

SCHIZOPHRENIA: A DISORDER OF INTERSUBJECTIVITY

A phenomenological analysis

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PREFACE

This dissertation combines two scientific disciplines and research fields, namely philosophy and psychopathology. Within such a wide field of investigation, two precise perspectives are to be adopted in this inquiry: stemming from the first field, the phenomenological perspective on subjectivity and intersubjectivity; stemming from the second, the psychopathological perspective on schizophrenia. The combination of philosophy and psychopathology has often proven fruitful. Moreover, the main motivation for such a combined approach is justified by the strong belief that, when critically used, phenomenology offers a viable method of studying the first-personal perspective of experience, including the experiences of people with mental disorders. Philosophical analysis can thereby be used as a means to evaluate the meaning and adequacy of psychopathological concepts and ideas. As a result, phenomenological psychopathology may help understand what is often claimed to be incomprehensible. Particularly for the understanding of schizophrenia, this is taken to be a valuable contribution.

For more than twenty years now, the phenomenological approach to schizophrenia has developed a strong and influential hypothesis on the basic alterations of this disorder. Schizophrenia, it is claimed, is a disorder of subjectivity, and more specifically, a disorder of the minimal self. Simultaneously, and often in conjunction, philosophical research on the self has vastly proliferated. The vivid interaction between these two fields makes the phenomenology of schizophrenia a good example of effective interdisciplinary work. Within the philosophical debate on subjectivity, intersubjectivity, or the relation between self and other, is currently a key topic. However, this has not significantly influenced the psychopathology of schizophrenia yet. The initial and fundamental claim of this dissertation is indeed that a renewed evaluation and inclusion of intersubjectivity, next to subjectivity, is to increase the validity of the phenomenological approach to schizophrenia. This would allow the previous hypothesis on schizophrenia as minimal self disorder to be challenged, criticized, or complemented, which would accordingly increase the significance and its clinical value. What I will attempt to do in this dissertation is then to thoroughly evaluate the role of intersubjectivity in schizophrenia. It will hence become clear what this role and its significance are. Consequently, I will finally argue that the basic alterations of schizophrenia concern both subjectivity and intersubjectivity.

My argument is developed in four chapters. In the first, I introduce the topic of the self, including the distinction between the minimal and the extended self. This chapter equally

introduces schizophrenia as a psychiatric concept, and three different clinical approaches are discussed, among which the phenomenological approach in most detail. After the topics of the self and schizophrenia, I introduce intersubjectivity, notably from a developmental-psychological perspective. By way of *status quaestionis*, I recapitulate the current research on intersubjectivity and schizophrenia. It will become clear that this research is relatively scarce. I then conclude the chapter with a full formulation of the two research questions informing this dissertation, namely *Is schizophrenia an intersubjectivity-disorder?* and *Which self-concept is suited to define schizophrenia as a self and intersubjectivity disorder?*

The second chapter examines the phenomenology of intersubjectivity. The exact delineation of what is meant here by intersubjectivity will allow the reader to acknowledge its extent and variety. This chapter is aimed to provide the necessary philosophical tools to analyse schizophrenia in the light of intersubjectivity. In the third chapter I turn to psychopathology. In the first section, I analyse the work of seven major psychopathologists on schizophrenia. The goal of this section is to look for elements of intersubjectivity in their accounts of schizophrenia. Many of these psychopathologists have been influential for the development of the current self-disorder hypothesis, and the investigation intends to show how some crucial intersubjective elements in their work have been neglected. In the second section of this chapter, I focus on the symptoms, signs, and phenomena of schizophrenia that relate to intersubjectivity. This chapter finally offers all the material needed to positively answer the first research question.

In the fourth chapter, I bring together psychopathology and philosophy, and I attempt to answer the two research questions. Since Chapter 3 allows me to affirmatively answer the first question, I examine whether the current self-disorder hypothesis is adequate to integrate intersubjectivity disturbances. It will appear that it is not, and the first section of this chapter consequently deals with the question why intersubjectivity and its disturbances have been neglected until now. In the second section it will become clear that no different self-concept is required, but that schizophrenia primarily concerns a particular capacity or orientation of subjectivity. I introduce the concept of *open subjectivity* and thereby answer the second research question. By describing schizophrenia as a disturbance of open subjectivity, I am finally able to integrate both self-disturbances and intersubjectivity-disturbances into a coherent and unified theory.

To conclude this dissertation, I summarize and recapitulate its major issues, questions, and results in Chapter 5. Both clinical implications and possible future research are also discussed here.

CHAPTER 1. THE DISORDER OF THE SELF AND ITS PROBLEMS

This chapter is a broad introduction to the topics and questions of this dissertation. The first section of this chapter is meant to provide a brief introduction to the topic of the self. After summarizing the positions of Hume, Kant, and Husserl, I turn to the contemporary distinction between the minimal and the extended self. This distinction is highly relevant, as schizophrenia is claimed to be a disorder of the minimal self. In the second section of this chapter, I therefore introduce the self within psychopathology. This section should allow to understand what schizophrenia is, how it is diagnosed, and which theories and approaches currently prevail. The phenomenological approach to schizophrenia is of great interest to the aim of this dissertation, as it is precisely this approach that will be challenged, criticized, and possibly complemented. Since intersubjectivity is the main focus of this text, I introduce it from both a developmental-psychological, as well as from the psychopathological perspective. It will become clear that there is a relative scarcity of research on schizophrenia and intersubjectivity. This, finally, leads me to formulate two research questions.

1.1 The self

1.1.1 Hume, Kant, Husserl

This inquiry into the intersubjective dimensions of schizophrenia starts from the preliminary assumption that schizophrenia is a self-disorder. In order to understand the idea behind this definition, some light should be shed on both its constituent elements: what is the self and how can the self become disordered?

Throughout the history of philosophy the question of the self has evoked myriads of theories and a rich debate has emerged. Is the self the soul? Is it our Ego? Do I *have* a self, or *am* I a self? How does the self relate to the person and its identity? Is identity a matter of continuity over time? And of course: how does the self relate to others?

Even though these are not new ideas, they still draw the attention of contemporary thinkers and scientists. A great variety of answers has been given to the questions of the self. Some have even denied its existence. Others have argued in favour of the existence of different selves, depending on the role they play in mental life and in the interaction with the world. In what follows, I will briefly illustrate three of the most significant directions undertaken in the attempt

to answer the question of what the self is. First, I question the existence of the self with David Hume and what has been traditionally referred to as the “bundle theory of the self”. Secondly, I follow Immanuel Kant’s arguments supporting the ‘synthetic unity of apperception’ and discuss the role of the ‘I think’. Lastly, I turn to Edmund Husserl’s phenomenological view, which was the main inspiration for Zahavi’s account on the minimal self.

Hume questioned the assumption that the self exists. His *Treatise of Human Nature* (2003) develops an implicit argument against the idea of a strong, independent self, as advocated by René Descartes’ philosophy. As is well known, Descartes attempted to ground scientific knowledge on a fundament of irrefutable certainty. His method of radical doubt led him to conclude that there is at least one certainty, namely that the thinking subject exists (1902). In reaction, Hume writes in section VI: “There are some philosophers, who imagine we are every moment intimately conscious of what we call our SELF; that we feel its existence and its continuance in existence; and are certain, beyond the evidence of demonstration, both of its perfect identity and simplicity” (Hume 2003, 179). According to Hume, the certainty of these philosophers would weaken if one challenged them to search for any further proof of the self. The certainty of Descartes’ famous adage was altogether unacceptable for the empiricist Hume.

The idea of having a self, Hume argued, must derive from an impression one might have. Yet, the self cannot be an impression itself. It should be very different from the impressions we have: it has to be stable and persistent throughout all the ever-changing impressions. “The self is not any one impression, but that to which our several impressions and ideas are suppos’d to have a reference” (Hume 2003, 180). He then wondered how all our different impressions and perceptions could be related to the supposed existing self. “For my part, when I enter most intimately into what I call myself, I always stumble on some particular perception or other, of heat or cold, light or shade, love or hatred, pain or pleasure. I never catch myself at any time without a perception, and never can observe any thing but the perception” (Hume 2003, 180). The stable and persistent self that other thinkers claim to be certain of is something Hume cannot find. Thus, rational beings should understand “... that they are nothing but a bundle or collection of different perceptions, which succeed each other with an inconceivable rapidity, and are in a perceptual flux and movement (...) nor is there any single power of the soul, which remains unalterably the same, perhaps for one moment” (Hume 2003, 180).

The false impression we have of a stable and persistent self would then be only the result of our own attempts to feign and disguise the fact that numerous moments interrupt the continued existence of perceptions, for example during sleep. Hume therefore claimed that we attribute identity where there is none, and create a fictitious self (Hume 2003, 182, 185). He thus

restricted his description of the self, as quoted above, to a bundle of perceptions. He described this bundle as a theatre, “where several perceptions successively make their appearance.” There is no self involved in the impressions and perceptions on this theatre, and one should not be misled to think that the theatre itself, the place where these appearances appear, is the self (Hume 2003, 181). However, it is difficult to understand how this metaphor solves the problem of the self: one might well ask *who* would be the spectator of these impressions and perceptions. Hume’s bundle theory of the self was unable to account for this subjective side (“whose perception?”) inherent to every experience. Closely related is the question of how the perceptions of the bundle are connected and thus what constitutes the bundle itself.

This very question was taken up by Immanuel Kant. In Section II of the *Deduction of the Pure Concepts of Understanding*, Kant wrote: “The manifold of presentations can be given in an intuition that is merely sensible, i.e., nothing but receptivity; and the form of this intuition can lie a priori in our power of presentation without being anything but the way in which the subject is affected. But a manifold’s combination (coniunctio) as such can never come to us through the senses” (Kant 1996, 175). While using very different of a terminology compared to Hume’s, Kant thus argued that the combination of the perceptions themselves could not be the consequence of only receptivity through the senses, as the empiricist Hume would need to argue. For Kant, on the contrary, the combination was the result of a particular form of spontaneity, namely of the act of understanding (Kant 1996, 176). The act of understanding is what he calls ‘synthesis’. “We cannot present anything as combined in the object without ourselves having combined it beforehand; and that, among all presentations, combination is the only one that cannot be given through objects, but – being an act of the subject’s self-activity – can be performed only by the subject himself” (Kant 1996, 176).

The subject plays an active role for Kant, under the form of the ‘I think’. It must be capable of accompanying all presentations. “For otherwise something would be presented to me that could not be thought at all – which is equivalent to saying that the presentation either would be impossible, or at least would be nothing to me. Presentation that can be given prior to all thought is called intuition. Hence everything manifold in intuition has a necessary reference to the ‘I think’ in the same subject in whom this manifold is found. But this presentation is an act of spontaneity; i.e., it cannot be regarded as belonging to sensibility” (Kant 1996, 177). Kant calls this act of spontaneity, of the ‘I think’, “pure apperception”. The ‘I think’ is something that is “one and the same for all consciousness”, capable of accompanying every perception one has. If the possibility of the ‘I think’ were not available, the presentations or perceptions would not be *mine*.

However, it is not so much thanks to the potentially accompanying ‘I think’ itself, that certain presentations are mine, but thanks to the consciousness of my synthetic activity. “Hence only because I can combine a manifold of given presentations in one consciousness, is it possible for me to present the identity itself of the consciousness in these presentations” (Kant 1996, 178). And furthermore: “Only because I can comprise the manifold of the presentations in one consciousness, do I call them one and all my presentations. For otherwise I would have a self as many-colored and varied as I have presentations that I am conscious of. Hence synthetic unity of the manifold of intuitions, as given a priori, is the basis of the identity itself of apperception, which precedes a priori all my determinate thought” (Kant 1996, 179). It is through understanding, and explicitly not through the senses, that I can combine given intuitions into a unity a priori. This synthesis is a requirement, according to Kant, for the thoroughgoing identity of self-consciousness, and thus, for a stable self.

The role of the synthesis also becomes crucial with regard to the perception and knowledge of an object. Kant writes that the different intuitions or sensations of the object’s qualities have to be combined in such a way that they form the object as I experience it, “in order to become an object for me” (Kant 1996, 179). Kant’s self is thus to be understood as transcendental, in that it is a condition for experiences of objects through a synthesis of intuitions. The requirement of an ‘I think’ to possibly accompany all my presentations is the fundamental reason why all my presentations are mine. Kant’s self is thus some transcendental apperception, standing outside of the stream of ever changing experiences, and combining these experiences into a coherent unity.¹

The third and last fundamental perspective on what the self is derives from Edmund Husserl. Throughout his work he discussed a variety of ideas on the self, for which he employed particular concepts: ‘the ego-pole’, ‘the pure ego’, ‘the cogito’, ‘the empirical ego’, ‘the person’. Here only some of the intriguing elements of his views on the self, the ones most closely related to Hume’s and Kant’s positions, are to be illustrated. Husserl’s attempt to integrate a self and a no-self position, will finally guide this research towards the distinction of a minimal and an extended self in the contemporary phenomenology of the self.

Arguably, Husserl’s most significant contribution to the philosophical tradition was his formulation of the phenomenological reduction as epistemological foundation for scientific research. This reduction, or ‘epoché’ consists of suspending or ‘bracketing’ the existence of the world and all related knowledge, presuppositions, opinions, and beliefs, with the aim of working out the essences (‘Eide’) of the phenomena. Early on in his work, it seemed as if the

¹ I am particularly indebted to Anastasia Kozyreva for the conceptual relation between Hume and Kant and for the particular approach I chose in this first subsection of the introduction.

phenomenological reduction investigated the experiences of a no-one, as if these experiences happened in a void (Bernet et al. 1996, 190). Whom these experiences belonged to was more a question of empirical investigation, referring to a human or a person. Husserl assumed it was not relevant to the phenomenological investigation. The first phenomenological investigations therefore did not seek to answer the question whose experiences were being investigated, nor what the role of this subject would be in the experiencing itself.

The early Husserl held then a non-egological position, as was clear in his *Logical Investigations* (2001b).² Arguably, Husserl followed Hume in the denial of a strong independent Ego or self. However, as Marbach (1974, 100) has shown, he was later confronted with questions that made him reconsider his views. One of these questions was how one could possibly distinguish their experiences from the experiences of another person if there was no self in the first place. This problem of demarcation forced Husserl to reformulate his ideas on the self and on self-awareness, and he consequently developed a theory of the self as the pole of experience. This ego-pole allows a possible identification with experiences and makes the stream of consciousness ‘mine’ (Husserl 1973a, 219; Bernet et al. 1996, 191). Yet, Husserl did not think of this ego-pole as a substance, nor as a higher-order element of identification. The ego-pole should be distinguished from Kant’s ‘I think’, inasmuch as it is not a transcending substance or inner agent outside of the stream of experiences. It just determines that the experiences I experience are mine (Husserl 1973a, 307). What does this mean exactly?

Husserl claimed that all consciousness is self-consciousness. This is indeed the first step to the solution of the problem. The pure ego (*das reine Ich*) is the centre of experiences and it remains as such after the phenomenological reduction (Husserl 1983, 190-191). Whereas Hume and the early Husserl had argued that there was no self, only a bundle of perceptions, the later Husserl would say that it is *within* the perceptions that the self resides, namely under the form of self-consciousness. This ‘pure ego’ is the centre of activity, passivity, and affection. The self-awareness of higher levels of the self, like the person or the ‘empirical self’, but also higher levels of self-reflection are all grounded on this basic self-awareness within the stream of consciousness (Husserl 1973b, 275; Bernet et al. 1996).

In order to understand how consciousness can be self-consciousness, and how the self can be a stream of consciousness, Husserl’s ideas on temporality should be discussed. Husserl firstly differentiated between objective and subjective time (Husserl 1973a, 19). The first is the

² The distinction between an egological and a non-egological theory of consciousness was introduced by Gurwitsch (1941). The first argues that every form of consciousness of something is a consciousness for someone. There is an object, an experience, and a subject who experiences (Zahavi 2000, 56). The non-egological position, on the contrary, denies that every experience is for a subject (Strawson 2000).

empirical or measured time. The second is the temporality that is pre-empirical and non-measurable. It is the temporality of acts, sensations, and appearances. It is an absolute, pre-phenomenal flow of time (Zahavi 2010a, 524). This flow of time includes three ‘moments’. The first moment is the primal impression (*Urimpression*), which is narrowly directed toward the now-phase of an experience. Secondly, the ‘retention’ provides us with a consciousness of what we just experienced. It is a consciousness of the just elapsed phase of the object of experience. Thirdly, there is a ‘protention’, where consciousness is emptily directed at what is possibly going to be experienced (Zahavi 2010a, 321). These three together constitute ‘inner time consciousness’ (Zahavi 2010a, 524), which for its part grounds our consciousness of the objects of experience. The identity of an object is the result of an original unity, namely the continuously passing flow of ‘multiplicities’. All forms of synthesis, Husserl wrote, are in the end based on a final synthesis that happens entirely passively, through consciousness of internal time (Husserl 2012, 44). It is this inner time consciousness in which all different temporal appearances of objects “run their course” (Husserl 2001a, 172). Besides the necessary temporal structure for the experience of objects, inner time consciousness is also fundamental for self-awareness (Fuchs 2013d). It is through the retention that I can be aware that the experience I have just had is mine and is combined with the experiences I am having at the moment, and it is through protention, that it will be related to my experiences to come. Husserl can therefore claim that “to be a subject is to be in the mode of being aware of oneself” (Husserl 1973b, 151).

According to Husserl, Kant restricted his investigations to the study of spatio-temporal objects, while it would have been more interesting to turn towards the experiential subject. Husserl wrote: “Thus, his question is only this: What kinds of syntheses must be carried out subjectively in order for things of nature to be able to appear, and thus a nature in general. But lying deeper and essentially preceding this is the problem of the inner, the purely immanent object-like formation and the constitution, as it were, of the inner world that is, precisely the constitution of the subject’s stream of lived-experiences as being for itself, as the field of all being proper to it as its very own.” (Husserl 1983, 171) And it is indeed this direction that Husserl and the phenomenological tradition after him have followed.

1.1.2 Minimal self

‘Minimal self’ is a term describing the most basic or core self, which is claimed to be foundational for every other kind of self. This means that there is a form of minimal self-awareness that precedes every explicit or reflective self-awareness (Zahavi 2008). The term is mostly present in Zahavi’s work, who used it to describe the pre-reflective self-consciousness

Husserl aimed at. The concept of the minimal self offers an integration of both Husserl's early non-egological and later egological views. This prolific concept has received much attention over the past decades, both within phenomenology and in psychopathology. Further on it will be made clear that it is this self, and particularly the way in which Zahavi has elaborated it, which is claimed to be disturbed in schizophrenia. Moreover, towards the end of this subsection, it will be argued that Zahavi's understanding of the minimal self is not the only one, and certain aspects of self-awareness, like embodiment, have been added by other authors. Before venturing into more detail, it should be clarified what awareness precisely means, as the minimal self is described as the minimal form of self-awareness.

Awareness means that I am consciously intending an object of my experience. I perceive a tree; therefore, I am aware of the tree. This is object-awareness. Is object-awareness a sufficient condition for self-awareness? Jean-Paul Sartre would famously argue that it is not. He demonstrated that I could only reflectively become aware of my self or my I (Sartre 1957, 53). Only by adopting a distancing and objectifying attitude to my experiences, will an ego appear (Sartre 1957, 44). And this *reflected* self would have little to do with the *reflecting* self. The reflecting self that we are interested in, the self as subject rather than object, would escape (Zahavi 2008).³ Sartre claimed that the self as such is superfluous (Sartre 1957, 40). Furthermore, although it may seem that a self could unify our perceptions (as Kant argued), there is no need for any active connection, as these experiences are already unified as unity of the temporal flow. Sartre then concluded that a phenomenological investigation leads to self-awareness, not to the self.

Sartre's position clearly shows the importance of dealing with both egological and non-egological's arguments. Zahavi counters Sartre's non-egological view by claiming that a certain self-centrality is still necessary in order to solve the issue of the demarcation from the other. It is not yet the strong substantive ego Sartre criticized that is here at stake, but an ego nonetheless. This ego is the subjective pole of every experience. What ultimately determines the mineness of experience is not an independent self, but the way experiences are experienced: they are originally given to me.

Zahavi defines self-awareness as the basic subjectivity of experience (Zahavi 2000, 59). What he means by egocentric self-awareness is not a pure self apart from the experience, "but to be acquainted with an experience in its first-personal mode of presentation, that is, from 'within'" (Zahavi 2000, 64). The significant turn is that Zahavi does not deny the presence of a

³ It is obvious that a second attempt to reflect on the reflecting self leads to a higher order account of self-awareness, and this implies an infinite regress.

subject, but he understands it as *in* the experience, as part of every experience. “It is exactly the primary presence or first-personal givenness of a group of experiences which constituted their mineness, i.e., make them belong to a particular subject” (Zahavi 2000, 64). The question of how I distinguish my experiences from yours, or how we demarcate self and other, is thus solved by showing that the experiences are necessarily yours or mine depending on the original givenness. The mode of givenness of your pain that I empathise with, and of my own pain is very different. The subjectivity of experience, this minimal self, is not an element we find through introspection. “To be self-aware is not to withdraw to some self-enclosed interiority. It is not to interrupt the experiential interaction with the world in order to turn the gaze inside” (Zahavi 2000, 64). Self-awareness is in the world: “Subjectivity is open towards and engaged in the world, and it is in this openness that it reveals itself” (Zahavi 2000).⁴

However, if the self belongs to each and every experience, a problem arises. All experiences are different, but the self is supposed to remain the same. How is this possible with the kind of experiential self-awareness Zahavi just described? In order to account for this, he turns back to Husserl. According to Husserl, the ego must indeed be distinguished from the experiences in which it lives, but it cannot be independent of these experiences. Therefore, he claims: the ego is a transcendence, because it transcends the discrete experiences. Yet, the ego is a transcendence *in* the immanence, because it only transcends each and every single experience while remaining within the experiences or within the immanence (Husserl 1973a, 246). Thus, only a phenomenological investigation of a sequence of experiences, of a plurality of experiences, is capable of showing the minimal self.

Marbach expands this approach, and argues that the modification of intentional acts, such as remembering or imagining, also provides the opportunity to analyse the self. In other words, it should be possible to designate what changes and what remains in this plurality of acts (Marbach 2000, 87). The self supposedly remains identical whether I perceive, remember, or imagine a house. The self we are searching for is indeed the point of reference of all these intentional acts, or what Husserl called the ‘zero point of orientation’ (Husserl 1973a, 116, 372). And this is indeed what Zahavi described as the subjectivity of experience.

Hume’s argument of temporal gaps (such as dreamless sleep, coma,...) becomes irrelevant for self-awareness. It would only be a problem if we claim that the minimal self is defined through the contiguity of experiences. Following Husserl and Zahavi, contiguity is not essential. What is essential is that all conscious experiences are necessarily given to me. “Even though the

⁴ It will be clear further on that this description of self-awareness fits Neisser’s and Gibson’s ecological self.

experiences are unified, this unification is not due to the synthesizing contribution of the ego; on the contrary, such a contribution is superfluous since the unification has already taken place in accordance with intra-experiential laws” (Zahavi 2011, 35). The experiences are unified because they are all given to me, not because they show an inter-connection with each other (Zahavi 2000, 68).⁵ Based on the previous brief overview, it can be argued that both egological and non-egological arguments are valuable, however following Zahavi’s account, a basic self within our immanence can be pinpointed. This basic or minimal self is not a reflected or objective self, but the subjectivity of our experiences. Moreover, it is not restricted to transcendental philosophy, but also plays an important role in both developmental psychology and psychopathology. Before turning to those lines of inquiry, it could be interesting to examine Zahavi’s minimal self a bit further.

The minimal self has three interwoven characteristics that distinguish it from other forms of self. The first is that it is *pre-reflective* self-awareness. The second refers to the *first-person perspective*. And the third relates to *temporality*.

The minimal self is pre-reflective, inasmuch as it is the necessary condition for self-reflection and, simultaneously, it is not reflective itself. It does not require a meta- or higher-order position, as it has been argued when introducing Sartre’s description of self-awareness.

The second characteristic is the ‘first-person perspective’. Zahavi offers clear insight into the quality of this concept: “... when I taste single malt whiskey, remember a swim in the North Sea or think about the square root of 4, all of these experiences present me with different intentional objects. These objects are there for me in different experiential modes of givenness (as tasted, recollected, contemplated etc.)” (Zahavi 2010b, 3). Although all these experiential modes are very different, they have something in common, namely, they are presented to me and I experience this givenness as mine. What makes them for-me is not their content or a quality, but it is essentially the first-personal presence of experience. The for-me-ness of every experience also accounts for the epistemic asymmetry of experiences, that is to say, the reason why these experiences are my experiences, and not yours, and the other way around (Zahavi 2008, 122). When looking back at Hume’s famous passage, where he claims not to find any self, he now seems to clearly overlook that all the experiences and perceptions “of heat or cold, light or shade, love or hatred, pain or pleasure” (Hume 2003, 180) are given to him, solely presented through his first person perspective (Zahavi 2008, 126).

⁵ Zahavi’s argument risks circularity. What determines that an experience is mine, is that it is given to me. The ‘to me’ already supposes that I recognise an experience to be mine. The issue will be disentangled in Chapter 2.

The third aspect of the minimal self relates to temporality. The temporal structure of consciousness, or what Husserl called inner time consciousness, has been briefly outlined above (Husserl 1966b). Within that framework, the kind of temporality that relates to the minimal self is implicit temporality, which is notably the kind of temporality that “runs with the movement of life, unfolding through the processes of embodied activity” (Fuchs 2010a, 558). Fuchs described it as follows: “Even in its most basic forms, consciousness is constituted as the duration or extension of awareness that spans succeeding moments and thus establishes a fundamental continuity” (Fuchs 2010a, 558). However, the continuity is secondary to the unifying function of self-awareness itself.

It should also be added that, depending on the author, other aspects are attributed to the minimal self. So far, Zahavi’s description of the minimal self as an essential experiential dimension has been employed as guideline of this inquiry. Yet, three more elements could be included in the discussion: embodiment, self-affection, and the ecological self. These three strongly relate to each other, and they are particularly relevant for the later concept of self- or ‘ipseity’ disorder in schizophrenia. They are less prominent in Zahavi’s understanding of the minimal self, though. It is hence helpful to clearly distinguish between Zahavi’s concept of the minimal self, and the minimal self as referred to by other authors, for example Fuchs.⁶ It is clear that the minimal self is not a substance independent from experience. However, it is not a ‘view from nowhere’ either. Husserl’s reference to the ‘zero point of orientation’, as previously introduced, does not entail a solipsistic free-floating spirit, but a concrete subject in relation to others and the world. Following Fuchs, our primary way of being self-aware and having first-person perspective on our experiences is through embodiment. Embodiment stands for the combination of our active interaction in the world (*Ich kann*) and of the passive being affected by the world. Our body is the sedimentation of particular capacities and habitualities. On the other hand, it also limits and constricts our field of interest, our world of action.⁷ The body enables and restricts our conscious experiences and thus, determines our self-awareness a priori. The body does so in the realm of the pre-reflective, as no explicit reflection or distance is needed in order to experience ourselves as this body. “The subject body functions as the medium and background of our experience” (Fuchs and Schlimme 2009, 571). Only secondarily, when we focus and reflect on our body, we do experience it explicitly as a body. We become somewhat distant and

⁶ This different appreciation or definition of the minimal self has implications for psychopathology and it will be relevant further on in order to evaluate the adequacy of the minimal self as a concept for the psychopathology of schizophrenia. See, for example, Fuchs’ article (Fuchs forthcoming) on the diachronic unity of the self, and in particular on the role of the body for basic or minimal self-awareness.

⁷ An intriguing illustration of embodiment restrictions will be discussed in the subsection on developmental psychology, and, more specifically, on primary and secondary intersubjectivity.

distinct from it. But then again, the subject experiencing this distance towards its own body is still embodied, still pre-reflectively aware of its own subject-body (*Leib*) although it might experience its object-body (*Körper*) as different.

Embodiment, furthermore, incorporates self-affection. Consciousness is always affected by itself and it is affected by itself through the body (Merleau-Ponty 2005, 496). We sense the objects we touch, and, simultaneously, we sense ourselves in the touching. “At the root of all our experiences and all our reflections, we find, then, a being which immediately recognizes itself, because it is its knowledge both of itself and of all things, and which knows its own existence, not by observation and as a given fact, nor by inference from any idea of itself, but through direct contact with that existence” (Merleau-Ponty 2005, 432).

Yet, consciousness is not just self-affection. It is embodied and therefore, it is in the world. The reference to the ‘ecological self’, in particular, is a way to indicate that the basic self is a self in ecology, that is: situated, embedded, in dialogue, in interaction. The term stems from developmental psychology, where infant research has led Neisser (1988; 1995) to support such an ecological condition of the self.⁸ Along similar lines, Gibson (1987, 418) has written: “Oneself and one’s body exists along with the environment, they are co-perceived”. The ecological self is then embedded into “its *lived space* and *lived world* which presents itself as a field of possibilities, affordances, barriers or obstacles” (Fuchs 2010a, 550). The ecological self is thus a self interacting with the environment and being aware of doing so. It is the embodied form of pre-reflective self-awareness or the ‘subjectivity of experience’. Further on in this dissertation, how developmental-psychological researchers can conclude the existence of an ecological self will be extensively discussed, and how bodily processes like proprioception develop and still play an important role in adult life for basic self-consciousness or for the minimal self. It will be argued, most importantly, that the interaction with others (and particularly imitation) is the essential condition for the further development of self-consciousness.

For the time being, it is important to distinguish Zahavi’s description of the minimal self against the background of other authors’ account of minimal self-awareness, especially in reference to the role of embodiment. Nevertheless, Zahavi’s account of the minimal self deserves

⁸Neisser’s own extended definition: “An ecological self is an individual who is, and perceives herself to be, located at a given place (or moving along a given path) in an extended environment of surfaces and objects. She has, and perceives herself to have, an extended body that is capable of interacting with the environment in a purposeful way. Those interactions are, and are perceived to be, relevant to her own needs and satisfactions – including the satisfaction that comes from purposive action itself” (Neisser 1995, 19)

full attention at this stage due to its role in the current phenomenological approach to schizophrenia.

1.1.3 Extended self

The expression ‘extended self’ is used to describe the self or selves which do not fit into the description of the minimal self. These selves might nevertheless play a vital role in our lives. The minimal self is thought to be foundational for all other types of self, inasmuch as it is the necessary condition of experience (Zahavi 2008). However, Strawson (1999, 100) has famously listed a variety of types of self.⁹ The main question is whether or not these different selves are distinct entities that somehow constitute our self and self-experience. It is relatively easy to argue that the selves are just different moments of an overarching self. It is in this last sense that the term ‘extended self’ is used here, meaning by that, the overarching cluster of selves which cannot count as minimal.¹⁰ Two main types of extended self are worth discussing here.

The ‘reflective self’ is the self as an object of our reflection. In this regard, we thematically think of the self that we are. As Sartre has explained, the reflective or reflected self is object-like and it should be distinguished from the I-consciousness or the reflecting self. Nevertheless, the reflected self offers a way of experiencing our self, for example during introspection. We are able to think about our actions, both retro- and prospectively. We are even able to value ourselves through the reflection of our activities or desires. The reflective self requires distance from a given situation and interruption from the immediate connection with the surroundings. Reflecting on oneself also entails de-centring ourselves (Summa 2014a). We are, during the reflection, not immediately experiencing the world from our perspective, at least not explicitly. Reflection is indeed a higher-order move, distancing ourselves from the ‘lower’ or fundamental level of being involved in the world. To break it down: the reflected self is the self we think we are. We are not constantly reflectively conscious of ourselves. This would impede our fluent activities. Our self is articulated during internal observation or through reflection in moments of emotional stress, in philosophical inquiry, or when we are confronted with unusual situations that require more than spontaneous interaction. This, of course, does not mean that we are not conscious or self-aware during unreflective moments.

⁹The cognitive self, the conceptual self, the contextualized self, the core self, the dialogic self, the ecological self, the embodied self, the emergent self, the empirical self, the existential self, the extended self, the fictional self, the fullgrown self, the interpersonal self, the material self, the narrative self, the philosophical self, the physical self, the private self, the representational self, the rock bottom essential self, the semiotic self, the social self, the transparent self, and the verbal self.

¹⁰The term ‘extended’ is sometimes used in cognitive science to describe how our minds are ‘extended’ through the use tools, like a walking cane or technology (Clark and Chalmers 1998). In this introduction, I follow Zahavi (2008) and Gallagher (2000a) while distinguishing between minimal and extended self.

The second type of extended self that should be mentioned here is the ‘narrative self’. Narratives are the stories we tell each other, and in order to understand or use those narratives, a person has to be capable of understanding verbal reports about one’s own or others’ feelings, thoughts and motives (Fuchs 2010a). There are distinct views on what the role of narrativity is for selfhood, but they all share some basic ideas. As Marya Schechtman has pointed out, an essential part of all narrative views on the self is their rejection of the reductionism of subjective life, an intention many philosophers share. Central elements in the narrative views are meaning and significance, concepts that are easily lost in scientific reasoning about the self. Consequently, narrativity seems to be a good way of capturing how we experience subjective life as meaningful (Schechtman 2011). Another common feature of narrative approaches to the self is their focus on values. What we experience as good or bad, as reasonable or as senseless is understandable in a context, in a shared story. Moreover, narrative approaches share the element of interaction with others. Narratives are not only considered as stories we tell ourselves about who we are, but also as stories others tell about us, and that we tell about others. My narratives are interwoven with those of others, we are each other’s ‘co-authors’.

In general terms, the narrative approach to the questions whether the self exists and how to define it would maintain that the self is inherently narrative: we experience it through narration. We characterize events, actions and intentions of ourselves and others within a context of narrativity. We evaluate moral values in such a narrative framework as well. This does not mean that we necessarily make those moral values or the background narratives explicit. “This view does not demand that we explicitly formulate our narratives (although we should be able, for the most part, to articulate them locally when appropriate) but rather that we experience and interpret our present experiences not as isolated moments but as part of an on-going story” (Schechtman 2011, 398). We ‘live’ our narratives and understand our lives that way. “Stories are lived before they are told—except in the case of fiction” (MacIntyre 1985, 197).

From a psychological perspective, basic narrative competency is taken to be an important developmental milestone (Bruner 1997; see also Nelson 2003, 21-29). Through narrativity, we can understand ourselves as extended over time on the one hand, and different from others on the other hand. The narrative self is the result of an interpersonal interaction, of sharing stories and of taking part in each other’s stories. It is this kind of self that we usually think about when asked about who we are. When trying to answer this question, we start to tell the story of who we were and who we will be. Although the narrative self is probably the most noticeable in any reflection on the self, it cannot give a complete account of what we are. Indeed, we reach the limits of this narrative approach as soon as the question is raised how we recognize a narrative to be about us.

How do I know that the story I tell and that others tell is about me? I am apparently not able, through the use of narrative, to identify my experiences and my subjective life with what is narrated. Prior to narration, I must preliminarily have the ability to differentiate whom this story is about and whose experiences are being narrated. In other words: “The narrator must be able to differentiate between self and non-self, must be able to self-attribute actions and experience agency, and must be able to refer to him- or herself by means of the first-person pronoun.” (Zahavi 2008, 113) According to Zahavi’s critique, the first person perspective of the minimal self, the experiential self-awareness, is thus already pre-supposed. A second important limitation to the narrative approach to the self should be mentioned here: understanding the self as a result of narratives arguably excludes those parts of self, which are not structured narratively, that is, which are not goal-directed, not chronologically capable of narration. Narratives are selective by nature and seem to impose more unity upon our subjective life than otherwise required (Zahavi 2008, 113).

