attempts to medicate the patient and provide for their basic needs, such as food, shelter and safety (Andresen, 2007).

However, in 1919, Bleuler's formulation was reinterpreted by Coriat to include psychoanalytic formulations of Schizophrenia, whereby the splitting of the psyche was reread as emphasising the splitting of the patient's libido (McNally, 2011). Thus, symptoms of Schizophrenia were theorised in terms of regressing to a primitive state of early infantile experience (Sass, 1987). McNally (2011) suggests that the introduction of the psychoanalytic formulation could have been a means for psychoanalysts to gain respect and legitimacy in the psychiatry circles, thereby facilitating their own agenda to be useful agents in the treatment of Schizophrenia.

Thus, by 1929, with the many different interpretations and ideas around the term Schizophrenia, it became a highly idiosyncratic and ambiguous term. As Kasanin and Kauffman (1929) succinctly articulate:

> Schizophrenia is a concept of many connotations. To a group of psychiatrists the term still means the rigid definition of Kraeplin's dementia praecox. To others the fundamental reaction is the splitting and dissociation of personality. To still others it is essentially the reaction of a maladapted individual. The psychoanalysts consider this syndrome a narcissistic regression psychosis. (p.310)

By 1947, the term Dementia Praecox had become obsolete (McNally, 2011). In response to the varied and confusing definitions of Schizophrenia, in February 1959 during a conference held by the American Psychopathological Association, Carl G. Hempel, a philosopher of Science, called for an operational definition of the term Schizophrenia, in order to make the term more 'objective' (McNally, 2011). Kurt Schneider was one of the first psychiatrists to successfully attempt the operationalization of the term, and developed diagnostic criteria, known as Schneider's First and Second Rank Symptoms (Sass, 1987). The abnormal experiences, which included bizarre delusions and auditory hallucinations, were grouped as First Rank Symptoms, whilst Second Rank Symptoms included disturbances in affect as well as language and movement disturbances (Andresen, 2007). For Schneider, a diagnosis of Schizophrenia could be made in the presence of either first or second rank symptoms, meaning that psychosis was not a defining criterion for the diagnosis of the illness (Andresen, 2007).

In 1968, The Diagnostic Statistical Manual II (DSM-II) moved away from describing Schizophrenia in terms of a disease, due to the confusion around its aetiology, and instead conceptualised Schizophrenia as primarily a thought disorder, which built on Bleuler's observations of loosening of associations (McNally, 2011). In 1980, the DSM-III included Schneider's concept of first and second rank symptoms (Pull, 2002).

In addition, the doctrine of incurability of Schizophrenia began to be challenged. During the 1980s, published accounts of recovery from Schizophrenia began to gain momentum (Andresen, 2007). These accounts challenged previous perceptions of the

diagnosis of Schizophrenia necessarily implying a course of inevitable deterioration and inability to live a full and meaningful life thereafter (Andresen, 2007).

As previously discussed, the 1980's was also the time where conceptions of Self were moving away from the notions of a self-contained individual and towards multiplicity of Self. This influenced the way in which Schizophrenia was conceptualised. The formulation of multiple ways of being challenged the formulation of Schizophrenia as a pathological fragmentation of Self, since a healthy Self was now beginning to be conceptualised in terms of having multiple parts. For example, in 1982, Kimura proposed that a distinguishing mark of Schizophrenia was a sense of incoherence or "otherness" in relating to others and relating to oneself (Rulf, 2003, p.30), whilst Sass hypothesized that Schizophrenia was a result of hyper-reflexivity or an exaggerated form of consciousness of different parts of Self (Rulf, 2003). He described this experience as being "the contradiction between the schizophrenic's need to think and his constant inability to understand" (Rulf, 2003, p.27). Thus, the formulations of Schizophrenia began to move away from a one-dimensional disease model, and towards formulations that incorporated the person's experience of the disease and the psychological impact on the experience of Self, and how these contribute to maintaining the illness.

Currently, one of the most common tools for describing and attempting to provide an operational definitions of Schizophrenia are the ICD-10 and the DSM-IV-TR. For the purposes of this literature review I will be using the criteria according to the DSM-IV-TR. The symptomology described in this manual corresponds with the theory of the disrupted Dialogical Self in persons with Schizophrenia, which will be explored in greater depth further on in this literature review. Thus, Schizophrenia is described in the DSM-IV-TR as "a disorder that lasts for at least six months and includes at least one month of active phase symptoms (ie. Two or more of the following: delusions, hallucinations, disorganised speech, grossly disorganised or catatonic behaviour, negative symptoms)" (American Psychiatric Association, 2000, p.298).

The positive symptoms of the illness refer to the presence of hallucinations, delusions, and disorganised speech and behaviour, whilst the negative symptoms refer to a deficit or lack in emotional responses such as anhedonia, avolition, poverty of speech and blunted affect (American Psychiatric Association, 2000).

2.7 Schizophrenia as a Disruption of Dialogical Self

As previously explained, according to the Dialogical Self model, the degree to which Self is considered to be healthy is contingent upon the degree to which selves are integrated (Lysaker & Lysaker, 2004). Hermans argues that self-integration is conceptualised in terms of the abilities of different parts of Self (I-positions) to be in conversation with one another, and the ability of these parts to *move* between different I-positions, thereby creating a coherent internal dialogue and unified sense of Self (Lysaker & Lysaker, 2004). Importantly, these conversations include both dialogues within the individual and with Others outside the Self that can also occupy and influence I-positions.

Lysaker and colleagues (Lysaker & Bell, 1995; Lysaker, Buck,Lysaker, 2012; Lysaker, Clements, Plascak-Hallberg, Knipscheer, & Wright,, 2002; Lysaker & Lysaker, 2001; Lysaker, Lysaker,Lysaker, 2001; Lysaker &Lysaker, 2002; Lysaker & Lysaker, 2004; Lysaker & Lysaker, 2005) are widely recognised for their extensive, pioneering research that focusses on how Schizophrenia can be conceptualised based on the model of the Dialogical Self. They argue that it has widely been observed that people who have been diagnosed with Schizophrenia share a common experience of Self being fundamentally disrupted or damaged (Lysaker & Lysaker, 2004). As Estroff (1989, p.189) explains, "Schizophrenia is an*I am* illness – one that may overtake and redefine the identity of the person… [it] is more than an illness one *has*; it is something that a person *is* or may *become*". This engulfing quality of the illness is a harrowing experience. It has been described in terms of "enduring agony" and has been linked with feelings of intense isolation and rejection (Lysaker & Lysaker, 2005), loss of sense of agency in directing one's life (Lysaker & Bell, 1995), "unbearable feelings of 'emptiness and nothingness'" as well as an "overwhelming anxiety about self-dissolution" (Lysaker & Lysaker , 2001, p. 24). Importantly, these feelings of a disrupted sense of Self occur independently of the fluctuating presence of positive and negative symptoms of the illness (Lysaker et al., 2012). This suggests that this unique disruption of Self in persons with a diagnosis of Schizophrenia is a separate phenomenon, one that cannot be simply understood as a by-product of the symptoms of the illness (Lysaker et al.,2012).

Lysaker et al. (2001) argue that the phenomenon of self-disruption can be explained in terms of a difficulty in maintaining both personal dialogue and the dialogue between Self and Other, which are both allied with neurocognitive deficits (Lysaker & Lysaker, 2001). Putting this into Hermans' terms, in people diagnosed with Schizophrenia, access to I-positions are disrupted (Lysaker & Lysaker, 2001). Lysaker and Lysaker (2002) highlight that an important implication for the dialogical conceptualisation of Schizophrenia is that the contents of Self (those are I-positions) are not obliterated by the illness, but instead these I-positions still exist. It is the *communication* between I-positions, however, that has been profoundly disrupted.

2.8 Relationship of Forms of Self Disruption with Positive and Negative Symptoms of Schizophrenia

Lysaker & Lysaker (2002) advocate three primary forms in which these internal dialogues can dissolve and disrupt one's sense of Self. These arethe Monological, the Cacaphonous and the Empty or Barren organisation of Self (Lysaker & Lysaker, 2002). In the case of a Monological structure, instead of the Self being able to hold multiple, dynamic I-positions, whereby different I-positions hold different positions of dominance in the hierarchical structure over time, a single position overrides the 'voices' of the other positions (Lysaker et al., 2001). Thus, instead of there being dialogue and movement between I-positions, the narrative between positions becomes restricted to a single, consistent monologue. Lysaker and Lysaker (2004) describe this I-position as being so rigid and inflexible, and having so much governance over internal dialogues that, as a result, all other I-positions are banished from the conversation. This Monologue form of organisation can be used to understand the impact that the positive symptoms of Schizophrenia, which are rigid delusional systems and hallucinations, has on self-disruption, and how the break down in this internal dialogue can maintain such a symptom and result in obstruction to the development of narratives (Lysaker & Lysaker, 2002). For example, a person with Schizophrenia may experience persecutory delusions, whereby all experiences become perceived through this single lens, which is 'I am persecuted'. Therefore, even benign gestures, such as someone making eye contact with the person as they pass by, may be perceived as a threatening act through this lens. Other

examples may be that loved ones may soon be perceived as enemies and mundane events are treated with suspicion (Lysaker & Lysaker, 2004). Other I-positions that may challenge this lone voice, and attempt to rationalise the sense of persecution, are silenced. This is achieved by either forcing opposing I-positions into the dominant I-position ('I am persecuted'), or disregarding I-positions that do not fit into the dominant narrative (Lysaker et al., 2001). Thus, delusions act as both stabilising and linking agents to seemingly unrelated occurances (Lysaker & Lysaker, 2005). In this way, dialogue between I-positions is compromised and a sense of unified Self is disrupted.

The second type of disruption is what Lysaker et al.(2001) refer to as a Cacophonous structure. Wherein the Monological structure there exists a single, consistent narrative by the dominant I-position, in the Cacophonous structure, there is no single string of narrative or theme of dialogue between I-positions. Therefore, whilst different I-positions are present, they are not in dialogue *with* each other, nor are they accessible to one another. Instead, they speak at or over each other,unconcerned with the responses of the other I-positions, creating a sense of chaos between I-positions (Lysaker, et al.,2001). This is equivalent to the metaphor of an orchestra without a conductor, where all the musicians are present and playing their own instruments simultaneously, but create an awful clamour of sounds instead of a unified symphony. Thus, unlike the Monological structure that has an I-position that consistently dominates the hierarchical structure, the Cacophonous type of organisation has multiple voices that lack hierarchical structure. This form of Self organisation describes the impact that the symptoms of disorganised speech and disorganised behaviour may have on the disruption of sense of Self in persons diagnosed with Schizophrenia (Lysaker & Lysaker, 2005).

The final structure described by Lysaker and Lysaker (2002) is the Empty or Barren Self structure. This refers to a structure whereby dynamic, interactive, evolving conversations between I-positions seem to dissipate altogether. As Lysaker and Lysaker (2002) suggest, these I-positions "might be expressed as brief monologues or entrenched positions whose relations and relative standing do not change, thus rendering them relatively useless when called upon to facilitate the development of coherent interpretations or deliberations" (p.212). Since I-positions require meaningful dialogue

to evolve and create a coherent narrative, in the absence of internal or external opportunities for dialogue, the I-positions become limited and inflexible (Lysaker, et al.,2012). Thus, what remains are ingrained, empty monologues. Therefore, with just the shell of former dialogical processes remaining, once rich internal dialogues that previously created a unified sense of Self are diminished, and as a result, the Self may then also be experienced as empty or barren. This is consistent with negative symptoms of Schizophrenia, which are considered to be functionally and causally separate, and independent of, positive symptoms, and include flattened affect and lack of volitional capacity (Lysaker & Lysaker, 2005). Lysaker and Lysaker (2005) suggest that affect plays a powerful role in strengthening I-positions. Affect enriches I-positions by adding a dimension of emotional expression to the I-position, which enables an ability to express and enact these I-positions. This addition of animation to the I-positions reinforces and adds greater depth and meaning and thus greater strength to the I-position (Lysaker & Lysaker, 2005). Furthermore, common affect binds different positions together, therefore creating a greater sense of cohesion in internal dialogue. For example, the I-position of 'I am a father' and the position 'I am an artist' may both illicit feelings of pride or fulfillment, which then in turn creates a cohesive narrative of a sense of accomplishment. Thus, affect acts as a binding and stimulating force for I-positions.

In the case of volitional capacity, which refers to the ability to make goal-directed decisions pertaining to one's own life, Lysaker and Lysaker (2005) advocate that the enactment of internal dialogue in the world also serves to edify and act as a binding force for I-positions. Thus, if a person were to have an I-position as a student, but did not engage in any of the student activities such as attending classes, completing assignments or participating in student social events, this would serve to undermine such an I-position and thus cause it to be weakened. Following on from this, if one's volitional capacity were compromised, one's ability to engage I-positions in the world in a purposeful manner would also be compromised and thus the I-positions may weaken and remain undeveloped. Thus, it is clear to see that a combination of blunted affect and lack of volitional capacity would erode dialogical capacity.

It is important to note here that Lysaker and Lysaker (2004) advocate that rather than a unidirectional causal relationship, dialogical disturbance and the symptoms of

Schizophrenia have a reciprocal, influential relationship between one another (Lysaker & Lysaker, 2004).

