Schizophrenia, language, and the phenomenological interview

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Abstract

This paper reviews various perspectives regarding the relationship between language and experience, including the challenges of using verbal descriptions to access subjective experience in psychiatric interviews (in both clinical and research settings). Schizophrenia is a specific case in which the experience of language may be altered, posing unique challenges in the context of the interview. The phenomenology of language in schizophrenia is briefly presented, with discussion of related alterations in interpersonal orientation, attention and context, underlying experience, and attitudes toward language. It is suggested that some of the challenges posed by language, particularly in schizophrenia, may be addressed through the use of semi-structured, phenomenologically-informed interviews like the EASE: Examination of Anomalous Self-Experience and the EAWE: Examination of Anomalous World Experience. Guidelines for the administration of these interviews are presented to assist with eliciting descriptions of subjective experience with a higher degree of detail and accuracy.

Keywords: Phenomenology, schizophrenia, language, interview.

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"That which is present in the mind has to be re-presented in a commonly acknowledged form before it can acquire validity in the shared 'real' world, as distinct from the private and inner world of each person."

Lorenz, 1961

Introduction

Schizophrenia is a disorder that often seems to defy attempts to express and comprehend the effects it has on those who suffer from it. It is commonly known to have a profound impact on cognition and communication, which can manifest in symptoms such as circumstantiality, tangentiality, alogia, and catatonia. Perhaps less well-known, but at least as important, are the ways it can shift the very structure of subjectivity itself, resulting in experiences that may be transformed on such a fundamental level that it is difficult to find words and constructs that communicate these phenomena to others. Such features may pose unique problems for those who rely on language and communication for assessment, treatment, or research. This may include qualitative researchers, who are especially interested in the subjective experiences of participants, but it also touches the work of those who use structured clinical interviews, self-report measures, and other methods of eliciting and cataloging subjective states. The opening quotation in this paper expresses a dilemma that has particular importance for schizophrenia (though of course is also relevant to psychosis and other psychiatric conditions more generally): when private experiences are not understood in a shared, public context, major aspects of the disorder may be ignored, distorted, and otherwise misunderstood, with significant implications for prevention, treatment, and research.

This paper will therefore discuss some of the processes involved in translating experience into language and provide an overview of the unique aspects of language and communication in schizophrenia through a phenomenological lens. It will also discuss the implications of these features for conducting interviews with persons with schizophrenia and the ways they have been addressed in one semi-structured phenomenological interview, the EAWE: Examination of Anomalous World Experience. The goal of this paper is to introduce researchers and clinicians to some of the (often overlooked) challenges of psychiatric interviews, especially as they relate to schizophrenia, and to provide several phenomenologically-grounded guidelines and tools for how to address these challenges.

Language and Experience

Many have written about the difficulties inherent in describing private experience. The ancient Greek physician Galen, for example, described the challenges faced by the physician who, in order to confirm a particular diagnosis, needed to understand certain "unspeakable" symptoms — subjective experiences, particularly of pain, not easily articulated by the patient (Roby, 2016). Rosfort (2016) calls language "one of the principals, and most concrete, challenges that our emotional life confronts us with," stating that "we feel the need to articulate and make sense of our emotions through language just as strongly as we feel how emotions transcend our conceptual, rational, and linguistic capacities" (p. 12).

Berrios and Markova (2012) have argued that mental symptoms in particular originate as ineffable experiences that the patient has to transform into linguistic concepts in order to be able to communicate them to others. This process of transformation is impacted, however, by the patient's cultural, social, and personal background and ultimately shapes the symptom into something that may fundamentally be quite different from what was initially experienced. Hacking's (1995) discussion of "looping effects" captures this concept dynamically, for he argues that changing norms and standards, particularly related to human identity, not only impact how people understand themselves, but also affect their behaviors and immediate subjective experience. Wittgenstein (1953), in his famous rejection of the possibility of a private language, emphasizes the necessarily social or shared nature of all

linguistic expression, suggesting that the essential nature of language renders the very project of fully capturing idiosyncratic experience in linguistic form a futile enterprise (Sass, 1995). This seems to imply that experience must be translated into some conventional and understandable medium in order for it to be accorded the full status of reality in the communal realm. Others have suggested that the very process of articulating experience is so fraught with distortion and transformation that any attempt at description necessarily destroys the original experience, what Schooler (2002) terms a "verbal overshadowing."