The extended self is therefore a collective term for different kinds of self, whose common feature is that they are taken to be the result of interactions with the world, with others, and that they are still relying on the minimal self. The extended self follows from the acquisition of an allo-centric position, a position towards one’s self that stems ‘from the outside’, from others. The extended self then concerns a higher level of subjective life, in a dialectical interaction with others and the world. The distinction between the minimal and the extended self has undoubtedly its problems, of which a few have already been discussed. Nevertheless, it is in my view important to discuss the distinction, particularly since, in schizophrenia, only one ‘kind’ of self is claimed to be essentially affected. In order to effectively frame the main hypothesis of this dissertation on the role of intersubjectivity in schizophrenia, a thorough assessment of the current phenomenological hypothesis on schizophrenia as a self-disorder is required.

1.2 Self-disorders

1.2.1 Psychiatric disorders and disturbances of the self

Now that the reader is acquainted with Husserl’s and Zahavi’s phenomenological approaches to the self, and now that different types or layers of the self have been distinguished, the investigation can turn to the psychopathology of the self. Psychopathology as a field indirectly opens a wide variety of philosophical questions and answers, arguments, and examples – most of which are uncommon in everyday life. A number of psychiatric disorders can be linked

to the previous discussions on the self.¹¹ Generally speaking, mental illness refers to those situations in which a person and possibly his surroundings suffer from a condition that has an impact on the person's psychic wellbeing, including cognitive functions, affectivity, conation¹², or behaviour. The 'self' is a valuable concept within this context. Unsurprisingly, the psychiatric clinical field has often been delved into while hunting for clues in philosophical discussions. The validity of philosophical claims is often tested by searching for invalidating counterexamples. One way of finding one is through imagination. If something is imaginable, it might be possible, so the argument goes, and thus it could function as an invalidating counterexample. Another way is turning to psychopathology. But what exactly should one look for, when turning to the clinic? More specifically, what does the self have to do with mental illness? Several psychiatric disturbances and disorders that refer in different ways to the self can be discussed here, including depression, anxiety, personality disorders, and dementia.

Some preliminary questions should, however, be raised. Before moving on to the psychiatric disorders, it is worth asking whether or not the self is affected also in the case of somatic illnesses. In case of severe pneumonia, a person may be coughing, having fever, feeling weak, and somnolent. The sick person is not able to perform usual activities. They may not be able to read or think the way they normally do. They are restricted in their normal being and the feeling of sickness might even give them a different feeling of being. Clearly, nobody would claim that the self of these people is disordered, that their self is sick, or that they suffer from a changed sense of self. But, it is somehow clear that even a somatic illness has an impact on aspects of the self. For instance, the sick person cannot be him- or herself, meaning the one who does particular activities, such as a profession. At least one aspect of being a self has been affected, their (professional) personhood. But, as previously clarified, this is only one part of being someone, and it seems to have little to do with the phenomenology of self-awareness. Psychiatric disorders, on the contrary, may have deeper impact on other aspects of the self, which are considered to be more essential for selfhood. The different disorders that are highlighted here help illustrate some common and some distinctive aspects of the self. Through a particular malfunctioning, a weakening or an alteration, a specific aspect of the self is articulated. It will become clear later on, that it is a special kind of self that is involved in schizophrenia.

The first condition to be investigated here is major depression, which is one of the most prevalent psychiatric disorders. A depressive patient may experience strong feelings of guilt, of

¹¹ I use the terms 'psychiatric condition', 'mental disorder', and 'mental illness' without further nosological or aetiological claims. For a discussion of the (in)adequacy of these terms, see the accounts of Häfner (1987), Wakefield (2006), Schramme (2010) and the debate opened by Phillips (2012a; 2012b).

¹² 'Conation' refers to those mental aspects related to motivation, strive, drift, impulse, and will.

shame, and of a loss of self-confidence. The subjective worthlessness, emptiness, and anxiety of the patient may become so strong that one develops a death wish. Obviously, the condition differs in intensity from the kind of sadness and discomfort everyone may experience to a certain degree. A whole change arguably affects the patient. In the traditional description of melancholia, and its contemporary interpretation, many references to alterations of the embodied self can be found. “In melancholia, the body loses the lightness, fluidity, and mobility of a medium and turns into a heavy, solid body that puts up resistance to the subject’s intentions and impulses. Its materiality, density, and weight, otherwise suspended and unnoticed in everyday performance, now come to the fore and are felt painfully” (Fuchs 2005a, 99). The body of the depressive patient, instead of being a subjective centre of possibilities, can become more and more objectified. “To act, patients have to overcome their psychomotor inhibition and push themselves to even minor tasks, compensating by an effort of will what the body does not have by itself any more. With growing inhibition, their sensorimotor space is restricted to the nearest environment, culminating in depressive stupor” (Fuchs 2005a, 99). This can result in not being able to be moved or affected by things or persons, thus disturbing interpersonal affectivity. Patients may experience themselves and their surrounding becoming less present and less real than before. Patients may also experience “the feeling of not feeling” (Fuchs 2005a, 99). Clearly, the depression label covers a mixture of afflictions, from the ordinary feelings of sadness to depersonalization and the development of delusions. Within this spectrum, the self can be entailed in different degrees. One may argue that the minimal self as such is unchanged, as patients still remain implicitly aware of being themselves. In the case of melancholia, the embodied aspect of the self can however be disturbed. Based on Zahavi’s account, this would mean that the minimal self is not necessarily affected. However, if one was to follow Fuchs who integrates embodiment into minimal self-awareness, melancholic depression may well be said to affect the minimal self. On the broader level of the extended self, namely of reflective and social self, self-confidence is also clearly affected.

Anxiety disorders are another class of clinical disorders where the self can be affected. Contrary to ‘normal’ anxiety, in clinical cases anxiety does not seem to go away. These feelings of worry interfere with normal life and cause the person to doubt and lose self-confidence. This is also the case in phobias, where there is a concrete fear for a particular object or situation, but it goes even further in the panic disorder. Mostly, people suffering from this condition experience panic attacks and the worry of having new panic attacks weakens their self-confidence. At any given time, the patient may suddenly be overwhelmed by such a panic attack. It seems only logical that the uncertainty of the timing of the next attack, as well as of the cause or the

triggering factors, intensifies the suffering even when there are no attacks. Again, the self-confidence of the patient can lose its solidity, as the patient might question his or her own decisions and previous meaningful life events in order to clarify and understand one's own experiences. During panic attacks patients often describe experiences of derealisation and depersonalization, as these attacks are often incomparable to other feelings patients may have already had. A condition such as the panic disorder or generalized anxiety disorder may cause a person to doubt his or her own identity, life goals and on a narrative level, it may undermine the constructed certainties that ground one's own identity and personality.

An impact on the self can also be detected in different personality disorders. Common to these disorders is that they are characterized by an enduring dysfunctional pattern of behaviour, cognition, and experience, which are present in different contexts and moments. Such disorders usually develop early on, mostly during adolescence, and become manifested in early adulthood. Both for patients and, often, for their relatives, these disorders cause distress and suffering. Otto Kernberg (1985), famous for his theories on borderline and narcissism, remarked that the essence of these personality disorders is twofold: the first is the difficulties in forming an integrative self-concept; the second is the difficulty in integrating significant others into one's life. Among personality disorders, the borderline personality disorder (BPD) is here discussed first. Patients with BPD display an instability pattern in relationships, often quickly changing their estimation of others from very good to very bad. They also report difficulties with self-esteem and self-image, and identity. Patients can for example repeatedly complain of not knowing who they are. This does not entail to a disturbance on the level of the minimal self, since they experience no problem identifying their experiences. They, however, seem to have a hard time building a coherent self-image and identity over time. This is shown in behaviour, with often aggressive and self-harming acts and impulsivity.

“The rapidly changing affects and moods conspicuous in these patients result in an incoherence of self-related states and self-concepts. Extreme affective oscillations make them feel almost like different people, each defined by a particular mood state. The result is a shifting view of oneself, with sharp discontinuities, rapidly changing roles, goals and relationships, and an underlying feeling of inner emptiness” (Fuchs 2010a, 561). These patients may not experience continuity of their personality across time and situations, leading to an unstable self. This is not only the case for the experience of being the same individual in this moment as before in other situations, but also for the future. The failure to integrate past experiences with an anticipated future leads to failing to correctly tell one's own story. Naturally, such a failure also includes difficulties in relating to others, notably to the story that others tell of the patient. The

problematic and unstable relationships most of these patients have are directly linked to this lack of attunement to the co-authors of their story. The self affected by BPD is thus the narrative self and its continuous effort to co-write a coherent story of who we are.

Dementia is the last disorder to be discussed before moving on to schizophrenia. Dementia is the collective name of the class of neurocognitive illnesses whose main feature is cognitive deterioration, in particular memory impairment. It is a heterogeneous group and patients with dementia can experience a variety of symptoms, such as disturbed mood and perceptions, thought disorders, language difficulties, disturbances of motor activity, and changes of personality. Alzheimer's disease is the most prevalent form of dementia. Others include vascular dementia, Lewy body dementia, frontotemporal dementia, Huntington's disease, and Creutzfeldt-Jakob disease. A particular form of dementia depends on the specific symptoms, the clinical evolution, and the cause. Alzheimer's disease can be taken as prototypical example. It is argued that in certain stages of Alzheimer's, the minimal sense of self is unchanged, while the autobiographical or narrative level of the self can be clearly disturbed (Summa 2014a). Patients may not know who they are, who the people around them are, or where they are. But they still recognize their own thoughts and feelings to be theirs. The perspectival ownership of their experiences, the sense of agency in their activities is not lost. Thus, in Alzheimer's disease it seems that the minimal self, as a pre-reflective experience of being yourself, seems generally intact.

The previous paragraphs have possibly made clear how some of the most prevalent psychiatric disorders are related to different aspects or types of the self. In depression, the self is only secondarily afflicted. Disturbances of the embodied self can be observed in melancholic forms of depression, so that, depending on one's understanding of the minimal self, melancholia could be said to ultimately affect the embodied minimal self. The affective and cognitive component remains central in other forms of depression. Differently, patients with anxiety disorder may report symptoms like depersonalization and derealisation during panic attacks. However, the uncertainty of the origin and hence of when new instances of the attacks might occur can impact one's self-confidence and certainty of personal identity. Moreover, in personality disorders, and in particular BPD, the self-concept plays a central role. The higher levels of self relying on integration of affects, continuity and stability of time are affected. Consequently, the narrative self does not develop fully. Lastly, in Alzheimer's disease, the minimal self seems to remain unchanged, while higher levels are clearly disturbed.

1.2.2 Schizophrenia as a self-disorder

The philosophical descriptions of the self have triggered a renewed interest in the pathology of the self. Schizophrenia is the most prominent in this field, but as previously explained, other disorders as well can be described with reference to the self, albeit different kinds of self. Since schizophrenia is not a philosophical concept, but rather a psychiatric disorder, from which patients suffer, I will focus on three different approaches to the disorder. Their selection is justified by their clinical, scientific, and philosophical importance. The first approach is the mainstream classificatory description of the DSM, which is used for both research and clinical diagnosis. The second is based on insights from neurobiology and neuroimaging, and focuses largely on supposedly underlying mechanisms. The third and last approach stems from the phenomenological psychopathology that conceptualizes schizophrenia as a self-disorder. For the purpose of this text, the third account is the most relevant. It will then be established and at the same time criticized. As a result, this third approach will be scrutinized in more depth than the other two.

In the mainstream psychiatric discourse schizophrenia is considered as a mental disorder that can be diagnosed and classified using *the Diagnostic and Statistical Manual of Mental Disorders* (DSM) or the *International Classification of Diseases* (ICD). These classifications list what are believed to be the specific and sensitive symptoms for all mental disorders. Clinicians or researchers who want to know whether or not someone suffers from schizophrenia can thus score the symptoms on this list. The DSM distinguishes different criteria or categories of symptoms in schizophrenia (American Psychiatric Association 2013). The first are called characteristic symptoms (A) and prior to diagnosis the presence of at least two of the following is required for at least one month: delusions, hallucinations, disorganized speech, disorganized or catatonic behaviour, and negative symptoms. Negative symptoms include affective flattening, alogia (poverty of speech), anhedonia, or avolition. Before the changes introduced by the DSM-5, only one of these five criteria was taken as sufficient if the delusions were bizarre or the hallucinations consisted of at least two people conversing with each other. The second category of symptoms of the DSM (B) refers to social or professional dysfunctioning. This category is a requirement of many mental disorders. It indicates that something is a disorder as soon as it disturbs normal life, for example the functioning in the workplace, interpersonal difficulties, or self-care. A third criterion (C) is the temporal definition: the symptoms have to be present for at least six months, and active symptoms of category A have to be reported for at least one month. Further diagnostic specificity is reached by excluding other mental disorders in the same psychotic spectrum. Schizoaffective disorders and mood disorders should then be preliminarily

excluded. Furthermore, the DSM-IV specifies that the symptoms should not be the consequence of an underlying medical condition or of the use of substances. Lastly, it is worth remarking that the DSM description differentiates schizophrenia from pervasive developmental disorders, such as autism.¹³

One of the recent substantial modifications to the diagnostic classificatory list is that the subtypes of schizophrenia (the paranoid, the disorganized, the catatonic, the undifferentiated type) are no longer present. Despite the changes, the DSM does not offer a clear prototype of what schizophrenia is. Furthermore, its categorical approach sometimes leads clinicians and researches to doubt the validity of the classification. Since the announcement of the fifth edition of the DSM, its general approach has been criticised extensively. Its scientific value, its use in clinical practice, and its supposed a-theoretical background have been questioned (Kendler and First 2010; Frances and Widiger 2012; Phillips et al. 2012a; Möller 2009). However, to the disappointment of many clinicians and researchers, the DSM-5 has not brought the innovation it was expected to bring. This text will not focus any further on this debate, but the reasons why certain assumptions in the DSM regarding schizophrenia and delusions are simply misplaced deserve to be discussed. It is no wonder that descriptive psychopathology or phenomenology has concurrently gained renewed interest. The disappointment engendered by the DSM and its operational system of diagnosis is one contributing factor.

Schizophrenia remains an enigmatic illness from both a psychological and a neuro-scientific perspective. Its diagnosis has been mysterious or even controversial since its very first description (Maatz and Hoff 2014). The concept of schizophrenia has often been at the centre of fierce criticism. A few of these critical arguments seem to remain bound to the concept still today. First of all, the anti-psychiatric movement focussed on schizophrenia to prove that all mental disorders, even the ones that seem most severe, are in fact no disorders at all. Thomas Szasz famously claimed that there is no such thing as schizophrenia (Szasz 1978). He argued that, while schizophrenia is claimed to be a disease, it actually lacks every aspect of a nosological entity. It is merely a label that is wrongly used to exert power over people (Szasz 1978, 27).¹⁴

This critique led to a wave of de-institutionalization of chronically ill patients, and it left an ideological message behind. This message is known as social-constructivism. In today's form this view claims that every mental disorder is constructed in a social context (Thornton et al.

¹³ The changes in the classification and diagnosis of schizophrenia in the DSM-5 are discussed in detail in (Paulzen and Schneider 2014; Tan and Van Os 2014)

¹⁴ Similar criticism was developed and applied in practice by Laing (2010).

2009). The famous transcultural studies that showed different appreciation of mental symptoms among different cultures confirmed this view (Thakker and Ward 1998). Only a few ‘reductionistic’ psychopathologists will discard this idea in general, as it seems clear that a mental disorder is always something that deviates from normality (Markova and Berrios 2009). Normality cannot be considered as a universal standard, as it is rather inherently socially and culturally dependent. Thus, social constructivism, in its lighter version, seems to be acknowledged today: “Constructivism has been associated with anti-psychiatry activists, but we should admit that social forces play a role in the creation of our diagnoses, as they do in many sciences. However, truly socially constructed psychiatric disorders are rare” (Kendler 2016, 5).

The second criticism to the concept of schizophrenia comes from a neuroscientific standpoint. Neuroscientific researchers claimed that schizophrenia, as based on the DSM’s description, does not exist. The DSM’s schizophrenia is considered as an artificial gathering of different pathologies that might have some superficial similarities. According to reductionistic and realistic views on psychopathology, the DSM offers little more than a faulty diagnostic construct, while the true disorders are entirely missed by such a categorical classification.¹⁵ However, neurobiological, genetic, and neuro-imaging studies have not yet provided the ultimate insight that these researchers have hoped for over twenty years now (Van Praag 1999). Genetic research has shown that a wide variety of genes may play a role in schizophrenia (Van Os and Kapur 2009). The variety is however so large that it may well prevent us from taking schizophrenia as one single illness. Such an outcome would be compelling, provided that one were to accept the assumption that an illness is determined by its genetic or biological underlying mechanism. Today, attempts are made to incorporate the results of the neuroscientific research on schizophrenia with psychopathological hypotheses, rather than relying on the DSM’s classification (Insel et al. 2010).

The second approach to schizophrenia discussed here was developed as an attempt to answer the difficulties of the DSM’s diagnostic classification thanks to neuroscientific hypotheses. Van Os and Kapur (2009) argue that the acute psychotic state in schizophrenia is associated with an increase in dopamine synthesis and release, as well as with resting-state synaptic dopamine concentrations. The ‘salience hypothesis’ explains the link between these changes in dopamine neurotransmission and psychotic symptoms (Kapur 2003). This hypothesis states that psychotic symptoms are the result of an aberrant assignment of salience to stimuli that

¹⁵ By ‘realistic’ I mean the views that assume that psychiatric conditions are real, independent entities. They are independent of the names and labels we give them. They oppose constructivism and nominalism. The ‘reductionistic’ variation of realism is the claim that psychiatric disorders are brain disorders – an idea present throughout the history of psychiatry, and vivid today.

we would normally implicitly ignore or would not pay much attention to. These stimuli become more important because of the dysregulation of dopamine. Dopamine is assumed to play a role in motivation and in the rewarding system. When too much dopamine is released in relation to a certain stimulus, this stimulus will seem more important. It is believed that the patient will consequently develop cognitive attempts to cope with these new experiences of importance to stimuli, and thus develop causal explanations that lead to delusions. This hypothesis is strengthened by the long standing empirical evidence provided by pharmacological therapies based on anti-dopaminergic mechanisms, which can effectively decrease psychotic symptoms such as hallucinations or delusions (Meltzer and Stahl 1976; Kapur 2004; Howes and Kapur 2009). In addition to changes in the neurotransmission of dopamine, structural brain imaging studies show subtle but almost universal decrease in grey matter, enlargement of ventricles and focal alteration of white matter tracts (Van Os and Kapur 2009). Such a renewed understanding of schizophrenia would discard the issue of low validity.¹⁶ However, the neurobiological model, based on the dopamine hypothesis, is itself still controversial (Kendler 2014; Kendler and Schaffner 2011).

Despite all diagnostic and classificatory issues, and despite the anti-psychiatric protest, most psychiatrists do assume that an entity exists that somehow fits the descriptions of schizophrenia. As Parnas, Sass, and Zahavi (2013) have argued, the prototypical recognition of the disorder in the clinical setting seems to indicate that there is some common core to schizophrenia, beyond possible different aetiologies or causal pathways.¹⁷ In this sense one may speak of a syndrome or a spectrum of schizophrenia. What H.C. Rümke (1960) has famously called the ‘*praecox-feeling*’ and what Karl Jaspers (1948) has described as ‘*incomprehensibility*’ (*Unverstehbarkeit*) are classic examples of the supposedly immediate recognition of the schizophrenic spectrum. However, these descriptions do no justice to the diversity of presentations of symptoms and experiences that patients describe.

In the light of this clinical recognition on the one hand, and of the struggles to define and conceptualize schizophrenia on the other, phenomenological psychopathology has committed itself to overcoming this obscurity. Phenomenological psychopathology attempts to look for “psychopathological organizers” (Fuchs 2010c) that connect the single features of a disorder. Over the past twenty years, great efforts have been made to come up with new insights into the

¹⁶ The dopamine-hypothesis itself is not new. It is the application of recent results from neurobiology, genetics, and neuroimaging which have revived the idea. See, for example (Crayton et al. 1968; Meltzer and Stahl 1976; Spanagel and Weiss 1999)

¹⁷ This is a different form of ‘realism’ from the neuroscientific one. This approach also assumes the real existence of schizophrenia, yet, it is based on clinical recognition and does not make claims on aetiology. Nevertheless, the constructivist critique applies to it as well.

core of the schizophrenic syndrome. Rather than ignoring the social-constructivist critique or the weak diagnostic validity, these latter have motivated researchers to form a coherent and specific hypothesis on the presumed common core of schizophrenia. An essential feature of the phenomenological approach is that it avoids making claims on the supposed cause. In this sense, it does not commit to any underlying theory of (neuro)reductionism (Parnas et al. 2013). In fact, the phenomenological project could well be prescribed as a necessary step for any neuropsychiatric research to begin with. The most prominent result in this direction is the ‘ipseity’- or self-disorder hypothesis (Sass and Parnas 2003; Sass 2014). This hypothesis is original in the sense that it reformulates long recognized changes in the sense of subjectivity and specific alterations of consciousness, and that it attempts to test these hypotheses through clinical experience and empirical findings (Parnas et al. 2005). The hypothesis was strongly inspired by both the philosophical approach to the self, as discussed earlier, and by the phenomenological psychopathological tradition.

The schizophrenic disturbance is said to affect the sense of self or self-awareness that is normally implicit in every act of awareness. Two components play a role in this self-disorder: hyperreflexivity and diminished self-affection. It is claimed that these seemingly distinct phenomena have a common ground in the basic disturbance of ipseity. A third component is identified as a ‘disturbed hold’ or ‘grip’ on the world, although this plays a side role in psychopathological descriptions (Sass and Parnas 2003, 436).

Hyperreflexivity refers to a phenomenon of disturbed higher order self-consciousness. What is pathological about it is that it is a non-voluntary, almost forced reflexion on normally implicit processes: it is a disturbance of the spontaneity and transparency of the body (Fuchs 2010b). The attention of the patient is focussed on these processes that are otherwise tacitly experienced as part of oneself (Sass and Parnas 2003; Sass 2003; Fuchs 2010b). It is not just a more intense awareness of something, but rather an “operative hyper-reflexivity” (Sass 2001, 262). Such a condition has been described as “a popping-up or popping-out” of phenomena that belong to the tacit background of our experiences, such as basic sensations (Summa 2014a). These phenomena become strange, alienated or even objectified. Hence, hyperreflexivity is an involuntary tendency that disturbs the natural way of acting, interacting, and experiencing. Episodes of hyperreflexivity are recorded also in some patients’ descriptions of their experience. However they can be observed affecting also basic activities of human life. “At times, I could do nothing without thinking about it. I could not perform any movement without having to think how I would do it” (a patient quoted in Fuchs 2010b, 247). What is normally an unproblematic

encounter with others or an everyday task might become a frightening cluster of elements that the patient is forced to reflect upon, hindering the smoothness of the interaction or task.¹⁸

The second component of the ipseity-disorder is the loss of the sense of self or a diminished self-affection. This means that there is a decline in the experience of being a “subject of awareness or agent of action” (Sass 2014, 6). As previously pointed out, we have an implicit feeling of being at the centre of our own experiences, a certain perspective on the world and on others, with no need for further introspection (Fuchs 2010a, 549). The schizophrenic patient might instead experience an altered self-awareness in his own experiences. A different description of this refers to a diminished ‘sense of ownership’ (Gallagher 2012, 130-132). Parts of the self that are usually experienced without the faintest doubt seem to become strange and alienated. For example thoughts, feelings, sensations, or intentions can become objectified or spatialised (Stanghellini and Lysaker 2007, 165). Thoughts can be experienced as not-mine, as inserted (by others), or might have the characteristics of an object in the sense that they are perceived rather than actively thought of by the patient (Stephens and Graham 1994). Besides a diminished sense of ownership, there can also be a weakened ‘sense of agency’ (Gallagher 2000b). Analogously to the sense of ownership, the sense of agency is the implicit and immediate recognition of one’s presence in (motor) activity. This indicates more concretely that patients may not recognize that they are the agent responsible for the movement of their body (Fuchs 2010b).

Unfortunately, within the ipseity-disorder hypothesis, it is not entirely clear how these two components actually relate. Is hyperreflexivity the consequence of a loss of the sense of self? Hyperreflexivity would then be some sort of compensatory mechanism attempting to do the work of the implicit processes explicitly. Interestingly, one could claim causality in the other direction as well. Either way, also in voluntary non-pathological cases, hyper-reflecting is connected to the dissolving of the implicit experience of the naturalness of one’s own experiences.¹⁹ For the moment, it seems best to describe the two features interdependently avoiding to claim that one is the cause and the other the consequence. It is important to note, however, that during certain periods or for certain patients either component can be more or less present, and both of them might even be absent (Sass 2014).

¹⁸ I think it is important to acknowledge that ‘normal’ phenomena like doubt, self-reflection, and ‘overthinking’ are unspecific and are present in normal subjective experiences as well. See Fuchs’ accounts (2010b) of similar forms of hyperreflexivity in disorders which are traditionally termed ‘neurotic’. It might not be easy to distinguish hyperreflexivity from these phenomena.

¹⁹ For an elaboration of the connection between philosophical reflection, hyper-reflecting, and madness, see (Kusters 2014).

The third component is the loss of grip on the world. Sass and Parnas write that the two elements of the ipseity-disturbance are “accompanied by distinctive abnormalities of the salience and stability of the objects and field of awareness that we refer to as disturbed perceptual or cognitive ‘hold’ or ‘grip’” (Sass and Parnas 2001, 348). This third component is the least elaborated, although present in most of the phenomenological descriptions of schizophrenia. Sass writes, for example: “Disturbances of spatiotemporal structuring of the world, and of such crucial experiential distinctions as perceived-vs-remembered-vs-imagined, are grounded in abnormalities of the embodied, vital, experiencing self” (Sass 2014, 6). The loss of grip on the world involves then perplexity and a loss of common sense. Other than that, this component of the ipseity-disorder remains mostly enigmatic and its relation to the other two components is unclear. However, it will be most relevant for this inquiry into the intersubjective dimensions of schizophrenia.

The above outlined contemporary phenomenological view on schizophrenia is deeply rooted in the psychopathological tradition. Psychopathologists as Karl Jaspers, Eugène Minkowski and Wolfgang Blankenburg have worked on different aspects of schizophrenia within their own historical context and they have all described alterations we find in the current hypothesis. Contemporary authors often refer to these famous psychopathologists of the twentieth century. The ipseity-disorder is then clearly not entirely new, but rather has significant historical roots. Even earlier than the twentieth century, studies have attempted to describe what is now called the loss of sense of self, among others by Störring, Pick, and Berze (Fuchs 2013c). The resulting descriptions somehow still fit the contemporary model, although they use a different terminology and presuppose a manifold of underlying aetiologies: *ego vitality*, *ego activity*, *ego consistency and coherence*, *ego demarcation*, and *ego identity* (Scharfetter 1995).

The ipseity-disorder hypothesis differs from the two previous approaches to schizophrenia in many ways. First, as a phenomenological description, it focuses on the experience of the patients themselves. Secondly, it does not treat the symptoms as object-like criteria, but emphasizes the patient as a person, as a whole. Thirdly, it limits causal assumptions by remaining within the framework of consciousness and experience. In other words: it does not make claims on aetiology, but is still able to search for a more basic or core disturbance.

A good example of these differences is provided by the subtle approach to prodromal or primordial stages of schizophrenia. The prodromal stage of schizophrenia is believed to be an important indicator of what the core disturbance could actually be (Parnas and Handest 2003). Uninfluenced by complicated compensatory reactions or ‘sequelae’, it is investigated to find the first pure manifestations (Sass and Parnas 2001, 352). From a clinical standpoint, the focus on

prodromal stages is important, in the sense that early treatment of whatever kind could improve the prognosis. It is of course an ethical question to what extent one would want to prevent or treat a chronic psychotic illness, before there has been any psychotic outbreak (Broome et al. 2013). Furthermore, the lack of specificity in the detecting of pre-psychotic or prodromal schizophrenic stages makes prevention difficult, from both a practical and an ethical standpoint. However, there are reasons to believe that the phenomenological approach to schizophrenia could successfully specify early manifestations and experiential anomalies that could as matter of fact help this prediction (Gaebel et al. 2000).

Based on these premises, a semi-structured interview has been developed that operationalizes and tries to quantify the qualitative alterations of the underlying model. The main assumption is that pre-psychotic experiences could be detected by carefully interviewing persons about their experiences. Many of the interview items concern the loss of the sense of self or hyper-reflexivity. Studies carried out through the ‘EASE’ (Examination of Anomalous Self-Experience) show that self-disturbances can be used as specific parameters to discriminate schizophrenia and schizotypal personality disorders from psychotic bipolar disorder as well as from heterogeneous samples (Parnas et al. 2005; Raballo and Parnas 2012). The ipseity-disorder hypothesis is thus not limited to psychopathological reasoning, but has already found its use in clinical setting and in empirical research.

1.2.3 Which self is affected?

In the light of the philosophical study on the self, one could well ask which model of the self is advocated by the hypothesis on schizophrenia, and consequently, which part of the self would be taken as disturbed. As previously illustrated, disturbance or alteration of the self is not specific to schizophrenia only. Other disorders affect the self in different ways, too. However, “the identity disorder operates on the level of social self (self-image), with the sense of ipseity and pre-reflective immersion remaining intact” (Parnas and Handest 2003, 126).

According to the current phenomenological hypothesis, schizophrenia involves disturbance of the very basic self-experience, namely the diminishment of self-affection, which is sometimes divided into the ‘sense of ownership’ and ‘sense of agency’. It is also assumed that disturbances of higher levels of the self, like the narrative self, are less specific or secondary in schizophrenia (Cermolacce et al. 2007, 707; Sass 2014). Difficulties with personal identity, with interpersonal relations, or general behaviour, and more seldom phenomena such as dissociation of personality are not part of schizophrenia alone. These less specific parts of the self-disturbance are often thought of as the consequence of disturbances on a more basic level.

The disturbed self is then the minimal self, concerning which, as previously discussed, different philosophers have a different understanding. This also means that a disturbance of Zahavi's minimal self could result in something slightly different than when the disturbed self is Fuchs' minimal self, with its incorporation of embodiment. Fuchs investigated indeed the embodied and temporal components of the self-disorder, and the reader might recall that embodiment is understood as a sensory-motor relation to the world, that is mediated through the body (Fuchs 2010a, 550). Within this framework, a disturbance of embodiment, also known as 'disembodiment', implies a disturbance of the minimal self, namely of this basic sense of self, as a disintegration of bodily habits that are implicit in our natural and everyday activity (Fuchs and Schlimme 2009; Fuchs 2010b). Disembodiment goes hand in hand with a loss of pre-reflective and practical immersion or embedding of the basic self in the world. Through the body, as a transparent medium, I am directly related to and find myself in the world. This last relation, of my body to my world, can be called 'embedded'.²⁰ Furthermore, I am not only bodily related to the world of objects, but also to others. As the body is related to the body of others, similarly will disembodiment relate to a disturbance of inter-corporeality, of being embodied beings together with others (Stanghellini 2009).²¹

As previously argued, pre-reflective self-awareness, or the minimal self, also implies a basic temporal continuity. In schizophrenia, symptoms such as thought disorder, thought insertion, hallucinations, or experiences of passivity can be described in terms of disturbed inner time consciousness. "Generally, it can be observed already at the prodromal stages and also as the illness progresses to chronic states, how patients attempt to compensate for the disintegration of lived time through the explicit creation of artificial continuity. This primarily includes 'rational reconstruction' strategies, the adoption of rituals or the minimization of external changes as in autistic withdrawal" (Fuchs 2013d). The ipseity-disorder is manifest in temporality through a weakening and fragmentation of temporal self-coherence, "leading to a fragmentation of the intentional arc, thought incoherence and major self-disturbances" (Fuchs 2013d, 101).

In conclusion, it should be remarked that, even though Zahavi and Fuchs emphasise different aspects of the minimal self, they do agree on the foundational model of the self. It is this very foundational model that can be found in the current phenomenological approach to schizophrenia. Fuchs, for example, explains how the minimal form of self-awareness is

²⁰ The term 'embedded' derives from the debate on social cognition, where enactivists support the four E's: cognition is embodied, embedded, extended, and enactive. It has a strong connection to the previously mentioned ecological approach of Neisser (1988; 1995) and Gibson (1987, 418).

²¹ In Chapter 4, I will discuss this relation between an embodied minimal self and intercorporeality in more detail.

considered to be most fundamental, as it remains present in forms of dementia, where autobiographical memory is lost, or in certain frontal brain damages, where long-term sense for the future is missing (Fuchs 2010a). The minimal self is “a necessary foundation for the articulation of a richer or sophisticated, reflective, language-bound, narrative selfhood, with its representational elements and dispositions” (Parnas and Sass 2011, 525).

1.3 Self and intersubjectivity: developmental psychology and psychopathology

The previous overview of the current phenomenological approach to schizophrenia shows that intersubjectivity is only taken to be playing a side role. Only the third component of the ipseity-disorder hypothesis includes a reference to others, namely to the ‘loss of grip’ as a disturbance of experiencing the shared world. It might not be a coincidence that this third component is the least elaborated. Yet, there have been other attempts to describe the role of intersubjectivity in schizophrenia, especially in recent years. Before turning to these descriptions, a reference to developmental psychology is required. The reason for this is that, whereas psychopathology studies how the self becomes disordered, disturbed, or affected, developmental psychology, studies how the self comes to be in the first place, and how it further develops. In the following first subsection, three views on developmental aspects of the self and intersubjectivity will be briefly introduced. Even though these views originate in empirical research, they offer useful insight into the philosophy and psychopathology of the self. This will contribute to a better understanding of the ‘ecological self’, which I believe to be an essential element for the understanding of selfhood. After that, the existing literature on the disturbances of intersubjectivity in schizophrenia will be discussed, as *status quaestionis*.

1.3.1 Developmental psychology

Developmental psychology on intersubjectivity is a large research field. It combines theory and experimental research, for example by use of microanalysis of film fragments of mother-infant face-to-face interaction. For the purpose of this text, it will suffice to illustrate some of the most relevant accounts on the development of the self and its relation to intersubjectivity. The question formulated here is how developmental psychologists understand the emergence of a (sense of) self and how this relates to intersubjectivity. One may ask, for instance, whether Zahavi’s minimal self is already present from birth on, or even earlier. Can an infant distinguish between self and other, between mine and yours? Is this ability acquired, and if so, what role does sociality play in it?

For a while, a central assumption of many developmental psychologists was that in early childhood the infant is incapable of experiencing a distinction between self and other or otherness. This ‘indistinction’ or fusion between me and the other has been described as a ‘syncretic sociality’ (Wallon quoted in Gallagher and Meltzoff 1996, 227) or as an ‘adualistic confusion’ (Piaget 1981). Only when the infant is old enough (16 months according to Piaget) and has developed the ability of de-centration, is the infant able to experience the distinction of self and other. However, Meltzoff and Moore’s (1977) famous imitation studies questioned these assumptions. They showed that infants imitate facial expressions (e.g. tongue protrusion) from as early as 42 minutes after birth (Beebe et al. 2003). Why is such early and subtle imitation relevant for the relation between self and other?

According to Meltzoff, new-borns have the ability to search and find concordance between themselves and the other, namely between the face of the other and their own face. Infants monitor and modify their own actions to their intentions, to match the model they perceive. The infant who first sees the repeated tongue protrusions will show increasingly more attempts to protrude their own tongue (Beebe et al. 2003, 812). Older infants, up to 6 weeks, are able to postpone the imitation, leading Meltzoff to conclude they form a ‘representation’ of the other (Meltzoff and Moore 2002). This means that the infant is already aware of being different from the perceived other, yet similar as well: when infants modify their own facial movements to match the perceived facial movements of the other they recognise the other to be ‘like me’ (Meltzoff and Moore 1977; Beebe et al. 2003, 183; Meltzoff 2007). This means that a certain ‘translation’ of visual information to motor-activity is necessary, what Meltzoff calls ‘cross-modal matching’.