2.9 Role of Performance and Performativity in I-position Formation

It is important to note here that the necessity to *enact* an I-position is a crucial element in understanding its formation. This concept of enactment, as part of developmental processes, was proposed in 1978 by theorist Lev Vygotsky. Vygotsky referred to this process of enactment as a performance (Newman & Holzman, 1999). He argued that development was a *social activity* that required both a performance and a performance space (Holzman, 1999). For example, if a child is learning to speak (something they have not learnt to do yet), they are able to learn and develop speech when the more developed speaker performs the necessary developmental task and completes the words or sentences for the child, after which the child is able to respond by repeating this performance, thereby initiating their own learning and developmental processes (Newman & Holzman). Vygotsky (1978) thus theorised that children learn and develop by "performing ahead taller than themselves"(p.102).In other words, learning and development are intertwined and interdependent activities. In order to accomplish either one, a child is required to do things in advance of their current capacity, through combined activities with other caregivers, siblings etcetera (Holzman, 2002). Vygotsky referred to these joint activities or performances as the "zones of proximal development" (ZPDs), which Holzman eloquently describes as "the space between who they are and who they are becoming – that allow them to *become*" (Holzman, 2002, p.2). White (2007) reiterates the impact that Others outside the Self have on the development of the Self, when he argues that people's personal accounts of their lives, or personal narratives, are co-authored by the significant Others. He draws on the work of Myerhoff, who highlighted the significance of the audience's (or Other's) contribution to the development of these personal narratives, when she carried out identity projects with an elderly, marginalised Jewish community in Venice, Los Angeles (Myerhoff, 1986). In order to address and combat their sense of invisibility, Myerhoff engaged the participants in a series, of what she referred to as "Definitional Ceremonies" (Myerhoff, 1986, p.267). White describes these ceremonies as "forums, convened by this community, in

which community members would have the opportunity to tell and retell, and to perform and reperform, the stories of their lives" (White, 2007, p.180). Myerhoff refers to the audiences of these ceremonies as "outsider witnesses" and argues that these witnesses are imperative to both the acknowledgement authentication of personal narratives and the performance thereof (White, 1995, p.15). One of the vital roles that the outsider witnesses played was the verification of alternative personal narratives that challenged socially constructed norms (White, 2007). The presence of outsider witnesses served to authenticate, amplify and sanction the identity claims expressed in personal narratives, and served to increase a sustainable sense of cohesion of the values that emerged in these personal narratives, especially in circumstances where these values opposed socially constructed norms (White, 2007). Thus, putting this in Hermans' terms, as performed I-positions become strengthened through repetition and the presence of outsider witnesses, a sense of cohesion of personal internal dialogue is also developed. Thus, the work of Holzman (1999)and White (2007) serves to highlight the important role that the Other plays in reinforcing cohesion, by acting as outside witnesses to the performance of various I-positions.

In contrast, Judith Butler (1988) challenged this concept of performance when she put forward her revolutionary argument of gender as a performative act rather than a prescriptive, essentialist concept. Butler made an important distinction between the concepts of performance and performativity. According to Butler (1993), a performance refers to an act of self-expression, which is rooted in personal agency whilst performativity refers to the act of performing pre-existing, repeated norms. Butler uses the metaphor of a performance of a play to explain the theory of performativity further. She argues that the pre-existing norms can be understood as the script. These scripts, which exist independently of the actors that use them, require actors to perform them in order be actualised and brought into reality (Butler, 1988). Thus, "the act that one does, the act that one performs, is, in a sense, an act that has been going on before one arrived on the scene" (Butler, 1988, p.526). Therefore, the theory of performativity argues that acts draw upon existing norms, and the repeated performance of these norms serves to reinforce and legitimise them. Thus, rather than performances displaying acts of self-expression that originate within the performer, performativity refers to performances that

enact outside norms and values, that are imposed upon and re-enacted by the performer. Butler argued that these performances of gender form part of a shared experience, and she placed emphasis on the necessity for these performances to be repeated (Lloyd, 1999). She argues that gender is a repetitive performance that both the actors and audiences come to believe (Butler, 1988). Therefore, if these acts are repeated in a different way, this opens the opportunity for transformation of gender (Butler, 1988).

This concept of performativity is useful in terms of highlighting the role that Others outside the Self play in the development of I-positions. Currently, there exists a multitude of negatively perceived cultural, social and political beliefs and prejudices associated with Schizophrenia (Goffman, 1963; Link, Yang, Phelan, Collins, 2004). These beliefs result in a marred or tainted perception of an individual with the illness, which often results in marginalisation and isolation (Angell & Test, 2002; Corrigan, Edwards, Green, Diwan, Penn, 2001). These beliefs are often rooted in ill-founded notions of fear and otherness (Link et al., 2004; Stout, Villegas & Jennings, 2004). Goffman (1963) referred to this negative labelling process as 'social stigma'. For people living with Schizophrenia, the consequences of these negative perceptions are far reaching and include various forms of discrimination as well as a negative impact on self-esteem, self-efficacy and perceptions of social-standing (Bordieri & Drehmer, 1986; Farina & Felner, 1973; Ritsher, Otilingam, Grajales, 2003; Sibits, Unger, Woppmann, Zidek, Amering, 2011; Yanos, Lysaker, Roe, 2010). In addition, this stigma also negatively impacts on relationships with others (Bell, Lysaker, Milstein, 1996; Lysaker, Tsai, Yanos, Roe, 2008). Therefore, research suggests that in response to the disintegration of previous relationships, people living with Schizophrenia experience high levels of loneliness and distress (Lloyd, Sullivan, William, 2005; Noiseux & Ricard, 2008).In addition, this lack of social support, coupled with acts of discrimination, also has an impact on self-perception. Research indicates that people with a diagnosis of Schizophrenia report a sense of loss in the face of feeling that they are a lesser or diminished version of themselves that existed prior to the onset of their illness (Lloydet al., 2005). However, research has also shown that the presence of supportive social networks act as a powerful protective mechanism against some of these negative consequences of stigma (Bengsson - Tops, 2004; Woppmannet al., 2011).

These cultural perceptions of persons with a diagnosis of Schizophrenia can be imposed upon and internalised by individuals with this diagnosis, and these perceptions then occupy I-positions within the Self. An example of this process is what Watson, Corrigan, Larson and Sells (2007) refer to as Self-Stigma. They define self-stigma as the process of internalising cultural stereotypes, which are "knowledge structures that are learned by most members of a social group", and is usually associated with feelings of humiliation, failure and diminished self-esteem (Watson et al., 2007, p.1312).An example of self-stigma is suggested by Estroff (1989), who argues that in the case of Schizophrenia, one of the I-positions imposed by the Other on people with a diagnosis of Schizophrenia, is that of the "sick role" or patient. As this role is performed and witnessed by Others that validate this cultural view, the I-position is strengthened. Thus, the process of enacting the norm becomes a self-fulfilling prophecy of the imposed norm (Estroff, 1989). As such, self-stigma is the process of taking an existing script (norms), which is performed by the majority of a community outside the Self, and re-enacting that script, thus internalising the script and creating an I-position.

Consequently, notions of performance and performativity are crucial to understanding the development and strengthening of I-positions that are constructed in dialogue with the Other. In different ways, both are fundamentally social activities that require participation of an audience – which this research refers to as the 'Other'. As described earlier by Hermans et al. (1992), Other encompasses a wide range of entities that exist outside the Self, including perceived internal dialogues with persons, institutions, social norms, political structures and so forth. Lysaker and Lysaker (2001) argue that these can also occupy I-positions, which can thus form part of dialogical relationships with other I-positions.

2.10 Conclusion

As the above review of literature has shown, the concept of Self is essentially fluid, dynamic and intrinsically linked to and influenced by the social context in which it operates. Current research, which is rooted in the Post-Modern paradigm, supports the concept of Self as one that reflects multiple ways of being in the world.

Hermans (1999) is widely acknowledged for being the first to describe a model that advocates that the Self is primarily dialogical in nature, and that this internal dialogue is essential for creating a sense of unity and cohesion of Self. The building blocks for the Dialogical Self Model are I-positions, which are conceptualised as parts of Self, that are in dialogue with one another. He proposes one's sense of Self is dependent upon the number and strength of the I-positions, the accessibility to these I-positions and the dialogues that occur between these I-positions. Importantly, the Dialogical Self conceptualises the Self as a social entity, one that engages in internal conversations, which are also influenced and shaped by interactions with Others outside the Self. As such, one's perception of people or social interactions and other macro and mirco relational influences, can occupy and influence I-positions and thus impact the construction of the Dialogical Self.

The above review of literature has also shown that the concept of Schizophrenia, and the response from the discipline of Psychology, is also a product of the Epistemological paradigm in which it is rooted. Thus, across time, its conception has shifted. Lysaker and colleagues have used this Dialogical Model of Self and have focussed specifically on how disruption in such internal dialogues could account for the unique disruption of Self experienced by persons who have a diagnosis of Schizophrenia. The Dialogical Self Model proposes that Others outside the Self play an essential role in the maintenance of the internal dialogue, and that these subjective perceptions of interactions with Others can occupy and influence I-positions. Finally, theorists such as Holzman (1999), White (2007) and Butler (1988) have also highlighted the impact that the Other plays on the development of the Self through their ideas regarding performance and performativity respectively.

Therefore, the review of literature has firstly demonstrated that the Self, which is constituted by multiple I-positions, is dialogical in nature. Secondly, relationships with entities outside the Self (the Other) are able to occupy I-positions and form part of the construction of internal dialogue. Thirdly, people with a diagnosis of Schizophrenia experience a unique form of Self-disruption that can be accounted for by a disruption in the internal dialogue. However, although much of the research to date has focussed on the experience of the disruption of Self in people with a diagnosis of Schizophrenia,

presently there is very little seminal research that focuses on how the Other contributes to the disruption of internal dialogue. Therefore, this research firstly seeks to explore what I-positions are evident in the talk of the people with a diagnosis of Schizophrenia and secondly, how the Other supports or undermines these I-positions, thereby possibly contributing to the sense of disruption of Self described by Lysaker and Lysaker (2004).

CHAPTER 3

Methodology

In this chapter, I will begin by outlining the research questions this study aims to answer and by giving background information pertaining to the original research project, which constitutes the current archival data for this research. Following this, I shall describe the data collection process, which includes further information on the participants as well as relevant ethical considerations pertaining to this study. Finally, I shall describe the stages of analysis and give a detailed account of the deductive thematic analysis process, which utilised Hermans' Dialogical theory of Self as its theoretical lens.

3.1 Research Question:

The research question for this project is two fold; firstly, I will be asking what I-positions are evident in the talk of people with a diagnosis of Schizophrenia? And secondly, I will be asking how the Other supports and/or undermines these I-positions?

3.2 Background to the Project:

The proposed research is part of a larger project entitled 'Self and Schizophrenia Study'. The project was initiated as part of the doctoral thesis of the supervisor of this current research. The thesis answered a specific and focussed research question around self-construction abilities in Schizophrenia. However, the original data collection and interviews were intended to be sufficient to address several important questions about Self and Schizophrenia. The original research, including the completed thesis and the initial research proposal, were given ethical approval by the Ethics Committee at University College Trinity Dublin, Ireland and the Medical Ethics Committee of St. James' Hospital, Dublin, Ireland. The data collection section thus describes a process that was completed prior to the current research project.

3.3 Data Collection:

3.3.1 Data collection method:

This current research draws on archival data of research interviews from the previous 'Self and Schizophrenia Study'. During the original interviews, the participants were interviewed using semi-structured interviews (see Appendix 1 for interview guidelines). The interviews were conducted by the researcher together with the Community Psychiatric Nurse (CPN) who had previously worked with the participants. This helped to develop rapport with the participants which in turn provided opportunity for the generation of richer data. The questions for these interviews were generated based on literature pertaining to Self and Schizophrenia (Lysaker, Clements, Plascak-Hallberg, Knipscheer, Wright, 2002; Lysaker, Wickett, Campbell, Buck, 2003) and also by careful consideration of the original research question, which focussed on self-construction abilities in Schizophrenia. Questions were open-ended and required participants to talk about themselves broadly. The open-ended nature of the questions allowed the participant more flexibility in how he/she answered the questions, which in turn increased the depth of the data, whilst the schedule allowed the interviewer the freedom to keep the interview focussed on the topic at hand without disturbing the flow of the conversation (Crossley, 2000). This resulted in what Crossley (2000) describes as, the collection of relevant, rich and descriptive data. The combination of a flexible and participant-centred interview is characteristic of a qualitative data collection method (Crossley, 2000). Since this current research question draws on similar literature, and since the data that was collected in the previous study was rich and descriptive, with a broad focus on Self and Schizophrenia, this data was deemed appropriate, relevant and sufficient to answer the current research question at hand. This form of data collection is best placed in the Interpretivist paradigm that advocates for multiple, co-constructed, equally valid realities and prioritizes exploring the lived-experiences of participants (Ponterotto, 2005). This is consistent with the Post-Modern framework outlined in the current literature review. Each interview lasted from 25 to 55 minutes. Permission was granted by the participants for the interviews to be tape-recorded and transcribed. In addition, the research agreement included a request for permission for the generated data to be used in other further research. These transcripts constitute the current archival data

3.3.2 Participants:

The nature of the original research question prioritized yielding information-rich and detailed data. Thus, in order for the research design to be congruent with the research question, purposive sampling techniques (which entails selecting samples, for specific reasons) were employed in order to yield such data (Patton, 1999). Eight participants were recruited for the original study, five men and three women. The participants' ages ranged from 22 to 60 years old. The inclusion criteria for participation in the research were twofold. Firstly, a diagnosis of Schizophrenia was required. All participants in the original study had been diagnosed by a Psychiatrist with a diagnosis of either Undifferentiated Schizophrenia or Paranoid Schizophrenia (American Psychiatric Association, DSM-IV, 1994). Secondly, all participants were required to be receiving, and be actively compliant with antipsychotic medication at the time of their interview. Participants who met the above criteria were recruited on a voluntary basis, through liaison with the CPN at a community - based day service for people with mental health problems.