It is apparent that there is a relationship between language and experience and that, although language ostensibly serves to communicate private experience to others, it also participates in the shaping of that experience. Psychiatric interviews used in research and clinical practice, which rely on language to identify and understand the subjective experience of patients, therefore face unique challenges when it comes to collecting information that is a clear reflection of that experience.

Language and the Psychiatric Interview

The shift in psychiatric diagnostic practices in the 1970's and 1980's toward greater reliability and homogeneity, which has been called the "operational revolution" (Parnas, Sass, & Zahavi, 2013), took place with the intent to decrease variability between psychiatrists and increase agreement about specific diagnoses. Thus, the DSM-III attempted to describe psychiatric disorders and their symptoms with greater specificity, so that there would be less question about whether various patient complaints or behavioral signs met criteria for a given condition (Spitzer, Williams & Skodol, 1980). However, as Nordgaard, Sass, and Parnas (2013) argue, this had the effect of treating acts of consciousness like quasi-objects and of ignoring the fluctuating and subtle ways that psychic events and subjectivity are embedded in a personal and interpersonal context. Similarly, Morrison and Hunt (1996) have found that self-report questionnaires, often thought to be relatively accurate and reliable ways of collecting subjective data, are much more susceptible to demand features than are in-depth interviews, given that only the latter allow one to probe the interviewee's descriptions and

thereby capture information that may be essential for understanding and differentiating various experiences.

Both Nordgaard et al. (2013) and Stanghellini (2013) find that such difficulties are best addressed through the phenomenological interview, which emphasizes the rich, multilayered, and interconnected facets of experience as they are lived and encountered by the individual. A phenomenological approach to interviewing can involve recognizing that psychiatric symptoms and other forms of experience are often not pregiven, fully articulated *objects*, but rather are — at least in part — understood, conceptualized, and developed through dialogue with others. Such dialogue may be more sensitive to the subtleties of experience and the difficulties inherent in describing them when conducted by an interviewer who is trained in phenomenology and should, therefore, have a keener understanding of subjectivity, how it can be transformed in various psychiatric conditions, and how it might relate to a larger gestalt of experience. As Nordgaard et al. (2013) suggest, these phenomenological interviews are better able to draw out nuanced descriptions of experience that could help to make meaningful distinctions, for example, between low mood in a depressive episode and that associated with a diminished sense of presence and identity found in a schizophrenia-spectrum disorder.

Perhaps more importantly, phenomenological interviews make use of the *phenomenological reduction*, where the interviewer seeks to let go of commonsense assumptions, including what counts as real, how time passes, and basic notions of self-identity and awareness. Instead, the interviewer works to enter into the interviewee's world, attempting to understand and make explicit the aspects that structure and give this world its unique characteristics and meanings (Nordgaard et al., 2013). Stanghellini (2013) characterizes this as the second-person or intersubjectivist approach, which he contrasts with both the first-person and third-person approaches. Rather than treating the interviewee's experiences as objects and minimizing the role of subjectivity (third person) or attempting to empathically feel oneself into the situation of the other (first person), the interviewer in the second-person approach recognizes the radical difference that shapes the experience of the other, setting aside his or her own experiences and worldviews to be able to grasp and

appreciate those of the interviewee. Such an approach may also be used to help the *interviewee* bracket or set aside his or her own assumptions and judgments about his or her experience, to get at a clearer representation of the experience itself (Petitmengin & Bitbol, 2009).

The phenomenological approach to interviewing can be facilitated by the semi-structured interview, which ensures that interviewers cover the same topics and aspects of experience in each interview, while also instilling flexibility and a conversational tone that permit the interviewee to be expressive and fully engaged in the discussion. This type of interview has been found to enhance recollection and yield more detailed and more valid information than do structured interviews (Morrison & Hunt, 1996; Nordgaard et al., 2013). It allows (and requires) the interviewer to follow up on the interviewee's responses by asking for relevant details, clarifications, and examples. For this reason, it requires significant effort from the interviewer, as well as adequate training in phenomenological psychopathology. The interviewer must allow the interviewee's experience to unfold as naturally as possible and not overshadow it with preconceived assumptions or theories; at the same time, it is essential to have a strong working knowledge of various manifestations of consciousness and how these can be transformed under certain psychiatric conditions, as well as how different facets of experience may relate to one another — all of which should allow the interviewer to pose clarifying questions that might better distinguish subtle experiences.

