**Abstract**

The present master thesis explores the phenomenon ’schizophrenia’ from an applied philosophical approach. Thus, the pertinence of a philosophical study of the field of psychiatry unfolds from the emergence of a disquieting tendency to perceive of phenomena in the human psyche, and hence mental illnesses such as schizophrenia, as the result of dysfunctions in the brain. The dominant tendency to approach schizophrenia from a biological and naturalistic point of view manifests itself in psychiatric diagnosing in practice, which is evident in the massive employment of treatment with antipsychotic medicine.

Thus, there seems to be a gap between the phenomenological – and naturalistic way of approaching phenomena like schizophrenia, which illustrates a paradoxical cleaving of the diagnosis. On the basis of the awareness of this metaphorical gap in psychiatric diagnosing in practice and hence in the diagnosis ’schizophrenia’, this master thesis examines how a philosophical analysis of the two psychiatric paradigms, phenomenology and naturalism, can work towards developing a perspective on how the two paradigms could work together in grasping phenomena, such as schizophrenia.

The analytical strategy that forms the basis of the methodological approach of the philosophical analysis is based upon an operationalisation of Hegel’s objection towards thinking abstractly (Hegel, 1808). According to Hegel, an abstract understanding of phenomena, such as schizophrenia, is an abstraction from the totality and hence truth about the nature and essence of schizophrenia. The analysis therefore strives to formulate a contribution to developing a perspective on how the two psychiatric paradigms could complement each other in a beneficial way, instead of insisting on denying the respective and mutual relevance for the understanding of mental illness.

The classification ’schizophrenia’, and symptoms hereof, is presented through the classification-systems ICD and DSM. In this analysis, the phenomenological paradigm is represented by Kurt Schneider, Karl Jaspers and Thomas Szasz, and the naturalistic paradigm is represented by Thomas Werge, Peter Lund Madsen, Christopher Boorse and Patricia Smith Churchland. The analysis discusses core-issues mentioned by the theoretical contributors, such as the very consequence of systemizing mechanisms of the consciousness, thus resulting in a focus more on whether a patient is suffering from schizophrenia or not, than on differences in degrees of pathology. In this respect, it is examined whether it is in good Schneiderian spirit to outline *one* *first-rank* symptom of hallucination or delusion as sufficient symptomatic evidence for a diagnosis of schizophrenia. Further, it is analysed whether the focus on rejecting the relevance of the opposite paradigm, and thus asserting having found the ultimate truth about schizophrenia, is contributing to the maintenance of the metaforic gap in psychiatric practice, and hence shrouding schizophrenia in mythology. From this follows an analysis on how these particular issues can have consequences for the treatment of schizophrenia, in correlation with the massive employment of antipsychotics.

Further, it is analysed in what way a reductionist approach to any phenomenon, and in this particular context, phenomena in the psyche, can take place. Thus, the Hegelian objection to abstract thinking is related to the ways in which one can reduce a part of reality in a way, which is conscious of the obvious limitations, such a reduction may have on reporting on conditions of reality, or in a way, which is not conscious of such limitations, and therefore necessarily will be an abstraction. This leads to investigations of the *distorted atmosphere*, as it is approached by Jaspers, and the *healthy personality*, as it is approached by Boorse and Szasz.

Accordingly, this leads to an analysis of several critical questions:

* Does empathic insigt bring with it invaluable material?
* Are there elements of the human psyche, which avoid recognition?
* Is schizophrenia a paradox?
* Is the concept ’mental illness’ a way of turning the human struggle with existence into something pathological?

These questions, addressed as actual arguments in the analysis, are further discussed in relation to the loss of existential sense of self and the ways in which abstract postulates are mistakenly accepted as universal truths.

Ultimately, the operationalisation of the Hegelian objection to abstract thinking offers an opportunity to open up the particular problem of the metaforic gap in psychiatric practice and the classification ’schizophrenia’ to more general and normative questions about the formulation of a system, which transcends the limitations of current classification-systems.