3.3.3 Ethical considerations

It is important to note that people with a diagnosis of Schizophrenia are considered both a vulnerable and over-researched population (Haroun, Dunn, Haroun & Cadenhead, 2006). Therefore, methods such as archival research, which aims to extend and exhaust the use of available, valuable data rather than generating similar data unnecessarily, is consistent with one of the fundamental research principles of non-maleficence, which is the duty to avoid inflicting any harm (Knapp & VanderCreek, 2004). In keeping with this principle, as per prior agreement with interviewees, all names and identifying information were removed from the transcripts in order to ensure anonymity and confidentiality of the participants.

3.4 Data Analysis:

In order to analyse the data, I used a deductive thematic analysis method.Deductive thematic analysis is a theory-driven analysis process (Boyatzis, 1998). In other words, specific theoretical lenses, in the case of this research Hermans' (2002) theory of the Dialogical Self and White's (2000) theory of the Absent but Implicit,

areimposed upon the data set. These lenses then inform the coding process (Boyatzis, 1998). The themes that are excavated using this lens are then compared with current literature and research findings. Boyatzis (1998) defines a theme as "a pattern in the information that at minimum describes and organises the possible observations and at maximum interprets aspects of the phenomenon" (p. 161). Since the research question required searching for possible patterns that reflected the I-positions that are evident in the text, as well as patterns of how the Other supports or undermines these I-positions, based on Herman's theory, this research method was the most appropriate to answer the research question. This method remains consistent with the explorative nature of qualitative research methods, as well as the Interpretivist paradigm in which this research is situated. In addition, the large amount of data allowed for the generation of many generalised interesting findings across interviews, which may have been lost if a more detailed analysis was used.

The thematic analysis process had six broad stages. The first stage involved immersing myself in the data. This required reading and rereading of each interview whilst simultaneously noting initial ideas (Rice & Ezzy, 1999).

Stage two was the process of generating initial codes. Codes are defined as the most basic elements of raw data that seem interesting to the researcher, which can be assessed in a meaningful way in light of the phenomena being explored (Braun & Clarke, 2006). I used Hermans' theory of the Dialogical Self, as a lens through which to identify codes. In this research, the codes that were being identified were synonymous with Hermans' I-positions (Hermans, 2002).This research was specifically focussed on the exploring how the Other supports or undermines I-positions. Therefore, in order to identify relevant I-positions, sections of text that described ideas of how participants thought the Other (meaning other people, institutions, society at large or those outside the Self) perceived them, regardless of whether these views had positive or negative connotations, were noted (Lysaker et al., 2001). Thus, aspects of content that reflected views of Self in relation to the Other or Others' perceptions were deemed of interest. From these selected sections of narrative, an I-position was named. These I-positions were then placed in one of two columns; the first column contained I-positions that were reportedly present *before* the participant was diagnosed with Schizophrenia. The second

column contained the I-positions that were present *after* a diagnosis of Schizophrenia was made (see Appendix 2). It important to note that in order to increase the depth of the data and identify less obvious I-positions, I used Michael White's (2000, p.321) notion of looking for the "absent but implicit" information within the data. White (2003) argues that every description of an experience is relational. In other words, we can only describe experiences in comparison to other experiences which are unspoken or unnamed, but are implicit in the description. He articulates that a "singular description of experience can be considered to be the visible side of a double description" (White, 2003, p.30). For example, we can only distinguish happiness if we have known sadness. This is what White (2000) refers to as the concept of absent but implicit. Thus, the obvious or visible content that is presented (privileged meaning) can also give insight into what has been omitted (subjugated meaning) (White, 2000). Therefore, during the process of identifying the relevant I-positions, I also made use of this theory of the absent but implicit, in order to look for I-positions that were implied in the text.

Stage three focused on searching for themes. This was achieved by using the list of codes/I-positions and connecting those that were related under the same category known as a theme (Crabtree & Miller, 1999).

In some cases, codes did not 'fit' within the main themes of each interview. However, it was important not to disregard these themes since it was possible that the theme may emerge as more data is collected across interviews. In such instances, these seemingly stray themes were clustered into a 'miscellaneous' theme until they were compared with the entire data set (Rice & Ezzy, 1999).Therefore, it was imperative that each interview was analysed according to the above stages separately. Thus, at the end of stage three, each interview had its own set of themes.

During stage four, all the themes that had emerged from each interview were compared with one another and clustered together (see Appendix 2). The comparison across interviews from the corroboration of different sources served to increase the validity of the data collected (Fereday & MuirCochrane, 2006). Thus, overarching patterns across interviews, as well as patterns between the cluster of the themes in the "Before Column" were compared with the themes in the "After Column". The latter was an important comparative tool, since the use of comparison gave insight into the changes

in I-positions, which underpinned the themes, in the presence of a diagnosis of Schizophrenia. It is important to note that in this research, the significance of a theme was evaluated in terms of substantive significance rather than its frequency. This means that significance was placed on a theme in relation to its consistency within and across interviews (Floersch, Longhofer, Kranke, Townsend, 2010). Thus, a theme became significant on the basis of confidence in the coding method, skilful identification of the theme within and between interviews and confirmation of the themes in literature (Floerschet al., 2010).

Stage five was the final refining phase of the analysis process. This is where each of the themes were defined and named. Each theme was analysed based upon what it is and how it fits into the broader study(Braun & Clarke, 2006). It is important to note that both the process of selection and naming of themes require that the researcher give their own interpretation of the text (Ponterro, 2005). Therefore, although my aim in these processes was to articulate what was reported by participants in their text, this process was interpretative. In addition, these themes were compared with the available literature, as described in the discussion section below.

The final stage of the analysis process was to discuss the above findings. The aim of the discussion section is to provide a concise, coherent, logical, non-repetitive and interesting account of the data collected (Braun & Clarke, 2006). It is required provide sufficient evidence of the themes extracted from the data, through including extracts from the texts, and should be embedded within the relevant literature in order to produce a compelling argument in relation to the research question (Braun & Clarke, 2006).

In order to guard the integrity of the data, it was important that opposing themes and explanations of the data were also explored (Patton, 1999). This was achieved by discussing alternative explanations of the data in a peer-review process with my supervisor, who was the original researcher of the data. Thus, this process of exploring the consistency of the data across interviews by using a single method, in this case thematic analysis, as well as the triangulation of analysis (which refers to having multiple analysts of the data – in this case this would be myself and my supervisor) served to increase the quality of the analysis process (Patton, 1999). One of the main aims of this triangulation was to highlight and understand any differences within the data

set and to avoid only focusing on the similarities, thus reflecting a more accurate and richer representation of the data (Patton, 1999).

CHAPTER 4

Results and Discussion

In this chapter, the results of this research project will be presented and discussed. As the previous chapter explained, narrative extracts that reflected views of the Self in relation to Others or Others perspectives, were extracted from individual interviews and then organised into over-arching themes. These themes were then organised according to whether the I-positions, that underpin these themes, emerged before or after the participants received a diagnosis of Schizophrenia. Thus, the results section below is divided into two parts. The first section reports the themes that were present before a diagnosis of Schizophrenia was given to the participants, and the second section reflects the themes that were present post-diagnosis. Each of the themes are reported separately in the results section below in order to create a useful and clear structure for reading purposes. Selected extracts from the interviews that are relevant to particular themes have been included for discussion purposes, in order for the reader to have direct access to the precise words used by the participants. The table below outlines the themes that emerged, which will be discussed in detail in this chapter.

Table 1:

4.1 Identified themes before receiving a diagnosis of Schizophrenia	
	4.1.1 Competent and/or Skilled
	4.1.2 Creative, Artistic and/or Talented
	4.1.3 Accepted by Others and/or Sense of Belonging
4.2 Identified themes after receiving a diagnosis of Schizophrenia	
	4.2.1. Ineffectual, Useless and/or No longer competent
	4.2.2. Stagnant and/or Inert
	4.2.3Isolated/Forgotten/Invisible/No longer acceptable
	4.2.4. Dependent and/or No longer independent
	4.2.5. Independent
	4.2.6 Mentally ill, Patient, Different, Damaged and/or No longer ‘Normal’
	4.2.7 Accepted and/or Supported

The final section of this chapter, the discussion section, discusses the above results in relation to the relevant literature and explores how the Other supports and/or undermines the above-mentioned I-positions.

4.1 Results:

4.1.1 Identified themes *before* receiving a diagnosis of Schizophrenia

4.1.1.1. Competent and/or Skilled

The theme of being Competent and/or Skilled was one of the most common themes that emerged across all the interviews. This theme was evident in the repeated identification of various I-positions in the text that were influenced and developed by the interaction of participants with Educational Institutions and Employment facilities. Thus, Educational Institutions and Employment facilities can be described as the Other, which are able to occupy I-positions within the Self through the participation in the participants' internal dialogue as well as influence other I-positions. In this case, the influence of the Other developsI-positions that relate to the theme of being Competent and/or Skilled.

Seven of the eight participants completed their Intercert (this is the equivalent to a Grade 10 level of education, after which the scholars have the option of leaving the Educational Institution). This certificate served as a validation from the Educational Institution of the participant's academic abilities. Thus, the internal dialogue engaged with the validation provided by the Educational Institution, which served to strengthen the I-position that relates to the theme of Competent.

Hannah was employed as a Secretary in the Chief Buyer's office after completing her Intercert and secretarial course. When asked about the job she reported that she "loved it…*they* said I was good…I told them I couldn't spell but I got the job anyway" [emphasis added] (Hannah, p.2, 36, 45). In addition, she was financially stable and able to sign a lease to live in her own flat.

Extract 1

I: And what did you enjoy about working?

H: Having enough money, I never had to borrow money when I was working, I always had enough money, even when I started drinking heavily, I never was behind with my rent or my bills or anything (Hannah, p.21, lines 464 – 467).

In the same way, her skills, qualifications and competence were validated by the interactions with the Educational Institution, her employer and landlord. These three entities outside the Self, constituted the Other and became part of Hannah's internal dialogue that reinforced her I-positions that reflected the theme of Competent.

Megan reported that she went to college and completed her Bachelor of Arts degree in English, German and Politics and went on to complete her Masters degree in politics, after which she was employed as a political consultant for five years. Thus, she engaged in her skill set that was acknowledged by the Other (in this case the Educational Institution, her employer, colleagues and clients). Her competency was affirmed by her placement in a consultancy role and by being financially remunerated for her work. As White (1995) previously explained, persons surrounding the individual are able to act as outsider witnesses that authenticate and validate performances. In Hermans' (1999) terms, this translates into outsider witnesses strengthening the performed I-position. Thus, for Megan, various Others entered into her internal dialogue and acted as witnesses to her competency, consequently reinforcing the those I-positions related to an overaching theme of Competence.

4.1.1.2 Creative, Artistic and/or Talented

Hobbies, sports and witnesses to these activities can be considered relational influences from outside the Self, and thus constitutea form of the Other. These Others engaged participants in internal dialogues that support the development of I-positions that relate to the theme of Creative/Artistic and/or Talented. When participants spoke about hobbies that they engaged in before receiving a diagnosis of Schizophrenia, they reported a sense of satisfaction and fulfilment as they were stimulated by their engagement with their hobbies. Gary reported that before he became ill, he took pleasure in creating abstract art. He explained:

Extract 2

I used to do art in the house a few years ago…I have several batches of paintings I have in the house. I enjoy doing art, *abstract* art…you get a kick out of it when you've finished it you know…some of [the paintings] are ok and others are very good (Gary, p.3, lines 68 – 69, 77).

By performing art, and having the Other (in this case, friends and family outside the Self) form part of his internal dialogue and witness his work, those parts of Gary that reflected him as Artistic/Creative/Talented (those are I-positions) became reinforced. Gary also used to play competitive table tennis. He reported that he won the doubles Court Championship. Having other team mates and competitors bear witness to his title as Doubles Champion reinforced his I-position as a talented athlete. He added, “the tennis was great…I was out of hospital all those years as well, it was great. I won tennis titles” (Gary, p.12, lines 254 – 256).

Mark also found pleasure in creating artworks. He reported that before he became ill, he used to do art and design work.

Extract 3

CPN: Are you artistic?

M: I used to do art yeah.

I: Yeah?

M: I was half decent at it.

I: So you were good at it, and do you like drawing or painting?

M: I love painting.

I: Okay. And did you do that in school?

M: Yeah.

I: And in your course did you design houses or inside?

M:(Silence, looks confused)

I: Did you have to draw out houses?

M: Yeah we did draw out houses yeah.

I: And were you good at that?

M: Yeah I was good at it yeah. (Mark, p.8, line 161 – 171)

The strength of his I-positions as Creative were reinforced by the internal dialogue with teachers and peers who constituted the Other, who bore witnesses to his creativity.