Further inquiry by Trevarthen shifted the focus from imitation to interaction. He claimed that early infancy imitation, as discovered by Meltzoff, is a manifestation of the ‘human sympathetic consciousness’, which he believes to be innate, rather than acquired. Infants and their mothers are ‘in an immediate sympathetic context’ (Trevarthen 1998, 9). This context is important for the further development of the infant. The context is dialogical. Clearly, infants are not able to use language to communicate, but they show communication through proto-conversations (Beebe et al. 2003, 815). The sympathetic connection is immediate, preverbal, conceptless, and atheoretical. Trevarthen calls it a “delicate and immediate with-the-other awareness” (Trevarthen 1994, 122). This form of early intersubjectivity is based on the reciprocal dialogue of expressions and gestures. The proto-conversations are characterized by their rhythmicity. The microanalysis of filmed face-to-face interaction between child and parent showed that rhythm, intensity, and form are the key elements in this pre-verbal dialogue

(Trevarthen 1998, 5). The early imitation that Meltzoff showed, and the later subtle attunement in expressions and gestures have a purpose: they promote the reciprocal attachment of child and parent (Reddy 2008, 60).²²

Meltzoff and Trevarthen have therefore claimed that early imitation and proto-conversations are expressions of the earliest form of intersubjectivity. This means that intersubjectivity does not require an explicit Theory of Mind or a shift of perspectives.²³ Not everyone agrees with this last point, however. Stern, for one, argues that imitation and proto-conversations cannot yet be called intersubjectivity. In his book *The Interpersonal World of the Infant* (1985) Stern explains how he understands the development of a sense of self in the infant. Until around 2 months of age, the infant is in a “presocial, precognitive, pre-organized life phase” (Stern 1985, 37). During this time, before consistent direct eye contact, the infant develops some kind of self-organisation, and Stern calls it a sense of emergent self. After two months, a developmental shift occurs, and the child develops a different sense of self: the sense of core-relatedness. Four components form the sense of core self: self-agency, self-coherence, self-affectivity, and self-history. These four elements are integrated into the social subjective perspective and thereby form the sense of core-relatedness.²⁴ Stern then claims that real intersubjectivity only begins around 7 to 9 months, when the child discovers joint attention, communication of inner experiences, and therefore discovers the other as a self. He characterizes ‘real’ intersubjectivity by three components: joint attention; joint intention; and affective attunement (Stern 1985). ‘Intersubjectivity’ according to Stern is the sharing of subjective experience. This sharing is only possible when the infant senses that the other holds or entertains a mental state that is similar to one that they sense themselves. Only then can one speak of sharing a subjective experience (Stern 1985, 124). He believes this to be a second important shift in development. Prior to this moment, the infant-parent interaction is based on and limited to gestures and other overt behaviour, while it now becomes a matter of subjective or inner experiences. The infant becomes aware of the experience of the other, of the other’s perspective, and therefore a “new domain of intersubjective relatedness” emerges, “a new organising subjective perspective about the self” (Stern 1985, 125). The alteration Stern describes at around seven to nine months does not change anything to the infant’s ‘core-relatedness’.

²² The enactive interpretation of this early development is discussed in (Fuchs and De Jaegher 2009, 78-82).

²³ I will investigate the Theory of Mind in developmental psychology when discussing tertiary intersubjectivity, and in schizophrenia when discussing the work of Chris Frith in Chapter 3. For now it suffices to say that the Theory of Mind-paradigm assumes that one develops a ‘theory’ on the mental life of the other in encounters, in order to assess the intentions, desires, and thoughts of the other.

²⁴ It is important to note that Stern explicitly defines this as a ‘sense’ of self, rather than as a form of knowledge or a concept of self.

“Intersubjective relatedness does not displace it; nothing ever will. It is the existential bedrock of interpersonal relations” (Stern 1985, 125).²⁵

Joint attention is manifest when the child is able to follow the direction of an indicating finger towards an object, rather than look at the finger. This means that the child experiences the other as having a perspective on the objects. Rochat calls this a ‘triangulation of intersubjectivity’ (Rochat 2001, 136). Children as early as nine months are able to do so, while there are earlier subtle signs of following the gaze of the mother in a particular direction. Often young children capable of joint attention will look back at the face of the indicating mother to see whether the same object was intended as the child spotted (Beebe et al. 2003, 822).

Joint intention implies that the infant understands that the other can perceive my intentions and I can perceive the other’s. An example of this is when a child wants a cookie the mother is holding, and makes sounds and gestures to get it. The child knows that the mother understands these intentions. If not, there would be no purpose in the gestures and sounds (Stern 1985, 131).

Lastly, *joint affectivity* means that the child regulates and adapts her emotional state in interaction with the parent. It is the first (and pre-verbal) way of sharing experiences. This was tested by confronting infants with an object of uncertainty. A strange moving object either approached the infant, or the infant was attracted to an object for which it had to cross an uncertain and seemingly dangerous cliff. Children from nine months on ‘checked’ the emotional expression of the mother before withdrawing or approximating the object. If the mother showed an uncertain and frightened expression, the child would withdraw and even become upset. If the mother showed ease and confidence, the child would approach the object and overcome the uncertainty of the danger. This “social referencing”, as it is called, does not only illustrate the importance of security in the interaction. It also shows that the child knows that the mother understands their worries and the infant attunes his or her own to the mother’s affective state and adapts his or her behaviour to it (Stern 1985, 132).²⁶

“Interaffectivity may be the first, most pervasive, and most immediately important form of sharing subjective experiences” (Stern 1985, 132).²⁷ Affect attunement is thus defined as a

²⁵ Importantly, the three characteristics of ‘real’ intersubjectivity arise already in the preverbal phase and they are still present throughout the development of language skills and verbal interaction (Stern 1985, 128).

²⁶ In another experiment the affective attunement was tested by through the microanalysis of mother-infant interaction. This showed that both mother and infant adapt the timing, the form, and the intensity of their expressions to each other (Stern 1985, 132). An example of this: a nine month old girl reached out for a toy, and once she grabbed it, she let out an ‘ahh’. Simultaneously with the “ahh”, the mother did a shimmy, wiggling her body with the same activation as the infant’s sound (Beebe et al. 2003, 825).

²⁷ The importance of the disruption of this affective attunement for schizophrenia is discussed in Chapter 3. In infant research, disruptions of affective attunement by the mother, for example by reacting less intensely than before, often prompt the infant to interrupt its playing and look at the mother (Beebe et al. 2003, 826).

dynamic cross-modal matching of the intensity, timing, and ‘shape’ of affectivity and its expressions. This matching is perceived as patterns of change that show similarities between self and other (Stern 1985, 153).

Stern’s description of intersubjectivity is thus a developed form of sharing subjective experiences of the world with others. Trevarthen called this ‘secondary intersubjectivity’, as opposed to primary intersubjectivity, which he defines as a dyadic and immediate relation between infant and mother (Trevarthen 1998). There are physiological reasons why Trevarthen’s secondary intersubjectivity can only develop from a certain age. Due to motoric and postural restrictions, the infant is unable to follow the gaze of the mother towards, for example, an object behind the infant’s back. The boundaries of joint attention are determined by the boundaries of the visual field (Butterworth 2000).²⁸

These experiments and the theories resulting from them are important for the philosophy of the self, inasmuch as they account for how the infant’s self emerges and develops. The main differences between the three developmental psychologists concern what intersubjectivity is, whether it is innate or acquired, and how it is acquired or how it develops in interaction. For this text’s purpose, more important than the exact differences between these three accounts are their ideas on the self. Contrary to the idea that infants experience self and others in an ‘adualistic confusion’ or as a ‘syncretic sociality’, this research has shown that an early distinction is present and it can be described as a dialogical or conversational interaction. Infants relate the gestures and expressions of the conversational partner to themselves, and translate this to their own motor activity.

A crucial question is whether infants are always already self-aware. Butterworth (2000, 20) argued that proprioception is a mechanism of self-sensitivity, common to all perceptual systems. It is through proprioception that the ‘cross-modal translation’ is possible. Proprioception, and thus a very basic sense of self, is present from the very moment perception is possible, as perception implies simultaneous proprioception and exteroception. This is a truly ecological idea: perception is co-perception of self and environment. This does not start two months after birth, but it is rather present since birth, and arguably even earlier.

In contrast to the ‘adualistic confusion’, Gibson claimed that ego and non-ego are given in an original synthesis. “Oneself and one’s body exist along with the environment, they are co-perceived (Gibson 1987, 418). Meltzoff’s experiments reinforce these ideas: through the subtle process of imitation, infants differentiate between self and the social environment (Butterworth

²⁸ Another important physiological restriction is, of course, brain development.

2000, 22). Young infants are furthermore able to differentiate between state changes and object or environment changes. This suggests that they can differentiate between self and non-self (Butterworth 2000). The term ‘ecological self’, coined by Neisser (1988), indicates a non-reflective consciousness, which is clearly present in higher forms of self-consciousness and self-knowledge as well. As infant research shows, some basic form of self-consciousness has to be present long before explicit reflective self-consciousness appears, something equivalent to what Gibson described with the term proprioception.

How do the previous remarks contribute to the definition of the self and its emergence? It can be argued that there is already a sense of self before the explicit mirror-recognition occurring at around eighteen to twenty-four months (Meltzoff 1990). Indeed, already in the early imitation some sense of self through proprioception should be assumed. This ‘primordial’ or ‘embryonic’ notion of self involves a sense of one’s motor possibilities, body postures, and body powers, rather than one’s visual features. “The new-born infant’s ability to imitate others, and its ability to correct its movement, which implies a recognition of the difference between its own gesture and the gesture of the other, indicates a rudimentary differentiation between self and non-self” (Gallagher and Meltzoff 1996, 227). On its turn, social interaction opens up a world of subjective experiences, through which the infant develops from a dyadic interaction to a triadic interaction with the world. All higher layers of the self are, Stern would claim, however built on the same core self-relatedness. This self-relatedness is called ‘proprioception’ in the theory of the ecological self; and within the phenomenological discourse of Husserl and Zahavi, the same element is referred to as minimal self.²⁹ Few additional remarks on the role of the other lead to the conclusion of this short subsection. Proprioception is undoubtedly a vital element in the distinction between self and other. Already since birth, and arguably even earlier, infants can be said to be self-aware in this proprioceptive way. However, in order to develop further self-awareness and higher levels of self, including Stern’s sense of core-relatedness, the infant needs the other. It is only in the interaction with the other, and later with the other and the world, that the sense of self can further develop. The early imitation and proto-conversations show that the infant’s self develops dialogically or ecologically. This does not entail that the infant is explicitly aware of others, or able to take their perspective. Only when the child is older, towards the end of the first year, does he or she experience him- or herself as one among others, who each have their perspective on the world and their own inner experiences. Joint attention and joint intention

²⁹ Theories built on empirical research of infant development are of course neither transcendental philosophy nor phenomenology, and it may be confusing to mix up terminology from both fields. However, the characteristics of the minimal self, as previously described, do match well the basic sense of self acknowledged by these developmental theories.

are only then possible. A necessary condition for such development is that infants experience themselves to be embodied-with-others (Trevarthen 1994, 122).

1.3.2 Psychopathology of intersubjectivity

This study is not the first to point to the significant role of intersubjectivity in schizophrenia. A few recent articles have been devoted to the description of some of the intersubjective deviations of the disorder. However, these attempts are scarce, and either they are not integrated into a broad philosophical theory on intersubjectivity and the self, or they consider intersubjectivity to play only a minor or secondary role in psychopathology. Some accounts, however, do explicitly indicate that the intersubjective disturbances of schizophrenia require more adequate study, and offer helpful insights for such research. I use these as a stepping-stone towards a profound study of the phenomenology of intersubjectivity in schizophrenia. Let us now look at some of these accounts.

Parnas' and Sass' accounts on self-disorder have already been discussed. As already indicated, they assign a secondary role to intersubjectivity. And, as previously explained, the fundamental alteration is taken to concern the minimal self or pre-reflexive self-awareness, and other (higher) forms of self, such as the social self, are taken to be affected only secondarily (Parnas and Handest 2003). However, they also describe a third component of the disorder, namely a 'loss of grip'. The disturbed hold or grip typically involves perplexity and a loss of common sense, Sass (2014) writes. Although Parnas' and Sass' vast work on schizophrenia should be acknowledged as the indispensable source of this text, and I see my own study as an extension or complementation of their work, it has to be noted that intersubjectivity disturbances appear to have been neglected. In a recent article on schizophrenic delusions, Sass and Byrom (2015) call for an investigation of the subjective or lived experience of the delusional patient.³⁰ However, despite the focus on the *subjective* dimension of delusions, they overlook the *intersubjective* dimension. Interestingly, some psychopathologists and philosophers, like Fuchs (2015b), Ratcliffe (2015), and Lysaker and Hamm (2015) have explicitly commented on exactly this point.

Moreover, 'loss of grip' is not the only element in Parnas' and Sass' accounts, which suggests a connection to intersubjectivity. Phenomena like transitivism, for example, concern the self-other demarcation and this is certainly a direct reference to how subjectivity and intersubjectivity are disturbed (Parnas and Sass 2001). Besides, it is Sass who first used the term

³⁰ In general, this is an approach I am very much in favour of. Neurocognitive approaches to delusions fail to account for the subjective experience of delusions and therefore risk losing 'the psyche' of psychiatry out of sight.

‘quasi-solipsism’ to describe schizophrenia (1994). Nevertheless, other psychopathologists have devoted more attention to intersubjectivity in schizophrenia. Particularly in the last years, different phenomenological studies have appeared on the topic, building further on the self-disorder.³¹ Notably, two authors have given important contributions in this direction: Stanghellini and Fuchs.

Stanghellini defines one aspect of schizophrenia as a disturbance of common sense. There are two meanings to this: first, common sense is understood as ‘coenesthesia’, and the disturbance is therefore a disturbance of combining all single sensations; secondly, common sense refers to practical knowledge, and the disturbance of it implies difficulties of know-how and of understanding “the human game” (Stanghellini 2011, 165). For the purpose of studying intersubjectivity, the second interpretation of common sense is most relevant. This interpretation of common sense can be divided into two particular forms. The first concerns the knowledge of social rules and the particular ways of conceptualizing objects, situations, and other people’s behaviour. All this is a matter of social knowledge (Stanghellini 2001). The second form of ‘social’ common sense refers to a more pre-reflexive attunement. It is non- or pre-propositional, and it is considered to be a skill or an ability to make emotional contact with others and relate to each other’s personal or subjective life (Stanghellini 2011, 165). Stanghellini further remarks that the derealisation experienced by the schizophrenic person is specific: it is a de-socialisation. “The interpersonal scene becomes an empty stage on which the main actor is unaware of the plot, out of touch from the role he is acting, and unable to make sense of what the others are doing” (Stanghellini 2011, 165). [SEP]

On a different note, Fuchs’ articles on intersubjectivity can be read as a refutation of mentalistic or cognitivistic accounts on schizophrenia. As we will see in Chapter 3, Chris Frith (1992) formulated an important claim on schizophrenia, based on the paradigm of the Theory of Mind. This hypothesis, and the subsequent research, indicates that particular symptoms and signs of schizophrenia concern disturbances of ‘meta-representation’ and ‘self-monitoring’, and these include dysfunctions in social behaviour and in understanding the other. Fuchs does not refute the importance of symptoms such as social dysfunctions, but does criticise the underlying mentalistic approach.³² What is most relevant at this point, however, is that he refers to the

³¹ Other articles I will not discuss in this subsection: (Varga 2010; Irrázaval and Sharim 2014; Sass and Pienkos 2013a). Pienkos (2015) discusses schizophrenia in the light of intersubjectivity. Her approach has similarities to my approach in Chapter 3. The reader will notice that the authors and works mentioned in this section are an important source for that chapter.

³² Fuchs writes that, contrary to the phenomenological approach, the ‘mentalistic approach’ assumes “a fundamental strangeness and inaccessibility of the other whose hidden mental states, thoughts, or feelings may only be indirectly inferred from his external bodily behaviour” (Fuchs 2015c, 192).

distinction between three sorts of intersubjectivity, as closely related to the forms of intersubjectivity already encountered when discussing developmental psychology. The first two forms (primary and secondary) of intersubjectivity have already been discussed in the previous subsection. Tertiary intersubjectivity, Fuchs (2013a) argues, is a further developed form of being-with-others where a self-other-metaperspective is achieved. Others can then be considered as mental agents with beliefs, intentions, and ideas different from one's own, and as agents who are aware of one's own beliefs, intentions, and ideas. Infants thus acquire the ability "to freely oscillate between an ego-centric, embodied perspective on the one hand, and an allo-centric or decentred perspective on the other, without thereby losing one's bodily centre of self-awareness" (Fuchs 2015c, 195).

Why is this distinction relevant? First of all, the difficulties with tertiary intersubjectivity correspond to the deficits in perspective taking as assumed in the Theory of Mind. This means that other forms of intersubjectivity are already present, and might be disturbed instead of only the higher and more developed form of intersubjectivity. Fuchs indeed argues that in schizophrenia, like in autism, there is a disturbance of primary intersubjectivity, manifested in a lack of primary bodily empathy and implicit social understanding (Fuchs 2015c, 199). But he also relates schizophrenia to tertiary intersubjectivity, as described in the phenomenon of transitivity and in schizophrenic delusions. Delusions, he writes, are not so much disturbances of the brain, but of the *in-between* (Fuchs 2015c, 208). Therefore he concludes that schizophrenic patients primarily suffer from a disturbance of bodily being-with-others and social attunement, rather than (primarily) from a deficit of the Theory of Mind.

Fuchs also relates the self-disorder to intersubjective disturbances on the level of implicit and explicit temporality (Fuchs 2013d). He distinguishes these two forms of temporality and describes how schizophrenic persons suffer from desynchronisation on both levels. Desynchronisation essentially means a disconnection with others, a mismatch between the shared temporal experiences. On the implicit level, this is related to a disturbance of the protention and to disruptions of what he calls 'the intentional arc' (Fuchs 2007, 230). Protention, as a vital part of inner time consciousness, and the intentional arc with its conative-affective dimension, become disturbed and fragmented, leading to essential ego-disturbances like thought-insertion, thought-withdrawal, thoughts-aloud, and passivity experiences. But it also relates to intercorporeal affective resonance between the schizophrenic person and others. Subtle difficulties in facial recognition, for example, are considered to be expressions of an intersubjective desynchronisation. Fuchs also describes desynchronisation on higher levels of explicit temporality, namely in what has been previously referred to as disturbances of 'common sense'.

He thereby immediately connects the self-disorder to intersubjectivity, as he writes that “schizophrenia always appears as a disturbance of the basic intersubjectivity or contemporality” (Fuchs 2013d, 84).

Before concluding this introduction into the research on intersubjectivity and schizophrenia, it is also worth noting that intersubjectivity (and our knowledge of it) may play a significant role in recovery (Schlimme and Schwartz 2012). I will return to this matter in the fourth chapter, as it relates to the clinical relevance of this philosophical study.

This brief subsection only illustrated some accounts on intersubjectivity and schizophrenia. What I hope to have shown, however, is first that the self-disorder theory should be able to account for the intersubjectivity disturbances, because these do play an important role in the suffering of patients and their environment, and in the phenomenological attempt to understand the disorder. I ultimately agree with Stanghellini that the analyses of the phenomenal (or minimal) self in early schizophrenia “catch only one dimension of schizophrenic vulnerability (i.e. the dimension of the personal self), disregarding the fact that the self is not a purely personal but, rather, a social phenomenon” (Stanghellini 2001, 214). The question then becomes how the self-disorder should be related to intersubjectivity disturbances, as accounted by the phenomena described above. It will be necessary, not only to prove the relevance of intersubjectivity in schizophrenia, but furthermore to re-evaluate the self-concept used in the self-disorder theory.

1.4 Purpose and method

1.4.1 Research Questions

The purpose of this dissertation is to study intersubjectivity in schizophrenia and to answer two main research questions. The first question is: *Is schizophrenia an intersubjectivity-disorder?* This question implies that schizophrenia is more than a self-disorder only, at variance with what phenomenological psychopathology has claimed so far. Furthermore, it indirectly also questions the relation between the self-disorder and disturbances of intersubjectivity. Therefore, the second research question is: *Which self-concept is suited to define schizophrenia as a self- and intersubjectivity-disorder?*

The first question will be addressed specifically in Chapter 3, where I will analyse the intersubjective dimensions of schizophrenia. In order to do so, I will first have to clarify what I mean exactly by intersubjectivity. This will be discussed in Chapter 2.

The second question challenges in particular the idea that the phenomenological theory of the self-disorder suffices for a complete account on schizophrenia. In fact, I ask what kind of self

is disordered in schizophrenia. I will investigate whether there is a more adequate concept of the self suited to fit both the subjective and intersubjective aspects of schizophrenia. The answer to this question will be implicitly present throughout the third chapter, but I will only answer it explicitly in Chapter 4.

1.4.2 Method

In order to answer the two principal research questions, the text is divided in chapters which are thematically and methodologically distinct. As the reader already knows, Chapter 1 explains the philosophical background of the self-disorder in schizophrenia. I have briefly elucidated three classic positions on the self and the contemporary idea of the minimal and the extended self. It has been explained that the phenomenological theory on schizophrenia indicates that it is the minimal self which is primarily disturbed. The discussion then turned towards intersubjectivity, and summarized the results stemming from developmental psychology to illustrate another approach to the questions of the self. Lastly, it has been pointed out that within contemporary psychopathology, intersubjectivity only gets marginal attention, and disturbances of intersubjectivity are mostly considered secondary. However, I am concerned in this text with those small indications that intersubjectivity does play a significant role in the phenomenology of schizophrenia. The early hypothesis I formulate, which will inform the whole text, is that intersubjectivity plays an important role and that schizophrenia is both a self- and an intersubjectivity disorder. If my hypothesis proves to be correct, this means that the phenomenology of schizophrenia may need a different concept.

In Chapter 2 I will offer an account of intersubjectivity, which I believe suited for the study of its disturbance in schizophrenia. I make reference to the phenomenological ideas of Husserl, Heidegger, Merleau-Ponty, Waldenfels, and others to clarify the dimensions of intersubjectivity. I finally distinguish between two kinds of intersubjectivity. First, I discuss ‘Encounters – the other, and others as constituted’. This is the dimension of intersubjectivity involving direct encounters with others. It relates to ‘mundane intersubjectivity’, despite this description being, as it will be argued, somehow inadequate. In this first part of the philosophical investigation of intersubjectivity, I discuss the following topics: empathy; the distinction between self and other; the risk of solipsism; and the role of sociality for personhood. In the second part of Chapter 2 I discuss ‘The shared world – I, the other, and the others as co-constituting’. There, I deal with a particular kind of transcendental intersubjectivity, namely the question of how subjects co-constitute their experiences of the world. This section focuses not on the dyadic relationship of self and others, but on the triadic relationship of self and other towards the world. In this section

I discuss the following topics: intersubjective reality in phenomenology; intersubjective perception; the objectivity of the world; normality; subjectivity in an intersubjective world; and the problems of transcendental intersubjectivity. Chapter 2 is thus meant to provide the philosophical tools to examine intersubjectivity in the psychopathology of schizophrenia.

After having analysed the exact meaning of intersubjectivity, I will have to answer the main research question: *Is schizophrenia an intersubjectivity-disorder?* Chapter 3 is then a phenomenological and psychopathological investigation to answer this question. For reasons of clarity, I divide the chapter in two sections. In the first, I offer a conceptual analysis of key works on schizophrenia. The self-disorder model strongly relies on the accounts of the classic and phenomenological authors. I thus examine in this first part of Chapter 3 whether these accounts on schizophrenia already indicate disturbances of intersubjectivity, and if so, what kind of disturbances exactly. I therefore discuss the work of three classic authors: Kraepelin, Bleuler, and Jaspers; three phenomenological authors: Minkowski, Kimura, and Blankenburg; and the Theory of Mind-account on schizophrenia as developed by Frith.

In the second part of this chapter I will turn to the clinical manifestations of schizophrenia, and use the conceptual insights of the first part to elucidate different phenomena, symptoms, and signs from the perspective of intersubjectivity. These might appear very diverse, and a decision was made to structure them according to the same distinction introduced in Chapter 2. The first category will cover those phenomena, symptoms, and signs that involve encounters and immediate contact between persons. This corresponds mostly to *mundane* intersubjectivity. In the second category I focus on delusions and on the disturbance of co-constituting reality. This corresponds mostly to *transcendental* intersubjectivity. The concepts and ideas of Chapter 2 are then employed as tools for the newly formulated phenomenology of the intersubjective dimension of schizophrenia. Chapter 3 should thus allow full assessment of the hypothesis that schizophrenia is an intersubjectivity-disorder.

Chapter 4 will finally discuss the material to answer the second principal research question: *Which self-concept is suited to define schizophrenia as a self- and intersubjectivity-disorder?* I therefore compare my conclusion from Chapter 3, on the intersubjective dimensions of schizophrenia, with the self-disorder model. This comparison will allow me to claim that a different concept is necessary, in order to integrate intersubjectivity. A question that will come up at this point is why intersubjectivity has been relatively neglected, and I will explain that the self-model underlying the current self-disorder hypothesis may be the reason for this. I concretely question how the disturbance of intersubjectivity could relate to the self-disorder model. One possibility is that the self-disorder is foundational for the intersubjectivity disorder.

This is, however, not the view I will defend in this chapter. I argue that the intersubjectivity disturbances are an essential component of schizophrenia, and I offer a theoretical framework to integrate these disturbances with the self-disorder. This leads me to redefine, although discretely, the phenomenological psychopathology of schizophrenia by shifting it from subjectivity to intersubjectivity. I introduce the term ‘open subjectivity’ to describe both the essential alterations in schizophrenia and the ‘normal’ relation between self and others. Open subjectivity will prove to be a concept capable of coherently integrating both the subjective and the intersubjective disturbances of schizophrenia.

Chapter 5 is the conclusion to this dissertation. I offer a synopsis of each chapter and indicate the relevance of this research for the philosophy of the self, for psychopathology, and for psychiatric praxis.

CHAPTER 2: THE PHENOMENOLOGY OF INTERSUBJECTIVITY

Introduction

How do I experience others and how do others experience me? Can I understand the others? Are they transparent to me? And can I guess their intentions, their motives, and feelings? Are we instead completely inaccessible to each other? How do I make myself understood? These are not just philosophical questions, but also concerns affecting schizophrenic persons in their interaction with others.³³ These issues may seem irrelevant in our daily involvements, as we naturally incorporate our answers. However, this may not be the case for patients. Some of these questions might indeed impede common social interactions. Patients may experience them as frightening uncertainties, leading to social withdrawal. If one is to understand the intersubjective dimension of schizophrenia then, these questions need to be formulated and answered explicitly. In this regard, the phenomenology of intersubjectivity is assumed to be most fruitful. I will therefore outline a few crucial points in the phenomenological debate on intersubjectivity. Although the primary goal is not to elucidate the debate in its entirety and in detail, an overview will help understanding the range and different dimensions of intersubjectivity. As already anticipated, I decided to discuss intersubjectivity along the lines of Edmund Husserl's thought. Although its most explicit discussion can be found in the 5th paragraph of his *Cartesian Meditations*, his manuscripts prove that he was already concerned by the issues of intersubjectivity many years earlier. The vast amount of texts devoted to the clarification of intersubjectivity was conveniently published in three volumes of the Husserliana series (XIII-XV). Along with the *Cartesian Meditations*, I primarily refer to these three volumes to elucidate Husserl's ideas on intersubjectivity. His ideas were then further elaborated, commentated and criticized by, among others, Heidegger, Merleau-Ponty, Schütz, Levinas, Waldenfels, and Zahavi. I will make reference to their respective arguments to expand Husserl's original ideas on intersubjectivity. Upon completion of this chapter, these ideas will offer the philosophical tools to approach the matter of intersubjectivity in the psychopathology of schizophrenia.

Before venturing into the content of the debate, it is useful to briefly consider the phenomenological methodology with regards to intersubjectivity. As is well known, Husserl is

³³ Chapter 3 will elucidate the exact nature of these difficulties. One of the most famous case studies where patients asked these very questions concerns Blankenburg's patient, Anna R.

confronted with the issue of intersubjectivity within the framework of his phenomenological method itself. The question namely arises how other subjects can appear in the experience of a subject (Bernet et al. 1996, 144; Marbach 2013). First of all, this entails to be able to provide a suitable account of the subject's ability to distinguish its own experiences from those of others. Secondly, it has to be clarified how a subject can experience another subject *as an experiencing subject*. Husserl would explain that others have a double presence in the world: they are 'psychophysical' *objects* in the world on the one hand, and *subjects* experiencing a world – more precisely – experiencing the same world as I am, on the other hand (Husserl 2012, 91).

On the whole, Husserl aims to reconcile the intersubjective dimension of human experience with its supposed subjective foundation, which he primarily studies through the phenomenological method (Duranti 2010, 10). Some of his successors, including Jean-Paul Sartre and Alfred Schütz, would later claim that he did not succeed in this. They argue that Husserl's attempt remains rooted in the phenomenological starting point of the ego. Others, like Zahavi (1996), on the contrary argue that Husserl makes a genuine attempt to expand the phenomenological project towards the social-transcendental sphere. Undoubtedly, the challenges of intersubjectivity, such as the appearance of others and the demarcation between my experiences and theirs, lead Husserl to reconsider the foundations of his methodology, in order to account for this new problem of intersubjectivity. From a methodological point of view, in order to remain within phenomenology, one would have to study the presence of others within one's own conscious experience. A phenomenological analysis of intersubjectivity is thus a study of intersubjectivity-as-experienced-by-a-subject.

In order to study intersubjectivity phenomenologically, Husserl introduces one further reduction, besides the phenomenological reduction which 'brackets' the natural attitude and opens up a world of phenomena as given to us. One of the main issues concerning intersubjectivity is clearly how to reconcile the idea of the world as there-for-everyone and the idea that every sense is internally constituted within the life of a conscious ego (Schnell 2010, 11). Furthermore, intersubjectivity, despite transcending the subject, is only accessible as-experienced-by-the-subject. "To phrase it differently: transcendental intersubjectivity can only be disclosed through a radical explication of the ego's structures of experience. This does not only indicate the intersubjective structure of the ego, but also the egological attachment of intersubjectivity" (Zahavi 1996, 6). As it will be made clear further on, the discussion of the limits of Husserl's method and project for the study of intersubjectivity leads to strong accusations of solipsism, as possibly inherent to phenomenology. It is also true, however, that the phenomenological reduction, and particularly the second intersubjective reduction, indirectly

shows precisely the importance of intersubjectivity (Zahavi 2009, 116).³⁴ But what is this ‘second reduction’? The second reduction is performed within the transcendental sphere, which is the result of the first phenomenological reduction. Everything that is not related to me, that is alien, is abstracted. What is left is proper to me (*Eigen*) or ‘primordial’. The transcendental field is thus divided into what is alien or what is not-me, and what is mine (Schütz 1966, 58). However, it might not be as easy as Husserl thought to abstract what is alien and intersubjective from the essentially subjective. Schütz, for example, argues that whether this second epoché is actually possible remains a fundamental problem for the phenomenology of intersubjectivity (Schütz 1966, 67).³⁵

Now that the specific intersubjective reduction introduced by Husserl into his methodology has been generally introduced, it is time to shift focus from methodological issues towards the content of the debate. One of the main issues concerns the priority of subjectivity or intersubjectivity. Is intersubjectivity a construction of the ego, or is the ego constituted out of intersubjectivity? How are subjectivity and intersubjectivity related? Husserl’s introduction of the second reduction already implies the idea that on the most fundamental level, the ego constitutes the experience of the world. The residual sphere resulting from the second reduction has to be taken as some core foundation, as we cannot experience the alien (*das Fremde*) or the objective world without experiencing the primordial proper sphere, and it would not be true the other way around (Husserl 2012, 95). According to this view, there is a more fundamental layer of experience, namely the reduced sphere of the ego, where no intersubjectivity is present. Later on, Husserl nuanced this position. He wrote that the fundamental sphere should not be understood as solipsistic, as one can experience others within this sphere. This position does not deny the reality of other people, as it rather concerns the transcendental constitution of experience. Nevertheless, as it will be argued further below, his investigation of empathy was also based on the core concept of a subject secondarily confronted with others (Bernet et al. 1996, 148).

Some authors consider intersubjectivity as an additional sphere of experience in the world, constituted by communication and particularly by language (Duranti 2010, 9-10; Bickerton 2005). In this view, intersubjectivity is restricted to a society or a community, and it is thus the result of a construction by subjects. Contrary to what has been claimed earlier, and in agreement

³⁴ It namely highlights the ‘natural’ connection to others on the one hand, and the presence of otherness and intersubjectivity within the transcendental sphere on the other hand. However, this is only an indirect indication concerning intersubjectivity’s role in subjective life.

³⁵ See (Staebler 2008), for an examination of these reductions and for the role they play in Husserl’s attempt to answer the question on how the other is given on the most basic level of experience.

with Zahavi, I will offer arguments in favour of the idea that Husserl does not restrict his ideas to the foundational power of the transcendental ego. It will be argued that he did try to analyse intersubjectivity while avoiding to make reference to the transcendental ego as a priori.³⁶ For instance, one controversial attempt to deal with the ambiguities of his ideas on intersubjectivity is the famous ‘monadology’. With this metaphor of monads, Husserl tries to describe a system of individual subjects that are somehow related to each other, namely through their ‘windows’. Thus, he expresses his concern, shared by Zahavi, that every theory of intersubjectivity should acknowledge a certain degree of ontological independency of the subject vis-à-vis the intersubjective sphere (Zahavi 2009, 130). Intersubjectivity plays a crucial role in the transcendental constitution, however it admittedly does so within an a priori subjectivity, which is responsible for the development and deployment of all the spheres of intersubjectivity (Zahavi 2009, 146; Husserl 1973c, 426). The circularity of this idea shall become clear in this chapter.

In this introductory outline of the issues concerning intersubjectivity, the reader has already come across some of the main critical issues, such as empathy, solipsism, properness, and otherness. In order to discuss all relevant topics, I have divided this chapter into two thematic sections. The first section is called ‘Encounters – The other, and others as constituted’. Here I discuss what Husserl called mundane intersubjectivity.³⁷ The purpose of this section is to deal with phenomenological views on how others are experienced in the concrete ‘natural’ world. It shall become clear what does it mean that others are – in phenomenological terms – already ‘constituted’ in the experience of the subject. This section includes the following topics: empathy; the distinction between self and other; the risk of solipsism; and the role of sociality for personhood. The title of the section hints to the fact that all these topics are related to the direct experience of real existing people in the world and they are all related to a direct contact through encounters. Another term for this kind of intersubjectivity would be ‘dyadic’, as this kind of intersubjectivity consists of encounters with others and the focus is on the encounters themselves. Some of the most pertinent symptoms, signs, and phenomena of schizophrenia relate to this kind of intersubjectivity. Typical examples are, for instance, schizophrenic autism and

³⁶ It should be kept in mind that ‘constitution’ in phenomenology does not mean ‘creation’. When Husserl writes that the world and the other are constituted, this means that they are constituted in the experience of the subject, which does not equal being produced or being created as such (Zahavi 2009, 120).

³⁷ I chose not to use ‘mundane intersubjectivity’ and ‘transcendental intersubjectivity’ as the titles of these subsections for different reasons. Firstly, the first section concerns encounters with the other as constituted. Although mundane intersubjectivity certainly plays a role here, this does not entail that transcendental intersubjectivity is excluded in our experience of others. In the second section I discuss our experience of the world with others as co-constituting. This means that I focus on how intersubjectivity influences our transcendental constitution of the world. This, again, does not mean that mundane intersubjectivity would be excluded. It will be clear in Chapter 3 that the same structure can help clarifying the disturbances of intersubjectivity in schizophrenia.

social withdrawal. Furthermore, also the alleged incomprehensibility of schizophrenic patients can be explained within this context. And the famous praecox-feeling can be understood, as it will be argued in detail, as a disturbance of affective and embodied attunement or ‘intercorporeality’.

