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THE DISCURSIVE CONSTRUCTION OF SCHIZOPHRENIA AS A PROBLEM OF SELF IN RELATIONSHIP

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DECLARATION

I declare that this thesis is my own account of my research and contains as its main content work which has not previously been submitted for a degree at any tertiary educational institution.

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Susanne Stanley

ABSTRACT

People with a diagnosis of schizophrenia are thought to experience a 'loss' of self, theoretically assumed to be the direct result of their 'disease' or mental illness. This investigation proposes that constructions and reconstructions of self-identity and the relationships surrounding these sense-making activities are an ongoing process and result in a multitude of alternate versions of self. Using discursive and conversational analyses, this study examined detailed responses to questions of self from nine people with a diagnosis of schizophrenia and the four support workers who assisted them at a local social support service centre. Diagnosed participants tended to rationalise and 'normalise' their behaviours and experiences in order to present a socially acceptable self-identity. Support staff accounts of people with a diagnosis of schizophrenia were interwoven with medically discursive diagnostic criteria and behavioural characteristics. Once a label had been attached to the person, the process of reconstructing the self had to incorporate the pervasive, disabling associations attached to their diagnosis, where the only acceptable version of self was discursively medical. People receiving a diagnosis of schizophrenia experience a compromised sense of self-identity and thus, their diagnosis becomes the defining characteristics of their self – an identity classification.

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I would like to dedicate this work to my mother, who was unfortunately not able to see its completion.

OVERVIEW

> *"The self is something which has a development; it is not initially there, at birth, but arises in the process of social experience and activity, that is, develops in the given individual as a result of his [sic] relations to that process as a whole and to other individuals within that process"*
>
> *(George Herbert Mead, 1934, p. 135).*

Notions of self, selfhood, and identity have long been posited to be a product of the social world in which people live. Mead (1913) argued that the self emerges from social interaction/communication between the person and others, where the person first learns to see themselves as an object, as others see them. The person takes on the perspectives of others, and through language and social interaction, or 'social acts', the person learns the roles, words, gestures and rituals etc. that come to define them.

Yet, not all descriptions of self are agreed upon. For example, contention arises when a person is deemed by others to be mentally ill, and shared ideas of self and identity are brought into question. The person's notions of themselves may conflict with others' versions of them e.g. 'you're mentally ill' – 'no, I'm not'. In mental health, the power and primacy given to particular versions of self influences and in many cases determines the consequences of accepting or rejecting a specific account. In particular, the accounts given by mental health professionals will wield more power than those of mental health consumers, based upon the expert status accorded to them in society. These 'discursive complexes', or patterns of discourse that specify our understandings of emotional distress

and behaviour (Parker 1996, 1998), are indicative of the powerful regimes of knowledge and governance in current Western culture.

The aim of this thesis is to examine notions of schizophrenia as a problem of self-identity and a problem of relationship. Traditional theorists of schizophrenia posit that people who receive a diagnosis of schizophrenia have lost their sense of who they are; their self-identity (Bleuler, 1950; Hemsley, 1998; Mahler, 1952, 1968). This reflects the taken-for-granted theorising dating back as early as Bleuler (1950), outlining schizophrenia as a 'loss of self' (Hemsley, 1998; Mahler, 1952, 1968). This theme continues to hold currency with notions of 'self-disturbance' put forward in a recently published, discursive account of self in people with a diagnosis of schizophrenia (see Keane, 2009). Indeed, Sass (2007, p401) goes so far as to declare that schizophrenia "…seems to involve some kind of disorder of the entire personality…". But beyond whatever conflicting issues within the psyche that may (or may not) be involved in a diagnosis of schizophrenia, there is also a massive social realignment that is occasioned by such an apparently consequential diagnosis. That is, once a person is medically identified as 'schizophrenic', the resulting diagnosis introduces a new identity that the person is expected to adopt or adhere to as a person who is 'mentally ill' (Boyle, 2002). This reconstruction or renegotiation of a new identity is often contentious. Through the renegotiation of self, accounts of how the person incorporates (or doesn't incorporate) others' versions of themselves into their own accounts can be explored.

The psychoanalytic 'loss of self' approach is contrary to contemporary understandings of schizophrenia. Current orthodoxy in psychiatry doesn't allow for competing theories, or alternatives to the

biomedical ‘disease’ model and the neurochemical imbalance models promoted to the general public (Ingleby, 1981; Turner, Mathews, Linardatos, Tell & Rosenthal, 2008). The critical psychiatry movement is one area that questions the validity of psychiatric diagnosis, and at the forefront is Mary Boyle’s (2002, 2004) compelling critique of schizophrenia as a problematic scientific concept. This thesis is both motivated and informed by the critique of this movement, yet it takes a somewhat different emphasis; rather than challenging the validity of schizophrenia as a diagnostic category, it examines the impact on self-understanding, social relationships and the reciprocal interaction between them and a diagnosis of schizophrenia.

In this thesis, an ethnomethodological approach is taken in the investigation of many different versions of self and identity that can be constructed by and for a person who has been given a diagnosis of schizophrenia. The setting for the research is a local mental health service centre that assists consumers[1] with day-to-day living skills: 13 people involved with this centre participated in the study (nine consumers and four support workers). The thesis begins with a brief discussion of current theoretical constructions of ‘schizophrenia’ (Chapter One, Part One), along with an alternative approach to interpreting and assisting people with a lived experience of schizophrenia (Chapter One, Part Two). The study’s focus, procedure and analytic orientation (Chapter Two) are detailed to give foundation to the following analyses. Chapter Three presents biographical sketches of each of the primary participants in the study, giving voice to each person talking about their experiences of change in their self-

1 The term consumer will be used throughout to refer to people with a diagnosis of mental illness / schizophrenia.

understandings and their relationships with others associated with their diagnosis. At this point I shift from presenting each person's story as an individual narrative to look at the common issues and challenges experienced and the ways in which these were managed by participants. Chapter Four then examines the localised construction or reconstruction of different versions of self given by each of the primary participants. Chapter Five concerns the participants' accounts of the ways in which they believe they are seen by others, and introduces the argument that the diagnosis of schizophrenia powerfully influences the nature and quality of the relationships participants have with their family and friends, particularly by undermining their claims to autonomy and responsible self-management. Chapter Six examines an alternative perspective through accounts given by the four staff members of each of the nine primary participants, offering a window into how the participants' diagnosed with schizophrenia are seen by the mental health workers who provide services to them, allowing the examination of possible contention or divergence in self-identity. Finally, Chapter Seven revisits notions of self in people with a diagnosis of schizophrenia, bringing together constructions and reconstructions of self-identity and the relationships surrounding the sense making activities of the self. Above all else, this thesis hopes to deepen understanding and assist in giving meaning to the lived experiences of people diagnosed with schizophrenia.