4.1.1.3 Accepted by Others and/or Sense of Belonging

One of the most prominent themes present before the participants were diagnosed with Schizophrenia, was that of being Accepted by and being regarded as Acceptable to

Others. This was often accompanied by a reported sense of belonging. The various reported parts of Self (I-positions), which reflected over-arching themes of Accepted by Others, were developed and reinforced by a number of internal dialogues that developed as a result of different relational interactions with Others outside the Self (namely friends, family and peers). One of these interactions was engaging in group activities with peers. Hannah described having a very full social life before she developed Schizophrenia. She described experiencing shared passions with her aunt by visiting museums and seeing the sights when she arrived in Scotland with her, as well as going dancing and spending her weekends with her friends watching show bands – "*we* used to go every weekend" [emphasis added](Hannah, p.20, line 444). She fondly reminisced about the times her mother would have to wait up for her when she was socialising with her friends.

Extract 4

> H: Yeah, I gave her a lot of trouble…She used to be standing on the lane waiting for me to come in and I used to stay out 'til all hours (both laugh).
>
> I: So she'd be up waiting for you?
>
> H: She'd be up waiting (Hannah, p. 20, lines 455 – 458).

Both her mother, aunt and friends can be regarded as the Other, that acted as witnesses to and occupants in her internal dialogue, which developed and supported an I-position as a friend and her I-position as an accepted member of the family. These echoed the over-arching theme as Accepted by Other/Sense of Belonging. In a similar way, Mark, who was diagnosed with Schizophrenia when he was a teenager, reflected that he thoroughly enjoyed his college years, referring to them as "deadly" (a colloquial Irish term for 'very enjoyable'). He went on to explain, "School was ok, it was a bit of a laugh, plenty of friends I made"(Mark, p.4, line 80). Therefore, his friends also acted as witnesses and partners in his performance as a friend, and engaged in his internal dialogue to develop andsupportthose parts of Self (I-positions) which reflect being Accepted as one who Belongs.

In the conversation below, Gary also reflected on enjoying being part of his peer group at school

Extract 5

> G: When I was a teenager I used to go to all the dances with my friends.
>
> I: And would you get up and dance?
>
> G: Ah yeah.
>
> I: So you weren't shy?
>
> G: No, I had girlfriends.
>
> I: Good fun?
>
> G: Good craic yeah. ('Craic' is also a colloquial term similar to 'fun') (Gary, p.15, 334 – 340).

This conversation reflects Gary's confidence to engage in social activities and his enjoyment of Belonging and being Accepted by his peers. These positive social interactions from outside the Self are able to occupy I-positions, which participate in internal dialogue. This demonstrates the role that I-positions, which are developed through internal dialogue with the Other, play in reinforcing this overarching theme of Accepted and/or one who Belongs.

Many of the participants also mentioned having previously had boyfriends or girlfriends before receiving a diagnosis of Schizophrenia. Julia explained that she had previously been in a serious relationship. She reported:

Extract 6

> I have been involved, I have been in love. And if you don't ask, "will you marry me?" [then] you don't stick around. I, sort of, I was going to I would absolutely loved to have had one child, now I'm forty-eight so and I'm too old and that's it so take it from there you know what I mean. (Julia, p.2, lines 28 – 32).

Intimate relationships act as a powerful reinforcement for those internally constructed dialogues that reflect over-arching themes of Acceptance. These include I-positions such as boyfriend, girlfriend and/or partner. Intimacy infers a sense of desirability for the other and an act of being chosen, above another, to share life more closely with that partner than would be permitted in a friendship context (Murray, Griffin, Rose, Bellavia, 2003). Thus, those Others outside the Self (romantic partners)that formed part of and were witnesses to accepting relational interactions of participants, served to occupy I-positions in internal dialogue and reinforce the other I-

positions that supported over-arching themes of Acceptance and as being one who Belongs.

4.1.2. Identified themes *after* receiving a diagnosis of Schizophrenia

4.1.2.1. Ineffectual, Useless and/or No longer competent

In six of the eight interviews, the participants described themes of being either Ineffectual/Impotent/Incompetent. For Jack and Hannah, one of the ways their I-positions were developed and reinforced was in response to no longer performing the skill set that related to the previous theme of being Competent. Jack, who reported a sense of confidence in his woodwork skills, which he was performing as part of his course at a Technical School, explained that he tried to re-engage with woodwork, but there was no longer opportunities for him to do so. He explained:

Extract 7

> I came out in '64 I think and I stayed at home mostly and I tried in the rehabilitation to get woodwork or something and I didn't hear no more about that. (Jack, p.1, lines 8 – 10)

Hannah, who was working as a secretary after completing her secretarial course, said that after she developed Schizophrenia, she was told she was unable to return to work.

Extract 8

> I can type – but I haven't typed in years… I wanted to [return to work] but I wasn't well enough. It took me *years* to stop hearing voices. (Hannah, p.4, lines 82, 317-318)
>
> …I regret getting sick, I'd love to have been able to have worked until I retired. (Hannah, p.21, lines 460 – 461)

Thus, both Hannah and Jack were not afforded opportunities to perform their skill sets. Furthermore, they also lacked witnesses from outside the Self (the Other), that had been privy to previous performances of these skill sets. Therefore, the internal dialogue developed by the presence of the Other, who acted as a witness to these previously performed skills, was compromised. Thus, these I-positions (such as a

competent employee or skilled craftsman) that were held together by the over-arching theme of Competence were weakened.

Gary, who was a former chef and a capable manager of a busy public swimming pool before the onset of his illness, currently expressed a sense of being Ineffectual. He currently does part-time work for his brother. When describing this work, he reported, "I give him a hand here and there – not a lot. He is quite capable of doing the rest himself" (Gary, p.1, lines 21 -22). Megan (p.7, line 143) reiterated a similar conclusion when she stated, "I don't have any brains – I am very stupid". Although Megan has a Masters degree in Politics and was previously practicing as a political consultant, she has not performed this skill set since she developed Schizophrenia. In addition, the lack of presence of Others (such as collegues, clients, an office space, employers and a paid salary) that previously reinforced this I-position, resulted in a lack of internal dialogue with the Other that supported the previous I-position as Competent. Thus, the lack of witnesses to her Competence, has resulted in the emergence of an I-position of No Longer Competent.

Sam expressed feelings of frustration and self-loathing at his sense of failure and inertia since the onset of his illness. When he completed his Leaving Certificate (equivalent to a Grade 12 or Matric Certificate in South Africa) after becoming ill in his final year, he reflected:

Extract 9

> I scraped a bare pass on that damn thing…In the end it didn't make much difference 'cause all the jobs I got on the strength of the Leaving Cert, I abandoned them anyway. (Sam, p.9, lines 190 – 191).

Interestingly, Sam was able to complete his Leaving Certificate on his own after the onset of his illness, which had the potential to reinforce I-positions related to Competence. However, due to a lack of presence of the Other (such as Educational Institutions or employers) that previously reinforced and supported I-positions reflecting Competence were compromised, this theme of Competence was weakened. Sam was diagnosed with Schizophrenia at 17 years old, and has been living with the illness for the last 39 years. Thus, since the opportunities to perform a I-positions related to Competence have diminished over time, a new I-position of No Longer Competent,

which has been more frequently performed and witnessed, has become part of his internal dialogue, and has been developed and strengthened. He expressed his longing to be recognised and witnessed as a person who is Competent, Useful and Accepted once more:

Extract 10

> In an ideal world I would be happy with a job as a Postman… Now, a Postman has a very specific task and as long as he performs that scrupulously, he has a sense of performing some sort of public service, you know? I mean, people on the whole are well disposed towards a postman, especially if they are expecting news or something or a letter.. That's in an ideal world, it's not goin' to happen though. (Sam, p.7, lines 146 – 152)

The above excerpt is an excellent example of how various I-positions are thematically linked and can reinforce each other. In the above example, Employment (an entity outside the Self) provides the opportunity for I-Positions related to Competence to be performed (by being allowed the opportunity to provide a public service), but simultaneously allows for I-positions related to Acceptance (such as being perceived as an acceptable, respected working member of society) to be performed, witnessed and reinforced.

4.1.2.2. Stagnant and/or Inert

This theme of becoming Stagnant or Inert was one of the most common reflections given by participants. Many participants explained that life had become a monotonous experience. Jack described this when he explained:

Extract 11

> I: And is there anything that you'd like to be doing that you'd like to be doing at the moment?
>
> J: I don't think so no, so long as the time doesn't seem too long.
>
> I: Do you find you get bored Jack?
>
> J: Sometimes it seems so long I don't always have things to do, but most of the time I find things to do around the place, the same things
>
> I: The same things. (Jack, p.6, lines 132 – 138)

Sam described how this sense of monotony can lead to feeling restricted and trapped, when he articulated:

Extract 12

> Ah the same kind of dead end type rut you know…I keep a diary, I look at TV and I listen to the radio…quite a lot of things…but the day passes one day to another. (Sam, p.4, 68-69, 76-77)

Hannah, who previously had a very active social life, felt that her days had become empty, which also left her feeling desperate and trapped like Sam. She explains:

Extract 13

> I'd like to go to another hostel through some social work or something to get out of here 'cause I am stuck in her on my own all day. (Hannah, p.12, lines 257 – 258)

The disengagement with previous activities or hobbies, which constituted part of the Other, can contribute to a position of avolition. This can then contribute to the development of I-Positions that convey an overall theme of becoming Inert or Stagnant. For example, Mark has no longer engaged in his previous hobbies of painting and cookery since the onset of his illness. When asked the reason for the disengagement, he reported:

Extract 14

> M: I'm just tired of it and I'm not really up for it you know?
>
> I: Do you find you get tired easily?
>
> M: Yeah the medication makes you tire really easily, makes you a bit sick as well.(Mark, p.9, lines 204-207)

The lack of performance and performance opportunities of varied or enjoyable stimulating activities or hobbies being replaced with performing similar, unstimulating tasks that are often solitary, results in the development of I-positions relating to being Stagnant or Inert. Simultaneously, previous I-positions related to being Creative/Artistic are compromised. This is in response to lack of opportunity for these tasks to be performed and the lack of engagement of internal dialogue with the Other, that acted as witnesses to these previous I-positions.

4.1.2.3 Isolated, Forgotten, Invisible and/or No Longer Acceptable

Six of the eight participants described a disconnection from various significant relationships since the onset of Schizophrenia. Many of the participants experienced the disintegration of friendships. Friends constitute a part of the Other thatis able to occupy I-positions, or voices in the multi-voiced Self,which enter into internal dialogues and support other I-positions of being Accepted. Mark admitted that he had "lost touch" with many of his friends because of the illness. Hannah expressed that she has felt very lonely in the years of her illness, and explained that she 'lost' many friends because they did not understand her illness. She described:

Extract 15

> But I had good friends, we used to go out but as I got sick they faded 'cause as I said one friend stopped coming to see me in the hospital 'cause I wasn't talking sense.(Hannah, p.16, lines 357 – 359)

And when asked about whether she had any 'real friends', she replied:

Extract 16

> I haven't any, when I came back from Scotland I didn't feel that I belonged here [in the hostel] at all because all the friends that I had before I went to Scotland were either married or gone away. (Hannah, p. 9, lines 193 – 195)

Another common experience was that, for many of the participants, relationships with their families changed. Since the onset of his illness, Sam described his relationship with his family as "patchy" and expressed that he feels his family no longer have patience, and perhaps don't understand, the challenges of his illness. As a result, he no longer feels that he can turn to them for support. Talking about his relationship with his brother, he explained:

Extract 17

> He's got things to do, it's not good for me to phone him up out of the blue and get him to come up here and just cart me to the hospital. He'd be justified to say "why can't you go up off your own steam?" But in fact the last time I was too bad to do that, if I tried anything could have happened. (Sam, p.10, lines 215 – 217)

Julia (p.8, lines 157 - 158) echoed similar sentiments when she reported, “I have my family – I mean they all have their own lives”. Megan described how she has yet to tell her children that she has a mental illness, for fear that this might damage her relationship with them. Instead, she has told them that she suffers from “stress” and receives treatment for it. Although Jack did not reflect on being particularly socially active before his illness, he also developed Schizophrenia at a young age. When asked if he ever thought he would like a partner or would like to get married, Jack explained, “I never thought about that…My mother used to be here – she was great” (p.7, line 145). Now, at the age of 63 years old, after his mother passing away years ago, his sister has become his main support. However, he is unable to visit her, as the journey is “too much”. Jack admitted, “I suppose I like being on my own…I don’t mind it. You get used to it” (p.5, line 98).

Thus, in many ways, the participants have reported becoming Isolated since developing Schizophrenia. This isolation from friends and family (who act as the Other and previously reinforced I-positions such as friend, mother, sister, son or daughter) leaves fewer opportunities to perform relationally significant activities, such as socialising with friends and family or developing friendships, which in turns weakens previous I-positions that depended on these performances, such as those related to Accepted/Belong. Thus, this theme highlights the impact of the absence of the Other on the weakening of previous I-positions.