The second section is called ‘The shared world – I, the other, and the others as co-constituting’. In this section I deal with a particular kind of transcendental intersubjectivity, namely with the question of how subjects co-constitute their experiences of the world. This section focuses not on the dyadic relationship of self and others, but on the triadic relationship of self and other towards the world. In this section I discuss the following topics: intersubjective reality in phenomenology; intersubjective perception; the objectivity of the world; normality; subjectivity in an intersubjective world; and the problems of transcendental intersubjectivity. Disturbances of this form of intersubjectivity are most conspicuous in delusions and in fragmented and derealised perceptions. The absolute certainty of delusions expresses indeed a disconnection with others and their regulating influence on our experiences. The content of these delusions often includes feelings of persecution, threatening alterity, and disturbances of self-other demarcations. The disturbance of flexible perspectivity furthermore emphasizes the intersubjective nature of the schizophrenic alteration. In order to understand what all these symptoms, signs, and phenomena are, beyond superficial operational categories, this chapter will thoroughly investigate the meaning of intersubjectivity. I will claim that intersubjectivity implies a particular reciprocity or circularity between mundane and transcendental intersubjectivity, namely how the encounters in the world constitute our subjective or transcendental experience of the world with others, and how this transcendental intersubjectivity in turn influences how we interact and encounter others. At the end of this chapter, it will become clear that intersubjectivity within schizophrenic delusion qualifies as a *subjectified intersubjectivity*, whereas the intersubjectivity of the real world is an *objectified intersubjectivity*.

2.1 Encounters – The other, and others as constituted

2.1.1 Empathy – on experiencing others

I experience the other through empathy (*Einfühlung*). This might sound trivial, nevertheless it is the core of Husserl’s ideas on intersubjectivity. Husserl does not use the term ‘empathy’ to describe our ability to have sympathy or to experience what someone else is experiencing emotionally. Empathy is used in a broader epistemic context and it transcends the interaction between two people, for example by contributing to our experiences of reality, as it

will be explained later on. Before discussing this matter in the second section of this chapter, it is useful to examine what empathy exactly is.

Empathy is a way of experiencing another subject. According to Husserl, I perceive another subject not directly, but through a process that starts with the perception of an object and ends with the understanding of a subject. I perceive the other through his body (*Körper*). “The alien body is not “bodily present” as “Leib”, but only as a thing, and his embodiment is only analogically appresented” (Husserl 1973a, 234). This quote includes all the crucial elements that shape Husserl’s theory of empathy. First of all, the other is given as a “Körper”, as an object-body, and not directly as a subject-body (*Leib*). Only my own body is experienced directly as “Leib” and therefore “leibhaft” or originally given. The ‘mineness’ of my body is rooted in the manner of appearance, which distinguishes it from other bodies. Not only my body is originally given, but also my psychic life: my sensations, my desires and pains, my movements, my perceptions... “These are perceived (*wahrgenommen*), which means that they are given as ‘impressions’ in full original presentation, and not by presentification (reproduction) (*Vergegenwärtigung*)” (Husserl 1973a, 25).³⁸

It is through analogy that I recognise the object over there to be a body, similar to mine, and consequently as a subject-body. I do not experience the other as I experience myself, and therefore empathy occurs indirectly, Husserl argues early on (Husserl 1973a, 221). In fact, I succeed in experiencing the other as a subject, even without experiencing their experiences. Indeed, I could only ‘presentify’ (*vergegenwärtigen*) their experiences, similarly to when I remember my past experiences. However, these past experiences are mine, because I experienced them originally at a certain moment in time and they are continuously connected to my present experiences (Husserl 1973a, 226, 374). I cannot experience the past experiences of somebody else; for this would mean that two streams of consciousness were actually one and the same. Therefore, the experience I have of the alien other is not the experience of his experience (Husserl 1973a, 221; 2012, 108).

Husserl concludes that a different kind of presentification, other than memory, must be at work here. He then introduces the term ‘appresentation’ (or comresentation) (Husserl 1973a,

³⁸ ‘*Vergegenwärtigung*’ or ‘presentification’ is a concept Husserl developed within his theories of perception and imagination, and as it will be argued shortly, it plays an important role in experiencing others. Presentations or impressions are the lived experiences of what is originally given, *in propria persona*, or in-the-flesh (*leibhaft*). Presentifications are experiences of what is not originally given, such as in phantasy, memory, or expectation. ‘*Vergegenwärtigen*’ is sometimes translated differently: to presentify, to reproduce, to represent, and to re-presentificate (Bernet et al. 1996; Moran and Cohen 2012). Presentation and presentification are not always clearly distinct elements of our experience, and they may transform into one another or at least influence each other. A perception of an object with affective meaning might bring about a particular memory, for example (Breyer 2011, 161).

28). Similar to when I perceive an object in a room, and I appresent parts of the object which are not given to me directly in perception, so too does a special kind of appresentation present me with indirect, unperceived elements of the body I perceive. Just as I would appresent the back of a chair when I only see the front side of it, so too do I appresent the inner life and subjective experience of the other based on the perception of his body (Husserl 1973a, 224; 1973b, 65).³⁹

Husserl does not imply that my assumptions on the subjective life of the other are always correct. The appresentation is namely a never ending process, it remains undetermined and open (Husserl 1973a, 225). It can therefore never be ‘correct’, the reason being that the other remains other. “In the appresentation of the other the synthetic systems might be the same, with all the correlating ways of appearance, thus with all possible perceptions and their noematic contents; but the concrete perceptions and the realized presentations, and partly also the real perceived objects themselves are different, as these are the objects which are perceived *from there*” (Husserl 2012, 123 - emphasis added). The other has a different position and a correlating different perspective, which makes their experiences different. I am unable to completely take the position of the other, to perceive what they perceive and to experience what they experience, in short, to take on their system of orientation, because I am bound to my own perceptions and experiences through my own body (Husserl 1973a, 412).⁴⁰ The openness and incompleteness of empathy is not only a consequence of one’s incapacity to fully fulfil empty intentions, which characterize apperception and appresentation. It is rather restricted to the conditions of one’s own embodiment.

Later on Husserl claims that the other body is recognised to be a ‘Leib’ (Husserl 1973b, 65). “The “other” as constituted refers to me, the other is a mirroring of my self, and yet he is not; he is an analogy of my self, and yet again he is not an analogy in the usual sense” (Husserl 2012, 94). The mirroring happens as I project my primordial experiences of the mineness of my experiential life onto the body I perceive (Husserl 2012, 148). Now, the question is what kind of motivation is required for the mirroring of my inner conscious experiences to be triggered? The body of the other needs to be distinct from inanimate objects. It has to manifest something vital through verbal and behavioural expressions. There has to be a similarity (*Ähnlichkeit*) between my body and the body I perceive in order for me to experience it through empathy as another

³⁹ Pace Husserl’s argument that the appresentation of another’s subjective life is similar to the apperception of an object that I only perceive partly, there is at least one important difference. Apperception is an associative element of the passive synthesis of experience (Husserl 2001a, 164). It functions on a different level than appresentation, which requires a more active attitude of the subject towards others. However, as Husserl’s ideas on empathy shifts from a two-step or indirect process towards a more direct process, this distinction would only matter in a constitutional analysis.

⁴⁰ In the following subsection the importance of this point will be made clear while discussing the otherness of the other.

subject (Husserl 2012, 110; 1973b, 9). Husserl calls this recognition of similarity ‘pairing’ (*Paarung*) (Husserl 2012, 119). Pairing is a process of association, on the lowest levels of experience, and does not require active or reflective reasoning (Bernet et al. 1996, 149). We immediately experience that body over there with its movements and gestures as an embodied subject and appresent its subjective experience.

Several phenomenologists have discussed whether empathy is a direct or indirect process, and what exactly Husserl’s position on this point is (e.g. Schütz 1942; Yamaguchi 1982)⁴¹. Arguments for both views can be found in his work. In opposition to the idea of analogy based on similarity, he writes, for example, that there is no real analogy in the first place, nor can we really talk about empathy (*Einfühlung*): “There is no real empathy, as I once said. And there is no analogy, no conclusion based on analogy, nor transference through analogy” (Husserl 1973a, 313, 338). The analogy is hence not required in order to apperceive. In contemporary terms, and with reference to the third chapter, the same idea could be rephrased by saying that there is no need for a ‘theory of mind’ (Premack and Woodruff 1978) or a proper representation, in order to understand the other as a subject (Husserl 1973a, 339). Husserl would then conclude that empathy is an immediate grasp of a non-present presentation, motivated by an external perception (Husserl 1973a, 311).

Alfred Schütz has written one of the most noteworthy critiques of Husserl’s ideas on intersubjectivity, and particularly on empathy. In his article ‘The Problem of Transcendental Intersubjectivity in Husserl’ (1966) he argues against what he believes are the weak points of the phenomenology of intersubjectivity.⁴² It is then worth briefly looking at some of the main points of controversy he identifies concerning empathy. First of all, Schütz argues that pairing cannot be the mechanism behind the recognition of the object-body as a subject. Pairing admittedly requires a passive recognition or association of the typicalities of the object I perceive with the typicalities of my own body as I perceive it. However, we do not perceive our own body the way we perceive a body-over-there: “The other body is visually perceived, but my body is not, as a rule, visually perceived by me, and even if it is, then only partially. My living body is, to be sure, always present and given as the primal instituting organ. But it is present as an inner perception of its boundaries and through the kinaesthetic experience of its functioning” (Schütz 1966, 63).

⁴¹ Yamaguchi (1982, 87) explains the importance of Husserl’s study of passive synthesis within his view on empathy. This made Husserl realise that we understand others passively and directly, without the need for an active analogy or inference. Yamaguchi himself consequently proposes that the passive synthesis is inherently intersubjective and rather than being fundamental for active experience it is interwoven in reciprocity (Yamaguchi 1982, 121, 143).

⁴² It has to be noted that Schütz based his critique mostly on the *Cartesian Meditations*, and he did not refer to the three volumes on intersubjectivity (Schütz 1966, 78).

Any claim concerning pairing as the basis for the passive recognition of analogy and similarity would therefore neglect the originality of my experience of my own body, opposed to the objects and bodies I can perceive in the world. “It [my body] is thus present precisely in a way which is as dissimilar as possible from the external perception of an animate body other than mine and therefore can never lead to an analogical apperception” (Schütz 1966, 63).

The second point of disagreement concerns the concept of appresentation, as based on apperception. Is appresentation the right concept to describe how I understand that the object over there is the body of another subject? Do I appresent the subjective life of the other based on the perception of his body? First of all, Schütz questions the value of the presence of the body. “It must also be asked whether in fact the bodily appearance of the Other in my primordial sphere has the decisive significance which Husserl ascribes to it. I empathize much more with a philosopher spatially and temporally distant than with my neighbour in the subway who is given to me in person (*leibhaftig*) but as a stranger (*Fremder*)” (Schütz 1966, 81). Secondly, and more decisively, the question is whether our understanding of another being is really based on a mechanism like apperception. As earlier discussed, Husserl understands apperception as the possibility to grasp an object in its totality, despite the fact that a perceiver only perceives one side or aspect of the object. Similarly, I grasp the complete chair, even though I only perceive the front side. Arguably, I am able to do so because of the possibility to walk towards the chair, walk around it, and perceive it from all sides. Apperception is then a way of anticipating the possible originality of what I do not perceive originally – e.g. the back of the chair. Husserl thus claims that the appresentation of the subjective life of another person works similarly to apperception (Husserl 1973b, 244; 1973a, 65).

In a letter exchange reacting to Schütz’s article, Eugen Fink (in Schütz 1966, 85) wrote: “... appresentation has the character of redeemableness (*Einlösbarkeit*). I now ask: is the appresentation, in which the Other is given, also determined by this fundamental sense of redeemableness or is it an appresentation which essentially cannot be redeemed?” The answer is of course negative. The other exists for me and is apprehended by me as having certain determinations, but he is absolutely inaccessible to me in his original being (Schütz 1966, 54). Were this not the case, then the other would not be other, but we would share the same original experience and the same stream of consciousness, thereby annihilating our difference.

Husserl himself already anticipates this inaccuracy. He writes in an addendum from 1921 that the subjective life of the other, which is ‘emptily intended’, is continuously filled by the other’s (verbal or non-verbal) expressions. There is no way of fulfilling the ‘empty intentions’ (*Leerintentionen*) with original impressions, as in the example of the perception of the backside

of the chair. In fact, a continuous but incomplete fulfilment takes place (Husserl 1973a, 225). Therefore, the other confirms the empty intentions I have, based on his behaviour and expressions. "... this perception is "incomplete", always open, in so far as the human being over there, and especially his inner life is only partially expressed in reality, while the rest remains undetermined and open, or it refers to previous "perceptions" of already perceived sides, which are therefore simultaneously "co-perceived" (*mitwahrgekommen*)" (Husserl 1973a, 225). So not long after the introduction of his ideas on analogy and appresentation, Husserl acknowledges the difficulties that Schütz would later review in his article.

One element to be added is that Husserl was mainly interested in how the subject's experience of the other was actually possible. Therefore, when he discusses how the subject apprehends the other's subjective life and recognises a moving object as a person, his inquiry should be taken essentially as a study into the transcendental conditions of the subject's experience. Indeed, such an object of study is different from – say – a house, nevertheless Husserl's foremost focus embraces the constitution of the experience itself.

Merleau-Ponty, as it will be discussed in more detail further on, argues that we do not perceive the other and their expressions the same way we perceive objects in the world. We immediately understand others, he claims, through our shared intercorporeality. "The sense of the gestures is not given, but understood, that is, recaptured by an act on the spectator's part". And our communication or comprehension of the gestures of the other is possible only because of the reciprocity of my intentions and the gestures of others: "It is as if the other person's intention inhabited my body and mine his" (Merleau-Ponty 2005, 215).

Similarly, according to Waldenfels, understanding the other in the concrete natural world is less based on appresentation, and more on sharing a practical engagement with the world. He argues that the other in the encounter is not primarily the object of our observations, but a co-subject in a common practical involvement (*gemeinsamens Tun*) (Waldenfels 1971, 136). Because of this practical involvement with others, we do not need explicit attempts to understand the other; we already do so when we are involved in the world.

This view mirrors Heidegger's ideas on Dasein as being-in-the-world and being-with-others, as developed mostly in the 26th paragraph of *Being and Time*⁴³. There, Heidegger clarifies that we do not use empathy based on appresentation, but we firstly encounter the other in and

⁴³ Heidegger's Dasein is not equal to Husserl's 'ego', 'I', 'subject' or 'selfhood'. Dasein itself was only an indirect element in Heidegger's investigation of the question of Being. Whereas Husserl and others were interested in the subject or the person as such, Heidegger was interested in the being of the subject or the person (Dallmayr 1980).

through the world. Empathy does not constitute our experiences of others, since being-with-others is what permits empathy in the first place (Heidegger 1967, 125). Again, the being of others is taken to be different from the being of objects. The other is in the world as Dasein as well. “These beings are neither present-at-hand (*vorhanden*), nor ready-at-hand (*zuhanden*), but they are like the very Dasein which discloses them – they are there, too, and there with (*auch und mit da*)” (Heidegger 1967, 118). Understanding the other is neither a process of inference nor of empathy for Heidegger. Finally, understanding the other is an essential part of understanding Dasein itself, as Dasein’s being is being-with. Concretely, this means that the understanding of others is not a matter of knowledge or recognition, but rather an original way of being, which is the condition for all forms of knowledge and recognition in the first place: “Knowing oneself is grounded in the original understanding of being-with-others” (Heidegger 1967, 123). In other words, we are able to understand others, because understanding involves the acknowledgement of possibility (*Möglichkeitsein*) (Heidegger 1967, 143). Although this was not explicitly described in *Being and Time*, it can be suggested that an understanding based on the acknowledgement of different possibilities of being can play an important role in psychiatry. Indeed, psychiatric understanding implies an explicit attempt at evoking the patient’s experiences within oneself as a possibility of one’s own being, for example based on the additional experience one gathers in repeated contact with patients. Heidegger also claims that this kind of understanding is a priori to any other form of knowledge (Heidegger 1967, 149).

Concerning Husserl’s transcendental explanation of how we experience others in the world, in the light of his transcendental study of empathy, one might claim that he did not go far enough. Indeed, understanding others is not just an intellectual or cognitive process of a solipsistic ego, and what he advocates as indirect or inferential understanding of others seems problematic and certainly too restricted. His successors each expanded these ideas in their own ways, in an attempt to make explicit what Husserl did not. They investigated whether and how we are related to others beyond or before the inferential processes involved in understanding. It has to be said, however, that Husserl’s ideas on understanding others evolve from a mediated to an immediate process. This development namely concerns pairing and analogy, which he considers some of the ‘lowest’ forms of passive association, therefore happening immediately. Whenever the interpretation emphasises the inferential or cognitivist aspects of his theory on empathy, it fails to acknowledge that these are transcendental processes rather than intellectual efforts. Still, Husserl arguably missed out on certain aspects of intersubjectivity, which his successors have rightly criticised him for. Husserl tends to shift the weight of the

phenomenological investigation towards the subject, and thereby minimizes the role of the other. A recurring argument in this investigation is the demarcation of self and others. It is now time to examine how the phenomenological method helps distinguishing between my experiences and those of others.

2.1.2 The other as other

Husserl considers the other as an ‘alter ego’. An *alter ego*, inasmuch as the other is different from me. Even if I presentify the experiences of the other, I still do not experience them myself. Consequently, Husserl compared my relation with an alter ego to a fictionalisation (*Umfiktion*) of my ego. All other people are fictionalisations of my own experiential life, but they all relate to their own system of experience, which are all incompatible with mine (Husserl 1973b, 138). What is it that makes my experience different from the experience of another ego I perceive? First of all, there can only be one ego experiencing a set of experiences, because if there were two egos experiencing the same, they would not be different egos. When I am with someone else, I can be the only one to experience my experiences, otherwise the alter ego would not be ‘alter’ (Husserl 1973b, 138). But how can I distinguish the other from myself? As previously explained, I pair similarities between us, I use the sameness of the other to understand them as subject. But in order to experience them as alter ego, as a subject different from me, I have to recognise that the body I perceive is not my body.

The solution to this question is simple: there is nothing in the subjective life of the other that can be realized in my own primordial sphere (Bernet et al. 1996, 150). I am able to presentify (*vergegenwärtigen*) the other’s subjective life, and in doing so, by empathy, I transfer myself to the position of the other. However, this is only partially and only temporarily possible, as I am unable to remain in the position of the other.⁴⁴ I am bound to my own centre of experience, to the zero-point of my orientation (Husserl 1973a, 265). My body has something which the other bodies lack, and that is the way my body is given to me in comparison to how other bodies appear (Husserl 1973a, 275; 1973b, 7).

The zero-orientation of my experience (*Nullerscheinung*) is essential for my experience of my body. However, I also have the possibility to rethink or imagine my body as perceived from somewhere else, “from the outside” or eccentrically (Husserl 1973a, 276). Anyhow, although I can perceive my body in the mirror, or I can see myself on film, only the zero-orientation of my body makes it essentially my subject-body (*Leib*) (Husserl 1973a, 329).

⁴⁴ With reference to Fuchs (2005a) one could argue that this would only be possible as an ‘as if’. We understand the others ‘as if’ we were in their position. Simultaneously, we are well aware that we are not.

So, what does belong to me and what to the other? Husserl argues that: “Originally given is the self, the I and everything belonging to the I, like my body, my fields of sensation, my movements, my activities, my appearances, etc. The here and now is originally given, the only original here and now. What is furthermore originally given is my ‘just now’, my continuity, my temporal horizon, and my past horizon” (Husserl 1973a, 306-307). And later on he adds: “All possibilities of the kind of ‘I can or could’ have this experience – including: I can foresee and look back, can penetrate revealingly in the horizon of my temporal being – all this clearly belongs essentially to my self” (Husserl 2012, 110).

The common element of all this is that it is mine, it is given to me, it has the quality of form-ness. Interestingly, Husserl remarks that this originality is primordial: “Initially I do not know of any other I or of the possibility thereof” (Husserl 1973a, 307). Only secondarily am I confronted with an other. And this other must be given entirely differently from how I am given to myself. The other cannot arise from me, because he would still be part of me. The other instead transcends my subjectivity. It has been discussed earlier how, according to Husserl, a subject presentifies the other and his subjective life, including his intentions and experiences. This entails that my experience of the other is based on empathy and therefore the experiences of the other are not originally given to me. I experience the other originally, but not his experiences. I therefore do not grasp the other in his totality. If I were to understand the other in his totality, if empathy implied experiencing the experiences of the other, then there would be no other. The incompleteness of empathy is not a failure or a human incapacity, but it is the condition for me to experience the other as other in the first place.

So what makes the other *other* than me? Now that it is clear what belongs to the self, it is also clear what does not. The experiences of the other are inaccessible to me. I cannot experience them originally. What I presentify are possible experiences, which are not the exact experiences of the other, and which are only there for me in my stream of consciousness. They are possible experiences, but at the same time, they are principally impossible (Husserl 1973a, 317). “The concept of ‘alien subject’ (*fremdes Subjekt*) entails a new stream of consciousness, in my actual stream of consciousness, but a presentified and not a present stream” (Husserl 1973a, 317). My original primordial sphere is separated from the primordial sphere of the other by an abyss (Husserl 2012, 120).

It will become clear later on that the distinction between me and other plays an important role for our world-experience. In order to experience the world as real and independent of myself, I need an experience of otherness. Otherness in this context is called transcendence, as it involves what transcends my immanent sphere. The other transcends this immanent sphere –

even though they first appear in it as given to me. However, as previously argued, the other is more than just given to me, and what is given is only partial. The otherness of the other provides a clear grasp of the transcendence, and consequently, of the objectivity of the world.

It is worth remarking that Heidegger, Fink, and Schütz all argued against Husserl's idea of the alter ego. They rightly claim that Husserl's concept of the alter ego is too much of a reduplication of the ego. And this does not suffice, as there are enough examples proving that the other is precisely not what I am. Fink suggests to think about an alter ego of a different sex. In that case, would it be correct to think about the other as having the same functioning subject-body (*Leib*), when clearly, the other sex is anatomically different? All differences proper to someone's body are counterarguments for the analogy and similarity of self and other. The other is then required to be truly other than me.

According to Husserl, the otherness or transcendence of the other is not only relevant for my experience of the world, it is involved in the constitution of the ego as well. "Everyone identifies himself as the psycho-physical I and distinguishes himself from others, and in the distinction from others he will identify and recognise himself for the first time as a true unity" (Husserl 1973a, 244). In the following quote Husserl emphasises once more that the I identifies itself negatively through the other: "... the I is specified or individualised through the distinction of I and not-I, by the multiplicity of consciousness as correlation of the multiplicity of bodies" (Husserl 1973a, 244). Later on he pursues this line of thought even further: the subject only becomes a subject in the I-Thou interaction (*Ich-Du-Beziehung*) and in empathy (Husserl 1973b, 170). It has been argued that a logical consequence of this claim is that my ownness or self-awareness is the result of disowning the other. This means that I only become self-aware through a process of defining who I am not and what does not belong to me (Oliver 1995). But do we really need another subject to identify and recognise our own I?

"I find myself as an I-pole, as a centre of affections and actions, I find myself related to a real surrounding world. Eidetically I understand that 'I' as a pole is unthinkable without a real surrounding. The I is in fact unthinkable without a not-I, to which I can intentionally relate" (Husserl 1973a, 244). It seems therefore unnecessary to claim that the other in the strict form of another subject is required for the I. Husserl himself was ambiguous on the matter. In the *Cartesian Meditations* he writes "The very first alien (the first "Not-I") is the other I" (Husserl 2012, 106), while he elsewhere says that the experience of not-I, which is not per se another subject, suffices for the I to emerge (Husserl 1973a, 30). Nevertheless the particular I-Thou interaction, and specifically being perceived by the other, clearly adds a layer to my self. For I

become aware of being an object in the eyes of others, which is a quality of my self that I cannot constitute myself (Husserl 1973a, 129).

Expanding on this topic, Sartre famously remarks that the essential step of intersubjectivity concerns becoming aware of being an object for others (*être-vu par autrui*), or being-for-others (Sartre 1943, 296). Experiencing being-for-others as an object of their experience decentralizes my own experience of the world. This means that I am no longer the sole centre of the world, but become aware of multiple centres related to multiple others (Rodemeyer 2006, 191). Differently, according to Heidegger, the others are not defined or encountered as not-I, but firstly as those who are like me: “‘The others’ does not mean everybody else but me – those from whom the ‘I’ distinguishes itself. They are, rather, those from whom one mostly does not distinguish oneself. They are, rather, those among whom one is too” (Heidegger 1967, 118). The others are not like objects or tools (*Zeug*) in the world, which are ready-at-hand (*zuhanden*). Rather, they are Dasein themselves, and each of them finds itself caring in the world (Heidegger 1967, 121). This point is in line with Heidegger’s critique of Husserl’s empathy theory and the ‘reduplication of the ego’ onto the other (Heidegger 1967, 124).

However, throughout this consideration of the role of the other and otherness for the subject, the very question has been neglected of what kind of I is supposed to emerge through interaction or through the presence of a not-I. It is clear that through social interaction the I develops as a person, with habits, personal preferences, manners, and so on (Zahavi 2008, 130). But does the other or otherness have a role to play on a much more fundamental level, on the level that Husserl called the primordial original sphere? It has already been explained how the most fundamental essence of an I is the original self-giveness or the for-me-ness of experience, as Zahavi has rephrased it. However in the light of Husserl’s line of argument, one might well still ask: where does the for-me-ness come from, if not from a distinction between me and not-me? It is crucial to see that claiming the original primordial sphere to be characterized by exclusion of not-me and by for-me-ness implies that the I-pole of the experience must already recognise that these experiences are mine and not experiences of others. A distinction between me and not-me seems then a necessity for any self-awareness, that is, for the fundamental level of self and experience.⁴⁵

Interestingly, Husserl quotes Lipps in a short note to a 1910 text: “Consciousness is essentially not individual, but just consciousness. Only when I know of others, does the I become

⁴⁵ This does not mean that ‘not-me’ should be understood as ‘the other’, as it equally implies ‘otherness’. The experience of pain, for example, seems to already imply the simultaneous experience of self and otherness without first requiring any experiencing of the other. Thanks to Thomas Fuchs for this critical counterexample.

this I, one of many, in short: individual” (Lipps quoted in Husserl 1973a, 245, note 1).⁴⁶ One may well argue, then, that there is a neglected or even suppressed argument in Husserl’s work on intersubjectivity. He addresses it shortly, while challenging his own concept of phenomenological reduction. “One should reduce towards the mere cogitations, towards pure consciousness; but whose cogitations, whose pure consciousness?” (Husserl 1973a, 155).

In order to further clarify this point, the reader should be reminded of the term ‘abstraction’, already encountered when introducing the second or intersubjective reduction. This reduction was supposed to outline the primordial sphere within the transcendental sphere. Husserl describes this in his ‘Fifth Meditation’ as an abstraction (Husserl 1988, 93, 95, 96). It is furthermore important that the exact meaning of abstraction is made fully clear. In fact, an abstraction is the distinction of two or more elements that belong together ontologically, and which are distinguished for the mere purpose of clarification.

The relation between colour and extension offers a good example of abstraction (Husserl 2001b, 7). One can think of either one of them abstractly, but they cannot exist without the other. Abstractly, I can think of a colour, but it is always related to its extension, and the other way around. Now, once the importance attributed by Husserl to the term abstraction in his ‘Fifth Meditation’ is fully acknowledged, also a different and non-solipsistic interpretation can be formulated concerning his intersubjective reduction. It is clear, indeed, that bracketing, reducing, or abstracting otherness and intersubjectivity from the transcendental sphere does not imply that the resulting primordial sphere is actually independent or even foundational of this otherness and intersubjectivity. If one was to ignore that it is an abstraction, it should be concluded that Husserl must have started from a solipsistic ego. However, in the light of the concept of abstraction, it is clear that the own and the other are ontologically related to one another. It is also clear how Husserl could possibly claim that the I is always dependent on the not-I, as previously explained. “Just as Husserl never denies that we always already experience the world as objective, so he also does not deny that our experience is intersubjective from the beginning. Only by way of abstraction can we sever this link to the Other and then re-establish it” (Staehtler 2008, 102).⁴⁷

As matter of fact, Husserl is more interested in the epistemic relation to the other, than in this mutual ontological relation between self and other, and we do not find further elaborations

⁴⁶ The reader might recall that Husserl’s notion of the I or the self is ambiguous, and too complex to be analysed in detail in this text. However, one could, for example, argue against my interpretation of this quote that the ‘I’ is used to indicate the person or the individual, and not something like a basic sense of self. Other arguments against the idea that the experience of the other is a condition to experience the self is found in the previous chapter on development.

⁴⁷ Still one may well ask how I am able to distinguish the own from the other in the abstraction, on what basis do I recognise otherness and ownness within the abstraction of the intersubjective reduction.

of these ideas in his work. For Merleau-Ponty, on the contrary, the ontological relation is essential. He argues indeed for an a priori unity of subject and object, of I and other in an “intercorporeal being” (Merleau-Ponty 1968, 143). Only secondarily, for example through reflection, do these entities become distinct and only then does the subject become individualised. Levinas and Waldenfels, on their turn, emphasise the difference and distinction, – in short – the otherness of the other (Levinas 1961, 21, 23, 29, 83; Overgaard 2007, 115-116). According to them, the other is not encountered as an alter ego, for whom I am an object. The other is firstly the one who surprises me, who appeals to me, who speaks to me, and who is therefore asymmetrical to me. “The thing cannot relate to me, it cannot answer or contradict me”. The other, on the contrary, answers, contradicts, and surprises me (Waldenfels 1971, 138). The other is the one whom I must respond to (Waldenfels 2006, 61).

The otherness of the other is thus not the consequence of a human incapacity to grasp the other in his totality, but it is the condition for an experience of self or self-awareness, and, as argued in what follows, for the transcendence and reality of the world as well. Although the ontological connection with the other is implicitly assumed by Husserl in his use of the abstraction in the intersubjective reduction, he nevertheless fails to clarify its role for the experience and constitution of the subject. It is therefore no wonder that he has been accused of solipsistic tendencies.

2.1.3 Solipsism

Is the I in Husserl’s phenomenology a solipsistic I? From the previous discussion, one should already conclude that it is not. Indeed, the I needs the other to emerge as itself. Nevertheless Husserl’s phenomenology has often been criticized for starting from a solipsistic I. The main argument pointing to a solipsistic dimension in Husserl’s understanding of intersubjectivity is that, according to it, the subject is incapable of experiencing another subject directly. As previously explained, according to Husserl, I can only grasp the other through appresentation: “An S (subject) can only recognise himself and his own experiencing, and were it to recognise a spatial-temporal world through the use of apperception, this world would be his and only accessible to him” (Husserl 1973a, 373). Within the framework of an evaluation of Husserl’s position as solipsistic, one more quote should be investigated: “The ideally firstly constituted reality is the solipsistic, and it is completely grounded on the solipsistic stream of consciousness. The intersubjective reality, the objectivity for “every” subject is constituted by empathy” (Husserl 1973b, 7-8). Husserl does indeed indicate that the primordial sphere is a solipsistic sphere with its own “reality”. However, it is only when an “alien body enters in

between the solipsists” that a new kind of transcendence emerges (Husserl 1973b, 8). And therefore, “we can say that this solipsistic world was still just an “immanent” world. It did not transcend me at all” (Husserl 1973b, 8). This implies that the priority of the ego should be understood as limited to the sphere of immanence, whereas Husserl acknowledged that the ego is constituted by transcendence, or by what it is not: otherness and the other.

Early on in his work, Husserl borrows Leibniz’s term ‘monad’ to describe the original sphere of the ego. “A monad without windows, without interaction, but with only a universal harmony” (Husserl 1973a, 7). Merleau-Ponty (2005, 418) remarks that such an idea of consciousness, compared to the real life situation of encountering meaningful others, leads to “the absurdity of a multiple solipsism”. However, as Bernet et al. (1996, 146) have explained, within Husserl’s work, there are two meanings of ‘the primordial sphere’. The first is the solipsistic sphere, where the ego is an independent moment preceding every experience, including the experience of the other (*Fremderfahrung*). Husserl calls this independent moment the substrate or fundament (*Unterschicht*) of all experience (Husserl 2012, 96). The second meaning refers to a dependent moment of every experience – but within those experiences. Husserl elsewhere nuances the solipsistic tendency of the first meaning of the primordial sphere (Husserl 1973b, 10). His description of the ‘monad’ includes the original givenness of experiences, being a centre of functions, and being a body with an absolute here. “Every I is a “monad”. But a monad with windows. They do not have windows or doors in the sense that another subject could enter, but rather in the sense that they (the windows are moments of empathy) allow the other subject to experience similarly to when one remembers past events and memories” (Husserl 1973a, 260). To be specific, each monad has an endless amount of windows and these windows stands for possibilities of being influenced from the outside (Husserl 1973b, 295) and having “comprehending perceptions of the other’s body” (Husserl 1973a, 473).

The experience of the other through empathy thus allows for the primordial self – who might be considered original and singular – to enter the community of monads. “It [the Self] is one and singular only to the extent to which all the other Selves are too” (Schnell 2010, 18). That is the true meaning of the multiplicity of the monads: from singularity to community of singulars. And, importantly, this is not unidirectional. Intersubjectivity adds sense to the original experience of the subject and “to the unique world of everyone” (Schnell 2010, 18-19). Furthermore, based on the discussion of Husserl’s theory of perception in the following section of this chapter, one will also discover that intersubjectivity might play a role even before the encounter with others. Indeed, similarly to Heidegger’s later remarks in *Being and Time* (Heidegger 1967, 114), Husserl already indirectly acknowledges the presence of other subjects in

every kind of perception in the unique world of everyone.⁴⁸

In his critical analysis of Husserl's ideas on intersubjectivity, Schütz finally recapitulates what Husserl seems to neglect: "It is to be surmised that intersubjectivity is not a problem of constitution which can be solved within the transcendental sphere, but is rather a datum (*Gegebenheit*) of the life-world. It is the fundamental ontological category of human existence in the world and therefore of all philosophical anthropology. As long as man is born of woman, intersubjectivity and the we-relationship will be the foundation for all other categories of human existence" (Schütz 1966, 82). He then goes as far as to claim that even what Husserl would definitely count as part of the original or primordial ego sphere is just the consequence of mundane intersubjectivity: "The possibility of reflection on the self, discovering of the ego, the capacity for performing any epoché, and the possibility of all communication and of establishing a communicative surrounding world as well, are founded on the primal experience of the we-relationship" (Schütz 1966, 82). Therefore, what Husserl does, in the eyes of Schütz, is to neglect the hidden intentionality of the founding mundane intersubjectivity, and he does so "by elimination, by means of the reduction, of the essential content of the world accepted by me as a world for everyone" (Schütz 1966, 83). It is after all the biggest weakness and the biggest danger of solipsism, to only emphasise the transcendental and lose the mundane out of sight.

Conversely, Heidegger does not neglect the mundane, as *Dasein* is essentially in-the-world. The question of how we understand others and how we experience others to be real are both based on a more fundamental certainty or trust which emerges from everyday life in-the-world. "The clarification of Being-in-the-world showed us, that a mere subject without a world does not exist or is not given. And likewise an isolated I is not given without others" (Heidegger 1967, 116). The claim that *Dasein* is being-with (*Mitsein*) is not just a factual or ontic description of the impossibility to be alone in the world, but it carries an existential-ontological meaning (Heidegger 1967, 120).⁴⁹ Waldenfels' later dialogical phenomenology, inspired by Merleau-Ponty and Levinas, equally takes position against solipsism. Humans can only purposely establish a dialogue with other humans, by turning the other into an object (Waldenfels 1971, XI,

⁴⁸ The tendency towards solipsism, or the tendency to interpret Husserl in this way, is certainly related to the phenomenological method in general. Husserl's primary goal concerning intersubjectivity was to investigate how the presence of the other is given to me. He therefore analysed the experience of the other (*Fremderfahrung*) within his own primordial sphere. This primordial sphere is not per se solipsistic, as it involves the experiences the ego has of others. Therefore, it does not bracket others as such, but only the noematic correlates the ego has of the others in his primordial sphere (Bernet et al. 1996, 146).