We would suggest that this training and knowledge is especially important in capturing the experiences associated with schizophrenia (though it may also apply to understanding the experiences associated with a range of psychiatric conditions). In the next section, we will describe how language and communication may be altered in schizophrenia, and how this can impact the research or clinical interview, which, we argue, makes the phenomenological interview a crucial instrument in the study of the disorder.

Language and Schizophrenia

It has commonly been assumed that disturbances in language in schizophrenia reflect disturbances in thinking, that is, "formal thought disorder." Several forms of thought disorder

are typically linked with schizophrenia; the DSM-5 (APA, 2013) names derailment or loose associations, tangentiality, and incoherence or "word salad" as some of the "key features that define psychotic disorders" (p. 88). However, this grouping together of disturbances in language and thought ignores the complexity inherent in any relationship between thought and speech (see Garnham and Oakhill, 1994) and the fact that speech performance can be influenced by numerous other factors, including emotional experience, social attitudes and values, motivation, and idiographic ideas and beliefs (Sass, 2017). (For a phenomenological review of the concept of thought disorder, see Sass and Parnas, 2017.) The linguist Elaine Chaika (1974) has therefore stated that "the schizophrenic's difficulty in thinking and his difficulty in speaking are not necessarily the same phenomenon. Language is a coding of thought, but the relation between them is not at all clear" (p. 258). Andreasen (1986) has also suggested that the term "thought disorder" should only be applied to behaviors in which thinking itself is unusual or problematic, such as illogicality (a disturbance in logical reasoning) and poverty of speech (when thought does not seem to be occurring at all). "Language disorders" should be applied to behaviors in which the speaker violates the semantic and syntactical rules of speech, such as incoherence, clanging, and neologisms. "Communication disorders" are those in which the speaker does not attend to the communicative function of language, including conditions such as tangentiality, derailment, and poverty of content of speech.

Of course, it is essential to note that while certain changes of thinking, speaking, and communicating may be more characteristic of schizophrenia, these anomalies do not occur in all persons with schizophrenia and do not occur with any one person all of the time. As Bleuler (1911/1950) remarked, "[t]he form of linguistic expression [in schizophrenia] may show every imaginable abnormality, or be absolutely correct" (p. 148). Surveying a number of papers on the topic, Schwartz (1982) notes that "the majority of schizophrenics speak coherently most of the time" (p. 581), and Lorenz (1961), among others, finds that "schizophrenic language" is much more diverse than the forms of language found in other clinical groups, such as persons with hypomania or obsessive characteristics. Summarizing her own research on the topic, Andreasen (1982) states that persons with schizophrenia: 1)

are able to perceive and process most aspects of language as well as persons without schizophrenia; 2) demonstrate deficits in pragmatic and discourse aspects and, to some degree, in semantic aspects of language production; but 3) do not all demonstrate language deficits; 4) do not show significant differences from the language production of other clinical groups, like mania with psychotic features; and 5) differ from other groups only in that these deficits do not tend to remit during periods of recovery in schizophrenia, while they do among other patients.

Of course, there are still many attempts to characterize language use in schizophrenia. Lorenz (1961) notes, for example, that all unusual forms of language in schizophrenia do appear to have some features in common, particularly that they are all "suggestive of meaning, but failing to achieve a *communication* of meaning" (p. 97). Instead, language appears to have a more *presentational* or *expressive* function, reflecting one's process of thinking in concrete, metaphorical, symbolic, and other more poetic forms of expression, rather than clearly *representing* one's thoughts and ideas to others. Sass (2017, chapter 6) suggests that most theories of language in schizophrenia fall into two broad groups: psychoanalytic models, which tend to view anomalous language in schizophrenia as manifestations of more primitive or childlike thought processes; and cognitive models, which emphasize "deficits" or "dysfunctions" in the various processes affecting language in schizophrenia. However, as Sass (2017) also notes, such models ignore the often creative, intellectual, and sophisticated qualities of anomalous language use in schizophrenia, which would seem to contradict these claims that suggest simple deficits or regression.

In addition, much research on the topic focuses primarily on behavioral (in the sense of verbal behavior) and neurocognitive markers of disturbances in language and speech in schizophrenia. This is problematic because it provides little or no insight into the subjective experiences that underlie these changes. If, as we have seen above, language plays an important role in constructing experience, it is also true that experience shapes language use. As Stanghellini (2013) notes, "[t]he way that [a patient] lives in language is of a piece with her inner life, her subjectivity" (p. 327). The very structure of language reflects important aspects of a person's relationship to him or herself, to others, and to language itself. In

schizophrenia, all of these relationships are fundamentally changed and, for at least some individuals, this is reflected in their approach to — the attitudes toward and uses of — language. In previous work (Pienkos and Sass 2016, 2017; Sass and Pienkos 2015; Sass, 2017), we have discussed some of the features of experience involved in various changes in language use that are more characteristic of schizophrenia than other psychiatric conditions. Here, we will briefly summarize these features before discussing their relevance for the phenomenological interview.