4.1.2.4. Dependent and/or No Longer Independent

Since the onset of Schizophrenia, it appears many of the participants developed I-positions related to a theme of being Dependent. There were different forms of being witnessed by Others that developed this position. Firstly, since many of the participants struggled to find or maintain employment after receiving their diagnosis, they reported becoming financially dependent on significant others. Ben, who is 42 years old, is wholly financially and physically dependent on his elderly mother. Mark, who is 22 years old, gives a similar account of dependence in the form of lack of performing tasks of independence. Although Mark lives on his own, his mother lives in close proximity and he reported that she often visits him and would do his washing and clean his flat for him. Since both participants have fewer responsibilities at home in terms of chores, Jack

more than Mark, there is a lack of opportunities to perform tasks of independence and a lack of witnesses to independent activities. These are replaced by dependent activities that are witnessed and performed by the Other (in this case, the Other constitutes family members, whose 'voices' are also able to occupy I-positions within the Self). Thus, the Otherenters into and forms part of the internal dialogue and supports the construction of the I-positions related to themes of being Dependent.

Hannah, who was previously proud of her ability to save her money (earned from her work as a Secretary) and her ability to be punctual with her payments, now reported that she finds that she is no longer able to manage her money as well. At the time of the interview, Hannah was unemployed and was reportedly dependent on receiving money monthly from her family. She had also reportedly not been given the opportunity to live on her own after she received treatment for her illness. She explained:

Extract 18

> My mother wanted me to come back 'cause in the hospital when they were discharging me they were going to put me into a hostel while I waited for a council flat and my mother didn't want that, she preferred that I come live with her.(Hannah, p.9, 198 – 201)

In Megan's interview, I-positions related to the theme of No Longer Independent became evident during the interaction between her and the CPN during the interview process. Before Megan became ill, she worked as a political consultant, which would require a level of confidence in her competence in order to engage with clients. However, during her interview, when she was asked questions about herself and her plans, which she would be the most qualified to answer, she would often look to the CPN to help her answer the questions or validate her answers, which demonstrated performance of dependence. At one point in the interview, Megan (p.19, line 411) even asked the CPN of his opinion of her when she said, "Sean what do you think about me?" Other examples include:

Extract 19

> I: Okay can you tell me a little about yourself?
>
> M: Sean (CPN) you help me I don't know where to start. (Megan, p. 1, lines 1-2).

Extract 20

> M: I'm hoping I'm going to invite them over for a weekend. Would that be a good idea Sean?
> CPN: It would indeed. (Megan, p.14, 307-308)

The above extracts demonstrate performing acts related to themes of being Dependent, such as relying on money or housing from one's family or constantly looking to another to take responsibility or provide answers on one's behalf. When these acts being witnessed by Others (such as family, friends or health professionals that are able to occupy I-positions within the Self) who participate in the development and support of I-position, through the participation in internal dialogue, these I-positions related to the theme of Dependent become reinforced. These I-positions are reinforced further when its oppositional I-position related to themes of Independence are weakened and thus lack strength to engage in internal dialogue.

4.1.2.5. Independent

Although this theme was not as pronounced at the Dependent theme reflected above, there were instances where participants acknowledged parts of their life experience that retained I-positions related to the theme of Independence after the onset of their illness. For example, although Mark had developed I-positions related to Dependence (as explained in the previous section) he did hold onto some independent activities such as cooking for himself and living alone, which acted as oppositional I-positions to the Dependent theme, making the I-positions related to the Dependent theme seem less prominent in the interviews. The theme of Independence was more distinct in Megan's interviews. During her interview she described performing many independent activities that were witnessed by Others (which occupied I-positions in her Self and participated in internal dialogue that reinforced the theme of Independence). Megan described how she lives on her own, buys her own groceries and takes responsibility for cooking her meals. At times she buys microwave meals and at other times her friend comes to do the cooking for her. Importantly though, although Megan does not necessarily do the cooking herself, she does do the shopping herself. Other days, she visits friends for dinner and financially contributes to the meals.

Extract 21

> Yes I do I have a friend Sheila, she sees me quiet a lot, we share a bit, I help her out financially and she cooks me a meal. She very good she cooks me a meal she's cooking me a meal today. (Megan, p.11, 246 – 248)

Thus, her friends (the Other) become witnesses to these acts of Independence, and rather than depending on them for her meals, she actively contributes financially to make the arrangement mutually beneficial. Therefore, the presence of the Other in her internal dialogue, who witness and support her Independence, serve to reinforce this I-position.

Jack, who was 62 years old at the time of the interview, also lives on his own in the house that his parents lived in and lives virtually independently of any assistance. Although he admits his sister helps him with his washing, he cooks for himself, buys his own groceries, attends Mass and is able to make his way to meetings at the Community Health Centre (where he sometimes does art classes).

Extract 22

> I: And what do you do now during the week?
>
> J: I still get shopping and go to the library and do a few jobs around the, dusting and the sweeping. (Jack, p.5, lines 101 – 103).

In this instance, he is still able to perform tasks of independence and there are various people who surround him, who act as witnesses to his performances of independence, who support I-positions related to a theme of Independence.

4.1.2.6 Mentally Ill, Patient, Different, Damaged and/or No longer "Normal"

Every participant described I-positions related to the theme of being Mentally Ill, Different and/or Damaged. This theme was the most frequently referred to across all of the interviews. One of the ways these I-positions were developed was when the participants perform the role of a Patient, and this role is witnessed and strengthened by Others that interact and relate to the participants as Mentally Ill patients. These Others are witnesses to, and form part of, the participants' internal dialogue through occupying I-positions that participate in the internal dialogue.

Part of the reinforcement of the I-positions related to the theme of being Mentally Ill relies on the performed activities that are associated with a role of a Patient. Participants reported a number of these activities, such as being required to visit a Psychiatric Clinic on a regular basis in order to 'check in' with health care professionals (who act as witnesses to this role). A further example was the reported prescription and receiving of medication from health professionals, which can serve to reinforce the I-positions related to the theme of being Damaged/Different. Many of the participants receiving medication reported experiencing side-effects that were witnessed Others, which served to reinforce this sense of being Different or Not 'Normal'/Not Healthy, which forms becomes part of their internal dialogue. Sam reports that his medication has resulted in the muscles in his hand weakening and therefore he battles to type. Mark explained that his medication makes him feel tired and also "a bit sick". Ben and Megan reflected on the challenge of receiving chronic medication. As Megan expressed:

Extract 23

It's a pity with mental illness that you have to keep on going back and back. I once said to Sean, 'Sean, wouldn't it be lovely if you gave me this injection and I didn't have to go back until next year?' (Megan, p.4, lines 85 – 87)

When asked about what he would like to do with his life, Ben (p.12, line 167) replied that he would "like to come off the injections".

Many of the participants were keenly aware of this sense of being treated as Different. One of the obvious ways that the Other reinforced these I-positions was when it came to issues around finding employment. Megan reported that she was told that if she wanted to be employed, she should hide the fact that she suffers from a mental illness. She described the following experience of going for a job interview:

Extract 24

Going for one job I told them I had Schizophrenia and they had no interest in me – he didn't even know how to spell it. I was told to hide the fact that you have Schizophrenia, to pretend you've diabetes. There is a bit of stigma – but a lot of it is on the television. (Megan, p.16, lines 359 – 362)

Sam, who previously recounted that his ideal job would be in Public Service as a postman, relayed a similar experience. He explained that, in his experience, people

are discriminated against in terms of employment opportunities if they suffer from a mental illness. He reported:

Extract 25

> There are all manner of jobs utterly ruled out for mentally ill people, where anyone can go ahead – the army, the Guards, the church…forget about all three. Just forget them straight away. In fact, there is hardly an employer in the country who'd take you on the basis, if you tell them what your medical history is, they just do not want you.(Sam, p.11, lines 228 – 233)

Sam went on to explain that the only types of jobs available to people who suffer from mental illness are "penpushy" jobs, that he argued is very unstimulating work, where the employee has very little responsibility and the work has little significance. He described these jobs as a form of a charade, when he explains "you'd just be pretending to work".

Both accounts point to the Other as reinforcing the I-positions related to the theme of being Damaged or Different, and demonstrate that people who suffer from a mental illness are assumed to be less capable due to their mental illness. The consequences of these relational interactions from outside the Self became integrated into the participants' internal dialogue. Therefore, participants were reportedly actively denied opportunities by the Other, to perform acts that would develop I-positions related to the theme of Competence and as a result, the strength of these previously held I-positions were compromised.

For Megan, her I-positions that related to the theme of Damaged were reinforced when she lost custody of her children before she received treatment for Schizophrenia. The State (which acted as the Other) removed her children from her care, as she was deemed unfit to parent the children due to evidence of neglect, and she did not physically reunite with them for another 25 years. Her I-positions related to a theme of being Damaged were evident when she spoke about feeling responsible for her son's mental challenges. She reported:

Extract 26

> My son is a little mentally slow. He must have inherited a bad gene from me. Thank God it's not Schizophrenia – he is not mad.(Megan, p.6, lines 131 – 133)

As previously mentioned, she was resistant to share her diagnosis with her children for fear of this relationship being damaged. She explained that the media creates a perception of people who suffer from mental illness as dangerous. Sam had similar insights. With regard to the general population, he articulated:

Extract 27

> I don't think people as a whole are really that au fait with dealing with mental illness. The media give it a terrible image, you have Frankenstein movies on one hand and axe murderers on the other. A history of psychiatric debility is very frequently quoted as the reason why a certain crime was committed and this is thrown in as an extenuating factor and the effect is it's bad in the public mind I think. No ordinary person who's never dealt with mental illness if they were to find out "look that guy is a bit cracked" they wouldn't like it you know, they'd probably drop you. (Sam, p.11, lines 220 – 226)

The implied message by actions of the Other is that people are diagnosed with a mental illness are different from 'Normal' people. Participants responded in various ways to this imposed idea. Therefore, in this case, the Other occupied I-positions and formed part of an internal dialogue that advocated for the support and development of I-positions related to the theme of being Different. Mark resisted and resented this sense of being perceived and treated as Different and/or Damaged. When asked what his future held for him, he responded, "the same as anybody else you know – get the good things in life, you know?"(Mark, p.9, line 189).

Interestingly, Hannah, who previously spoke of losing friends when she was in hospital when she was diagnosed with Schizophrenia, did not consider herself someone who is mentally ill. She reports, "I find *the* mentally ill people very hard to live with – I never lived with *them* before" [emphasis added] (p8, line 392). Megan spoke of how her illness was "all in the past", how she has "gotten over the worst" and that now her "mad days are over". Mark (p. 13, line 280) went on to explain that he is "getting over the illness" and is positive about his future, "looking forward to things getting back on track."

4.1.2.7 Accepted and/or Supported

In contrast to the previous theme, some of the participants described maintenance of their I-positions related to the theme of Acceptance after the onset of their illness. Although Gary has a small group of friends and family who he socializes with, he socialises with them regularly. During his interview he relayed that he would be watching the football game with his friend over the weekend, where they would share a few drinks and he would cook a meal for them both. He concluded, “socially I am ok” (Gary, p.5, line 103). Mark lives in the same complex as his brother and one of his best friends, so although he admits he spends a lot of time in his flat, he visits them quite often. When asked how others would describe him, Mark (p.5, lines 98 – 100) relayed:

Extract 28

M: I suppose just a laugh – a bit of a craic you know?

I: Good fun?

M: Yeah.

Megan reported a very active social life, where she goes on regular outings to dinner and the cinema with her friends. She also keeps in regular contact with her children. When asked about her friends, Megan explained:

Extract 29

> They are especially [important] if you have mental health problems. It’s good to cry on a friend’s shoulder, confide you are feeling awful. Sometimes you don’t feel like talking to the doctor and you don’t tell everything. (Megan, p.3, lines 68 – 70)

Therefore, the Other (in this case friends and family) who have continued to be present in the lives of these participants post-diagnosis, as well as present in the internal dialogue of the participants, served as witnesses to performances of I-positions related to Accepted, and thus maintained and supported the I-position of Accepted.

4.2 Discussion

As the literature review previously outlined, the Dialogical Self Model advocates that a healthy Self constitutes various, integrated I-positions and that the internal dialogue occurring between these I-positions is responsible for a sense of a unified Self

(Lysaker & Lysaker, 2004). Hermans(1992) also argued that an important aspect of the relational interchange of I-positions is their hierarchical nature, and that at particular times, certain I-positions may be more dominant, or may be 'louder' in the dialogue taking place.Lysaker and Lysaker (2005) argue that the enactment of these I-positions serves to strengthen them. Vygotsky (1978) highlighted that the act of performing an I-position is crucial for its development. Furthermore, the literature has shown that the Other plays an important role in the maintenance of the dialogical Self insofar as it is able to occupy I-positions within the Self (Hermanset al., 1992) and also plays a crucial role in reinforcing existing I-positions through a process that White (1995) refers to as Outsider Witnessing. In order for this witnessing to take place, individuals need an opportunity to perform these I-positions. According to Butler (1988), the act of repeating these performances, which are witnessed by an audience (the Other), serves to strengthen these I-positions, therefore making their voices 'louder' in the dialogue. Thus, in order for the Self to be unified, there needs to be a *variety* of I-positions available. Some of these I-positions are occupied and impacted by the Other, and these I-positions need to have a voice that is loud enough to participate in the internal dialogue between and within other I-positions. These 'voices' are reinforced by repetitive, witnessed performances.