⁴⁹ In *Being and Time*, Heidegger insufficiently specifies the 'Mitsein' or coexistence that links individuals. Being-with includes encountering others indirectly through the world. But other forms of Being-with, including the interpersonal encounters themselves, seem to be underrepresented in this work. See Schatzki (2007) and Oliver (1995).

368). We are therefore always already in dialogue with others, and these others are undeniably there. Even before we turn towards the other in a dialogue, we are already there for the other, just as the world, inhabited by others, is already there for us. As already remarked before, the reader should keep in mind that Husserl was primarily interested in the transcendental conditions of our experience. In this context, the question thus becomes how others appear to us. He does not doubt that others appear to us, and therefore, that others are there. But, as Oliver (1995, 108) noted and, as it can be concluded from the previous subsections on empathy and otherness of the other, Husserl tends indeed to shift the focus towards the subject, and thereby minimizes the role of the other.

One further element counterbalancing solipsistic tendencies in phenomenology is found in embodiment. ‘Embodiment’ is basically the term to designate that consciousness is not a transcendental free-floating and transparent spirit in the world. Embodiment emphasises that consciousness is necessarily bound to a body, and our encounters with others happen under the form of embodied encounters. The term ‘intercorporeality’ was first introduced into the debate by Merleau-Ponty. In the section called ‘The Philosopher and His Shadow’ in *Signs*, he describes how shaking hands with another being makes that other being animate, similarly to when my one hand touches my other hand. Without introjection, analogy or comparison, my body “annexes the body of another person”. Just like my two hands are part of the same body, when I touch my left hand with my right, so too do I and the other become “the organs of one sole intercorporeality” (Merleau-Ponty 1960, 167). In the *Visible and the Invisible*, he clarifies the synergy between two eyes, two hands, to sense the sensed. These sensing parts are one and offer one experience because they essentially belong to one body. The unity of my experiences is therefore not the result of a synthetic activity, but rather of the unity of my body. Consequentially, Merleau-Ponty asks: “Why would not the synergy exist among different organisms, if it is possible within each? Their landscapes interweave, their actions and their passions fit together exactly: this is possible as soon as we no longer make belongingness to one same “consciousness” the primordial definition of sensibility, and as soon as we rather understand it as the return of the visible upon itself, a carnal adherence of the sentient to the sensed and of the sensed to the sentient” (Merleau-Ponty 1968, 141).

The counterargument against solipsism, as found in Merleau-Ponty’s work, is a carnal, fleshy intercorporeal being, which allows the transitions from one body to the other. The problem of the alter ego disappears, as egos are merely by-products of fleshy relationships. “The thickness of the flesh guarantees relations, while the skin insures that we can distinguish our experience from the other’s. Yet, since the flesh and skin are not objects, but synergic, we are

never cut off from the other. The skin is a boundary, but a permeable boundary” (Oliver 1995, 99). Intercorporeality, or the ‘incarnation’ of intersubjectivity, goes beyond the mere being together of subjects. It implies that “the own and the alien are entangled, that everybody is inserted into an interlacing” without readymade individuals (Waldenfels 2004, 246). Individualization only follows from this pre-existing anonymity of the intercorporeal being (Merleau-Ponty 1968, 143). This does not mean that the individuation and distinction between self and other disappear in total. Merleau-Ponty is equally clear in claiming that a ‘dehiscence’ or divergence (*écart*) is evident in every embodied situation (Reynolds 2002, 68). Touching and being touched, looking and being looked at, or the sentient and the sensible, undeniably show this divergence. It is in fact a necessary or constitutive factor for subjectivity in the first place.

2.1.4 Sociality and personhood

As is well known, Husserl’s pure ego is not a concrete element of experiences, but it is rather one of the poles of intentionality (Husserl 1973b, 26). In other words, the pure ego or the I-pole is not the reflected or thematic I which I may find when thinking about my experiencing, but it “lives” in the acts (Husserl 1973a, 246). “One cannot find an I in experience, but only experience as such” Husserl famously said (Husserl 1973a, 246). One could then easily conclude that Husserl defended a non-egological position, as argued in the introduction of this work. However, the specific emphasis on the pure ego or the I-pole leads to the conclusion that, although Husserl claims that there is no such thing as an independent self to be found in experience, he does identify a “superior subject” (*oberstes Subjekt*), which is capable of identifying the experiences as mine (Husserl 1973a, 303). The following subsection is not intended to fully clarify all ambiguities within Husserl’s ideas on the presence or absence of an ego, but it rather expands the inquiry on how the pure ego relates to the I in the world. Husserl’s pure ego is not specifically embodied, nor is it a determined personality (Husserl 1973a, 303; Bernet et al. 1996, 192). It is transcendental, whereas the mundane ego is not. Husserl acknowledges indeed that the mundane ego emerges from interpersonal contact and becomes personal self-consciousness, from “the community of will and joint intentions, mediated through communication” (Husserl 1973a, 170).

The main question discussed here is then: how does social interaction form personhood? How the other is apperceived has already been discussed. The question is to what extent do I have to be apperceived myself in order to apperceive the other. Should I already be self-aware of being a person before I can appresent the other as person? Is a person different from the transcendental ego inasmuch as I am perceived by others and that I have object-like

characteristics, such as my body (Husserl 1973a, 431)? It has been claimed that the perspective of the others offers me a unique kind of self-apprehension (Zahavi 1999, 164). Moreover, according to Husserl, the personal I, just as any object, has to be constituted noematically (Husserl 1973a, 246). The noematic I or object-I is an I for others. The correlated noesis is therefore a social or intersubjective noesis, because I only become an object-I or noematic I in the eyes of others. It is then concluded that: “Empathy and the further developed social acts are the origin of personhood. For personhood, the subject’s self-awareness of being a pole of his acts does not suffice, but personhood is only constituted when the subject relates to other subjects socially” (Husserl 1973b, 175). The social subject thereby gains persisting characteristics and develops for himself and in community with others. Husserl’s sporadic use of the term ‘monadology’ to describe his idea of intersubjectivity has already been mentioned. Overall, the monad metaphor is used to bring together all essential elements forming the subject: it is the whole of the stream of consciousness, the transcendental ego, the I-pole in intentionality, the person with drifts, habits, and a history (Altobrando 2011). Interestingly, with regards to this metaphor, a certain shift within Husserl’s ideas on intersubjectivity can be registered. As previously explained, Husserl early on claims that the monads have no windows and there is no relation to other monads (Husserl 1973a, 7). Later, he modifies this idea: “It is not as if every monad is just for-himself... and as if it could only be that way without other monads, but no monad – in so far as the others are ‘constituted’ intentionally (just like everyone constitutes his past in his presence) – could exist without the others” (Husserl 1973c, 194). Elsewhere he also argues that a pole is unthinkable without a real surrounding world. There is no I without a not-I which the I can intend (Husserl 1973a, 244).⁵⁰

One last element that clarifies the role of sociality for the mundanization of the pure I is narrativity. It has been argued in the introduction that the narrative self is a self co-authored by the person and his surroundings. We live in the stories that are told of us and by us (Schechtman 2011). Narrativity is then one element of sociality. It makes our practical involvement in the world and with others seemingly coherent and unified. Arguably, in order to become a person, one needs a narrative (Zahavi 2008, 128). The pure ego does not yet have a narrative, as it is pre-reflective and inaccessible to others, whereas narrativity relates the pure I to its social surroundings.

⁵⁰ For the purpose of this inquiry, this point is most relevant because it shows that Husserl struggled to find a correct phenomenological description of how the self relates to others, and to what extent intersubjectivity is involved in the ‘deeper layers’ of subjectivity. The monadology, especially in the context of intersubjectivity, often remained unclear and it does not offer us a clear tool to analyse the relation between self and other. See Altobrando (2011, 149) for further elaboration.

Husserl's position is adamantly clear: the person emerges from social interaction. It remains open to debate whether the more fundamental I-pole or transcendental ego can exist without others. Undoubtedly, there is a clear-cut conceptual and phenomenological distinction between the pure I (*reines Ich*) and the person. Only the latter is explicitly social, while the former might only require intentional opposition or otherness under the form of a real surrounding world of objects. Previous sections have explained, however, how the experience of a real world already requires the presence of others. In the following section of this chapter, this point is discussed in more detail. It can be concluded anyhow that the personal I is a combination of the pure I and its habitualities, the object-like character of its body as experienced by others and its narrativity. How the pure I and the social or personal I are connected, remains however unclear (Moran 2012, 240). It might be contingent on the field of inquiry itself, namely whether the research is dealing with the transcendental or the mundane.

The questions and uncertainties that impede social interactions for schizophrenic patients are strongly related to the philosophical topics here under discussion. How are we connected to others, while still distinct and individual persons? How do I separate my experiences from yours? How can I understand you, despite the inaccessibility of your experiences or your subjective life to me? And how could I make myself understood? Husserl's phenomenology allows the dissection of these questions. Even though many useful elements can be found in his work for the study of intersubjectivity, such as his ideas on empathy, on the constitution of the I through the not-I, and on the development of a mundane subject in social interaction, he regrettably does not account for other forms of intersubjectivity, including the ontological connection to others. Merleau-Ponty, Heidegger, and Waldenfels shifted the weight of the investigation more towards the others, thus indirectly contributing to the phenomenology of schizophrenia beyond Husserl's concepts, notably through the concepts of intercorporeality and indirect dialogue.

Nevertheless, the symptoms, signs, and phenomena of schizophrenia are clearly not restricted to encountering and understanding others, but they relate to the intersubjective experience of the world and of reality as well. Therefore, before moving on to Chapter 3 and analysing the intersubjective dimensions of the schizophrenic alteration, a second kind of intersubjectivity, which is related to the subject's experience of the world with others is to be examined.

2.2 The shared world - I, the other, and the others as co-constituting

2.2.1 Intersubjective reality in phenomenology

The inquiry now enters a different domain of intersubjectivity. This domain is no longer concerned with direct encounters and how these encounters are possible. The focus now shifts instead from the dyadic interaction between people, towards the triadic relation with others and with the shared world. It will be thus investigated how intersubjectivity plays a role in our experience of reality. Intersubjectivity is taken to be much more than the interaction of bodies and subjects apprehending each other through analogy and appresentation. Arguably, every experience we have refers to others and each reference is part of intersubjectivity. Moreover, two of the most thought-provoking symptoms of schizophrenia concern precisely intersubjective experience, namely delusions and hallucinations. A thorough analysis is therefore needed of what intersubjective world-experience or intersubjective reality is.

In what follows, the reader will become even more familiar with previously introduced philosophers' agendas and explicit suggestions on the topic. Schütz, for example, claims that "the clarification of the sense-structure of intersubjectivity and of the world accepted-by-me-as-objective is, and remains, a legitimate task for phenomenological constitution analysis" (Schütz 1966, 84). Furthermore, Zahavi remarked that if Husserl's idea that reality is constituted intersubjectively is to be taken seriously, it implies that the transcendental inquiry has to be expanded towards the intersubjective sphere (Zahavi 2009, 139). This conclusion is particularly pertinent. The role played by intersubjectivity in our experience of reality on a transcendental level is so to speak unproblematic. However, intersubjectivity itself does not remain restricted to the transcendental, as we encounter intersubjectivity first and foremost in the world, in the field of everyday experience. The following task, therefore, comes to the fore: intersubjectivity requires to be studied in the world, on both a transcendental and an empirical level, and both within the unitary harmonious intersubjective experiences, as within experiences of disharmony and difference between subjects, as encountered for instance in schizophrenia.

The problem of reality, and more specifically the involvement of intersubjectivity in its constitution, is a major theme in Husserl's phenomenology (Zahavi 1996). As is well known, he was certainly less interested in a theory of what reality would be 'an sich', and more in how reality is constituted. However, Husserl's theory on how we experience others, which has been discussed in the previous section, does not offer much clarification concerning a transcendental community or a transcendental We. Notwithstanding, this is required in order to discuss intersubjective reality. Without such a clarification, the overall perspective would be restricted to

a world populated by others, to whom I ascribe a subjective life based on the appearance of their bodies, as constituted by one transcendental ego, namely my own. Unfortunately, this does not bring us any closer to understanding reality, objectivity, or the transcendent. If one was to argue that it does, this would mean that “we were to define community in such a way that, contrary to meaningful usage, there would be a community for me, and one for you, without the two necessarily coinciding” (Schütz 1966, 76). Finally, two different definitions of intersubjectivity can be possibly ascribed to Husserl. The first defines intersubjectivity as the constitution of an objective world including the encountered others. According to this perspective, community means nothing more than a primal ego, i.e. the philosopher performing the epoché, who imagines a world where others are also transcendental egos. Intersubjectivity would therefore be a plurality of transcendental egos. The second definition refers instead to some kind of already-present and passive community, which precedes its revelation in communication or in empathy. As Waldenfels (1971, 143) has pointed out, this second kind of community does not create the common world, but it shows it. Intersubjectivity actually unfolds or reveals a passive community, prior to the active phase of communication. It is this form of intersubjectivity which comes to the fore when the intersubjective constitution of reality is discussed not in the I-Thou relationship, but in the experience of reality and the world.

2.2.2 Intersubjective perception

The first step towards the phenomenology of intersubjective reality concerns perception. Husserl famously developed a theory of perception, where objects can either be given originally or not-originally (Husserl 1973a, 347). Original means that the intention is fulfilled, and the object is originally there. But, as it has been argued with regards to how I presentify the subjective life of the other based on the original givenness of their body, it is clear that I never perceive the totality of an object originally. The more sides and parts of an object I perceive, the more originally the object is given to me. By perceiving an object as object, including the sides and parts which are not originally given to me, such as the backside of the chair I am looking at, I immediately co-experience the possibility of fulfilment of my ‘empty intentions’. If I were to walk around the chair, I would perceive the backside originally.

Therefore, my perception of an object and the correlated experience of the reality of this object depend on the possibility to have multiple experiences of the object (Husserl 1973a, 181). However, it does not suffice that I could have possible experiences of the same object if I were to change my position and my perspective. We seldom change our position or our perspective on an object to experience it as that object or to experience it as real. In fact, we do not question the

reality of it at all. We immediately perceive it in its totality or ‘horizontally’, without the need for consequential different perceptions. Accordingly, Husserl is forced to add an essential part to his theory of perception. The other possible perspectives are not *my* possible perspectives. The other possible perspectives and the consequential reality and totality of the object depend on the co-perceptions of other subjects. The only way in which I am simultaneously capable of perceiving and apperceiving is by relying on the possible presence of other subjects who experience from a different perspective.⁵¹ The plurality of possible subjects is the noetic correlate of the subject’s noematic plurality of co-existing aspects (Zahavi 1996, 239).⁵²

This highly significant turn is made explicit by Husserl’s use of the term ‘open intersubjectivity’. “Ontologically, every appearance I have, is already part of an open and endless, but not explicitly realized totality of possible appearances from the same (object), and the subjectivity of these appearances is the open intersubjectivity” (Husserl 1973b, 289). Regardless of whether other subjects are around, I co-experience them through my experience of objects. Intersubjectivity is therefore already given prior to my encounter with concrete others.⁵³ As previously explained, I appresent the other based on the object which I recognise to be a body, namely through the gestures and sounds it makes. In order to experience this particular object as a body, I already passively co-experience it within the framework of open intersubjectivity. This issue concerning the priority of distinct kinds of intersubjectivity will be further discussed later on. However, it should be clear that in order to experience objects as objective, that is, as intersubjectively accessible, I do need the explicit presence of others at least once.

Interestingly, Husserl wonders whether the appearance of objects is different for different subjects. Certainly, the position and perspective of a subject determines what is originally given of the object. Nevertheless, horizontal intentionality would make the object the same for every subject. “Both of us have the same appearance-things, the same motivated sequences of appearances as real things, the same thing-realities. The endless manifold of possible (motivated) aspects (of the orthological manifold) is in a way common property for all subjects” (Husserl 1973a, 377).

⁵¹ For an extensive analysis of the simultaneity of intersubjective perspectives, and consequently an intersubjective temporality, see Rodemeyer (2006) and Waldenfels (1971). For its relevance for psychopathology, see Fuchs (2013d).

⁵² Yamaguchi (1982, 34) pointed out that apperception is motivated by a tendency towards the perception of objects in their totality, therefore requiring open intersubjectivity. He describes this tendency on the lowest layers of passivity and should not be confused with tendencies for knowledge on higher levels of experience.

⁵³ As Fuchs has remarked, and as it will be argued further on, it is questionable whether developmentally speaking intersubjectivity is already given “before” my first encounter with others.

Most of Husserl's ideas on perception are based on normal or orthological experience. This means that a subject experiences time, space, and causality according to a specific proportionality. In other words, proportionality makes the "orthological perception" possible (Husserl 1973a, 363). The orthological perception is just a 'normal' perception. Husserl means nothing more than that a particular object is experienced under optimal form and integrated in accordance (*einstimmig*) with the coherence and persisting identity of the experienced object, and therefore with previous experiences (Husserl 1973a, 363). Interestingly, this kind of experience postulates the object as being (*als seiend setzen*) (Husserl 1973a, 121). Furthermore, in order to have orthological or normal experiences, the subject needs a body, regardless of its completeness. Some parts of the body might be missing or anomalous, without interfering with normal perceptions. Finally, the body functions orthologically as long as it puts the experiences into a coherent and concordant whole (Husserl 1973a, 368). It should be remarked that the reality of an experienced object, through accordance and integration into a bigger whole of experiences, might be orthologically correct but still intersubjectively wrong or abnormal. The orthological system of perception only concerns the coherence and accordance among the subject's perceptions. A blind man would therefore have an orthological system of perception, because all of his perceptions are coherent and in accordance with each other. Things only become different, abnormal, or heterological when brought on the intersubjective level of experience (Husserl 1973a, 368).

All things considered, it could be claimed that what I experience is the world as experienced by others. "We are many subjects of sense (*Sinnessubjekte*), but with communication we are able to share all senses, and in such a way that everyone faces a world, which is built through all these senses, and that everyone knows that the world he faces is the same for all", Husserl claims (Husserl 1973b, 197). Communication is therefore a vital element in our perception of the world.⁵⁴ Communication essentially means that we relate our activities to others, and vice versa (Waldenfels 1971, 139). It has its cause and goal in praxis. However, intersubjectivity works on a much more passive level as well. Husserl claims that intersubjectivity is a matter of consciousness, and it is manifested in both my behaviour and in the sphere of my passivity, affection, and plain receptivity: "We orientate ourselves in our life of senses, we orientate ourselves according to 'our' and not just to one's own experiences" (Husserl 1973b, 197). Individually, and passively, then, we integrate the intersubjective into our transcendental consciousness.

⁵⁴I use 'communication' (*Mitteilung*) as Husserl does, namely in its trivial meaning of verbally sharing each other's thoughts and experiences.

It has already been occasionally claimed within this inquiry that an intersubjective reality is the noema of a particular noetic act performed by intersubjectivity itself. But how could one define this kind of overarching and shared subjectivity which determines our experiences of the world? Husserl suggests that: “Personal consciousness becomes one with another, individual and necessarily distinct consciousness, and thereby it becomes a unity of transpersonal consciousness (*überpersonales Bewusstsein*)” (Husserl 1973b, 199). The transpersonal consciousness is formed, Husserl writes, because of the human condition: “I have been in connection with others for as long as I can remember”, and my understanding and interpretation of the world is formed by the interaction with others, and it is formed that way again and again through interaction (Husserl 1973c, 173). Transpersonal consciousness is thus just another name for transcendental intersubjectivity and it emphasises on the one hand a structure which transcends the individual subject, and on the other hand the integration of the community of subjects into the experience of the world of the individual subject. Just as the individual subject has a sphere of original experience, so too does transcendental intersubjectivity have a sphere of originality, which is built through ‘communalization’ (*Vergemeinschaftung*). The constituted world in this original sphere is the objective world. The transcendental We performs the intersubjective noesis, thus constituting the world which is the same world for all subjects part of it. Transcendental intersubjectivity, or the transcendental We, becomes finally realised (*verwirklicht*) in the objective world (Husserl 2012, 107).

Husserl’s understanding of intersubjectivity in perception has been now thoroughly discussed. However, one may still wonder how the purely subjective in Husserl’s phenomenology actually becomes saturated by the transpersonal and intersubjective. This amounts to an inquiry into the moment when some transcendence appears in the subject’s immanence, namely the transcendence of transcendental intersubjectivity. How can intersubjectivity become such a vital element of subjectivity?⁵⁵ With regards to perception, the same question can be formulated as follows: how is it possible that, even in the absence of others, I still experience the world and its objects as transcendent, as objective, as real?

The answer to this question points to the human condition of being with others as what forms our categories of experience. Mundane intersubjectivity is the situation we find ourselves in, again and again. It is, according to Zahavi, the first encounter with the other which forms our categories. The first and most fundamental encounter with others constitutes objectivity, reality,

⁵⁵ Merleau-Ponty asks the same question in *The phenomenology of Perception* (2005, 423): “The problem of the existential modality of the social is here at one with all problems of transcendence. Whether we are concerned with my body, the natural world, the past, birth or death, the question is always how I can be open to phenomena which transcend me, and which nevertheless exist only to the extent that I take them up and live them.”

and transcendence. “This does not mean that these later experiences become meaningless, but their role would be different. They do not enable the constitution of the categories of objectivity and transcendence, but fulfil them” (Zahavi 2009, 122). So even when I am alone, or in Husserl’s example, in case a universal plague left me as the sole survivor, I would still experience the world through transcendental intersubjectivity (Husserl 2012, 93; 1973c, 5). Similarly, in Heidegger’s *Being and Time*, we can read: “Being-with essentially determines Dasein, even when no factual others are present-at-hand or perceived” (Heidegger 1967, 120).

Heidegger’s description of pre-predicative understanding is closely related to Husserl’s previously quoted remarks, especially when he points to our pre-thematic and implicit trust in the world, in its tools, and in the totality of references we encounter there (Heidegger 1967, 76, 104, 149-150). Along these lines, our cultural world is then understood as referring to others “beneath a veil of anonymity”, as Merleau-Ponty phrased it. “Someone uses the pipe for smoking, the spoon for eating, the bell for summoning” (Merleau-Ponty 2005, 405). Such a pre-predicative understanding of the world based on interaction could be called ‘common sense’. It is some kind of basic trust that develops from infancy, through the interaction with caregivers, and later on is shaped by the continuous interaction with others. On the whole, it amounts to a deeply rooted certainty in the presence of others (Merleau-Ponty 2005, 419) and in the presence of the world (Heidegger 1967, 149-150). Husserl (2008, 251-256) refers to the original givenness of the world as “Bodengewissheit” (fundamental certainty)⁵⁶, Heidegger (1967, 76) calls it “trust in the world” (*Vertrautheit mit Welt*) and later Ludwig Wittgenstein (1969) refers to it as the background or bedrock certainty of our language games.⁵⁷

All these definitions refer to a pre-reflective, pre-thematic certainty which seems incorporated in our actions and perceptions in the world. This is taken to be intersubjective both in its origin and development, as well as in its regulation. The objects in the world are therefore experienced as others experience them too (Waldenfels 1971, 140).⁵⁸

The only distinction to be made here is that in the absence of others, our categories are not confirmed by evidence. The presence of others and their perspective on the object gives us exactly this: a fulfilment through evidence (Zahavi 2009, 122). Merleau-Ponty offers a helpful counterexample. Hallucinations, he writes, lack some particular reality or “fullness”, inasmuch as something is lacking which normally makes the object of our perception reside ‘in itself’, or

⁵⁶ See (Summa 2014c, 321-322) for a brief discussion on “Bodengewissheit” and its relation to Husserl’s epoché.

⁵⁷ Hubertus Tellenbach is quoted in Blankenburg (1971, 97) saying that trust is “the most grandiose prejudices, without which Man could not develop himself”.

⁵⁸ More recently, this is referred to as “shared intentionality” (Tomasello and Carpenter 2007; Leon and Zahavi 2015; Szanto 2015).

act and exists by itself. The phenomenon is explained by the fact that the hallucination “does not take its place in the stable and intersubjective world” (Merleau-Ponty 2005, 395).

Normal perceptions, on the contrary, are perceptions of objects in the intersubjective world. Our perceptions and our categories of perception are regulated by intersubjectivity. These categories are not only those of objectivity or reality, but also those determining the kind of experiences we have. It is not the particular content of an experience that makes it intersubjective, but the form of the experience, the category itself (Blankenburg 1971, 116). Without once experiencing validation by others, I would not be able to attribute a sense of reality to my perceptions. I would be able to say that I see a house, but I would thereby not believe that the house I see exists (Husserl 2012, 18-19; Waldenfels 1971). In our practical involvement in the world, or what Waldenfels (1971, 246) calls the “indirect dialogue”, we help each other attune correctly to the shared reality, by validating and denying. But it is on the very fundamental layer of passivity and receptivity that intersubjectivity already intervenes.

In a way, intersubjectivity finds itself in between the subject and the object. “The others are neither part of my subjectivity, nor can they be mere object of experience in the world” (Waldenfels 1971, 31). This “in-between” will be discussed together with the work of Japanese psychopathologist, Kimura Bin, who claimed that the essential disturbance of schizophrenia concerns precisely this in-between. Finally, while focussing in this section on the co-constitution of the world, the concept of intersubjectivity has considerably shifted from the mundane interaction with others towards a functioning element within each subject’s experiences, based on a mundane and given sociality experienced through encounters.

2.2.3 The objectivity of the world

Husserl often refers to the surrounding world (*Umwelt*) to describe the realm of natural attitude. It consists of the things in our everyday life. This includes the qualities of the things perceived, but also the meanings, values, and utilities they have for us. The surrounding world consists of two aspects: the natural and the personal. The natural surrounding world describes the “mere materiality” of the world, while the personal surrounding world includes personal constructs (*personale Gebilde*), such as opinions, meanings, and the implementation of cultural traditions (Husserl 1973a, 426). “The surrounding world is the world perceived, remembered, conceptually grasped by the person in his acts; it is the world of which the personal I is conscious and to which it is oriented in its conduct” (Schütz 1966, 70). But the surrounding world is not a solipsistic world. It has open horizons, therefore including the presence of co-subjects, whom the subject encounters as persons. By matters of communication, the subject

lives not in a private world, but in a shared world, a common surrounding world as the correlate of a plurality of subjects (Husserl 1973b, 197).

The subject and all other co-subjects take the surrounding world and the spatio-temporal reality of it for granted. This is the general premise of everyday life, it is the implicit assumption of any natural attitude (Husserl 2012, 82; Schütz 1966, 51). How is this possible? It has been argued earlier that the perception of an object relies on possible perceptions by others (Husserl 1973a, 479). However, when concerned with the spatio-temporal reality of the objects, the matter becomes more complicated. Indeed, we experience objects in our surrounding world as ‘objective’: we experience them as not only there for me and not only there in my immanent experience. ‘Objectivity’ is a mundane rather than transcendental feature. It indicates that an object is experienced as intersubjectively constituted, “as present for everyone” (Husserl 2012, 96). The ‘object’ of my experience is objective when I perceive it as identically perceivable and expressible by others.⁵⁹ Objectivity is therefore defined as intersubjective validity (Husserl 1973b, 107, 109). Furthermore, objectivity does not only concern ‘objects’ or things, but also events and activities. I experience these as public (*öffentlich*), not as private (Husserl 1973c, 5). Intersubjectivity in its mundane form, namely, the presence of other people, finally forms the apperceptive horizon of all our perceptions (Husserl 1973a, 289; Zahavi 2009, 125). Concerning in particular schizophrenia, it can be already anticipated that schizophrenic delusions manifest an alteration precisely to this experience of objectivity, as the content of these delusions is experienced as objective and private at the same time.

Intersubjectivity is therefore the subjective correlate of the objective world (Schnell 2010, 19). The transcendental We relates to the objective world in the same way as the transcendental ego relates to his immanent world. However, as just argued, the intersubjectivity found to be a necessary requirement for objectivity is mundane intersubjectivity, namely real persons in the surrounding world. How are the mundane and the transcendental form of intersubjectivity related then? And what is their respective role in the experience of objectivity?

According to Husserl, the objectivity of the world relies on the transcendence of the world. I cannot experience something as objective, if it is ontologically bound to my immanent sphere. In order to experience objectivity, there has to be transcendence. Transcendence appears first in the encounter with the other. The other goes beyond my subjectivity, beyond my immanence. The other confronts me with transcendence and inaccessibility (Husserl 1973b, 277; 1973a, 110; 2012, 92). Husserl claims that: “The experience of the other transforms the appearance of the

⁵⁹Not all objects of my experience are ‘objective’. The house I imagine is an object of my experience, namely of my phantasy, and it lacks the quality of objectivity, because it is not intersubjectively accessible.

world for the self, in what characterizes it specifically, into an appearance of an ‘objective’ world, as it is ‘for everyone’. And all the ‘mystery’ of the phenomenology of intersubjectivity resides exactly in this ‘addition of sense’ (*Sinnesaufstufung*) due to which the experience of the other gives to the own world precisely the characteristic objectivity of the single and unique world of everyone” (Husserl 1973b, 289). The mystery arises as soon as one wonders how these ideas on objectivity are compatible with the transcendental ego and its primordial sphere. Husserl’s mysterious answer runs as follows: “By using the proper (*eigene*) the subject constitutes the ‘objective’ world, as a universe of a being which is alien to him, and the first step involves the alien of the modus of the alter ego” (Husserl 2012, 110).

In the previous section of this chapter, empathy has been mentioned as playing a role in the formation of objectivity. In other words: “Now an ‘alien body’ appears in between the solipsistic things, and thereby a completely extraordinary transcendence” (Husserl 1973b, 8). Because of empathy, as the phenomenon where a subject appresents another subject based on the appearance of his body, the natural world I experience is changed from *my* world to the *common* world. The world is therefore no longer exclusively the correlate of my experience, or the noema of my intentional acts, but it additionally becomes the world of others subjects and the correlate of their experiences (Husserl 1973a, 228).

One further aspect of experience has remained underrepresented so far, namely affectivity. The intersubjective validity is not only achieved through active communicating and comparing of experiences, by a process of validating and refining our experiences with others. It is also achieved through shared affectivity. “A certain inexpressible community is formed by the sharing of the mere sensed. The full actuality is reached, not when we can potentially perceive the same (as in open intersubjectivity and apperception), but when we are affected by the same. And when we are interested in the same, and react in the same way (...) This is the only way in which we experience the world as the same for each other” (Waldenfels 1971, 152).

Objectivity is thus defined as intersubjective validity. Objectivity depends on empathy, Husserl argues, since this is the primal way of understanding the transcendence of the other, and therefore, the transcendence of the world. It is worth remarking, however, that this position is not unproblematic, and it will be clear in the last subsection that it constitutes one of the key issues of the phenomenology of intersubjectivity, namely with regards to the question of what kind of intersubjectivity is implicitly assumed to be a priori.

2.2.4 Normality

In the surrounding world, we do not only encounter people who experience the world the same way we do. We soon discover that people have different opinions and different values, and they can also experience the world differently. Some people do not act according to the rules of everyday life and they might experience truth rather differently. Husserl writes that mad people, just like animals, are experienced by us as being there, but they do not contribute to the intersubjective constitution of the world (Husserl 1973c, 162). Usually, he says, we do not argue with these people. One cannot discuss with ‘abnormal’ people. Clearly, this is hardly a phenomenological stance. Especially the application of this idea in psychopathology and psychiatry would exclude all experience different from ours, which would mean the exclusion of all kinds of deviations proper to human life, and therefore the end of psychiatry and psychopathology as such. However, we should not understand this strange phrase by Husserl as a maxim, but rather as an observation.

Normality is clearly an important concept for Husserl. The reader might recall how he describes the orthological experiences as the standard. Now the question is what kind of normality Husserl has in mind. It might be that, despite his seemingly condescending terminology about ‘the mad’ (*Wahnsinnige*), there is truth in how he understands normality and deviation.

First of all, the objective world as previously described, is the world as experienced by everyone. However, ‘everyone’ means only the normal subjects (Husserl 1973a, 240). The abnormal subjects, with heterological systems of experience, would only be considered normal if most subjects experienced the way they do (Husserl 1973a, 379). Normality is thus not only related to having the same capacities of experience as others, but particularly to having the same as *most* other subjects have. Normality is therefore also conventional (Zahavi 2009, 140). It is a form of intersubjectivity where rules determine the inclusion and exclusion by the community (Husserl 1973c, 133-142). “A communicative plurality of people, in which usually (*in der Regel*) the subjects have the same orthological system and subjects with a deviating orthological system are ‘exceptions’, would be called normal human kind” (Husserl 1973a, 378).

Normality is thus strongly related to individual experience. In other words, mundane intersubjectivity is related to the subject’s transcendental experience: each subject anticipates normal experiences, and expects certain patterns in his or her experiences, which are inherited from our predecessors and acquired in the interaction with others (Zahavi 1996). As individuals, we expect or anticipate the following experiences to fit with previous experiences. If I have a deviant experience, which clashes with my previous experiences and with my anticipations, I

will modify these further on (Husserl 1966a, 25). Normality is thus not just a matter of conventions and social in- and exclusion. It is a categorical part of the subject's transcendental experience. The traditional and historical intersubjective patterns of experience, of anticipating the normal, and what the normal consists of, are integrated into the purely subjective sphere of experience (Husserl 1973c, 137-138). I would go so far as to claim that the apperception and the way we apperceive are inherited from others. This is an element of the previously investigated transpersonal subjectivity (*überpersonale* Subjektivität).

Heidegger later confirms this view: "The They (*das Man*)⁶⁰ influences the mood (*Befindlichkeit*)⁶¹, it determines what and how we 'see'" (Heidegger 1967, 170). Waldenfels stresses the conventionality and regulatory function of normality even more: "In the organisation of the community we set particular rules, we make explicit conventions which we have to respect, explicit particularities are determined and attached to us" (Waldenfels 1971, 335). On the whole, it wouldn't be fair to claim that Husserl's normative view prioritises normality as such. He rather describes in a phenomenological way how normality functions, as Heidegger and Waldenfels have done too, both on the level of mundane intersubjectivity in the society of people, and on the transcendental level of intersubjectivity.

2.2.5 Subjectivity in an intersubjective world

Certain dimensions of intersubjectivity are an integral part of the subject's individual experience of the world. On the lowest layer of passivity, intersubjectivity is recognized under the form of apperception of objects through open intersubjectivity and on the basis of being commonly affected. Also on this level, the inherited and acquired categories of our experience are to be found. On higher levels, the subject integrates common cultural and personal rules that determine the individual's expectations of normality. Nevertheless, the subject remains individual, that is: not entirely assimilated by the community of subjects. This is the case for a person in interaction with other people, but it also holds true for the subject's individual experience of the world. "The introjection of sensations and appearances into the subject, or the idea that these are merely subjective, originates in intersubjectivity" (Husserl 1973a, 388). Subjects thus become aware that the perspective and position they holds are essentially theirs. The others do not experience it exactly as the subject does. Therefore, the subject's own experience of how the world appears is relativized. The truth as discovered in the primordial

⁶⁰ 'Das Man' is alternatively translated as 'the One', from the English expression 'One does this' (e.g. Schatzki 2007). I chose to use 'the They' because it indicates that 'das Man' is related to an anonymous plurality of persons.

⁶¹ Other translations for 'Befindlichkeit' are disposedness, state-of-mind, affectivity, affective self-finding.

sphere by a still solipsistic subject is later “characterized as a subjective truth” (Husserl 1973b, 131).

Part of this process is the recognition of one’s own world of experience as an aspect of the world (Husserl 1973a, 304). Empathy, or the experience of the other in general, provides an experience of transcendence and consequently of objectivity. But not only that, it also provides hints to the relativity of any subjective experience. By becoming aware that the experienced object is also experienced by others, I simultaneously become aware of the difference between the thing itself and the thing as I experience it (Zahavi 2009, 123). This realisation requires the recognition of other bodies as other subjects. A subject aware of intersubjectivity is also a subject aware of the distinction between the inner and the outer world. This is not a spiritual concept, but rather a description of the sphere of subjective originality (*Eigenheitssphäre*) as apposed to the sphere of intersubjective originality. “I distinguish between a) that which I find in my self, independent of others, in my own intentional field as worldly and as the world itself, and b) that, which I find with the ‘help of others’, being the objective world that is there for all of us” (Husserl 1973b, 385). As it will be made clear in chapter three, this description greatly contributes to the understanding of schizophrenic delusions, namely when the patient makes statements about the outer world with the apodicticity of experiences of the inner world (Spitzer 1989).