Phenomenology of Language in Schizophrenia

One facet of the experience of language in schizophrenia involves changes in interpersonal orientation, especially diminished attention to the needs of conversation partners. Such language may omit the *deictic* features of speech, utterances that help the listener understand to what the speaker might be referring. Similarly, persons with schizophrenia may more frequently violate Grice's maxims, the implicit rules or guidelines inherent in typical communication with others, such as "give adequate information, but not too much" (De Decker & Van de Craen, 1987). Sass (2017) calls this tendency *desocialization* and relates it to a desire for language to be more authentic and personal, minimizing its communicative function and dismissing the constraining conventions needed to make oneself understood. Other explanations for this tendency include simple social deficits in schizophrenia — being unaware of the communicative needs of others (though we strongly question the social deficit model; see Sass and Pienkos, 2015b); it may also reflect deliberate attempts to obfuscate meaning or a dismissal of social norms including those involved in communication.

Another consideration is changes in attention and context, such that persons with schizophrenia may have difficulties determining and attending to what is relevant and disregarding irrelevant details (Sass, 2004). This may impact many forms of experience, as language may no longer be experienced primarily as a medium for expressing thoughts or communicating meaning; instead, language itself becomes a focus of attention. For example, rather than attending to the meaning of words, persons with schizophrenia may focus on their

sound or appearance. Words may also get linked to idiosyncratic new meanings or may become placeholders for unusually numerous meanings and connotations, as noted by a patient with schizophrenia: "each bit I read starts me thinking in ten different directions at once" (Matussek, 1987). Sass (2017) terms this the *autonomization* of language, noting the ways in which language seems to determine its own meaning and relevance. In these cases, a person may cede control over understanding and communicating to language itself, seemingly allowing various words and phrases to dictate their own meaning or production. When words and expressions become decoupled from their conventional meanings, it may create a proliferation of new and idiosyncratic meanings, or a relative opacity of meaning where words are just things, referring only to themselves.

A third feature contributing to the unique uses of language in schizophrenia may include changes in the underlying experiences that language is intended to express. As Sass (2017) notes, this tendency may be related to several processes that are characteristic of schizophrenia, including paying attention to typically overlooked or mute aspects of experience, profound transformations of experience that draw one's attention because of their very uniqueness, and greater preoccupation with metaphysical themes and ontological concerns (as opposed to more mundane objects and events in the world). These attempts to use language to describe ineffable aspects of experience and reality may contribute to various forms of what might be termed *impoverishment* (Sass, 2017), such as a loss of apparent meaningfulness in language, including so-called "poverty of content of speech," or a decrease in language production involved in such symptoms as poverty of speech, blocking, or mutism. Others may instead use language in new, unusual ways in an attempt to express unique experiences that defy ready communication, developing new words or using obscure phrasings to try to capture these phenomena. For example, one patient with schizophrenia made a series of impenetrable statements such as "I glance to a packet of air and get an answer from what was in front of my eyelid." When asked about the nature and meaning of these statements, he reflected that he wanted to be sure that he was expressing *exactly* what he was thinking and experiencing (Pienkos & Sass, 2017).

We see, then, that persons with schizophrenia may experience language in a way that is less concerned with its functions of communicating thoughts and experiences to others; they may be uncomfortable with the ways that linguistic expression can shape and distort the thing that one is trying to communicate into something that is socially recognizable and acceptable. Language may no longer seem a transparent vessel for transmitting meaning, but instead becomes an object of attention, taking on radical new properties and possibilities. All this may be reflected in various changes in one's attitude toward language, which may include ceding control over language, viewing language and words as imbued with sacred power and a kind of intentionality, requiring language to reflect the ineffable with great precision and faithfulness or rejecting the project of language entirely and viewing it as absurd, arbitrary, or oppressive. As Sass (2017) notes, while all these features may seem to be heterogeneous and even incompatible, they all involve "languages of inwardness," namely, "a tendency to reject or ignore the social imperatives and realistic concerns so prominent in everyday language… and, going along with this, a shift toward more inner concerns" (p. 169). Whether these changes are motivated by a (quasi-) intentional rejection of commonsense linguistic norms and conventions or by an inability to inhabit the social world of everyday life — or more likely, some combination of *act* and *affliction* (Sass, 2017)—, we might view the language of persons with schizophrenia as tending, in many instances, to be both *alienated* and *alienating*, with the consequence of creating a world apart, in which thoughts and experiences remain private and unshared.