These aspects of a healthy dialogical Self were reflected in the data when the participants reflected upon the time period before they were diagnosed with Schizophrenia. The I-positions that were identified had developed as a result of the Other allowing the opportunity for I-positions to be performed and witnessed, and were strengthened by repetition. For example, the I-positions that related to the theme of Competence were reinforced by the repetitive performance of the relevant skill sets and the witnessing of the Other. The Other then formed part of the participant's internal dialogue by occupying I-positions, such as Educational Institutions or Employers and other colleagues and clients, which served to validate this repeatedly performed I-positions. The I-positions related to the theme of being Accepted by Others and/or a Sense of Belonging was developed and reinforced by opportunities to perform meaningful relationships, that were witnessed by the Other such as friends and family

members, who formed such relationships and occupy I-positions that participate in the internal dialogue.

It is important to note that these previous I-positions were present, reinforced (by the Other) and were in dialogical relationship with each other *before* the onset of the illness. This necessary in order be able to show the comparative change in I-positions discussed below, that play a role in the disruption of internal dialogue, which is linked to the disruption of Self in Schizophrenia.

4.2.1 The change in previous I-positions constructed in dialogue with the Other and the disruption of internal dialogue

As the methodology section explained, part of the analysis process involved looking for what White (2003) refers to as the Absent but Implicit themes in the data. This attempts to reveal the unspoken but present and implied patterns within the data (White, 2003).This provided a means to address the criticisms made by Frosch (2002) and Adams (2010), who highlighted that the current Dialogical Self Model neglects the 'unspoken' narratives in its conceptualisation. Thus, when attempting to understand how the Other may contribute to a disruption in internal dialogue, through the use of White's Absent but Implicit theory, what became clear was the palpable lack of presence of the Other in certain parts of the narratives. This was particularly obvious when comparing the I-positions that were present during the time periods before and after the onset of the illness.

The decrease in witnessing and participation of the Other in internal dialogue was evident in four of the six themes that were identified after a diagnosis of Schizophrenia was given to the participants. In all four themes, the decrease in witnessing seemed to occur for two reasons. Firstly, there was a lack of opportunity to perform previous I-positions that were constructed in dialogue with the Other and secondly, this resulted in the lack of witnessing these previous I-positions. This results in what Vygotsky referred to as a lack of both a performance space (the opportunity to perform) and also a lack of performance opportunities (which requires an audience) (Holzman, 1999).

In the first theme, the theme of Ineffectual, Useless and/or No Longer Competent – both Hannah and Gary did not return to their previous places of employment after developing Schizophrenia. Thus, the opportunities to perform one of

the acts that reinforce an I-position related to the theme of Competence (in this case, employment as a secretary and a manager respectively) was compromised. This, in turn, compromised the opportunity for witnessing by Others, who acted as witnesses to I-positions within the internal dialogue.

There have been many studies that have explored the effects that employment has on the prognosis of people who have a mental illness. For example, a longitudinal study conducted by Meuser et. al. (1997) with participants that suffered from mental illness, found that those participants who found employment during the course of the study experienced a decrease in the symptoms of their illness and an increase in levels of global functioning and self – esteem. Arns and Linney (1993) found similar results, in that the participants (who were diagnosed with a mental illness) who were involved in independent employment opportunities, experienced increased levels of both self-esteem and self-efficacy. Therefore, as the data reflected, Employment (Other) is able to develop I-positions related to an overall theme of Competence.

However, the literature also shows that people who have been diagnosed with a mental illness are less likely to be hired (Bordieri & Drehmer, 1986; Farina & Felner, 1973). Furthermore, research conducted by Bell et al. (1996) suggests that being remunerated for one's work is a potent act of witnessing Competence. In their study with 150 participants with a diagnosis of Schizophrenia, all participants were given the opportunity to engage in work-related activities. However, half of the participants were paid for their work whilst the other half worked on a voluntary basis (with most of the subjects receiving the equivalent of a disability grant from the government due to their mental illness). The participants that were remunerated experienced greater levels of emotional improvements and lower rates of rehospitalisation. Interestingly, the study suggested that a lack of pay was experienced by participants as "confirmation of their inadequacy" (Bellet al., 1996, p.62). Thus, remuneration acts as reinforcement of Competence (as was the case with Hannah). The researchers also pointed out that in the absence of work opportunities, participants reported feelings of hopelessness regarding their acceptability and capacity for work. Thus, the decrease in opportunity to perform acts of Competence coupled with decreased opportunity for these acts witnessed and

validated by the Other (through formal employment and remuneration), seems to result in the weakening of this previous I-position.

A further example of the decline of opportunities to perform I-positions was the shift in social interactions. Most of the participants reported I-positions, which were reinforced by the presence of the Other in internal dialogue, that related to the theme of being Accepted/ Sense of Belonging, before developing Schizophrenia. In this case, the Other included the perceived acceptance from other people, who occupied I-positions in the internal dialogue. It has been well documented that meaningful relationships act as a protective factor against psychiatric relapse (Commonwealth Department of Health and Age Care, 2000). However, since developing Schizophrenia, many participants reported an absence of friends, family and significant Others in their lives. Research supports these findings. Angell and Test (2002) report that people with a diagnosis of Schizophrenia report experiencing high levels of loneliness and distress at the loss of social ties that follows as a result of their diagnosis. Lloyd et al. (2005) reported that the young males in their study, who were diagnosed with a psychotic disorder, explained that they felt that their relationships with others had become progressively more superficial. Link et al. (2004, p.511) refer to the phenomenon of "social distance", a term that was coined by Robert Park in 1924, which reflects the degree to which a person is willing to interact with another person. Research indicates that people with a diagnosis of Schizophrenia experience high degrees of social distance from the general public as well as friends and family (Angermeyer, Matschinger, Corrigan, 2004;Corriganet al., 2001; Noiseux & Ricard, 2008). In other words, people tend to distance themselves from those who have a diagnosis of Schizophrenia. In two studies that explored psychiatric illness and family stigma, over half of the family members admitted to concealing the hospitalisation of a family member from others (Phelan, Bromet, Link, 1998; Yarrow, Clausen, Robbins, 1955). This can be seen as a powerful message that hospitalization for a mental illness is socially undesirable and has implications for levels of social acceptance. The absence of performance space combined with the lack of Other to witness the previous I-positions related to the overall theme of Accepted, results in the weakening of this I-position and the development of a new I-position related to the theme of No Longer Acceptable.

Thus, since I-positions constructed with the Other rely on the presence of the Other in internal dialogue for their development and maintenance, he physical and mental absence of the Other can contribute to the weakening of these I-positions and thus contribute to a disruption in internal dialogue. The significance of the weakening of these specific I-positions is that these I-positions were formed *before* the onset of the illness, and such were I-positions that were unrelated to receiving a diagnosis of Schizophrenia. In other words, these I-positions that were constructed with the Other before receiving a diagnosis of Schizophrenia, were particularly important as they were parts of the Self that were able to exist outside of the illness. Thus, the weakening of these specific I-positions is detrimental to internal dialogue, as this leads to less variance in I-positions that are unrelated to a diagnosis of Schizophrenia being available post-diagnosis.

4.2.2 The development of new I-positions constructed in dialogue with the Other and the disruption of internal dialogue

This next section will explore the patterns of the emergence of new I-positions constructed with the Other in internal dialogue that developed after the onset of Schizophrenia. There are two types of I-positions that emerged. The first are I-positions that developed in accordance with Butler's (1993) theory of performativity and the second are those that I will refer to as Deficit I-positions.

4.2.2.1 The role of Performativity and the formation of new I-positions in the disruption of internal dialogue

One of the dominant I-positions constructed in dialogue with the Other that emerged after the onset of illness, were I-positions related to the theme of Patient, Mentally –ill, Different, Damaged and/or not 'Normal'. This theme was reflected in every interview. Interestingly, these I-positions were reported by participants as a phenomenon that originated from outside of the Self, and was 'pushed onto' the participants, who then began to internalise these ideas.

As explained in Chapter Two, Butler's (1993) theory of Performativity advocates that performances exist as enactments of pre-established norms and values. This implies

that what is enacted does not originate from within the Self, but is an expression of norms, beliefs, systems and ideas from outside of the Self. This theory is useful for understanding the development of I-positions constructed in dialogue with the Other that were expressed by the interviewees.

For example, participants reflected I-positions related to the theme of Mentally Ill/Patient. These I-positions were created as a result of an external labelling process by the Other that was then enacted by the individual. Cochrane (1983) explains that, “being labelled, in other words being regarded as different by important other people, has serious consequences for self-identity of the person so labelled” (p.149). This process of labelling is well documented in research studies (Bhugra, 1989; Greenely, 1984; Hamre et al). Estroff (1989, p.191) highlighted that the mental-illness label (which is internalised by the person who is given the label), is intrinsically linked to the “sick role”. She argues that in Western culture, sickness implies a change in Self. This is evident by the common narratives expressed when one is sick, such as “I’m not feeling like myself” or upon recovery others often comment, “You seem back to your normal Self” (Estroff, 1989, p.191). Thus, internalising these specific dialogues with the Other, results in an enactment of the pre-existing beliefs around mental illness, one of which is “sick role”, that is endorsed by witnesses. Phelan et al. (1998) argue that the combination of being hospitalised at a psychiatric institution and receiving a diagnosis or label of a mental illness has a potent impact to shift perceptions of Self. Additional enactments of ‘Patient’ or sick role that are witnessed and endorsed by Other include taking psychiatric medication, appointments with health care professionals and receiving Government disability grant money as a result of being diagnosed with a mental illness. Other practices such as formal hospital documentation or hospital attire may serve to validate the performance of Patient further. Estroff, Lachicotte, Illingworth, Johnston (1991) highlight the seemingly contradictory process of a person enacting and internalising an I-position that was not desirable and that originated from outside of the Self. They explain that the experience of a mental illness is profoundly personal and subjective experience, yet Others outside the Self (referring to mental health professionals) have been given the authority to name, expose and validate the I-position of Patient (Estroff et al,1991). The common use of the descriptive statement ‘*I am* mentally ill’, reported by those who have

a diagnosis of mental illness, illustrates how external labels can be internalised and become a self-label, as well as a potential self-fulfilling prophecy (Estroff, et al., 1991).Thus, returning to the theory of performativity, the I-positions related to the theme of Patient/Mentally-Ill illustrates how cultural norms and beliefs about the 'sick role' of the Other are internalised and participate and occupy I-positions in internal dialogue. These are performed then by people who have a diagnosis of mental illness.

A further example of performativity can be seen in the participants' reports of I-positions related to the theme of being Different/ Damaged/ Not-'Normal'. The pre-existing norms in this case, are the negative cultural beliefs around mental illness – and Schizophrenia in particular. These negative beliefs are the basis of what Goffman (1963) theorised as social stigma. He defined stigma as "an attribute that is deeply discrediting [that reduces the bearer] from a whole and usual person to a tainted, discounted one" (Goffman, 1963, p.3). Research has revealed that mental illness is a highly stigmatized label. Stout et al. (2004) suggest that one of the major reasons for this conclusion is that people who have a diagnosis of a mental illness experience the fundamental elements of the process of stigmatization, namely that "they are officially tagged and labelled, set apart, connected to undesirable characteristics, and broadly discriminated against as a result" (p.543). The characteristics associated with Schizophrenia in particular include being perceived as dangerous and unpredictable (Botha, Koen, Niehaus, 2006; Wilson, Nairn, Coverdale, Panapa, 1999) as well as being incapacitated or childlike (Corriganet al., 2001). These notions are validated as they are witnessed by the Other. For example, as the literature review described, research indicates that people who are diagnosed with a mental illness are less likely to have apartments leased to them (Page, 1995), are less likely to be given job opportunities (Farina & Felner, 1973) and that many public attitudes towards people who are diagnosed with mental illness are rooted in fear and beliefs of differentness (Link, et al., 2004; Stout et al., 2004). This was confirmed by the accounts given by the participants in the current research. Research has shown that mass media (which constitutes an element of the Other) has played a powerful role in forming and validating the inaccurate stigmatized views of mental illness (Stout et al., 2004).

Some of the participants in the current research had reported internalising these external cultural norms and values of mental illness (the Other), although they may not necessarily have been congruent with their own experiences of Self. These norms became part of the internal dialogue that developed into and supported I-positions such as Different or Damaged. As Cochrane (1963) articulates, "we come to know who we ourselves are by seeing what other people make of us and by making sense of the way in which they act towards us" (p.148). Rush, Angermeyer, Corrigan (2005) make a useful distinction between public stigma, which refers only to the reactions of the general public toward the stigmatized group, and self-stigma – which refers to the process of internalising these views. Literature indicates that the I - positions resulting from this specific internal dialogue with the Other (Self-stigmatisation), is associated with an array of negative psychological effects including, but not limited to, decreased self-esteem and decreased hopefulness, self-devaluation, shame and social withdrawal (Ritsher et al., 2003; Sibits et al., 2011; Yanos et al., 2010).Watson et al. (2007) suggest that compromised levels of self-efficacy in people with Schizophrenia may be linked to increased vulnerability in internalising stigma and developing these imposed I-positions which stem from these negative cultural beliefs. They postulate that due to decreased social bonds and other forms of rejection such as unemployment that can be perceived as 'failures', there is a tendency to rely more on the opinions of Others, which results in higher levels of vulnerability to self-stigmatise (Watson et al., 2007).