To conclude this brief subsection on the relativity of subjectivity, one could say that experiencing the other is both a fruitful and necessary condition for the experience of the world as out there. Nevertheless, it also limits the domain and quality of our individual experiences. The subject becomes somehow self-alienated and decentralized through the awareness of other subjects (Zahavi 2001; Rodemeyer 2006, 191). Not only do these other subjects perceive me indirectly, that is, as I perceive them, namely firstly as an object. But it furthermore throws the subject back to its own subjectivity, now aware of the relativity of this subjectivity. After the encounter with others the subject will be different. He or she will no longer be a blind solipsist. They will have learned about reality, objectivity, and transcendence, but simultaneously about their counterparts: appearance, subjectivity, and immanence (Zahavi 1996).

The discussion of intersubjectivity usefully clarifies Husserl’s assumptions on subjectivity. The priority of the subject over intersubjectivity is essential to his ideas. However, Waldenfels sees this differently: “We do not have two original spheres, which firstly have to be united, but we have one sole sphere, which allows isolation and explicit unity” (Waldenfels 1971, 156). After this one sphere becomes individualized, the subject is able to relativize its own perspective. “Thereby motives appear for the distinction between fiction and reality (*Schein und*

Wirklichkeit), because the naïve equation of these two becomes obsolete in the (intersubjective) exchange of experiences” (Waldenfels 1971, 176).

Heidegger, on the other hand, famously described how Dasein could lose itself in the world, and more particularly, in the everyday ‘dictatorship of the They’. “Everyone is the other, and no one is himself. The They, which supplies the answer to the who of everyday Dasein, is the nobody to whom every Dasein has always already surrendered itself, in its being-among-one-another” (Heidegger 1967, 128). The They is what prescribes how we ought to be, how we are with others, and how we isolate from others. However, it should be remarked that it is not Dasein itself, but rather the They-self, that Heidegger distinguishes from the authentic (*eigentliche*) self. In order to become authentic, Dasein has to clear away coverings and obscurities and break up the disguises with which Dasein cuts itself off from itself. Thus, Dasein can disclose its own authenticity and discover the world (Heidegger 1967, 129). This is of course not the only kind of intersubjectivity within Heidegger’s theory. The other kind concerns the other Daseins I encounter in the world and through the world, with whom I care.

2.2.6 The problems of transcendental intersubjectivity

Alfred Schütz, who has been quoted multiple times in this chapter, titled his article on Husserl’s ideas on intersubjectivity ‘The problem of transcendental intersubjectivity in Husserl’. One of his main conclusions is that Husserl’s phenomenology fails to solve the problem of intersubjectivity. The reason for this is that it admittedly remains within the transcendental sphere, while disregarding the role of intersubjectivity as given in the world. According to Schütz, the role of mundane intersubjectivity should be fully reappraised: “I strove to show that Husserl’s failure to find a solution to this problem is due to his attempt to interpret the ontological status of social reality within the life-world as the constituted product of the transcendental subject” (Schütz 1966, 87). Husserl’s attempt necessarily fails, because only an “ontology of the life-world, not a transcendental constitutional analysis, can clarify that essential relationship of intersubjectivity” (Schütz 1966, 82). The problem of intersubjectivity would thus not be a problem of constitution, which could be solved in the transcendental sphere, “but it is rather a datum (*Gegebenheit*) of the life-world”. The problem of solipsism, glooming over the whole discussion on intersubjectivity, only appears because of the neglect of the “founding mundane intersubjectivity” (Schütz 1966, 83). This argument shows similarities with Fink’s remark that Husserl’s phenomenology sometimes seems to disregard the mundane origin of its content. The intramundane human situation, Fink claims, is therefore underrepresented in Husserl’s phenomenology of intersubjectivity (Fink in Schütz 1966, 86).

The phenomenological discussion in this chapter gives rise to important questions. The first question concerns the problem of priority. What is first, transcendental intersubjectivity or empathy? According to Zahavi (2008, 168), this remains the main issue in the phenomenology of intersubjectivity today. It has been argued here that empathy and the encounter with others are necessary conditions for the experience of transcendence, and therefore, for objectivity. The transcendence of the world would then be a condition for perceiving objects in their totality, that is, as transcendent objects, existing beyond the sphere of my immanence. Transcendental intersubjectivity, and more specifically what Husserl calls the intersubjective horizon, would therefore result as a secondary phenomenon of our perception. The implicit risk in this claim is that all intersubjectivity is reduced to empathy (Zahavi 2008). This could mean that other dimensions of intersubjectivity are neglected. Another answer would emphasise the priority of transcendental intersubjectivity, by arguing that every perception of the other, both as an object-body and as a subject-body, requires perception through the open intersubjective horizon. Transcendental intersubjectivity would thus already include co-subjects even before their concrete presence.⁶² This means that already on the lowest levels of experience, the level of passivity and of the pure constitution of objects, this kind of intersubjectivity would play its role, not just on higher levels of meaning, value, and judgement (Husserl 1973a, 348). In this view, transcendental intersubjectivity is a necessary element of every kind of perception, and it would therefore be present prior to the concrete encounter with the perceived other. Empathy and the experience of another subject would then be considered as manifestations of the more fundamental form of intersubjectivity (Husserl 1973a, 348).⁶³

The second question is how the mundane influences the transcendental. Is the mundane We, which includes sociality, being with others, and the others as already-there, a condition for the emergence of the transcendental ego? Schütz would claim that it is: everything, from self-reflection to performing the epoché, and therefore discovering the transcendental ego, emerges from the concrete We-relation (Schütz 1966, 82). Husserl writes in the *Cartesian Meditations* that the transcendental ego always requires what is not, namely otherness, as opposed to the

⁶² This is not unproblematic. We have seen that the problem of the apperception of an object involves the impossibility to simultaneously perceive the other sides originally. The answer to this problem would be the original givenness of these sides to possible others. However, the infinite sides that are not originally given to me, would therefore have to be given to infinite possible others. This seems to be a metaphysical answer to an epistemic problem. Concretely, we could ask whether the hypothetically solitary individual who never encountered others would be unable to perceive objects in their totality or their 'Gestalt'. Thanks to Michela Summa for indicating this problem.

⁶³ From a developmental standpoint, such argumentation makes little sense. We have seen how young infants are related to others, in what Trevarthen called 'primary intersubjectivity'. These infants are in an empathic connection to others. It would be hard to claim that there is a phase priori to this earliest form of empathy, where the child already experiences and perceives with the help of open intersubjectivity as Husserl described it.

proper sphere of originality of the ego (Husserl 2012, 104-105). The question is whether Husserl conceived of this otherness as another subject or as everything, including objects, defined as 'not-I' (Husserl 1973a, 244). In the *Cartesian Meditations* he claims that the first alien and not I is the other I, the other subject (Husserl 2012, 106). However, as already pointed out, in his earlier texts on intersubjectivity, he wrote, on the contrary, that otherness is not per se the otherness of a another subject (Husserl 1973a, 30). One should then conclude that on the transcendental level, intersubjectivity is always there in our experience of the world through open intersubjectivity. The concrete encounter with the other, or mundane intersubjectivity, is nevertheless necessary for the formation of our categories of experiences, for the validity of these experiences and for objectivity. Objectivity depends on empathy, because this is the primal way of understanding the transcendence of the other, and therefore, the transcendence of the world. Further distinctions are required between intersubjectivity on the transcendental level, and intersubjectivity on the mundane level, such as with objectivity.

2.3 Summary concerning Husserl's successors on intersubjectivity

So far, Husserl's phenomenology has been called upon as a starting point for the clarification of the phenomenology of intersubjectivity. The development of his ideas has provided useful tools to apply in the next chapter, in order to analyse the intersubjective dimension of schizophrenia. However, not all of his ideas are unproblematic, and some aspects of intersubjectivity remain neglected. It is therefore interesting to attempt and complement Husserl through the multiple lenses of other phenomenologists. They all approach the problems of Husserl's theory of intersubjectivity from a different perspective. Indeed, we find elements in their work that might contradict Husserl or each other, but which nevertheless offer helpful insights to understand intersubjectivity in schizophrenia. A good example of this is provided by the concept of intercorporeality, as introduced by Merleau-Ponty. Such an element was certainly less prominent in Husserl's theory of intersubjectivity, even though, as previously argued, Husserl's idea of the second or intersubjective reduction is an abstraction, thereby implying an a priori unity of self and other. However, the overall idea is left open and it is only with Merleau-Ponty that its importance was made fully clear. Since several phenomenologists have each elaborated elements of intersubjectivity not thoroughly investigated by Husserl, I am keen on briefly summarizing their respective positions and highlighting useful elements for the study of schizophrenia and the next chapter.

Let us start with Heidegger. He makes clear in the introduction to *Being and Time* that he was less interested in beings and more in the Being. His phenomenology shows how the Being of

Dasein becomes clarified as a being-with-others (Heidegger 1967, 120). We encounter others in and through the world. Empathy does not constitute our experiences of others, but being-with-others is what allows empathy in the first place (Heidegger 1967, 125). Dasein experiences others as Dasein as well, and this does not require appresentation. Understanding the other is an essential part of understanding Dasein itself, as Dasein's being is being-with. Apart from this ontological intersubjectivity, Heidegger also describes how Dasein can become inauthentic when it gets lost in the They. The They is a second kind of intersubjectivity in Heidegger's work, which mostly has a negative connotation, as it sometimes seems as if Dasein needs to withdraw into isolation in order to become authentic. However, one should remember that Dasein is neither a subject, nor an ego or a person, but it is rather the description of being-in-the-world. Therefore, Dasein is permeated with world and others, it precedes or bypasses customary dichotomies of object and subject, self and other, being a pre-reflective active and attentive involvement in the world (Dallmayr 1980, 240). One further element of Heidegger's theory, which will be discussed in greater detail later on, is the "trust in the world" (*Vertrautheit mit Welt*) (Heidegger 1967, 76).

As is well known, Merleau-Ponty considered intercorporeality, or the intersubjectivity of the flesh as primordial. Intercorporeality is defined as a sphere of embodied sensibility and reciprocal interaction. The moments of solitude and of communication are not excluding extremes, but rather two moments of one single phenomenon: that others exist with me in the flesh. Although my knowledge of the others is imperfect, their existence itself is beyond doubt (Merleau-Ponty 2005, 419). Our relationship with the other is not intentional. Merleau-Ponty's view can therefore be clearly differentiated from Sartre's. Sartre (1943, 293-295, 412) first of all understands intersubjectivity under the aspect of confrontation with the other, such as what is discovered when being looked at and in the experience of shame. Secondly, Sartre's intersubjectivity is strongly characterized by intentionality. Being looked at amounts to becoming an object in the eye of the other-subject, whereas looking amounts to being the subject, i.e. intending the other-object. Being subject or being object are the two fundamental ways of being and, in intersubjectivity, we just seem to oscillate between these two (Reynolds 2002, 69). The other is therefore always other, and the We is only secondary (Sartre 1943, 467). In Chapter 3 it will become clear that the otherness of the other plays an important role in schizophrenia: otherness can be both a threat, as in experiences of transitivity, but otherness may also be objectified, thereby annihilating the other's otherness, as it has been described in certain schizophrenic delusions.

Differently, according to Merleau-Ponty, ‘We’ are in contact “by the mere fact of existing”, long before any type of intentionality or objectification (Merleau-Ponty 2005, 421). This means that Merleau-Ponty considers the social to be a priori: “The social is already there when we come to know or judge it. (...) Prior to the process of becoming aware, the social exists obscurely and as a summons” (Merleau-Ponty 2005, 422). Merleau-Ponty would, however, not deny the individual its existence. His crucial move is to open up the borders between subject and object and between individual and social. “Our birth, or, as Husserl has it in his unpublished writings, our ‘generativity’, is the basis both of our activity or individuality, and our passivity or generality—that inner weakness which prevents us from ever achieving the density of an absolute individual” (Merleau-Ponty 2005, 497). The reader is already familiar with Merleau-Ponty’s pre-existing unity, however, it should be added that he also describes a dehiscence. This dehiscence unfolds my body into two: the body as looked at and the body as looking, the body as touched and the body as touching. This implies an overlap or an encroachment, “so that we may say that the things pass into us, as well as we into the things” (Merleau-Ponty 1968, 123). Intercorporeality is thus an essential dimension of intersubjectivity, interconnecting my consciousness and my body with the phenomenal body of the other I see over there. This causes the other “to appear as the completion of the system” (Merleau-Ponty 2005, 410), namely, of the anonymous and intercorporeal being (Merleau-Ponty 1968, 143).⁶⁴ The concrete experience of intercorporeality can become clear *ex negativo* based on the deviation of affective attunement or embodied resonance, which detaches the schizophrenic person from his surroundings.

Waldenfels (1971, 143), lastly, understood the subject and the other to interrelate in a unity of dialogue, permitting individuation and isolation. He questions whether Husserl’s phenomenological project, which is inherently restricted to the subject as such, would ever be able to grasp the whole realm of the in-between of the dialogue, or of intersubjectivity in general (Waldenfels 1971, XIV). Ultimately, Husserl’s project necessarily ends up with the problem of transcendental solipsism or ‘acosmism’, as it attempts to bring intersubjectivity and sociality to the constitution of a pre-social ‘Ur-Ich’. It starts with the reflection of an absolute self-certain I, which should consequently lead to the properness of others and to the independence of the world. This reasoning is faulty, Waldenfels argues (Waldenfels 1971, 403). The world, its inhabitants and our joint praxis risk to become a spectacle in the ‘transcendental theatre’ (Waldenfels 1971, 125). Interestingly, this description bears much resemblance to certain

⁶⁴ A detailed discussion on Merleau-Ponty and Levinas and their respective positions on intersubjectivity is found in (Reynolds 2002).

expressions of patients claiming to live life as in a movie or in a play where the others are derealised.

While Husserl seeks to ground interaction and community on the transcendental ego, Waldenfels proposes to look for foundations on the interactional or dialogical ego. This is the ego in contact with others, who can subsequently isolate himself from others. Husserl's phenomenological method possibly already prevents a part of intersubjectivity, namely its foundational role in experience, from being acknowledged. Indeed, the phenomenological method reduces or excludes this intersubjective starting point. Yet on the other hand, to put the We as primordial over the I, implies a certain form of self-forgetting (Waldenfels 1971, 402). Therefore, the discussion on the primordially or on the origin of We and I, of self and other, should rather be a matter of accentuations instead of excluding alternatives.

It is clear that it is not just a matter of more or less emphasis on the social aspect of reality that distinguishes Husserl from other phenomenologists. A truly different ontology determines the role of intersubjectivity and the form it takes: whether intersubjectivity is the original way of being, or the primordial unity of the flesh where individuality first emerges from; whether it is a secondary manifestation of the primal encounter with the other in conflict and confrontation; or whether it is a dialogical and therefore dynamic interactional sphere that allows us to be with others as well as withdraw and be 'our self'.

Conclusions

Section 2.1

The purpose of this chapter was to analyse and discuss the philosophy of intersubjectivity that could offer helpful insights for the phenomenology of schizophrenia in the light of intersubjectivity. By focussing on Husserl's original ideas the inquiry was able to distillate the essential questions in the debate. The first section of the chapter focussed on others as constituted, namely intersubjectivity as we find it in encounters. Concerning how we understand others, Husserl's at times contradictory ideas on empathy were explained. Husserl notoriously argued that we understand others on the basis of appresentation, which is a form of presentification of the subjective life of the other, based on the appearance of a body that is similar to mine. Husserl was aware of the inaccuracies of his theory on empathy, and anticipated the critique that would later follow from Schütz and Heidegger. Later phenomenologists all indicated that understanding others is less based on indirect inferential processes, as those

described by Husserl, and pointed to an idea of direct grasping, for example through shared involvement in the world, as it is the case for Heidegger.

The otherness of the other was discussed next, as the question arose how – if I were to understand the other – I could recognise the difference between the other and myself. In reaction to this issue, Husserl developed his theory of the alter ego, thereby highlighting the alterity of the other. This implies that every understanding is limited and can only be a form of presentification, rather than of original givenness. What determines mineness and otherness is the original givenness in my primordial sphere. The other appears in my immanence, but as a transcendence. Husserl argued that becoming a self is related to intentionality, namely to intending what it is not. The I is therefore constituted through the not-I. Within his theory, it remained however undecided whether this not-I is actually another subject or just otherness in general. Interestingly, the issue of the origin of original givenness consequently comes to the fore: where the for-me-ness or the original givenness comes from, if not from a prior distinction between me and not-me? How am I to distinguish between experiences of the self and experiences of the other, i.e. between originally given and not-originally given, if I can only distinguish these on the basis of the prior experience of otherness and ‘ownness’? Husserl was expressing this very concern when he wrote: “One should reduce towards the mere cogitations, towards pure consciousness; but whose cogitations, whose pure consciousness?” (Husserl 1973a, 155). The whole issue can be connected to Husserl’s implicit acknowledgement of the interdependence of subjectivity and intersubjectivity, as he developed his intersubjective reduction as some kind of ‘abstraction’.

The alter ego theory was then refuted inasmuch as it seemed to assume that the other is just a reduplication of one’s own ego. Sartre, for one, countered that the otherness of the other cannot be neglected. Heidegger too disapproved of the alter ego theory, but he argued that the other is firstly similar to me and to those among who we are, rather than entirely other. The otherness of the other is manifested in the surprise and the appeal, as Waldenfels and Levinas claimed. However, the otherness also plays a vital role in the objectivity of the world.

It has been argued that inherent to Husserl methodology is the tendency towards solipsism, or at least the risk of interpreting phenomenological investigations in a solipstic manner. Husserl’s primary interest was nevertheless the transcendental constitution of experience, and, as a result, the experience of others seems to be reduced to the consciousness of the reflecting subject. However, a variety of references were provided where Husserl implicitly and explicitly rejects solipsism. The most intriguing one concerns transcendental intersubjectivity, as characterizing our experiences of the world. There the reader discovers that, even in the absence of others, intersubjectivity still ‘functions’. Despite this element, which is admittedly not a strong

denial of solipsism, Husserl was heavily criticized and warned against the risk of solipsism. Schütz claims that Husserl neglected the mundane origin of consciousness and reflection, while Heidegger's *Dasein* is defined, possibly polemically, as intrinsically being-with-others. Moreover, Waldenfels' later dialogical phenomenology assumed that we are essentially in dialogue with others and only acts of objectification of others would interrupt the connection to others. Lastly Merleau-Ponty's concept of embodiment offered strong arguments against solipsism, as it starts from the assumption that we are incarnated in an intercorporeal being.

The last topic tackled by the first section concerned personhood and the question how Husserl's pure I is related to the concrete person. This remains open until today, but it was made clear that the pure I becomes a body, at least partly, through the perspective of the other, and, as a person, the individual develops habitualities, a narrative, and social features. Finally, it is in sociality that the person develops.

Section 2.2

In the second part of the chapter the dimensions of intersubjectivity that belong to our experience of the world, where others are primarily encountered as constituting or co-constituting, rather than as constituted, were thoroughly discussed. The focus was on the triadic relation with the shared world, rather than on the dyadic encounter itself. The reader discovered how intersubjectivity appears in the world and how the world is experienced intersubjectively. The analysis of our experience as an experience-with-others rather than our experience-of-others, opens the domain of transcendental intersubjectivity. The question was raised how the transcendence of the others is integrated into my own immanence, regulating how and what I experience. Intersubjective reality has clearly many sides, and the relevant section discussed some of the most central aspects of it.

Arguably, intersubjective reality only exists because of intersubjective perception. Husserl's famous theory of perception, including the introduction of apperception, leads to the conclusion that possible others are included in the perception of an object. These possible others are the ones that simultaneously grasp the unperceived sides of the object. This is called 'open intersubjectivity' and interestingly, it challenges the idea that others are primarily encountered through empathy. A question of priority appeared, namely whether we firstly have to encounter the other through empathy and secondarily develop an intersubjective perception, which allows for apperception under the form of open intersubjectivity. Or, whether open intersubjectivity is preliminarily at work whenever we encounter others and appresent them as real existing beings with a subjective life, given that empathic understanding of the other already requires the

perception of his body in its totality, and thereby, the use of open intersubjectivity. From a developmental perspective, it has been argued that open intersubjectivity could not be prior to the encounter, as proven by how early infants are already in an embodied relation to others without anything like ‘open intersubjectivity’ being present. In this view, open intersubjectivity probably only develops after the first year, when Trevarthen described ‘secondary intersubjectivity’.

In transcendental terms, Husserl called open intersubjectivity a transpersonal noesis. The noemas of our perception are indeed intersubjectively constituted in such an intersubjective noesis. He distinguished correct and incorrect perception on the basis of ortho- or heterology, namely to the degree according to which a perception fits into previous and other perceptions. The core of heterology, of deviating perception, is a lack of concordance with others. To establish differences and deviations, but also to regulate perceptions, humans communicate with each other, and thereby influence each other’s perceptions. It was then argued that the intersubjective noesis is not just a transcendental idea, but is concretely realised as the We-community that is already there. Lastly, intersubjective perception is not only a matter of activity, but we are commonly affected also passively.

Since the question was how the intersubjective could influence and regulate the subjective experience of the world, it has been investigated how Husserl, but also Heidegger, Merleau-Ponty and Waldenfels described that we inherit the forms of experience or the categories from others and that even in their absence, we apply these forms of perception onto our experience. These are taken to be formed through interaction and they express how mundane intersubjectivity helps to constitute transcendental intersubjectivity. A distinctive understanding of the world was hence described, which becomes manifest in a pre-reflective, pre-thematic trust in our perceptions and involvement in the world. This trust is intersubjective both in its origin and in its development and regulation, and we could call it ‘common sense’.

Objectivity also depends on others, but on concrete others or real persons. We need the experience of others to experience transcendence, namely that which transcends my immanence and what exists therefore independently of me. The world is therefore no longer exclusively the correlate of my experience, or the noema of my intentional acts, but it becomes the world of other subjects and the correlate of their experiences. The We relates to the objective world in the same way as the ego relates to his immanent world. The previously mentioned trust is a trust in the objective reality of the world, which we achieve through active communication with others. The world then becomes the world ‘for everyone’.

On an explicitly social level, our experiences are normative. This means that the intersubjective community and conventionality decide on normality. Husserl described this normativity, claiming that abnormal people, such as the ‘mad’, do not contribute to the common experience of the world. Yet more interesting is that normality is strongly related to individual experience. In other words, it was made clear how mundane intersubjectivity is once more related to the subject’s transcendental experience. We anticipate normal experiences, we use patterns in our experiences, which are inherited from our predecessors and acquired in the interaction with others. This is an element of the transpersonal subjectivity (*überpersonale Subjektivität*). This idea was then confirmed by Heidegger, who claimed that the They influences the mood (*Befindlichkeit*) and the way we find ourselves in the world. Waldenfels would stress this even more, and point to the conventionality or the rule-making as an essential part of community.

Despite the emphasis on intersubjectivity in this text we did not neglect subjectivity itself. It became clear that certain dimensions of intersubjectivity are an integral part of the subject’s individual experience of the world. Both on the lowest layer of passivity and on higher layers of conventionality and objectivity, we encountered the role of others as co-constituting. Nevertheless, the subject remains subjective, that is: not entirely assimilated by the community of subjects. Experiencing the other is both a fruitful and necessary condition for the experience of the world as out there. But it also limits the domain and quality of our individual experiences. In a sense, the subject becomes self-alienated and decentralized through the awareness of other subjects. The own private experience becomes relativized or ‘subjectified’. As we will see, this will help us with the description of schizophrenic delusions.

Lastly I recapitulated two critical questions in the whole debate. First there is the question of priority. What is first, the encounter with the other through empathy or transcendental intersubjectivity? Secondly, and closely related, how are mundane and transcendental intersubjectivity related and how does one influence the other? A variety of answers to these two questions is possible, most of which have been discussed in this text. It was also remarked that different answers can be formulated depending on the adopted ontology. I concluded this chapter with a brief overview of the different directions that the other phenomenologists went to criticise and answer the problems of intersubjectivity. These critiques and ideas complement Husserl’s theory, and they will be fruitfully employed in the analysis of schizophrenia in the next chapter.

General conclusion of Chapter 2

In this chapter the role of intersubjectivity became clear on both levels: the mundane and the transcendental, and in both situations: the direct encounter with the constituted other and the shared involvement in the world with the co-constituting others. Through the reference to Husserl's original ideas and the addition of the other phenomenologists' contributions, these two forms of intersubjectivity could be balanced, without prioritizing and overvaluing one or the other. I have accentuated different parts of the debate, without claiming it to be excluding alternatives. Within the framework of the study of schizophrenia as a disorder of intersubjectivity, several tools have been made available to come to a full phenomenological description. The dimensions of intersubjectivity here encountered are: firstly, the interactional mundane form of intersubjectivity, where we encounter others and others experience us as we experience them; secondly, transcendental intersubjectivity, which enables perception through an open horizon or open intersubjectivity, and which is related to normality and conventionality, to objectivity, and basic or experiential trust. The core idea is that the subject experiences the world through open intersubjectivity, common categories, shared affectivity, and through attuned expectations and normality. All these elements determine the subject's mundane intersubjectivity, namely how one encounters, understands, and interacts with others. In these interactions, cultural, normative and conventional aspects of intersubjectivity are deployed. However, mundane intersubjectivity is not only the result, but also the origin of this transcendental function of intersubjectivity, namely through the process of acquiring the categories of our experience, regulated by the 'indirect dialogue'. Therefore, a certain circularity or reciprocity of intersubjectivity emerges. It will be now investigated whether and how the different dimensions of intersubjectivity play a role in schizophrenia.

CHAPTER 3: THE PSYCHOPATHOLOGY OF INTERSUBJECTIVITY IN SCHIZOPHRENIA

Introduction

This chapter examines the intersubjective dimensions of schizophrenia. It is divided into two sections. The first section is a conceptual screening of major works on schizophrenia. In this respect, I return to the roots of the self-disorder hypothesis through the lens of three classic works on schizophrenia, namely by authors Emile Kraepelin, Eugen Bleuler, and Karl Jaspers. Then, I take into account the contributions of phenomenological psychopathology, by analysing the works of Eugene Minkowski, Kimura Bin, and Wolfgang Blankenburg. Lastly, I discuss Chris Frith's and others' dominant neuropsychological theory, based on the idea that schizophrenia is a disturbance of the 'Theory of Mind' and of 'meta-representation'. Finally it will become clear to what extent the self-disorder hypothesis relies on the traditional accounts of classic authors and phenomenologists. One main question will guide this part of the inquiry: do these accounts of schizophrenia already indicate disturbances of intersubjectivity, and if so, what kind of disturbances exactly? Kraepelin's and Bleuler's contributions were undoubtedly substantial, however the reader will remark that their impact was mostly clinical, and little philosophical pondering was involved in them. From Jaspers on, the relevance of philosophical insights for psychopathology has expanded significantly, as it will become clear in the account of Jaspers', Minkowski's, Kimura's, and Blankenburg's ideas. The intersubjective elements acknowledged in the work of these psychopathologists will prove to be more relevant than what is generally assumed in contemporary phenomenological accounts on self-disorder.

In the second part of this chapter I investigate the clinical manifestations of schizophrenia, and apply the conceptual insights of the first part to elucidate different phenomena, symptoms, and signs from the perspective of intersubjectivity. These might appear very diverse, thereby I structure their discussion according to the same distinction introduced in Chapter 2. The first category will cover those phenomena, symptoms and signs that involve encounters and immediate contact between persons. This corresponds mostly to *mundane* intersubjectivity. Under the umbrella of the second category, I focus instead on delusions and on the disturbance of co-constituting reality. This corresponds mostly to *transcendental* intersubjectivity. The concepts and ideas introduced in Chapter 2 are here usefully employed as tools for the phenomenology of the intersubjective dimension of schizophrenia. The main goal of this chapter

is finally to use both the philosophical insights of Chapter 2 and the psychopathological descriptions of Chapter 3 to discuss the relation between self- and intersubjectivity disturbances in schizophrenia.

3.1 Conceptual analysis of schizophrenia as an intersubjectivity disorder

3.1.1 Kraepelin

Emil Kraepelin (1856-1926) is still known as one of the most famous psychiatrists of all times.⁶⁵ Very famous is his view that a subtle description of disease states provides the best possible contribution to the psychiatric field. He believed that psychiatrists should spend their time describing pathologies, rather than speculating on aetiology.⁶⁶ Another reason for his fame is the distinction he introduced between two types of psychosis: the affective (or manic-depressive) psychosis and dementia praecox (Scharfetter 2001). At the end of the 19th century he also wrote a small compendium providing an overview of the illnesses he and his colleagues were confronted with in the psychiatric institutions of the time. This small book would grow out to become a real manual for psychiatry. It is in the 1896 fourth edition that he would for the first time use the term ‘dementia praecox’ (Decker 2007, 339). The term itself was borrowed from Morel, although Kraepelin’s use of the term differed significantly (Scharfetter 2001).

Before venturing into details concerning this concept and its intersubjective dimensions, it is worth reminding the reader of Kraepelin’s own recollection of his first days in the asylum of Munich in 1878. This may well help to understand the psychiatric praxis of the time from which his ideas are developed. “The first impressions I had from my new job were disheartening. The confusing hurry-scurry of countless debilitated, soon to be inaccessible and intrusive patients, with their ludicrous or disgusting, sad or dangerous strangeness; the helplessness of the medical acts, which had to be restricted mostly to greetings and the roughest corporal care; the complete cluelessness of all these manifestations of madness, for which there was no scientific knowledge at all, this all made me experience the heavy load of the profession I had chosen” (Kraepelin 1983, 12).

A large section of the seventh edition of his manual of psychiatry is devoted to dementia praecox. Based on his own clinical experience, Kraepelin sums up the signs and symptoms of this illness. According to him, dementia praecox is, however, not one illness with a clear semiology, but it has to be understood as a collection of different clinical ‘pictures’ (*Krankheitsbilder*) or clusters of signs and symptoms. In what follows it is easy to notice that

⁶⁵ The importance of Kraepelin’s work is discussed extensively by Hoenig (1983) and Decker (2007).

⁶⁶ However, he himself did not always follow this advice (Decker 2007, 340).

these clusters show little psychopathological coherence or unity. Kraepelin's descriptions are still useful nowadays inasmuch as they show a rather 'naïve', unprejudiced interpretation of the symptoms and signs of the illness.

According to Kraepelin, the only common element for all types of dementia praecox is their progression towards a state of deterioration (Kraepelin 1904, 176). Only few people suffering from this illness are said not to progress into this end-state.⁶⁷ He then distinguishes three main subgroups. The first is the hebephrenic group, characterized by early onset. The second is the catatonic group, which is characterized by the predominance of catatonic symptoms such as negativism, stupor, stereotypical behaviour, etc. The paranoid group is the last one, where symptoms of paranoia, or the persistence of delusions are most prominent.

On the whole, typical of dementia praecox is said to be its early onset, the progression, and the end-state of debility (Kraepelin 1904, 177).⁶⁸ Its cognitive impairments are taken to include a diminishment of attention, a weakening of logical thinking and formal thought disorders, including excessive associations, jumping from one thought to the other, distractedness (Kraepelin 1904, 180). Listed linguistic disturbances include a loss of coherence of speech, the formation of neologism and word-play. Another typical feature is recorded as stereotypical behaviour. This means that, for long periods of time, patients keep on thinking the same thoughts, stating the exact same sentences, and letting their activities be determined by these thoughts. The patients' capacity to judge is also accounted as disturbed, and Kraepelin writes that any general overview is absent in their thoughts. He goes so far as to remark that some of these patients do not really think (Kraepelin 1904, 181).

Other symptoms include disturbances of imagination and perception, such as delusional perceptions (*Trugwahrnehmungen*). Although perception itself is only seldom altered, he does note that certain delusions seem to be more powerful and convincing than perceptions (Kraepelin 1904, 178). Kraepelin furthermore describes hallucinations and illusions. Patients may hear or see things that are not present, or may hear or see things differently. Often these perceptions resemble feelings of streams through the body, of being touched, or being influenced. Delusions

⁶⁷ Although Kraepelin did not want to speculate on aetiology, he did write in the introduction to the chapter on dementia praecox: "Because of the clinical and anatomical facts, I cannot doubt that we are dealing with severe and usually only partially repairable damage to the cerebral cortex" (Kraepelin 1904, 176).

⁶⁸ Note that this idea of an overarching progression and the common end-state of debility is at variance with the view of contemporary phenomenological psychopathologists. It is exactly the early stage with its prodromal experiences, which is now believed to contribute the most to our understanding of the disorder. These prodromal signs and symptoms are claimed to represent the core disturbance of schizophrenia in its purest form, before any complex compensatory reaction (Sass and Parnas 2001, 352; Parnas and Handest 2003). Furthermore, the idea of debility entails a strong emphasis on the weakening of cognitive functions, which are instead explicitly denied by these phenomenological psychopathologists (Urfer-Parnas et al. 2010).

might be so powerful that patients lose track of where and who they are (Kraepelin 1904, 177). Delusions are often present and Kraepelin considered their content to be typical of each stage of the illness: in the beginning they have to do with negativity and they can be about hypochondriac fears, but also about being poisoned or persecuted. Later on, ideas of grandeur come to the foreground. Interestingly, he remarks that most delusions pass, sometimes not completely, but most of the time they seem to be forgotten after a while. It should be kept in mind that in Kraepelin's time no specific anti-psychotic therapy had yet been developed. Only in the paranoid subgroup delusions are accounted as persisting for longer periods (Kraepelin 1904, 181). Kraepelin furthermore hints at what I will later discuss as 'double-bookkeeping' or 'double-orientation'. He describes a patient who believes to be the 'rex totius mundi', but does not mind working in the garden. Another patient claims to be 'God himself', but humbly carries wood around, and 'the bride of Christ' is sewing and repairing clothes (Kraepelin 1904, 260).

Besides the cognitive and delusional alterations, Kraepelin describes changes in affectivity. Most noteworthy is that the first sign of the illness is often a sudden change in the mood of the patient, in his relations with others such as friends and family: "The curious indifference of the patients for their affective relations, the loss of attachment with their family and friends, the pleasure of activities and profession, of leisure and entertainment are not seldom the first and most prominent signs of the start of the suffering" (Kraepelin 1904, 182).

Further on, he describes a loss of empathy, disgust, and shame. Interestingly for us, this refers directly to different aspects of intersubjectivity: "The patients have no consideration anymore for their surroundings, they do not attune their behaviour to the situation they are in" (Kraepelin 1904, 183). He describes this disturbance utterly negatively, as he writes about the patient not being interested in human norms. A loss of the feeling of worth is recorded, patients molest each other, have no interest in their family, behave completely inappropriately, impose themselves sexually to others, hurt themselves and others. One should not forget that Kraepelin's activity belongs to times when asylum care and psychiatric conditions were to say the least rather upsetting (Shorter 1997). In his autobiography, Kraepelin recalls the conditions in the asylum of Munich, where he was confronted with "150 demented, unclean, half-agitated and fully agitated patients", many of whom were incapable of work and would hang around in the hallways and garden, "where they would run around, yell, get into fights with each other, collect rocks, smoke and chatter. The tendency towards violence was widespread; almost none of the visiting rounds I did were free of fights, window breaking and destroying of tableware" (Kraepelin 1983, 12). He also recalls how hectolitres of beer were poured in order to keep the patients calm.

One last important group of symptoms concerns the loss of will and drive. Patients would worry, remain inactive or, on the contrary, be excessively active without any guiding purpose. Negativism is closely related to this loss of will and drive. Patients are described as resisting against everything by closing their eyes persistently, by resisting to wear clothes or turning their head away, by moving in the opposite direction, by mutism or senseless expressions. Kraepelin further describes the phenomena of stereotypical positioning of the body, echolalia, and echographia (Kraepelin 1904, 184).