Schizophrenia, Language, and the Interview

These features contribute to unique challenges — and opportunities — for those who would understand the subjective experience of schizophrenia. At its most difficult, interviewers can find the statements of persons with schizophrenia to be obscure or incomprehensible; they may feel torn as to whether what they hear should be explored for some coded meaning or should instead be considered mere verbiage. (Though some have suggested that even in the most difficult cases, translation and understanding is possible "if one is fortunate enough to recognize the source of the symbols used" [Lorenz, 1961, p. 609], or perhaps if one simply cares enough to try and decipher it [Atwood, 2012].) It should also

be noted that, while the remainder of this section applies to our analysis of the phenomenology of schizophrenia, many of these comments may also apply to interviews with persons with other psychiatric conditions. Further analysis may provide a more nuanced understanding of the impact of language experience in those conditions on the clinical or research interview (for example, see Sass and Pienkos, 2015a).

Even without the obscuring that takes place in more disordered language, though, the interviewer needs to take care with the conduct of the interview for several reasons. For persons with schizophrenia, as we have noted, there may be a tendency to attend to subtle or typically overlooked aspects of experience and to have experiences that are uncommon or unusual. Such phenomena may be difficult to communicate under the best of circumstances. In addition, the desire to be more faithful to experience and to reject the constraints of linguistic conventions can result in unusual forms of expression, further obscuring the original experience from the understanding of an interlocutor. Finally, without recognition and codification into a common language, private experiences may not receive intersubjective recognition or reality-status, which may render these experiences especially inchoate and fluid, and thus more vulnerable to being distorted or transformed or to simply vanishing.

The interviewer, therefore, has to be careful not to override the original experience, shaping it to fit his or her own unquestioned assumptions (which are pervasive in contemporary definitions of psychiatric signs and symptoms; see Parnas et al., 2013; Pienkos et al., in press). On the other hand, he or she must have *some* working knowledge or framework to be able to structure an interview, given that many of the events described by persons with schizophrenia may be utterly different from anything the interviewer may have personally experienced or can empathically project him or herself into. Karl Jaspers (1959/1963) stated that, although the interviewer should put aside explanatory or therapeutic models, this did not mean that he or she needed to maintain an entirely atheoretical stance. Indeed, it was essential to apply one's pre-existing awareness of the forms of human experience: "presuppositions are a necessary part of understanding… [T]hey need to be strengthened and cultivated and they should be acknowledged" (p. 21; see also Parnas et al.,

2013). Such qualities may be more easily cultivated by the interviewer with a background in phenomenological psychopathology, where the emphasis is on the rich detailing of a variety of transformations of the basic facets of experience, including time, intersubjectivity, causality, and selfhood. Awareness of the varieties of experience can provide a shared language for speaking about processes and forms of experience that are typically overlooked and neglected in everyday language, which focuses primarily on objects and events in the world, as well as in conventional psychiatry, which emphasizes identifying simplified, operationalized signs and symptoms.

In addition, the phenomenologist has experience seeing and constructing gestalts, the way facets of experience fit together and express an underlying whole, which helps him or her to have a better sense of what to look for and where to find it. (Though the phenomenologist must also be careful not to hold too tightly to a hypothesized gestalt, so that his or her own assumptions do not preclude the gathering of new and surprising information — that is, even phenomenologists may need to bracket their own phenomenologically-driven theories.) Ideally, this background allows the interviewer to develop a shared language with the interviewee, to not only be open to but familiar with changes in consciousness that defy ready explanation and to maintain a structure or framework that facilitates the disclosure of the interviewee's inner world.

We would suggest that semi-structured phenomenological interviews like the EASE: Examination of Anomalous Self-Experience (Parnas et al., 2005) and the EAWE: Examination of Anomalous World Experience (Sass et al., 2017) are uniquely well-suited to this task, particularly for exploring changes of experience commonly found in or characteristic of schizophrenia. Both interview formats have been derived from first-person reports, detailed clinical descriptions, and phenomenological theory and thus are firmly rooted in phenomenological psychopathology. Both are replete with examples and quotations that illustrate variations in these experiences, and both provide guidelines for how to ask about certain phenomena. These features assist both the relative novice and the experienced researcher or clinician to inquire about and attend to a wide range of subjective changes of selfhood and the world. They assist in conducting an organized but open-ended interview

that aims to cover numerous experiences that are frequently subtle, fleeting, and verging on the ineffable, while providing tools and constructs that facilitate detailed descriptions of experiences, even those that the interviewee may be articulating for the first time.