Furthermore, the long-term effects of internalised stigma have been linked to a difficulty in establishing or reconnecting with I-positions present prior to the onset of the illness (Lysaker et al., 2008). The I-positions related to this theme effectively serve to block dialogical opportunities within the Self, and reduces the number of available I-positions. This form of disruption seems to be on the spectrum of the Monological form of disruption of internal dialogue previously described by Lysaker et al. (2001), whereby the narrative of internal dialogue is dominated by a single I-position, in this case one of Mentally-Ill/Patient/Damaged. As Estroff (1989) argues:

> as individuals cease to have a job, withdraw from school and lose contact with friends and family, they also lose valued social roles and acceptable identities compiled and derived from those roles. The patient role is often one of the few that remain. (p.195)

Thus, people with a diagnosis of Schizophrenia have been shown to internalise and perform negative cultural beliefs around the illness, that are congruent with the perceptions of 'otherness' and failure. These cultural beliefs that underpin stigma, originate outside the Self and engage and support I-positions within the Self. The development of these I-positions becomes significant in the face of a lack of development or maintenance of previous I-positions that are unrelated to the 'sick role'. In this way, these I-positions that have developed out of notions from public stigma, begin to dominate the internal dialogue and therefore reduce opportunities for other opposing I-positions to challenge these I-positions. Therefore, the internal dialogue is reduced to limited forms of conversation and moves toward the disruptive Monological structure.

4.2.2.2 Deficit I-positions and the Other

Referring back to White's (2000) theory of the absent but implicit, White advocated that every description is, in essence, double-sided. He argued that the obvious, privileged meaning allowed for the inference of the hidden or subjugated meaning. Thus, for every I-position that was described, there was a second that was implicit. This is congruent with Hermans' (1999) Dialogical Self Model that argues that different, opposing I-positions can co-exist in a hierarchical structure. White's (2000) theory is useful to describe another one of the patterns that emerged across the interviews. The previous section explored the weakening of previous I-positions due to the absence of opportunity to perform I-positions and due to the absence of witnessing by the Other in internal dialogues. Interestingly, as the previous I-positions 'weakened', new I-positions seemed to emerge in their place after the onset of the illness. For example, I-positions related to the theme of Competent were replaced by I-positions related to the theme of No-longer - Competent, and the I-positions related to the theme of Accepted, were replaced by I-positions related to the theme of No-Longer-Accepted. I have termed this form of I-positions Deficit I-positions, as they have developed in retrospective relation to a lost or much weakened previous I-position. Thus, in the absence of reinforcement of the original I-position, seemingly by a default action –a new I-position is developed.

The development of these Deficit I-positions are reflected in literature. Estroff (1989) argues that once a person has been diagnosed with Schizophrenia, the narratives

of Self become dominated by Loss. She relays how people with Schizophrenia are described as “not-really-who-they-were-before-but-still-somehow-the-same-person [which] carries implicit verification that the person is not who or how we may have thought the person was before” (p.195). Lloyd et al. (2005) reiterated these sentiments in their research findings. They described how the participants, who had been diagnosed with a psychotic disorder, felt that they would be no longer be able to reach previous personal goals that they would have achieved if they had not become ill, and that others who were not mentally ill were ‘better’ than they were. In other words, they reflected a sense of Self that is somehow essentially lacking and comparatively ‘less’ than they were before and ‘less’ than those around them. Grant and Beck (2010) highlighted the presence of defeatist attitudes that arise from this sense of lack. These attitudes reflect a belief of no-longer-being-able-to-achieve those goals or ways of being in the world that were present before the illness. In the same vein, Lysaker et al. (2008) postulated that experience of being excluded from social interactions due to the perception of being “fundamentally different” from the Other, may result in highly diminished expectation of reciprocal affection or care from Others (p.199). This experience of Self as lacking on a fundamental level is congruent with public/self stigma notions of the ‘sick role’ and ‘otherness’ that are associated with Schizophrenia, which has been explained in the previous section.

Therefore, literature has documented shared experiences of retrospective, comparative sense of deficit in people with a diagnosis of Schizophrenia, after the onset of the illness. These Deficit I-positions emerged post-diagnosis. These Deficit I-positions are developed and internalised, and paradoxically reinforced, by the absence of the Other in internal dialogue. In the same way, these I-positions play a role in the disruption of internal dialogue insofar as these Deficit I-positions dominate the dialogue, therefore limiting access to I-positions that are unrelated to previous I-positions not linked to a diagnosis of Schizophrenia. Therefore, much like in the case of the Performative I-positions, this seems to result in the internal dialogue moving toward a more monological, disruptive dialogical form.

4.2.3 Surprising themes

As Patton (1999) argues, one of the important elements of research is to look for both similarity and variance in the data, in order to preserve the integrity of the findings. This section addresses those interesting and unexpected 'miscellaneous' themes that arose during the analysis of the data.

The first unexpected theme was the presence or reported maintenance of the I-positions related to the themes of Independence and Accepted/Supported post-diagnosis. This was interesting since, in the majority of the interviews, there was a strong emphasis placed on the development of I-positions related to the themes of No-longer-Accepted or No-longer-independent. These I-positions related to Accepted/Supported were present in those participants that reported a continuation of engaging in meaningful relationships after a diagnosis of Schizophrenia. Interestingly, those that had been able to maintain the I-positions related to the themes of Accepted/Supported were the same participants who both resisted the I-positions related to the theme of being Different/Damaged (public stigma) and also reflected more positive attitudes about the future. In addition, there was an overlap between the participants who maintained the I-positions related to the theme of Accepted/Supported and those that maintained the I-positions linked to the Independent theme. These findings are congruent with the findings of a study conducted by Sibitz et al. (2011), which argued that participants who maintained relationships after being diagnosed with a mental illness showed high levels of resistance to the internalization of stigma, as well as high levels of self-esteem and empowerment. A second study conducted by Bengsson- Tops (2004) also corroborated these findings when they reported a positive correlation between the presence of social network and empowerment in the lives of people with a diagnosis of Schizophrenia. Finally, Lysaker et al. (2008) found similar findings in their research as they argued that "social influence is uniquely tied to the experience of being able to interact with others and generally dispute their prejudices and to feel free from encounters which one feels discriminated against" (p199). Thus, the maintenance of these previous I-positions, which were constructed with and supported by internal dialogue with the Other, seem to have acted as a protective factor against the dominance of deficit I-positions by allowing access to a greater variety of I-positions, and thereby maintaining a more healthy internal dialogue.

The second seemingly stray theme was present in the accounts of two participants, who demonstrated two extreme reports of I-positions. The first participant was Julia, who at the time of the interview, described very fixed delusions regarding a group of people who 'interfered' in her life. Every I-position that was identified in her interview was attached to and explained by those that had 'interfered' in her life. For example, her current state of being unemployed, her disengagement with hobbies and the break-down in social relationships were all accounted for *solely* by those that 'interfered'. This fits the Monological form of disruption described by Lysaker et al. (2001) whereby a single, inflexible 'voice' dominates all narratives and hijacks other I-positions. This is linked to positive symptom of delusions that form part of the illness. Research indicates that in more severe cases of Schizophrenia, although the person is no longer psychotic, some of the delusions are so fixed that they do not abate and remain resistant to treatment.

Ben was the second participant, who reflected a different extreme with regard to I-positions. What was enormously evident in Ben's interview was the distinct lack of I-positions in his narration. By his account, Ben seemed to have suffered from a severe form of Schizophrenia. His answers in the interviews were often monosyllabic, his affect was blunted and his narratives seemed hollow. This disruption in Self dialogue is consistent with Lysaker and Lysaker's (2002) Empty or Barren Self. This disruption is characterised by a distinct disintegration of internal dialogue between I-positions, which results in an experience of the Self as empty (Lysaker & Lysaker, 2002). The lack of affect is also hypothesized to add to the experience of Self as desolate, since the absence of affect compromises the strength of already weakened I-positions (Lysaker & Lysaker, 2005).

Although these two participants present different forms of disruptions in dialogue, what remains similar is that they both experienced more severe symptoms of the illness, which contributed to the disruptions in internal dialogue explained above. It can be hypothesized that in cases where active positive or negative symptoms of Schizophrenia are present, the impact of the Other on these I-positions is far less pronounced since the I-positions have already been compromised by the active symptoms.

4.3 Summary of the Research Findings

Through the identification of I-positions present before and after the onset of Schizophrenia, the findings in the above chapter support arguments in the literature that the Other is able to both support and undermine the development of I-positions in internal dialogue.

The themes from this study were found to support arguments in the literature that the Other plays an important role in the development of healthy, internal dialogue in two main ways. Firstly, by giving the opportunity for individuals to perform I-positions and secondly, by having the Other act as a witness and form of validation within internal dialogue, the Other serves to support and reinforce I-positions.

However, this research shows that the Other also plays a powerful role in contributing to the disruption of internal dialogue in people with a diagnosis of Schizophrenia. The first way that dialogue was disrupted was through the comparative absence of the Other reported by the participants post-diagnosis. The absence of the Other in the participation of internal dialogue resulted in the weakening of crucial I-positions that were present before the onset of Schizophrenia. This compromised the variety and accessibility of previous I-positions available to the participants. This resulted in a contribution the disruption in internal dialogue and thus a disruption in Self.

The second way that I-positions contributed to disruption was when these I-positions that developed post-diagnosis monopolised the internal dialogue. These new I-positions were developed in two ways. Firstly through a process of performativity, whereby I-positions constructed through internal dialogue with the Other (in this case cultural norms and values that underpin public stigma) were internalised and performed by the participants. Secondly, this occurred through the development of default Deficit I-positions that arose in response to the weakening of previous I-positions. The lack of presence of the Other in internal dialogue, contributed to the weakening of these I-positions. The main characteristics of both these forms of I-positions were similar, in that I-positions of performativity (those resulting from imposed public stigma) and Deficit I-positions, both reiterated deficit and lack as associative features of mental illness. Thus, the development of these similar I-positions in conjunction with one another caused them to reinforce one another, alongside other I-positions related to Mental

Illness/Different/Damaged/Not-'Normal'. Furthermore, when these new I-positions developed without varied previous I-positions to challenge their dominance, the internal dialogue became compromised and restricted. In this way, dynamic dialogue was disrupted and replaced with a more inflexible, Monological structure, that was constructed as a result of internal dialogue with the Other.

Finally, there were instances where the Other did not seem to contribute to the disruption of internal dialogue as obviously. Firstly, this occurred when previous I-positions that developed before the onset of illness were maintained. Even in the presence of new I-positions that were developed in light of a diagnosis of Schizophrenia, these new I-positions were challenged by the presence of previous I-positions (which were maintained by the presence of the Other in internal dialogue), and thus the new I-positions did not dominate the dialogue in the same way as when the previous I-positions were compromised by the absence of witnesses. Thus, the Dialogical Self structure was not as obviously disrupted and the Other actually served as a protective factor in supporting previous I-positions. Secondly, in cases where the symptoms of Schizophrenia were more active, the dialogical structure was already disrupted due to these symptoms. Therefore, the above-mentioned impact of the Other was not as obvious in cases where internal dialogue was more severely disrupted.

CHAPTER 5

Reflection

The aim of this section is to reflect on the research project as a whole by addressing the strengths and weaknesses of the project as well as to explore its limitations and further recommendations. I shall begin this chapter by critically analysing the process of data collection, followed by the analysis process. I shall be commenting on three key elements, namely credibility, dependability and transferability. Credibility refers to how accurately or truthfully the data collected and analysed reflects reality (Shenton, 2004). Dependability refers to the level of consistency of the results overtime and the ability to reproduce the study that would yield the same results, whilst transferability refers to the extent to which the results can be expanded to encompass other contexts (Graneheim& Lundman, 2004).

5.1 Strengths and Weaknesses

5.1.1 Data collection section

For this research project, the data was collected from eight in-depth interviews. As described in the methodology section, one of the aims of this study was to access rich data in order to answer the current research question within a qualitative framework. Since the data collection method, that is the use of archival data, contained sufficient information to answer the current research question at hand, was congruent and appropriate for this project, the credibility of the data is strengthened. The combination of the use of open-ended questions, the interviews being conducted with the CPN (who had established previous rapport with the participants) and the anonymity and confidentiality basis of the interviews, increased the likelihood of participants giving honest answers. This combination served to increase the credibility of the data that was collected. In addition, having more than one interviewer also increased the credibility. It was noted that during the interviews, if the participants made comments or gave answers that seemed unclear, one of the interviewers would invariably ask clarifying questions, which led to more expanded and accurate narratives being shared (Guba & Lincoln, 1985).

The use of recorded, semi-structured interviews and a clearly described data collection method serves to give a clear understanding of the process of data collection. Thus, this process has the ability to be more easily replicated and hence dependability of the method is increased.

In terms of possible criticisms of the research, it may be argued that using eight participants may not be sufficient to generate the data for the research question at hand. However, as argued in the previous methodology chapter, since the interviewers conducted in-depth interviews that generated rich data, there was sufficient data to generate interesting findings related to the current research question at hand (Crossley, 2000). In addition, it may also be argued that the use of single interviews that relied on retrospective accounts given by the interviewees may compromise the accuracy of the previous experiences of Self. For example, it is possible that the recollections may be biased towards idealizing experiences of Self that occurred before receiving a diagnosis of Schizophrenia. Although there is some merit to this argument, it can also be argued that the retrospective nature of the recollections were an accurate part of the interviewees present positioning of those parts of themselves. That is to say that subjective, retrospective recollection remains an authentic expression of current understanding of Self, and thus its retrospective nature does not serve to compromise its cogency.