According to his account, the general disturbance involves a loss of coherence or unity between cognition, affection, and volition, what Erwin Stransky called “intrapsychic ataxia” (Stransky 1987, 39). This lack of coherence should be recognizable in everyday expressions and behaviour. He also characterizes these patients as unaccountable, as incomprehensible (Kraepelin 1904, 186). Although this incoherence or loss of unity and the progression towards the end-state of debility is supposed to be the most important characterization, Kraepelin struggles with a coherent and concise overview of what he believes dementia praecox to be: “The clinical presentation of the large field of dementia praecox brings up considerable difficulties, because a demarcation of the different clinical pictures is only artificially possible” (Kraepelin 1904, 191). From the perspective of the current research, three explicit intersubjective elements can be outlined in Kraepelin’s description. Firstly, he describes how the first sign is often a disruption in the affective connection to others. Patients develop a curious indifference towards others with whom they previously had affective relations, leading to a loss of attachment to friends and family. Negativism and mutism are distinctive expressions of this disconnection. Furthermore, Kraepelin describes this interpersonal disconnection placing much emphasis on the affective side of it. Secondly, through rather harsh descriptions he indicates that patients lose empathy, decorum, disgust, and shame. They break with social norms and manners. Thirdly, he points out that patients are incomprehensible, as a consequence of the disharmony in their drifts. Unlike healthy people, who act according to the expression of their vision of life and temperament, their impressions, considerations and moods, the person with dementia praecox acts immediately, driven by inharmonious drifts, which makes them incomprehensible and unpredictable (Kraepelin 1904, 186).

3.1.2 Bleuler

Eugen Bleuler (1857-1939) was a Swiss psychiatrist who is often mentioned as the discoverer of schizophrenia. The exact role and influence of Bleuler is still debated today, but what is certain is that Bleuler was the first to use the term schizophrenia in the occasion of a

presentation to the German Psychiatric Association in 1908 (Maatz and Hoff 2014). According to some, such as Minkowski, Bleuler's work was original and innovating. For others, such as Gruhle, Bleuler should hardly be mentioned (Berrios 2011), since clear cases of dementia praecox or schizophrenia had already been described long before Bleuler's first introduction of the concept. Kraepelin is supposed to be the true discoverer, and Bleuler would not have done much more than reshape Kraepelin's work to make schizophrenia a bit more psychologically accessible (Berrios 2011, 1096). Whatever position one wants to take in this debate, this last critique does make sense in a certain way. Bleuler was clearly interested in the psychogenesis of psychopathology (Maatz and Hoff 2014). His early curiosity led him to work with Freud and Jung, and, although he himself was not a psycho-analytic psychopathologist, this does illustrate his tendency towards psychological conceptualization (Berrios 2011, 1096).⁶⁹

According to Bleuler, 'schizophrenia' literally means to illustrate the splitting up of the mind, or more specifically the dynamic splitting of certain parts or functions of the mind. It is taken to refer to a "temporary ego/self disorder" (Scharfetter 2001, 36). Contrary to Bleuler's intentions, the term became part of a descriptive-nosographical system of mental disorders where the rigorous description of the symptoms was more important than the supposed pathogenesis. The latter was generally taken as important at the time, and the reader should recall that in the beginning of the twentieth century psychodynamic theories had gained considerable scientific weight. New concepts such as 'dissociation' reveal a great interest in psychological clarification. Bleuler maintains that schizophrenia was triggered or produced by biographical, situational, and exogenous events. He describes schizophrenic patients as vulnerable, and predisposed for breakdown by different factors including biological, psychological, and social ones (Scharfetter 2001).

Although they share many basic ideas, Bleuler does not follow Kraepelin on a few key points. His idea of schizophrenia is not based on the prognosis towards an end-state of debility, nor by the supposed common factor of early onset. Regarding the progression, Bleuler is more optimistic (Bleuler 1955, 364-365). He furthermore denies the assumption that schizophrenia is a disease of the brain (Bleuler 1955, 369). He rather claims — while still reflecting Kraepelin's influence — that schizophrenia involves a splitting of cognition, affection, and will, and a dissolving of the subjective feeling of the personality.

⁶⁹ Bleuler introduced a new way of thinking about mental illness. Early on in his career he agreed with Kraepelin's main assumptions on dementia praecox, only to deny the early onset and the almost inevitable deterioration (Bleuler 1955; Scharfetter 2001). The idea of the destruction of the inner coherence advocated by Kraepelin mirrors Bleuler's ideas of a disruption and splitting of the psychic functions (Scharfetter 2001).

The ‘four A’s’ or the fundamental symptoms of schizophrenia

Bleuler can also be credited for distinguishing between fundamental and accessory symptoms. The fundamental symptoms are often referred to as the ‘four A’s’: affect (flat or inappropriate), associations, ambivalence, and autism. It has been argued, however, that the “four A’s” is a simplistic misconception of Bleuler’s work. A detailed discussion is therefore required in order to suitably understand his ideas on schizophrenia (Moskowitz and Heim 2011, 475).

The first fundamental symptoms listed concern cognition. Bleuler describes associational thinking, lack of coherence in thought, and disturbances in logic making the patient’s thought process utterly incomprehensible (Bleuler 1955, 332). One illustration of symptoms affecting cognition runs as follows: when asked why he does not work, a patient replies that he does not speak French. Bleuler notices linguistic disturbances, such as ‘*Begriffsverdichtung*’ and ‘*Begriffsverschiebung*’ (condensing and shifting of notions). Words are used idiosyncratically and with no reference to what others could understand (Bleuler 1955, 333). The cognitive process itself seems deprived of direction or goal, and it falls prey to random associations (Bleuler 1955, 334). Bleuler also describes formal thought disorders like thought blocking and flight of thoughts, and adds that these formal thought disturbances are guided by affects. One second group of foundational symptoms involve affectivity. In fact, Bleuler calls it affective deterioration (*affektive Verblödung*), and claims it to be characterized by apathy: “In psychiatric hospitals the patients just sit around, without having shown any kind of affect over the past decades, whatever they should encounter in their surroundings” (Bleuler 1955, 334, 336). However, certain patients also show a different form of affective disturbance, in that they seem excessively affected. It would not be fair to argue, though, that the general disturbance in affectivity is reduced to a matter of either too much or too less. It is rather taken as a disturbance of affect regulation and modulation. It is indeed given most attention whenever affection becomes rigid, or whenever affections seem unnatural, excessive, or misleading. Interestingly for the purposes of this research, this affective modulation is taken to directly involve interpersonal relations, inasmuch as the disturbed regulation of affects is actually a disturbed affective attunement to others. The schizophrenic patient may even be affectively inaccessible. As Bleuler writes: “One calls it a ‘disturbance of the affective connection’, which is an important sign of schizophrenia. One can often feel much more connected with an idiot, who does not speak a word, than with a schizophrenic person, who might still have his intelligence, but is affectively inaccessible” (Bleuler 1955, 377).

The third fundamental symptom is ambivalence, which was also described by Kraepelin. Bleuler claims that the main reason for such an ambivalence is the splitting (*Spaltung*) of psychic functions.

Finally, the last fundamental symptom is autism. However, this symptom has no connection to the developmental disorder now known under the same name. Autism meant for Bleuler a loss of reality and it involves a turning into one's own phantasy world: "They live in an imagined world of wish fulfilment and persecution ideas. But both worlds can be real to the patients: sometimes both are consciously distinguished. In other cases the autistic world is the only real world, while the other world is fake" (Bleuler 1955, 338). At times one of the two worlds comes to the foreground, and some patients are capable of interchanging the world they experience. Less severe cases remain within the shared reality, while more severe cases greatly indulge in their autistic world, and the other reality may be experienced as a façade, with other people as mere masks.

Bleuler understands the 'four A's' as part of a disturbance of the personality.⁷⁰ His account does not draw parallels with temporary experiences of depersonalisation, such as those recorded in certain forms of depression or during panic attacks, but he rather refers to a proper alteration of 'the person'. In patients' experiences the boundaries of one's own person and body can become permeable, and objects or others may seem to become part of one's self. "The patient may not only confuse himself with any person, but he might identify himself with a chair or with a stick" (Bleuler 1955, 339). This phenomenon is known as transitivity (Fuchs 2010a, 565). Since it is sometimes the case that the external world knows or experiences what is most intimate or personal to the patient, he or she might expect that others can also hear their thoughts. The sharp border between inner and outer, between the patient and the world of others appears to be disrupted.

Accessory symptoms

Besides the fundamental disturbances of schizophrenia, also accessory symptoms have been described by Bleuler. These include sensory disturbances such as hallucinations. Bleuler notably describes a variety of 'bodily hallucinations': the patient feels burning, pain, touching, streaming in his body (Bleuler 1955, 342). The reactions to these hallucinations are varied, from ignoring them, or making them meaningful, to full blown aggressive reactions (Bleuler 1955,

⁷⁰ Bleuler's concept of personality has not the same reference as Husserl's, as the reader can see in Chapter 2. Personality in this context means the totality of self-experience, however this point was not further clarified. For Husserl personality meant, instead, the person as involved in the social sphere.

343). Bleuler considered delusions to be accessory as well. The main defining criterion for delusions, according to him, is their lack of logic and their inconsistency and incoherence. These inconsistencies seem to be fully ignored by the patients. Bleuler furthermore claims that affectivity plays an important role in the genesis of delusions. Until today, this point remains open to debate (Spitzer 1992; Ratcliffe 2008; Kiran and Chaudhury 2009). It seems clear that affectivity is involved in different ways in delusions, however it is unclear whether causal relations should be postulated from affection to delusion, especially in schizophrenia. Bleuler himself is persuaded that affections are the key to understand delusions: “The patient wants to be more than he is; this becomes a delusion of grandeur. Their wishes cannot be fulfilled, but they do not want to be to blame; a delusion of persecution follows” (Bleuler 1955, 343). On the whole, according to Bleuler, most delusions in schizophrenia involve some kind of self-reference, that means, the patient is the centre and goal of the assumed intentions or events. Although some patients might be aware of the incorrectness of their delusion, they will hold on tight to it. The famous phenomenon of ‘double book-keeping’ involves exactly this double orientation to the delusional truth and the normal reality, with a particular inadequacy towards the content of delusion: “The emperor and the pope help to work on the fields; the queen of heaven irons the patients shirts and besmears herself and the table with saliva” (Bleuler 1955, 344).

Other accessory disturbances concern language, the failure of which is described in the following terms: “The most important reason for persisting mutism is that the patient has lost contact with the outside world” (Bleuler 1955, 345). Bleuler thus interprets mutism as well as other language disorders as a disconnection from the world and from the others (Bleuler 1955, 345).

To conclude, Bleuler understands schizophrenia as a disorder of cognition, affection, and subjective experiential life, all relating to an alteration in the personality, or in what one would call the self (Bleuler 1955, 354-355). The subjective experience of new, strange cognitive processes and a peculiar co-existence of different affections heighten the feeling of alienation and, as Bleuler wrote, “it is no wonder that people experience this alienation as strange, unreal, forced, or automatic” (Bleuler 1955, 355). A loss of the Ego-feeling, of being a person, can on its turn “influence the normal process of thinking, deform the normal will and disturb the harmony of affection” (Bleuler 1955, 355). The reader might recall that, in the description of the phenomenological psychopathology of the self disorder, we already encountered a similar mechanism involving hyperreflexivity (Fuchs 2010b).

The intersubjective dimensions

The first intersubjective element included by Bleuler's accounts involves the problem of comprehensibility. On the whole Bleuler shows to be confident about the positive potential of psychology with respect to schizophrenia.⁷¹ Although Bleuler describes patients' behaviour similarly to Kraepelin during his first days at the asylum of Munich, this does not mean that he considers these patients to be incomprehensible. According to him, even those who manifest extreme deviant behaviour can be understood when one attempts an empathic approach (Bleuler 1955, 339). The key issue of incomprehensibility is to be discussed in more detail in the second part of this chapter. For the time being, it is worth noticing Bleuler's tendency towards psychogenetic understanding as implying that there is no insurmountable gap between the clinician and the schizophrenic patient.

Secondly, it has been made clear that a disturbance of affective modulation is taken to be one of the fundamental symptoms. The rigidity and the unnatural impression recorded by the clinician leads to a classification of affection as deregulated in one specific way: it is not attuned to the surrounding and to others. "The joy of a schizophrenic patient does not make us joyful, his expressions of pain leave us indifferent. In the same way the patients do not react to our own affects. One calls it a "disturbance of the affective connection", which is an important sign of schizophrenia" (Bleuler 1955, 337). Despite all the psychological explanation contributing to the clinical understanding of patients the clinician may thus still experience a lack of affective resonance with them.

Thirdly, Bleuler indicates that schizophrenic patients have difficulties preserving the boundaries of their personalities, as it is clear in transitivity. Whenever patients think that their thoughts are perceivable by others, it is clear that not only the boundaries of their own personality or of their subjective experience are blurred but also the boundaries applying to others. Furthermore some peculiar disruption of the intersubjective world can be postulated. Schizophrenic autism and double book-keeping show how patients can take a position where the imagined reality is experienced as separate from the intersubjectively shared reality, but provided with the same characteristic of realness. The shared reality, conversely, as populated by other people and their meanings and beliefs of what reality is, might become less real or even a façade, with other people taken as mere imposters or simply made up characters (Bleuler 1955, 338).

⁷¹ Karl Jaspers appreciated Bleuler's acknowledgment of psychology. After Kraepelin, who seemed to have only little attention for the psyche of the patients he described, Bleuler is welcomed in the following way: "At last there is some psychological thinking" (Hoenig 1983, 550).

The last intersubjective element in Bleuler's descriptions concerns language. Neologisms and mutism can be understood as attempts to express what the patient experiences, in a language that is not commonly shared. But it is equally correct to conclude that these language disorders indicate that the basis of communication is disturbed. Later on, while discussing Chris Frith's contemporary cognitive neuropsychological approach, it will become clear why these language disorders are particularly intersubjective.

3.1.3 Jaspers

The introduction of philosophy

Karl Jaspers (1883-1969) was the founder and most influential figure of phenomenological psychopathology. In order to understand his view on schizophrenia, some of his philosophical and psychopathological concepts need to be elucidated here. Although Jaspers and Bleuler hold distinct ideas on psychopathology, both of them can be said to give primacy to the 'psyche' of psychiatry: "The task of phenomenology is to represent the psychic states as the patient really experiences them, to search for the relationships between them, to delineate them as much as possible, to distinguish them from each other, and to name them with correct terms" (Jaspers 1948, 48). In 1913, when he was only 29 years old, Jaspers published his *General Psychopathology*. At the time psychopathology was dominated by the fast growing influence of neuropathology on the one hand, and by psycho-analytical theories on the other (Monti 2013, 30-31). The young Jaspers attempted to bring clarity into the chaos of nosology and psychopathology. His personal approach to this field was rigorous description, definition, and classification, in order to make psychopathology a real science, with valid and reliable methods.

Whether or not Jaspers really is a phenomenological psychopathologist himself remains open to debate (Berrios 1992; Walker 2013; Wiggins and Schwartz 2013), however it seems clear that with his *General Psychopathology* and particularly with his interest in the methodology of psychopathology, he secured an important position to phenomenology. Phenomenology in psychopathology should be preliminarily distinguished from phenomenology as a philosophical field. Both disciplines share their interest in the phenomena as experienced by the subject, and in order to grasp these phenomena, they both maintain that one needs to perform a reduction or an 'epoché', as to set aside all personal assumptions, theories, and certainties (Sass 2013b, 99; Rinofner-Kreidl 2013). Only by doing this will one be able to describe the phenomena as they present themselves. However, in psychopathology and especially in clinical

encounters, the target of the description differs from one's own experience, rather embracing the experience of the patient.⁷²

The *General Psychopathology* is not just an overview of the different psychopathologies of the time. It is also an exploration of the methods and ways of psychopathology, and the knowledge it could provide. Phenomenology does have an important place in it, but it is not the only method envisaged. One of the most interesting elements in the book includes the famous distinction between understanding (*Verstehen*) and explaining (*Erklären*) (Jaspers 1948, 24). This was inspired by Wilhelm Dilthey (Jaspers 1948, 250) and his earlier distinction between '*Naturwissenschaft*' and '*Geisteswissenschaft*' (Jaspers 1948, 642). Although both explaining and understanding have their role to play in psychopathology, and although both offer scientific evidence, Jaspers claims that they should be strictly kept apart (Jaspers 1948, 24). Explanation is required for the acknowledgement of causality and objective connections. It implies a perspective from the outside and makes use of empirical methods. The earlier mentioned dopamine hypothesis would be a form of explanation, according to Jaspers' distinction. Understanding, on the contrary, is defined as a perception (*Anschauung*) or a representation (*Vergegenwärtigung*) of the psychic phenomena from the inside (Jaspers 1948, 23-24).⁷³

Within understanding, Jaspers distinguishes two further forms. First, there is a direct empathic grasping of the patient's psychic state and conscious phenomena, which he calls static understanding. Based on the verbal and non-verbal expressions and the behaviour of someone, I am able to immediately grasp his or her psychic state, for example sadness.. Secondly, there is a form of understanding from the inside concerning how mental states emerge from each other, and how they are meaningfully connected, which he calls genetic understanding. I understand, for example, how someone's anger follows from frustration. It is worth remarking that Jaspers' phenomenology is essentially static understanding.

The limits of static understanding, and thus of phenomenology, are reached when dealing with what is not conscious (Jaspers 1948, 16), as well as with the somatic (Jaspers 1948, 48).

⁷² Another point of discussion concerns the exact influence of Husserl on Jaspers' theories. The methodological problems and solutions discussed by Jaspers are arguably influenced by the early Husserl (Blankenburg 1991a; Sass 2013b, 99-100). Jaspers does refer to Husserl explicitly (Jaspers 1968), however he expresses criticisms of the eidetic turn in phenomenology. Nevertheless, one can find a similar approach in the phenomenological psychopathology he developed. A well-described case is indeed taken to provide psychopathological insights, which are useful for all other cases. The essences of a disorder are taken to be retrievable in the idiosyncratic and subjective experiences of a patient. "The particular, and not a massive plurality of cases, is the most elucidating for psychology, and the condition to clarifying the plurality of trivial cases in the first place" (Jaspers 1948, 11).

⁷³ This methodological distinction will be relevant for the discussion of delusions in section 3.2.2. It is worth noting that Husserl's account of empathy does not unconditionally accept the representation of the other's inner life, as Jaspers seems to do in order to understand the patient. Husserl (1973a, 374) writes, for instance: "It is questionable, whether an I can represent the experience of the other and thereby come to some form of knowledge".

Limitations are also displayed by particular experiences that the clinician cannot understand through empathy (Jaspers 1948, 486). In those cases, the gap between the clinician and the patient is supposed to be just too wide, and the former cannot participate in the reality of the latter (Sass 2013a, 98-99). Jaspers considers certain psychotic phenomena, and particularly the ‘primary delusional experience’ as prototypes of incomprehensibility (Jaspers 1948, 82, 483-486). Although he does not conceive incomprehensibility as an a priori for every clinical encounter with delusional patients, his claim is often understood in this way (Henriksen 2013; Spitzer 1989, 30). He does indeed remark that schizophrenic life in general, and not only certain delusional phenomena, is in essence incomprehensible to us (Jaspers 1948, 486). Jaspers concluded that, in these cases, understanding falls short, and explanation is needed (Jaspers 1948, 253). A lot of contemporary perspectives on psychopathology de facto follow Jaspers on the limits of understanding and the need for explanation.

Nevertheless, the problem of explanation in psychopathology concerns the validity of the explanations, or in other words, the relation of *explanans* to *explanandum*. How do we know that our hypotheses and theories have anything to do with the patient’s experiences once we assume the incomprehensibility of these experiences? The assumption of incomprehensibility implies that we may lose the actual phenomenal experience of the patient out of sight. The distinction of understanding and explaining is still often used as an argument in psychopathology, but it seems that such a clear-cut distinction, as Jaspers outlined it, is too rigid. It is easy to claim that there is already a part of explanation in understanding, and some understanding in every explanation. “‘Causes’ and ‘meanings’ (as that which is explainable and as that which is understandable) are only comprehensible when taken in constant interplay with each other” (Fuchs 2014a, 83).⁷⁴

Delusions and incomprehensibility

As anticipated, the theory of the alleged incomprehensibility of schizophrenia is clearly very important. Jaspers claims that schizophrenia is not empathically, thus not directly understandable, but a certain form of explanation from the outside is required in order to grasp it (Jaspers 1948, 484, 486). The origin of the incomprehensibility are the ‘real delusions’, which

⁷⁴ If Bleuler introduced psychological thinking into psychiatry, it was Jaspers who introduced philosophical thinking, as is shown in his analysis of the ‘brain mythologies’ and the problem of mind-body dualism (Jaspers 1948, 381-382; Fuchs 2014a, 82). According to Jaspers, philosophy is necessary in psychopathology inasmuch as 1. it makes us aware of both our implicit theoretical assumptions and of the limits of certain methods, 2. it compels us to maintain a holistic approach, 3. it makes us appreciate different kinds of understanding, 4. it helps us understand the metaphysical and existential dimensions in psychopathology, and 5. it offers a distinct approach to the human condition other than the pure scientific knowledge (Jaspers 1948, 643). Philosophy gives us the necessary openness for doubt and uncertainty. Ignoring our doubts and the uncertainty of our scientific attitude, is not a scientific attitude itself (Jaspers 1948, 644).

originate from the ‘primary delusional experience’ (Jaspers 1948, 80). Real delusions supposedly have to be distinguished from delusion-like experiences (*wahnhafte Erfahrungen*). Jaspers claims that we cannot empathically grasp the primary delusion experience, nor do we understand genetically where it emerges from. Both chronologically and ontologically, this experience precedes any further elaboration or crystallization (depending on whether one conceives of this as an active or passive process) of the delusional world (Kusters 2014, 605). Patients notice a sudden change, which perplexes them, but they cannot explain it: "Something is happening, please tell me what it is" (Jaspers 1948, 82). This moment is often called uncanny, or in the German original ‘unheimlich’ (Jaspers 1948, 73, 346). It is still discussed today whether this incomprehensibility is restricted to the origin of the schizophrenic delusion, namely the primary delusional experience, or whether it concerns the whole of the schizophrenic life, as Jaspers tends to indicate.

Jaspers characterizes delusions by three epistemic features: absolute certainty, incorrigibility, and the lack of concordance with reality. However, he remarks that delusions should be the object of phenomenological study, rather than of epistemic description. While Kraepelin and Bleuler point to the peculiar co-existence of seemingly excluding realities or worlds, namely of the shared and the delusional world, Jaspers adds that ‘double book-keeping’ often changes in time and it may well seem that patients lose their delusional convictions (Jaspers 1948, 351). He does not go as far as identifying this loss of delusional conviction as ‘regained insight’, since he believes a closer examination would mostly show patients still holding on to their delusional convictions (Jaspers 1948, 248).⁷⁵

Schizophrenia

After Kraepelin’s and Bleuler’s groundwork listing the symptoms of schizophrenia, Jaspers investigates what is ‘behind’ these symptoms (Jaspers 1948, 471). He believes the answer to be a disturbance of the ‘I’, of the ‘Ego’, or of the ‘personality’. Schizophrenia, he claims, concerns a disorder of the ego-consciousness (*Ich-Bewusstsein*). He then distinguishes four specific disturbances of the ego-consciousness.

The first affects the consciousness of the activity of the ego. This latter is further divided in the awareness of existence or of being-there (*Daseinsbewusstsein*) and in the awareness of

⁷⁵ Contrary to psychoanalytical theories, Jaspers explained that too much attention for the content of the delusion leads to unscientific speculation: “A lot of things have been claimed to be comprehensible, which are not comprehensible at all” (Jaspers 1948, 340). Bleuler’s and Jung’s attempts were based on the model of hysteria, which, according to Jaspers, has little to do with schizophrenia (Jaspers 1948, 431).

agency (*Vollzugsbewusstsein*). The disturbance of the awareness of agency is then connected to thought insertions and passivity experiences (Jaspers 1948, 102).

The second disturbance involves the unity of our self-experience. The resulting disunity can be compared to situations of higher and distanced self-reflection, such as when you perceive yourself talking to people, and consequentially fail to talk fluently. The unity of the person talking, and of the person perceiving him or herself talk, seems to be lost for a moment (Jaspers 1948, 104).

The third element of the ego disturbance in schizophrenia concerns the ego's temporal continuity. Some patients claim, for instance, that they are not the same persons as before the outbreak of their illness (Jaspers 1948, 105).

The fourth element affects the consciousness of the demarcation between the ego and the outside world (Jaspers 1948, 101). Patients claim for example that they do not have to answer any questions, because the psychiatrist already knows everything they are thinking (Jaspers 1948, 106). Another example of a disturbance of this fourth element is the patients' self-identification with objects of the outside world, as already mentioned concerning Bleuler's description of transitivity.

Throughout different versions of the *General Pathology* these four elements have changed, possibly under the influence of Kurt Schneider. This influence is most noticeable with regard to the introduction of a new element in the form of a disturbance of the self-other difference, which leads to the experiences of permeability. Permeability then became the hallmark of the ego-disorders (Fuchs 2013c, 247). These, and similar experiences are taken to lie at the heart of the primary delusional experience, which is arguably the origin of real delusions and at the same time the reason for the schizophrenic incomprehensibility. Jaspers himself was possibly inspired by Austrian psychiatrist, Joseph Berze who described a similar disorder of the psychic activity and called it hypophrenia (Fuchs 2013c, 247). Other psychopathologists have worked further on these ideas, among others Huber and Klosterkötter. As previously argued in the introduction to this research, this has greatly inspired the contemporary phenomenological approach envisaging schizophrenia as a self-disorder (Fuchs 2015a).

Contrary to Kraepelin, Jaspers describes the chronic phase of schizophrenia as the consequence of a general alteration of the Ego, rather than as a cognitive deterioration (Jaspers 1948, 185). This phase is characterized by the loss of feeling for the essential, the communal, and the real. While quoting French psychiatrist Minkowski's work, Jaspers writes that this indeed indicates a loss of contact with reality (Jaspers 1948, 185). According to him, it is not cognitive deterioration what different patients share, but rather incomprehensibility. He describes

the schizophrenic patient as “incomprehensible, alien, cold, inaccessible, rigid, stiff”, and “facing these people you feel an indescribable abyss” (Jaspers 1948, 373).

Besides the general disturbance of the Ego-consciousness and incomprehensibility, Jaspers also describes alterations in temporal experience (Jaspers 1948, 72). He furthermore notices alterations in the use of language and refers to it as the building up of private languages (Jaspers 1948, 243).⁷⁶

Incomprehensibility: a problem of intersubjectivity

The intersubjective dimension of schizophrenia is explicitly accounted by Jaspers’ descriptions of the disorders of the Ego in the specific terms of experiences of permeability and passivity. Nevertheless, his claims on incomprehensibility are the most intriguing. Incomprehensibility is a unique topic thread in his work. Compared to Kraepelin’s and Bleuler’s descriptions of the lack of affective connection, Jaspers goes a step further. Due to Jaspers’ interest in phenomenology, and in the psyche of psychiatry, he is able to acknowledge incomprehensibility as such as the most frustrating and significant element in schizophrenia. As previously mentioned, incomprehensibility is, for Jaspers, both a philosophical and methodological problem. The primary delusional experience resist any understanding; similarly what it is like to experience a delusion of passivity cannot be statically understood. However, how an elaborated delusion follows from a primary delusional experience can be genetically understood. This does not imply full understanding of the delusion, as its origin is incomprehensible. Therefore, external explanations and knowledge have to be employed here. Jaspers even characterizes schizophrenic patients in general as incomprehensible (Jaspers 1948, 373, 486), and their private languages are a good example in this regard. Some phenomenologists have criticized this idea and different phenomenological attempts have been made to overcome incomprehensibility (Ratcliffe 2012; Henriksen 2013; Stanghellini 2013; Van Duppen 2015).

Yet, incomprehensibility appears not to be a merely philosophical and methodological problem concerning the accessibility of the patient’s mental life. Incomprehensibility also ensues from the peculiar experience one can have in the encounter with certain schizophrenic patients. In these cases, it seems to fall within the range of ‘praecox feeling’ (Rümke 1960) rather than

⁷⁶ He furthermore described a dialectical psychopathology of schizophrenia. Normally, different tendencies in our psychic life balance each other. Automatism, echolalia, and echopraxia illustrate that in schizophrenia this balancing system is disturbed. The different tendencies lose their normal harmony and Bleuler’s ambivalence then emerges (Jaspers 1948, 286).

within that of philosophical scepticism and ‘the problem of other minds’. Incomprehensibility would then be an issue of affective attunement to others, rather than of our knowledge of the other’s perspective. I will discuss this in more detail in section 3.2.1.

Jaspers describes the loss of feeling for the communal and, as previously mentioned, he refers to Minkowski’s ‘loss of vital contact with reality’. I maintain that this disruption of the normative communal feeling is secondary, both in importance and in specificity, for schizophrenia. It will become clear further on that the hypothesis of a prior alteration of intersubjectivity is able to account for the direct implication of such disruptions of the communal. It should furthermore be clear that incomprehensibility should not be accepted as radical based on naïve clinical experience or on the one-sided interpretation of Jaspers. Jaspers himself is much more cautious than that, as Stanghellini explains: “Instead of falling prey to scepticism, or of an impersonal and metaphysical knowledge of the other, Jaspers exhorts clinicians to navigate the infinite space that separates them from their patients” (Stanghellini 2013, 180).

3.1.4 Minkowski

The loss of vital contact with reality

Eugène Minkowski (1885-1972) was a French psychiatrist born in a Jewish Polish family in St-Petersburg. He studied medicine in Poland, Germany, and Russia, and afterwards philosophy in Munich. Although his influence on phenomenological psychiatry has been significant, he never had the opportunity to work in an academic hospital, nor to teach psychopathology. Philosophically he was inspired by Henri Bergson and to a lesser degree by Edmund Husserl. Minkowski thought that the scientific methodology of early phenomenology was missing something of Bergson’s existential vitality (Minkowski 1966, 457). The ultimate goal of phenomenological psychopathology, according to Minkowski, should be finding the ‘*trouble générateur*’ (Minkowski 1966, 53) of an illness, by ‘penetrating’ (Minkowski 1966, 461) through the superficial symptoms.

Today Minkowski is often quoted in phenomenological psychiatry as one of the fathers of the psychopathology of the self (Bovet and Parnas 1993, 582; Sass and Parnas 2001, 103; Cermolacce et al. 2007, 712; Fuchs and Schlimme 2009, 82; Sass 2014, 2). His notion of ‘the loss of vital contact with reality’ has become very well known. However, the exact meaning and the relevance of this notion for the intersubjective dimension of schizophrenia seems often to go

unacknowledged.⁷⁷ ‘The loss of vital contact with reality’ is arguably the most central notion in his work and it is often used to elucidate certain symptoms and experiences of schizophrenic patients. Schwartz et al. (2005, 110) understand it as the destruction of the ‘manifestness and coherence’ of the person’s ‘being-in-the-world’. Sass compares it to patients’ experiences of progressive dulling of their subjective lives (Sass 2001, 255).

In one of his first noteworthy articles, Minkowski summarizes Eugen Bleuler’s ideas on schizophrenia for the French readers of ‘l’Encéphale’ (Minkowski 1921).⁷⁸ It is in this article that Minkowski uses the notion of ‘loss of vital contact with reality’ for the first time. The notion aims at unifying Bleuler’s pathognomonic symptoms and signs of schizophrenia (Minkowski 1921, 248). The described symptoms are taken as generally resulting from the loss of vital contact with reality, which he conceives as the starting point of the illness (Minkowski 1927, 198). Later on in Minkowski’s works, the same notion acquires different meanings, and it becomes somewhat of an ambiguous notion with no longer any connection to Bleuler. It is now worth analysing the concept into its three major building blocks: ‘*reality*’, ‘*contact with reality*’, and ‘*vital contact*’.⁷⁹

Reality: language, rules, praxis

Reality is expressed and experienced in different domains. Language is the first of these. The role of language for the experience of reality is described *ex negativo*: in schizophrenic autism, a patient might speak “his own language” (Minkowski 1927, 149). The creation of a new, private language goes hand in hand with the destruction of reality. Symbols and significances may become strange or unrecognisable. A disturbance of reality leads to the dysfunction of symbols and language in general (Minkowski 1921, 317). Both logorrhea (*salade des mots*) and mutism can characterize the disconnection from reality (Minkowski 1921, 254). The earliest therapeutic goal, according to Minkowski (1966, 41), should therefore be finding a common language with the patient, in order to bring the psychotic patient back into a shared reality.

⁷⁷ A variety of phenomenological authors have written on Minkowski’s ideas in more detail. Several key concepts in the contemporary literature refer directly to his work, for example ‘schizophrenic autism’ (Parnas and Bovet 1991), ‘morbid rationality’ (Sass 2001), and ‘phenomenological compensation’ (Urfer 2001).

⁷⁸ Bleuler was of great importance to Minkowski, especially during the time he worked under his supervision in the Burghölzli clinic in Zürich. According to Minkowski (1927, 256-257), Bleuler’s redefinition of ‘*dementia praecox*’ as ‘*schizophrenia*’ had a remarkable impact on psychiatry. Firstly, as the reader already knows, the emphasis on an underlying cognitive deterioration was minimized. Secondly, new therapeutic hope arose for schizophrenic patients. Minkowski favoured these changes, and he continued to elaborate the work of his predecessor throughout his career.

⁷⁹ An extended version of this subsection on Minkowski will be published as (Van Duppen forthcoming).

The second domain of reality concerns rules:

“We find the same phenomenon of vital contact with reality in the feeling of measure and limits which surrounds all of our precepts like a living fringe in rendering them infinitely nuanced and infinitely human” (Minkowski 1970, 69). We sense the measure of things and the limits of the possibilities of our actions even before the precepts are made explicit. The ‘vital contact with reality’ is then related to the sense of measure we sense towards each other’s actions. Actions that are within the limits, or within good measure, are thought of as ‘realistic’, in contrast to the ‘autistic’ actions of schizophrenia (Minkowski 1927, 147; Urfer 2001). Furthermore, reality is said not to only depend on the explicit rules of conduct, but also on unwritten rules, and our implicit sense of them. In this regard, the attitude of stagnant overthinking and over-structuring of situations, that Minkowski calls ‘morbid rationalism’, is taken not as a cognitive deficit *per se*, but rather as the expression of the loss of reality (Minkowski 1995, 260-261).⁸⁰ Rules, and particularly our use of them, are taken to define what is in accordance with reality, and what is not. However, our application and following of these rules is taken to happen dynamically.

This also leads to the third domain of reality, which is closely related to both language and rules, namely praxis. The term ‘praxis’ indicates here the practical involvement of a person in his or her surrounding world. In this regard, it is a common feature of schizophrenic patients to struggle to adequately use certain knowledge (Minkowski 1927, 559). Again, according to Minkowski, it is not the cognitive part of an activity that fails, but rather the patient’s use or implementation of this knowledge. This practical knowledge and the lack thereof are illustrated by Minkowski as follows: if someone’s house was at the edge of being flooded with water, formally it would be correct to state that a certain volume of H₂O and salts was flowing at a certain discharge. But, of course, such judgment would testify for an absence of pragmatic and contextual reasoning when failing to act accordingly (Minkowski 1921, 254).