In addition, these interview formats provide a set of guidelines to assist the interviewer in employing techniques that elicit clear descriptions. (Although here we focus on the guidelines for the EAWE, many of these are borrowed from or based on those of the EASE.) One suggestion is for interviewers to be aware of the potentially intimate nature of the interview, that is, to be sensitive to the fact that interviewees may feel as though the "intimate corners of his or her private life are being somehow invaded" (p. 13), something which may be especially applicable to those who may sometimes use language to obscure rather than disclose their experience and who may be wary about their experiences being distorted by being publicly articulated. It is therefore of utmost importance for interviewers to convey neutrality, nonjudgmental concern, and interest in assisting the interviewee to find a means of authentic expression.

The suggestion for interviewers to have a background in phenomenological psychopathology is equally important. This not only increases interviewers' familiarity with the various forms that experience may take, it also sensitizes them to the nuances of these phenomena. It furthermore allows interviewers to more easily engage in *imaginative variation*, asking clarifying questions that help to identify the invariant features of an experience and more accurately match it to the interview items. A background in phenomenology also sensitizes interviewers to the need for *bracketing*, avoiding theoretical interpretations of phenomena and turning instead to the processes of consciousness themselves. This emphasizes experiences as they were lived by the interviewee and helps the interviewee to articulate those experiences without the influence of psychiatric jargon or medical or psychological explanations.

Hence the further requirement that the interview "should have the feel of an exploratory conversation, not of a targeted interrogation" (EAWE, p. 14). The interviewer and interviewee are attempting to let the experience *show itself*, not allowing it to be

transformed by the expectations or assumptions of either party. Though this may be difficult when asking about numerous types of experience, especially with a more detailed interview like the EAWE, it is crucial for allowing experiences to be described in detail as they were lived, instead of being fit into limited definitions or checkboxes. This is assisted by asking about specific examples of the targeted phenomena, thereby getting as many details as possible before deciding whether it fits as an example of one or more items or subtypes.

All of these tasks are difficult for the novice and can challenge even the more experienced interviewer. It is therefore important that those who are starting with these instruments seek out opportunities to develop these skills. Ideally, training and workshops in the EASE and/or the EAWE will assist interviewers in becoming adept at administering these interviews. However, careful review of interview tapes and transcripts, seeking feedback from more experienced interviewers and psychopathologists, and continued reading of relevant texts of phenomenological psychopathology are all ways to continue honing these skills. Without them, the interviewer risks missing crucial information, making naïve assumptions, distorting the presentation of certain experiences, and/or disrupting rapport and causing the interviewee to leave out or disguise important parts of his or her story.

Conclusions

The process of translating experience into language is impacted by many factors, including one's personal history, culture, and the context in which the experience is described. Under the best circumstances, then, experience is vulnerable to being shaped and distorted by being described. This can be especially problematic for psychiatric interviews, which require clear and accurate accounts of subjective experience, but which can be hampered by their own implicit assumptions and often by an exaggerated emphasis on reliability (at the expense of validity). The changes in subjectivity involved in schizophrenia may impact language in numerous ways, further complicating the relationship between language and experience. Interviewers should be aware of such phenomenological features as diminished interpersonal orientation, shifts in attention and context, transformations in underlying experiences and emphasis on the ineffable, and changes in attitudes toward

language, all of which may impact the kinds of phenomena described by persons with schizophrenia and how these phenomena are conveyed. A strong background in phenomenological psychopathology will help the interviewer to be more sensitive to such features and to avoid the interference of various ontological assumptions inherent in conventional psychiatry or everyday discourse. Semi-structured interviews like the EASE and the EAWE further facilitate the eliciting of nuanced and accurate descriptions by providing a framework that sensitizes interviewers to possible transformations of experience through open-ended and flexible discussion. We would recommend that all researchers and clinicians who are interested in understanding schizophrenia (or other severe or psychotic conditions) should have some background in phenomenology to be aware of the subtle forms of experience that accompany this disorder and to avoid the pitfalls inherent in many standardized interviews and subjective assessment measures.

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