5.1.2 Data analysis and interpretation section

In the case of qualitative research, especially those that are placed in the Interpretivist paradigm, much of the credibility of the research project hinges upon how the analysis and interpretation of the research is conducted (Onwuegbuzie & Leech, 2006). In the case of this research, various precautionary measures were taken to preserve the integrity of the data. The first was to ensure that the analysis method was appropriate for accurately relaying the findings of the data. This research utilized thematic analysis to analyse the data. As the methodology chapter previously explained, this method is appropriate for answering the research question at hand, which aimed to find patterns across various data. Thematic analysis allowed for the emergence of these patterns to be explored within the large amount of relevant data – without compromising

the richness of the data at hand. This served to increase the credibility of the research findings.

A further manner in which the credibility of the findings were increased was by the use of two triangulation methods. Firstly, since the supervisor of this current research was the original interviewer for the archival data that was utilized, this allowed for opportunity to review and confirm the interpretations that I made during the analysis, allowing for more than one analyst. Secondly, the discussion section drew upon various theorists that gave different perspectives of the data that was interpreted. The triangulation of analysts and theorists also strengthen the credibility of the findings (Patton, 1999).

Thirdly, the process of highlighting miscellaneous themes that did not seem to fit within the general patterns within the data also served to protect the integrity of the findings (Rice & Ezzy, 1999). By reporting and addressing unexpected findings, the report gives a more holistic account of the data, thus increasing its credibility.

As with the data collection process, the six stages of the data analysis process were clearly described in the Methodology chapter in order to increase dependability. Furthermore, a clear theoretical lens was utilised in order to identify the codes (I-positions), which gave a distinct description of the criteria for the codes – also enhancing the dependability of the analysis process. Finally, this chapter on Reflection also serves to increase the dependability of the research as it gives insight for future researchers into the strengths and weaknesses of the research, which may account for variances in future findings.

5.2 Personal Reflection

An important element that impacts greatly on the credibility of research is the researcher themselves. In the case of the use of qualitative analysis, with data that is assumed to have multiple meanings, there will necessarily exist some form of personal interpretation from the researcher (Graneheim & Lundman, 2004). For this reason, Patton (1999) challenges the notion of the researcher being perceived as neutral or impartial in the interpretation process. Therefore, biases originating within the researcher cannot be avoided. However, careful reflection and observation of these biases serves to

increase the credibility of the findings (Onwuegbuzie & Leech, 2006). Therefore, reflecting on my personal biases, as a South African reading data that was collected from Irish participants in Ireland, this position would have contributed to my personal bias in terms of the way in which I related to the text. It is likely that there are nuances in the text would not have been obvious to me as a South African. As such, there may have been data that was misread or overlooked. However, not being a part of this particular context also enabled me not to take any of the information for granted, and helped me to remain curious about the data that emerged. This bias was compensated for by having the original researcher, who was from Ireland and part of the Irish community, as my supervisor, to discuss such biases.

Furthermore, my vocational position of working in a clinical setting as a psychologist, where I have a personal interest in hearing the stories of people with a diagnosis of Schizophrenia, contributed to a bias and a sense of tension when reading the text. I found it difficult to not to include those aspects in the data that were outside the scope of the research question, that I found interesting or moving. It also lead to a constant sense of tension in how I approached the data, as it was difficult for me to read it as a 'cold' text, without wanting to connect with the person behind the text.

In order to work towards maintaining a reflexive position, I noted my own reactions and internal conflicts that I felt when I was reading through and analysing the text. For example, when reading Sam's script, I felt waves of sadness and a sense of injustice when reading through his experience of being unable to follow his dream of becoming a postman due to the failures of the system and the stigma associated with living with Schizophrenia. I was also deeply saddened by Megan's sense of being damaged and feeling like she had failed as a mother and was responsible for her child's disabilities. When reading through Julia's accounts, at times I found it difficult not to undermine her accounts, which were all framed within her fixed delusions of 'those that interfere' in her life. Thus, in the case of Julia, knowledge of the symptoms of the illness made me vulnerable to leaning towards discounting data as it was hidden behind seemingly implausible accounts. Therefore, writing some of these thoughts in the margins, my Supervisor was able to identify possible biases and point them out to me. However, by not having any previous personal relationship or any face-to-face

interaction with the participants, it was easier for me to track my biases, as any inferences that I made that were not clearly evident in the 'cold' text were then attributed to my own projected views. Therefore, I also used direct quotes from the interviews in my analysis section in order to minimise opportunities for potentially biased interpretations. All of these strategies aided in minimising the inevitable impact of researcher biases on credibility.

5.3 Limitations of the Study

It is inevitable that a project will have limitations. One of the main criticisms of the project could be the low level of transferability. This project utilised data gained via purposive sampling techniques. The criteria for participation in the research was very specific and the participants were recruited through the CPN of a single community centre (Tides). Therefore, it is likely that many of the participants formed part of the same local community, which may minimise variances in experience, and thus variances in the data. Therefore, the ability to generalise findings based on a specific group of people in a specific geographical and (arguably) socio-economic group are compromised.

However, it must be noted that since this is a relatively new area of research, one of the aims of this research was not to be able to generalise findings, but rather to explore this currently under-researched aspect of the theory. Secondly, although the population sample was very specific and localised, the literature that supported many of the findings was not. For example, literature pertaining to the findings of mental illness and stigma are internationally well-documented. This serves to strengthen the transferability of the findings. In addition, although the experiences of the participants may differ due to context, the prevalence of Schizophrenia (that is 0.5% to 1.5% of the world population) is consistent across various contexts (American Psychiatric Association, 2000). Therefore, the experiences remain relevant for current and future research.

Finally, as previously explained, qualitative research relies heavily on interpretations of the data made by the researcher, which are subjective in nature. Therefore, there will always exist alternative interpretations of the research findings. In the case of this research, one of the dominant alternative explanations of the findings

may be the impact of the illness itself. Thus, rather than interpreting that lack of performance and witnessing of the Other as contributing to the disruption, it may be argued that the severity of the illness is responsible for the sense of self-disruption and deterioration in function. It is important to note that this research does not negate the impact that the illness itself has on the disruption of Self. However, as Lysaker et al.(2012) pointed out, the unique experience of self-disruption has been reported in previous research throughout the waxing and waning of the presence of the symptoms of Schizophrenia, which suggests that the experience of self-disruption is not simply a result of the symptoms of Schizophrenia. Therefore, whilst the illness plays a role in the disruption (as acknowledged in the research findings), the manifestation of the illness in terms of how people construct themselves in lights of the illness cannot only be accounted for solely by the illness itself. An example of this would be the argument previously presented by Estroff (1989) that the process of internalising negative cultural beliefs around mental illness and then performing these beliefs, that are witnessed by Others who validate the performance, act as a circular system of self-fulfilling prophecy, which serves to compound the symptoms of Schizophrenia. Thus, although the severity of the illness may contribute to some of the disruption, it cannot account for it in its entirety. Therefore, relational influences from outside the Self and their participation in internal dialogue, as well as opportunities for performance, are better able to account for how people construct themselves in relation to their illness, and the disruption thereof.

5.4 Future Research Recommendations

As explained above, the area of Schizophrenia as a disruption of a Dialogical Self, is a relatively new theoretical concept, and as such, research that stems from such ideas is also in its infancy. Thus, there is a large scope for further research in this area. In terms of my specific research that focuses on the role of the Other in the disruption, I would recommend that future researchers conduct similar studies in various contexts in order to increase the knowledge base and transferability of the findings. I would specifically be interested in data collected from participants in less resourced areas, who do not have access to supportive community centres such as Tides, and who have less access to government medical facilities – which is characteristics of many South African

contexts. Furthermore, research that includes various cultural contexts, for example more community-orientated cultures may yield different results and thus should be explored further. It may also be useful to use different forms of data collection, such as focus groups, to generate different facets of the similar data, or longitudinal studies that may focus on present rather than retrospective accounts of forms of self-disruption. These different approaches may serve to enrich the knowledge-base further. I would recommend further research in this growing, pertinent theoretical area, as this project has shown that Others outside the Self can impact on treatment prognosis and also ideas around treatment intervention. As such, I believe this is an important area of research that should be explored further.

CHAPTER 6
Conclusion

This study has advocated that much of the literature pertaining to the topic of Schizophrenia and the Self has previously focussed on the phenomenological, internal experience of Self disruption in Schizophrenia as well as the types of disruptions of internal dialogue present in people with a diagnosis of Schizophrenia. Although seminal research has advocated that the Other plays a role in the development of the dialogical Self, there has been little research that has focussed on how the Other influences the disruption of internal dialogue in people with a diagnosis of Schizophrenia. Therefore, the aim of this research was to explore what I-positions are evident in the talk of people with a diagnosis of Schizophrenia and how the Other supports and/or undermines these I-positions.

Through the use of deductive thematic analysis, this study was able to identify various I-positions that were present both before and after the onset of Schizophrenia. These I-positions within and between interviews were clustered into overarching themes. These themes revealed that the Other contributes both to the support and the undermining of I-positions.

The two ways that the Other was found to support healthy internal dialogue was by providing participants with an opportunity to perform I-positions and by acting as witnesses to these performance. Both of these actions serve to reinforce a variety of I-positions, which supports the development of healthy internal dialogue that contributes to a unified sense of Self.

However, the Other was also found to contribute to the disruption of internal dialogue. This occurred in two different ways. Firstly, the absence of the Other contributed to a weakening of previous I-positions. Secondly, the development of Deficit I-positions and Performative I-positions that emerged post-diagnosis that monopolised internal dialogue, supported the formation of an internal dialogical structure similar to that of the Lysaker's Monological structure, which is characterised by limited access to I-positions that contributes to the disruption in internal dialogue.

In addition, there were instances were internal dialogue appeared less influenced by the Other. These occurred when participants were able to maintain a variety of I-positions post-diagnosis and when participants were experiencing active severe symptoms of the illness.

Therefore, this research has demonstrated the crucial impact that the Other has on both the maintenance of healthy dialogue as well as the disruption of internal dialogue in people with a diagnosis of Schizophrenia, through a process of undermining and supporting specific I-positions.

However, as the Reflection chapter highlighted, although this study has aimed to guard the integrity of the data through reflexive research practices, as well as produce dependable findings through the use of a congruent, credible research design in order to yield useful preliminary findings regarding this topic, the interpretative orientation of this study has resulted in some limitations. Furthermore, little seminal research has focussed on this crucial social element of Hermans' Dialogical Self theory. Therefore, it is the recommendation of this study that further research be implemented in various contexts. Since the experience of self-disruption in people with Schizophrenia has been reported to be wide-spread and as harrowing as the symptoms themselves, the development of theory around self-disruption remains pertinent. Current treatment strategies are aiming to address the processing of this experience of Self-disruption. However, support of these interventions will require the involvement of Others outside the Self, which could include family, friends, mental health professionals, institutions (for example employment facilities or religious communities) as well as relational interactions with one's general community members (such as colleagues, neighbours or clients), who contribute to the development or undermining of internal dialogue, and thus impact on the level of self-disruption. Therefore, the further development of theory pertaining to self-disruption in people with a diagnosis of Schizophrenia, and specifically the role that the Other plays in both the disruption and development of internal dialogue, remains highly germane and pertinent area for further research.

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APPENDIX 1

Interview Guidelines

1. Tell me a bit about yourself…
2. How is your life different than it was when you were younger?
3. How do you see yourself in the future?
4. How would other people describe you?
5. Do you agree with their descriptions?
6. Tell me about the things you enjoy doing or the things you are good at…
7. Tell me about your day or your week…what do you do to keep busy?

APPENDIX 2

Over-arching I-Position Themes and Influence ofOther (IO) from Interviews A-G

Theme : Before	**Theme : After**
1. **Theme:** Competent/ Skilled **(IO)**: Education (A,C,D,E,F,G,H) Employment (A,C,D,E,F,G)	1. **Theme:** Ineffectual/Impotent/Useless **(IO)** : Skills no longer used (B) Sense of lack of meaningful contributions to society (H) Part time work only (C) Unemployed (D)
2. **Theme**: Creative /Artistic/talented **(IO):** Painting (B,C,F) Film (H) Sporting activities (C, F)	2. **Theme:** Stagnant/Inert **(IO):** Disengaged with previous hobbies Monotonous routines (C, D, H) "Empty" days: (B, G)
3. **Theme:** Accepted by Others **(IO):** Intimate Relationships: (C,D,E) Friends: (C, D, E, F) Social Activities: (D)	3. **Theme:** Independent **(IO):** Physically - self care and living alone in own space (B, C, G)
	4. **Theme:** Isolated/Forgotten **(IO):** No friends (B,D,F) Disconnected from family: (B,E,G) No intimate relationships: (B, E)
	5 **Theme:** Dependent **(IO):** Financially (A, B) Physically (A, C, D, G) Learned helplessness (infantilised): (A,D,F)
	6. **Theme** "Different"/ otherness / I am mentally ill **(IO):** Patient (C, D) Side Effects (B) Stigma (G, F)

NOTE

- MISCELLANEOUS:
  - Persecuted Self: Interview E
  - Empty Self: Interview A