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Embodied intersubjectivity and schizophrenia: A process-outcome study of

body-oriented psychotherapy

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According to the tradition of phenomenological psychiatry, schizophrenia should be conceptualized

as a disorder of the self and of intersubjectivity. A particular focus has been put on the implicit and

bodily level of experience: disturbed basic self-consciousness, disturbed intersubjective immediacy

and experiences of disembodiment have been described as phenomenological core features of the

disorder. Consistently with this theoretical background, the present research project focuses on a

treatment approach which addresses first and foremost the implicit and bodily level of experience in

schizophrenia: a body-oriented psychotherapy intervention (BPT). The research project includes

two studies investigating respectively the process of change and the outcome of BPT using

qualitative and quantitative methods. The two studies have been implemented at the clinic for

general psychiatry of the University of Heidelberg, as an integrative and complementary part of a

randomised controlled trial on body-oriented psychotherapy.

The first study consists in a qualitative analysis of psychotherapy process. After a 10 weeks

program of body-oriented group psychotherapy, 6 adults diagnosed with schizophrenia participated

in a semi-structured interview (Change Interview) exploring their experience of change and

helpful/hindering aspects of therapy. Data were analysed using Interpretative Phenomenological

Analysis (IPA). The results highlight six master themes related to the experience of therapeutic

change: 1) Being a whole: body-mind connection; 2) Being agentic and being able; 3) Being unique and worthy: being accepted for whom one is; 3) Changing interactions: engaging in authentic interpersonal contact; 4) Being part of a group: feeling integrated; 5) Hope and investing in the future. All master themes share the underlying idea of a recovery of a sense of self at different levels of patients' identity. Helpful aspects and limitations of BPT have been delineated accordingly.

The second study focuses on psychotherapy outcome, from a front-loaded phenomenology perspective. Coherently with a phenomenological view, outcome has been assessed at the level of participants' non-verbal behavior and interactions, instead of focussing on symptoms. 16 adults diagnosed with schizophrenia took part in the study and levels of interactional synchrony (MEA software) were measured in patients' dyadic interactions before and after the 10 weeks BPT program. A significant increase in patients' interactional bodily synchrony after the BPT intervention was observed. The increased temporal attunement of interpersonal movement has been interpreted as pointing to a recovery of participatory sense-making processes.

The theoretical and clinical implications of the quantitative and qualitative results have been discussed within the specific field of body-oriented psychotherapy and in relation to current theories and treatment approaches to schizophrenia. Subjectivity and intersubjectivity have been conceptualized as being deeply intertwined both from a phenomenological and from an enactive perspective. The interplay between these two dimensions has been shown to be crucial both for a definition of the disorder and for the understanding of therapeutic change. On the basis of the results of this study I have suggested that the dimension of embodied intersubjectivity plays a crucial role for the strenghtening of patients' subjectivity. More specifically, in embodied intersubjective processes, a therapeutic stance of openness and authenticity might function as intersubjective constraint and affordance for the recovery of patients' sense of self.