Reality: contingency, irrationality, ambiance

Besides language, rules, and praxis, three other elements can be added to Minkowski’s concept of reality. The first is contingency. It is indeed claimed that as soon as someone loses the awareness of the contingency of their everyday experience of the world they partake in, they will

⁸⁰ ‘Morbid rationalism’ or ‘morbid geometrism’ are the terms Minkowski uses to describe some patients’ pseudo-scientific attitudes in their own emotional and everyday life, when static and rigid thinking replaces dynamic and fluent interactions. One patient, for example, contemplates his encounter with an attractive woman during hours of motionless silence on a chair. He concluded that “everything in life, even sexual sensations, is reducible to mathematics” (Passie 1995, 261). The rigidity and over-rationalising of this act is considered beyond reality (*en dehors de la réalité*) (Minkowski 1966, 156).

lose contact with reality. “We are quite able to feel a pricking or see a spark without relating these phenomena to a conversation that we are able to hear at the same time. We very well conceive of isolated facts and objects whose simultaneous coexistence may be purely contingent” (Minkowski 1970, 425). For a schizophrenic patient, this coexistence may not be so unproblematic, and “a mysterious force” (Minkowski 1995, 390) might seem hidden behind the phenomena. The overwhelming presence of meanings and associations that all seem to point at the patient may lead to an attitude of withdrawal and avoidance (Minkowski 1966, 644). Reality, as Minkowski would describe it, thus requires an attitude of the subject towards the world that is characterized by contingency, rather than by the subject’s own centrality.

Secondly, Minkowski’s reality has to be distinguished from rationality. Although praxis and rules clearly play a role in Minkowski’s concept of reality, this does not mean that these are entirely rational (Minkowski 1926, 555). Arguably, if we were to approach every aspect of reality through rationality, we would exclude an essential part of it. Minkowski indeed refers to our capacity to imagine the world around us, and to co-constitute it together with others and their imagination (Minkowski 1966, 549). “[Imagination] lays a light veil on the hard reality, in its materialistic sense. By covering it and penetrating in all of its parts, [imagination] softens it, makes it lighter, less concrete, but not less real than before” (Minkowski 1966, 550).

The third notion is that of ‘ambiance’ (Minkowski 1966, 75). Minkowski’s reality is not just the material world that is external to us. Lived reality, rather, is what we experience through our contact with the ambiance. In this surrounding world, the distinctions between object and subject, or between inside and outside, fully dissolve.⁸¹ The inner world of a person is taken to be just as real as the outer world. However, this does not mean that ambiance is restricted to one sole individual or to each individual separately. Rather, what is relevant for reality is common ambiance (Minkowski 1966, 107). To conclude, the first building block, namely the concept of reality, is expressed and experienced in language, rules, and praxis. Moreover, the coexistence of rationality and irrationality makes reality a *lived* reality, which we experience as partly contingent. Finally, Minkowski’s reality is a common ambiance where our activities are meaningful to others.

⁸¹ The German word ‘Umwelt’ as introduced by von Uexküll (1909) might fit the description better than ambiance. As it has been argued in Chapter 2, both Husserl and Merleau-Ponty discussed the surrounding world. Minkowski’s understanding of it is comparable to Merleau-Ponty’s theory.

Contact with reality: time, space, sympathy

The second step concerns the *contact* with reality. According to Minkowski, there are three modes of contact with reality. The first concerns time. Following Bergson's distinction between objective and subjective or lived time (Bergson 1970), Minkowski states that our experiences are constantly accompanied by a feeling of moving towards the future, or of becoming (*devenir*) (Minkowski 1995, 17). We also share this becoming with the 'ambiance'. Bergson's '*élan vital*' is then the source of a future-oriented bond between the individual and his ambient becoming (Urfer 2001, 280): "It is not only that we feel a general progression, in us as well as outside us, but rather a unique rhythm common to us and to ambient becoming that makes me feel that I am advancing in my life simultaneously with time" (Minkowski 1970, 69-70).

Finally, the 'vital contact with reality' is taken to be a form of contact with the ambiance, through a shared rhythm between the individual and the ambient becoming. Minkowski calls this 'synchronism' (Minkowski 1995, 59, 63). Historically, this idea stems from Kretschmer's distinction between 'schizoidia' and 'cycloidia'. As is known, Bleuler redefined this distinction as 'schizoidia' Vs 'syntonia', insisting on a non-morbid description of the vital principles of life. Within this framework, 'schizoidia' is described as the principle of withdrawal and of returning to oneself. 'Syntonia' refers instead to taking part in social life, and is characterized by openness towards the world (Minkowski 1966, 534). Rhythm plays, furthermore, an important role in all this: someone who shares most of their rhythm with their surroundings tends to syntonia, while a person who has a private rhythm tends to schizoidia (Minkowski 1995, 273, 275). On the whole, sharing a rhythm stands for the possibility of contact with others (Minkowski 1995, 59).⁸² Consequently, in schizophrenia, Minkowski claims, the desynchronisation implies that the patient does not take part in the collective or ambient becoming any more, and does not resonate with others (Minkowski 1958, 132, 259).

The second mode of contact with reality concerns space. Parallel to Bergson's ideas on time, Minkowski distinguishes measurable or geometrical space, and lived space: "There is a distance which separates me from life or, rather, which unites me with life. There is always a free space in front of me in which my activity can develop" (Minkowski 1970, 403). Different from geometrical space, lived space is defined by the distance to others, and by the distance in between us. Minkowski sees this distance as dynamic: at times it may separate us, and at times it may unite. There is a free space in between us, that we experience as an openness of possibilities

⁸² This is certainly true for affective resonance, as developmental psychology has shown (Beebe et al. 2003; Stern 1985). The rhythmicity of the interaction, rather than complete congruence, is a necessary requirement for smooth interpersonal contact (Fuchs 2013d, 81).

(Minkowski 1995, 374). Free space makes it possible to live, to interact, but allows us to withdraw in relative isolation as well. According to Minkowski, what Jaspers (1948, 82) calls the delusional mood (*Wahnstimmung*) actually concerns disturbances in lived space. The experience of a “vague resemblance” (Minkowski 1995, 377) is itself a disturbance in experiencing lived space: objects may seem to point at the patient, people may become threateningly close, the free space is not experience as such (Lysaker et al. 2005).⁸³

The relation between space and reality is further elaborated in Minkowski’s attempts to describe a psychopathology of space that deals with hallucinations and delusions. He describes both as the opening up of a different world, of a different space, on top of the shared world or space. In order to better clarify this view of two spaces, he distinguishes between the dark and the light world (Minkowski 1995, 393). The light world is the space where lived distance, possibility and openness are standing. It is a shared world with others. The patient who is hallucinating or has delusions may partly remain in this world. However, patients can also find themselves in the dark world, which is the morbid world with disturbed distance and measure, in which the patient is completely alone (Minkowski 1995, 394).

Finally, in Minkowski’s account, sympathy is the last mode of contact with reality, albeit a particular reality. This mode explicitly emphasizes the intersubjective experiencing of reality, the reality of the immediate other: “I speak here of that marvellous gift which we have in us of making the joys and pains of our fellow man ours, to penetrate us entirely, to feel ourselves in perfect communion, to be one with them” (Minkowski 1970, 67). Sympathy shows that our contact with reality is a shared one: we participate in the reality of each other. Difficulties in spontaneous interpersonal affective resonance impede instead this very participation. Notably, during his time in the Burghölzli clinic, Minkowski records an absent or disturbed affective contact with schizophrenic patients (Minkowski 1921, 255).

Vital contact

The third and last building block concerns the adjective ‘vital’. When Minkowski first introduces his concept in 1921, he explains that ‘vital’ distinguishes the contact he intended from the everyday meaning of contact in a spatial sense, such as touching an object (Minkowski 1921, 249). However, from today’s perspective, it is difficult to ignore his later work, and in particular the influence of Bergson’s theory on the meaning of ‘vital’. In this regard, the adjective also

⁸³ Other examples of this disruption in distance and lived space are provided by (Fuchs 2005b, 134): a patient reports feeling an “energetic potential” passing over from other persons to his own body and entering through his forehead. Another patient feels the contours and metallic qualities of cars that he sees passing down in the street as vivid bodily sensations.

refers to the '*élan vital*' (Minkowski 1995, 34-35), this being the continued dynamism that directs us and our activities towards the future. Furthermore, the same concept can be best understood, in my opinion, as the conative-affective dimension of our lives, as it is sometimes described as drive, striving, urge, or affection.⁸⁴

Finally, the contact with reality is vital, whenever it is characterized by a dynamic shifting between schizoid and syntonic intentions and activities. Being part of the ambiance, to blend in, is syntonia. As previously explained, it is the experience of sharing the same frequency, having the same rhythm as others. However, syntonia is not the only aspect of life, nor is it the only healthy or normal one. Equally important is the opposite direction: away from the ambiance, in disharmony with others, towards self-realization: "We do not only want to blend into the ambiance or have to adapt ourselves to others, we want to affirm our own personality, we want to exteriorize our most intimate self, we want to leave a personal impression into the moving wave of change, we want to force ourselves upon the infinite world and produce and create" (Minkowski 1927, 162). This is the cycle of personal activity. It is the co-existence of two opposite movements: towards the world and others, and away from them.

Schizophrenic patients may not always be able to cycle dynamically between these two terrains. Schizophrenic autism is essentially the absence of syntonic possibilities. Minkowski also recognizes this disturbance of the dynamic cycle in what appear to be empty and meaningless activities in the eyes of the outside world (Minkowski 1995, 264).

Relevance for intersubjectivity

It should be remarked that Minkowski's view is generally based on a restricted form of schizophrenia. Both in his early work, and in later psychopathological descriptions, he tends to minimize certain symptoms (Minkowski 1966, 95). For some contemporary clinicians, it is rather surprising that the positive symptoms of schizophrenia, such as hallucination and delusion, play only an accessory role within Minkowski's account. In most diagnostic classifications, these two symptoms are considered important diagnostic criteria (World Health Organization 1993; American Psychiatric Association 2013). Minkowski does not justify his neglect, despite showing to be well aware of Bleuler's categorization. Sass rightly notices that symptoms of disorganization, disturbances of thought, language and attention, as well as Schneider's first-rank symptoms are nevertheless hardly mentioned in his work (Sass 2001). It should also be remarked that, at the time, Minkowski stood relatively alone with this view, as psychopathologists such as

⁸⁴ On the role of the '*élan vital*' in our experiential life and its relation to the 'intentional arc', see Fuchs' descriptions (Fuchs 2006; 2013d) on explicit and implicit temporality.

Karl Jaspers, Ludwig Binswanger, and Kurt Schneider were developing their theories on delusions, and psychosis in general to great recognition. Despite the emphasis on positive symptoms in clinical praxis and classifications, contemporary psychopathologists seem nevertheless to agree with Minkowski's view that the disturbances of the self are more central, or closer to the '*trouble générateur*' (Blankenburg 1971; Sass and Parnas 2003; Nordgaard et al. 2008). All in all, several difficulties or disturbances of intersubjectivity can be found in Minkowski's accounts. First, he takes Bleuler's concept of autism and indicates that it is not a matter of living in phantasy worlds, but rather a matter of turning away from others. What were previously recognized as language disturbances are instead taken as private language, related to a private reality. The patients are said to be unable to follow particular rules of praxis, and they might seem to miss a sense of rules. This very sense is arguably what makes the use of rules dynamic, while the schizophrenic patient might be stuck in a rigid or static rationalism. Normal reality experiences are furthermore taken as depending on our implicit acknowledgement of contingency, while schizophrenic patients might experience their reality in an ego-centric way. Although hallucinations and delusions are only taken to be accessory, Minkowski does deal with them extensively, and his whole concept of schizophrenia is described as a deviation from reality, of which hallucinations and delusions could be considered perfect examples. He furthermore describes psychotic phenomena as expressions of "brutal isolation" (Minkowski 1966, 95).

He also describes patients as desynchronized. They do not share the same rhythm and do not vibrate in resonance with others. The dynamic movement between schizoidia and syntonía, away from and to others, is clearly disturbed, with schizoidia dominating. With regard to space, Minkowski identifies a disruption of lived space, of the space created in-between others and myself. This becomes apparent in delusional moods and threatening phenomena like transitivity (Minkowski 1966, 15). Lastly, the loss of vital contact with reality can be experienced as a disturbed or absent affective contact with the patient (Lysaker et al. 2005), as Bleuler argued before him. In section 3.2.1 Minkowski's precise description of the disturbance of affective contact shall be thoroughly investigated. To conclude this section about Minkowski, and about the intersubjective dimensions of the 'loss of vital contact with reality' in schizophrenia, Urfer's position (2001, 281) should be mentioned and agreed upon: Minkowski's phenomenological approach concerns the intersubjective space of the '*entre deux*'. Minkowski is indeed a psychopathologist of the in-between.

3.1.5 Kimura

The psychopathology of the 'in-between'

Kimura Bin (1931) is a Japanese psychiatrist who completed his specialization in Munich and Heidelberg, after studying medicine at the university of Kyoto. Upon his return to Japan, he translated some major works of phenomenological psychiatry, including Minkowski's book *Schizophrenia*. His personal work was then greatly influenced by phenomenological psychiatry, especially by Blankenburg, and by Japanese philosophers, such as Kitaro Nishida and Tetsuro Watsuji (Stevens 2003). Kimura clearly relies on Nishida's work on the self (Stevens 2003, 692), and borrows Watsuji's idea of *Aidagara*, or "what relates to the in-between", which he owed to Heidegger's *Mit-sein* (Arisaka 2001, 198). Although his work is firmly rooted in Japanese culture, different European philosophers have inspired Kimura's original view on psychopathology. One could mention here Levinas, Merleau-Ponty, or Heidegger, who all described a role for the 'in-between'. However, one of Kimura's distinctive features is his ability to expand the phenomenology of psychopathology to the study of a wider cultural context.

Kimura has clearly a unique position in the so far provided list of psychopathologists. Not only because his cultural background is different, but mostly because he is the first to explicitly *define* schizophrenia as a disturbance of intersubjectivity. Despite his originality, his ideas will have to be read with a certain criticism, especially the conceptual obscurities that could not be clarified.

The most original idea Kimura brings into psychopathology is that of '*Aida*', which can be best translated as 'in-between'. The in-between is a space or an opening between two poles, for example between two people. Kimura insists that the in-between plays a role in the constitution of the poles, and depending on which type of *Aida* one intends, it constitutes the self or the other. The first type is the *Aida* between nature and human, which he calls climate. The second is an interpersonal *Aida*. The third is the *Aida* that emerges in-between aspects of the self. In what follows these three types will be discussed followed by a thorough account of his ideas on schizophrenia.

In-between nature and human

Since Kimura is a dialectical thinker, the same structure of a prior union resulting in two poles is outlined in all three forms of *Aida*. The first concerns the relation of self and nature. He claims that before one acquires any knowledge of nature, such as the fact that water is wet, or that the world is not flat, one is already connected to it. It is this pre-reflective moment that Kimura is most interested in. It is indeed a moment of unity and it precedes distinction and

separation. In that moment the self and nature are said to form a whole (Kimura 1995, 62). Subsequently: “The existence of the self is for this self not self-evident at all. The self originates continuously out of, and through the real encounter with that, what he himself is not (in this case nature), in the moment of interruption of this encounter by a reflecting consciousness” (Kimura 1995, 62). The reader might feel here the echo of Husserl’s definition of the I in opposition to what it is not, the not-I (Husserl 1973a, 244).

As anticipated, the in-between plays a complex role, inasmuch as it is the origin of both the unity and the distinction of the poles. This unity or wholeness of nature and self is what he calls ‘the climate’ (Kimura 1995, 63). The self that he intends originates in the climate, just as nature originates in the climate. This means that nature can only exist in opposition to the self, and self to nature. Self and nature, or said otherwise, subject and object, are therefore equiprimordial. They are dialectically bound. In this regard, Nishida’s influence is made clear by the following quote: “How the world finds itself, is how we found ourselves. When we find our selves, the world finds itself” (Nishida Kitaro in Kimura 1995, 64).⁸⁵

Climate, as the in-between between self and nature, is taken to have a concrete function in our lives and society. Kimura explains that the differences between Japanese and Western people depend strongly on the climate. The climate (in its meteorological sense) determines Japanese people to expect irrationality and surprise, making them open to discontinuities and disruptions. Western people are supposed to be equally determined by the climate, and thus, on the contrary, expect and anticipate rationality (Kimura 1995, 80). These pre-determined characteristics of people also influence sociality. Japanese people, Kimura claimed, are much more open to deviations and mental illness.⁸⁶

In-between human and human: inter-personal Aida

The second form of *Aida* is the in-between between (two) people. Again, this *Aida* precedes the existence or constitution of the two poles (in this case the two individuals). Although the easiest way to imagine the in-between might be in conversation or direct encounter, *Aida* actually transcends this dimension: “Aida is not just a simple relation that connects different beings but it is the common place where these different beings originate. Each and every being could only constitute a self on the foundation of this Aida” (Kimura 1992, 37). It is

⁸⁵ In Chapter 2 a similar idea has been discussed concerning Merleau-Ponty (1968, 123).

⁸⁶ He based this idea on his observations that melancholic patients in Japan were far less likely to be hospitalised, in comparison to Germany. He concluded that the difference can partially be ascribed to the tolerance that Japanese people express towards forms of irrationality, such as those present in melancholia (Kimura 1995, 23). Such a very strong claim is not otherwise backed up.

exactly this feature that makes Kimura's work original in the psychopathology of the self. Kimura establishes a close connection between the interpersonal in-between and the constitution of the self.⁸⁷ However, throughout his works, this remains a difficult and sometimes mysterious definition: the self is the result of the encounter between persons. "What we call the self is exactly the act itself of the encounter with someone or something. It is this relation that engenders the self on the one side and the world on the other. The constitution of the self and of the world happen simultaneous" (Kimura 1995, 52).

The interpersonal *Aida* is concretely there in-between real people, it is experienced or lived space (Kimura 1995, 53). We sense the interpersonal *Aida* through spheres of affection and interaction. However, it concerns a more profound relation between selves as well. I only have a self, I only become a self, if the other in the encounter becomes a self too (Kimura 1995, 94). *Aida* is specifically not only the original unity before the distinction between self and other. Kimura equally thinks of it as a place where the self *resides*, namely in between and *in* the intersubjective space. Our self is not contained in our brain, in our body, or in our mind. It is out there, in our interaction. "That the real place of being of the self is found outside of the self, means, that inside becomes outside, and outside becomes inside" (Kimura 1995, 58).⁸⁸ The interpersonal *Aida* is thus clearly also relevant to Kimura's understanding of the psychopathology of schizophrenia.

In-between the self: otherness in and unity of the self

The intra-subjective *Aida* is the third form of *Aida*. Again, the same dialectical structure is displayed (Kimura 1992, 106). The intra-subjective *Aida* follows from the inter-personal *Aida* (Kimura 1992, 107). The in-between, which we experience in the world and especially in encounters with others, is the condition to experience the in-between in our selves. What does this mean? There has to be an experience of the otherness of the other, in order to experience otherness in the self. The self is ultimately taken to be continuously self-creating in a process of identity and difference (Kimura 1992, 29). A paradoxical relation with others thus emerges: they are essentially other, and yet simultaneously vital for my self. A disturbed experience of the in-between, through affection and interaction, would lead to a disturbed formation of the experience of our self. It will become clear further to what extent Kimura believes this to be relevant for schizophrenia (Kimura 1992, 124).

⁸⁷ Recall that 'constitution' can be understood transcendently, meaning that it determines the experience. The 'constitution of the self' thus means that this *Aida* determines self-experience or self-awareness.

⁸⁸ This idea is close to some of the positions in the 'extended mind'-debate and in the enactivistic approach to cognition (see for example Di Paolo 2009).

Kimura notably uses the Husserlian terms of noesis and noema to illustrate what he means by this third in-between. Noesis is the act of being conscious of an object (intentionality), while the noema is the object in the conscious act (as intentional correlate) (Husserl 1976, 200). People are able to become explicitly conscious of their own consciousness, but only for a short while. In terms of noesis and noema, this would be the noesis of a noesis. Becoming self-conscious of one's own consciousness changes the self. The consciousness of which one becomes conscious becomes objectified and other. It is my own subjectivity, but at the same time, it seems not to be mine anymore.⁸⁹

Kimura calls this kind of self-experience '*Jikaku*'. It is the moment where I try to actively experience my self or reflect on it, and immediately experience a part of my self as other. "I found myself in a place that seems my own. This secret space was the home of the back-world of my proper existence" (Kimura 1982, 187). Although the reflected self seems other and becomes objectified, we still experience it as part of our self. Only when the otherness in the reflected or objectified self is not recognised as mine, might it become frightening and threatening. This is actually one of the core disturbances in schizophrenia, as it will be made clear in what follows (Kimura 1992, 127). Kimura conceives of the self as dynamic. The self continuously tries to overcome the otherness inherent to it. "The concept of 'self' has two different but inseparably interpenetrating aspects. In the first instance it refers to that sameness or identity, the way in which, unharmed by never-ending inner and outer metamorphoses, I always remain the same I. Yet this continuous identical self is not something which is a completely given from the outset. Instead, it is something which I repeatedly have to maintain through an ever-new act of relating-to-the-self" (Kimura 1985, 193). It is thus clearly argued that we share this continuous effort to achieve a stable self with others and it is in this 'mutual combat' that one can truly understand each other (Kimura 2000, 115). The following quote summarizes Kimura's overall position on the three *Aida*'s: "The self remains constantly 'between-like' just as the 'between' always remains subjective, 'self-like'" (Kimura 1982, 183). It is now time to turn to Kimura's description of schizophrenia and see which role is covered by the 'in-between' psychopathology.

Schizophrenia

Besides his focus on intersubjectivity, Kimura is probably best known for his work on time in psychopathology (Cutting 2001). One basic distinction informs his account of time, as he

⁸⁹ Inspired by Sartre (1943, 296), it has been argued that experiencing the Other as the one who experiences me (*être-vu par autrui*), in other words being-for-others is a condition for experiencing one's own self as objectified. This, on its turn, is essential for intersubjectivity, as it decentralizes my own position.

points to the difference between objective or chronological time and subjective or lived time (Kimura 1992, 73). According to Kimura, lived time is essentially characterized by its orientation towards the future. He then distinguishes three possible time-orientations each characterizing specific disorders, namely *post-festum*, *intra-festum*, and *ante-festum* (literally ‘before’, ‘during’, and ‘after the feast’) (Kimura 1992, 68). The idea is that these three basic orientations are normally well balanced, while in psychopathological cases one of them might be dominant.⁹⁰ He furthermore claims that schizophrenia involves a domination of the *ante-festum* orientation. According to this account, the schizophrenic patient seems to anticipate the future. However, their acts, thoughts, and speech are often incomprehensible thus preventing the understanding of what exactly the patient is anticipating. It is extremely difficult for clinicians to understand patients concerns, as they do not share the same *ante-festum* orientation. The future anticipated by the patient might seem empty, and the patient’s activities may then seem meaningless. According to Kimura, the *ante-festum* orientation and the concrete manifestations thereof, such as fear and anxiety, are the consequence of the patient’s awareness of losing a stable self in an intersubjective world (Kimura 1992, 79, 144). The anticipating attitude is then an attempt to protect themselves against threatening otherness. Interestingly, this anticipating orientation can be compared to Jaspers’ ‘delusional mood’ (Fuchs 2005b). Patients may attempt to control this otherness, by giving their own meaning to the world. It is indeed often the case that common objects have rather idiosyncratic meanings for patients. Another topic relevant to Kimura’s concept of schizophrenia is that of ‘meta-noesis’ (Kimura 2000, 49). Three meanings can be ascribed to meta-noesis. First, it stands for our becoming aware of ourselves as being aware of ourselves. As previously argued, such meta-noesis is critical for being self-conscious. Thereby, it could be compared to a form of higher-level consciousness.⁹¹ The second meaning of meta-noesis is even more interesting for the purposes of this research. “Intersubjective Aida functions as a meta-noetic principle that integrates the diverse intra-subjective Aida’s of every individual” (Kimura 2000, 52). By employing the metaphor of an orchestra, Kimura explains that this kind of meta-noesis is a ‘virtual’ reality in which everyone takes place and that is constitutive for each individual’s subjectivity (Kimura 1991, 89). The intersubjective reality, the played music in case of an orchestra, functions as a meta-noesis for every individual’s noetic acts

⁹⁰ The *intra-festum* orientation is dominant in what it is now called borderline personality disorder. Patients are stuck in the now, unable to imagine the horizon of possibilities in the future, as well as to conceive the past as a meaningful source for the constitution of a stable identity (Kimura 1992, 96). *Post-festum* is instead the orientation recognized in melancholic depression, where questions of guilt arise, and patients are concerned by the impossibility of overcoming acts of the past. Thus, in the *post-festum* orientation suffering results from the idea of being too late to change anything in the situation.

⁹¹ Sartre (1943, 19) concluded that higher level consciousness does not solve the problem of self-consciousness, as we are confronted with an infinite regress.

in experiencing the world. It is worth recalling that Husserl (1973b, 199, 205) similarly described how transpersonal consciousness (*überpersönales Bewusstsein*) determines our subjective experience. This second form of meta-noesis is also explicitly related to temporality. The meta-noesis is considered to be ahead of every particular or individual act. Lived time is thus related to the '*sensus communis*', which guides the particular noetic act. "The practical and active relationship of the subject towards the world is internally directed by a meta-noetic prospective" (Kimura 2000, 72).⁹²

The third meaning of meta-noesis refers more closely to pathology, and more specifically to a disturbed form of self-awareness in schizophrenia. Kimura borrows this idea from Japanese psychiatrist, Nagai Mari, who called it "simultaneous reflection" (Kimura 1992, 117). Kimura distinguished 'subsequent reflexion' from 'simultaneous reflexion'. The former is said to often occur after an act or an event, as the subjects think about it. The latter amounts instead to thinking while thinking and thinking about this thinking. This is a form of reflexion that is probably less prevalent in non-schizophrenic persons. Contrary to the normal noetic and noematic opposition, the simultaneous reflexion is noesis of noesis. It remains unclear, however, how the pathological form of 'simultaneous reflection' is distinct from the other two kinds of meta-noesis. Nevertheless, the idea of this 'simultaneous reflexion' is compatible with the contemporary ideas on hyperreflexivity.

Based on Kimura's descriptions, it could be claimed that schizophrenic persons have more difficulties to integrate otherness as a part of their self-experience. In certain delusions, such as paranoia, patients can describe other people chasing them or planning dramatic events to hurt them, but what is different in schizophrenic delusions is that these others are not real other beings, but rather expressions of otherness *in* one's own subjective sphere. A peculiar kind of otherness comes to the foreground, an otherness that is deeply embedded in the subjective experience of the world. The crucial process thus consists of self-alienation. The self, or parts of it, are not recognised as being self anymore (Kimura 1992, 65-66). Arguably, whenever the reflecting self is alienated, people experience themselves to be at the centre of observation by others. On the contrary, if the reflected self is alienated, while the reflecting self is not, then patients might recognize an other in their own intimate sphere, leading to passivity experiences and delusions of being influenced (Kimura 1992, 119).

⁹² The exact meaning and consequences of this temporal meta-noesis remain enigmatic in his work. In Chapter 4, when discussing the term 'open subjectivity', this point will be further discussed.

A disturbance of the in-between

What is exactly, according to Kimura, the role of intersubjectivity in schizophrenia? As previously explained, Kimura claims that our selves are not in our brains, in our heads, nor are they *in* us. The self is out there, in the shared world, in the in-between. The reader may recall Husserl's hypothetical situation where a universal plague has left only one subject alive. This hypothetical example was meant to clarify that intersubjective perception does not depend on the immediate presence of others. Kimura makes indeed reference to the same situation, but, this time, the subject is a schizophrenic person. He then wonders whether this person could be considered schizophrenic. His conclusion is that "in fact, with no interpersonal relations in play, there would not even be schizophrenics" (Kimura 1992, 36). First of all, the symptoms of schizophrenia, such as schizophrenic autism, would not exist, because there are no others to escape or withdraw from. Secondly, the delusional or hallucinatory reality would not exist as separate or different. The person would not live "next to reality", as Bleuler (1955, 338) wrote, since there would be no shared reality to begin with. Third, and most importantly in order to understand Kimura's concept of schizophrenia, provided that schizophrenia is a self-disorder, the solitary person left alone in the world would not be schizophrenic (Kimura 1969, 33). In order to suffer from a self-disorder, one has to have a self, and in order to have or become a self, we need an opposition, an otherness met in encounter. If there are no others in this world, there is no self and thus no self-disorder. Once more, the same question arises, which ensues from Husserl's description of the I in opposition to the not-I, namely: does the self only emerge out of the interpersonal relation with others, or can one persuasively claim that 'objective' otherness suffices? Kimura answers that only the otherness of another person I encounter is real otherness and only this kind of otherness could offer me 'mineness' and 'ownness'.

Within such a framework, schizophrenia is then clearly a disorder of intersubjectivity, not just inasmuch as it disturbs normality and the relation with others, but also because what is altered is the intersubjective dimension of experience and life in general. Kimura understands intersubjectivity to be at stake in the very roots of selfhood: "The schizophrenic process takes place exactly at the roots or principle of individualization, where the self constitutes itself" (Kimura 1992, 66). Kimura insists that intersubjectivity should be understood as a profound element of the self: "Schizophrenia does not involve an illness in a single patient but much more a happening of the 'between' as such, a happening which ontologically always proceeds every factual being-a-self" (Kimura 1985, 195). This is the core of Kimura's ideas. One last element to be discussed is that of *ambiance*. Previously introduced as a key feature of Minkowski's ideas, similar suggestions can be found in Kimura's work. Already in one of his earliest publications,

Kimura introduces the word ‘*Ki-Chigai*’, which is often used in Japanese to describe schizophrenic patients. ‘*Chigai*’ means ‘what is deviating’ or ‘what is different’ (Kimura 1969, 28). Schizophrenic patients are thus called deviant from ‘*Ki*’. ‘*Ki*’ is the common atmosphere.⁹³ The schizophrenic does not participate in *Ki*. However, *Ki* is present in our experiences. We perceive intersubjectively, as also emphasized by Husserl’s concept of transcendental intersubjectivity. *Ki* is transcendental intersubjectivity, nevertheless it is defined as a sphere, something actually present, namely the in-between that surrounds us (Kimura 1975, 437). Kimura thus relates transcendental intersubjectivity to its interpersonal origin.

To conclude, Kimura is the first to claim that schizophrenia is a disturbance of the in-between. To be clear, an affection of the self is not thereby excluded. However, the self here envisaged normally emerges from interpersonal encounters only. The otherness of the other is integrated in the self, leading to constitutive splitting through reflection and self-objectification. However, when this process is somehow disturbed, this leads to self-alienation, which, on its turn, might manifest in delusions or hallucinations.⁹⁴ The otherness in the self only becomes a threat when it is not recognised as a part of the self. The pathological meta-noesis is then best compared to simultaneous or hyper-reflection. Lastly, he argues that schizophrenic people experience a different temporality, namely a dominant future anticipation, thereby decoupling from the shared ambiance or *Ki*.

3.1.6 Blankenburg

Structural psychopathology

Wolfgang Blankenburg (1928-2002) was a German psychiatrist best known for his work on schizophrenia, especially for his book *Der Verlust der natürlichen Selbstverständlichkeit* (1971). Blankenburg presents in this book the case study of a symptom-poor schizophrenic patient, Anne R. Furthermore, he more generally includes useful remarks on the application of the phenomenological methodology in psychopathology. It is then useful to briefly discuss his methodological principles, before accounting for his ideas on schizophrenia.

Blankenburg’s methodology is both self-critical and open. He believes clinicians should engage with patients in a pre-scientific manner, before all classification and categorisation based on diagnostic charts (Blankenburg 1971, 23; 1991a). Blankenburg’s phenomenological method

⁹³ In his later work Kimura replaces ‘*Ki*’ with ‘*Aida*’.

⁹⁴ Kimura claimed that the modern concept of schizophrenia, as characterized by hallucinations and delusions, is a misconception based on a Western bias. Since Descartes, Western society, at least as Kimura sees it, still thinks of humans as ‘*res cogitans*’, as thinking things (Kimura 1975, 434-435). This is the reason why phenomena of psychosis are so important to us. Indeed, psychosis is often defined as an extreme form of irrationality. Schizophrenia could be understood differently without this cultural bias, he claimed.

is inspired by both Husserl's and Jaspers' phenomenology (Blankenburg 1971, 13; Micali 2014). Nevertheless, he aspires to go beyond the limits set out for phenomenology by Jaspers. Furthermore, he tends to question all those disease entities that Jaspers seems to simply accept, without any 'epoché' (Blankenburg 1971, 15).⁹⁵ Blankenburg's phenomenology is then something more than descriptive psychopathology. He attempts to search for the essential (the 'eidetic' in Husserl's terms) alterations of an illness. Finally, he conceives of these alterations as disequilibria in a dialectical process (Blankenburg 1971, 59).⁹⁶ According to his perspective, potential disequilibria concern how the self, the world, and others are related to each other; All in all, Blankenburg's 'structural' (Blankenburg 1971, 21) approach integrates a transcendental inquiry into the empirical or natural contact with the patient. Anne's case, for example, starts out with a biographical and social description, then combined with the transcendental study into the constitution of the world of the patient.⁹⁷

Anne R. 's symptom-poor schizophrenia

As a patient Anne R. is highly reflective on her own experiences, and surprisingly conscious of the abnormality of her own behaviour (Blankenburg 1971, 63). Anne describes how she is often suffering from what is generally known as hyperreflexivity. Certain thoughts continuously accompany her. These thoughts are partly involuntary, and she describes them as *Denkenmüssen* (having to think) (Blankenburg 1971, 36). She experiences these thoughts as attempts to compensate for something she seems to be lacking, something she fails at. Her mother reports her often saying she doesn't succeed at what is essentially human. What it is that she is lacking, she calls 'self-evidence', meaning the self-evidence of how people are, act, and interact (Blankenburg 1971, 38). According to Blankenburg, the increased reflexivity and heightened awareness of her own incapacities is secondary to some more basic disturbance (Blankenburg 1971, 54).

Anne R. calls her problem a loss of natural self-evidence (*Verlust der natürliche Selbstverständlichkeit*) (Blankenburg 1971, 39). This is taken to entail a distinctive incomprehensibility of others. This difficulty in understanding is manifested in different dimensions, for example in language. She has indeed difficulties in using common expressions

⁹⁵ In his article entitled 'What is experiencing?' Blankenburg (1975) explains the incorrect assumptions about 'mere experiencing' in descriptive pathology as inspired by Jaspers. Blankenburg's simultaneous appraisal and commentary on some of the key issues in Jaspers' work (Blankenburg 1984) shows their mutual differences.

⁹⁶ The introduction of dialectics and the disturbance thereof helped Blankenburg to avoid many normative assumptions. This is a different use of dialectics compared for example to Kimura's theory of schizophrenia.

⁹⁷ This is not unproblematic. A transcendental investigation concerns generalities of consciousness, while empirical psychopathology concerns the real, singular patient in the encounter (Blankenburg 1971, 18).

and symbols. Blankenburg describes this as follows: “Often one had the impression that it was not the patient, but the (schizophrenic) alteration itself, which tried to express itself in stuttering words” (Blankenburg 1971, 42). He also remarks that she comes close to the boundaries of common language. However, he believes that her linguistic difficulties actually express some more profound pre-predicative alteration (Blankenburg 1971, 49).

The natural self-evidence is something “so little, so strange, something important, without which no one can live”, Anne says (Blankenburg 1971, 42). Another of Blankenburg’s schizophrenic patients pointed to the same problem in language, namely the ineffability of the experiences: “There is no language for it, because normal people do not perceive these psychic states, they live in them” (patient Hans J.K. in Blankenburg 1971, 125). Anne attempts to describe the alteration differently, and outlines some connection to her incapacity to fit into certain rules: “Every human should know how to behave, has a direction, a mind-set. His acts, his humanity, his sociality, and all these rules of the game, which he executes: until now I have not been able to recognise them clearly. I lack the foundation” (Anne R. in Blankenburg 1971, 42).

Failing to understand the rules tacitly, Anne is unable to connect to others and experiences social exclusion. But what was it that she feels she is lacking? Even though she tries to copy others in order to follow the complex rules of social interaction, she can not connect to them (Blankenburg 1971, 49). She becomes more and more self-conscious, which does not help in making interaction fluent and natural (Blankenburg 1971, 114). What she lacks is then not knowledge, but some basic certainty: “Even then, when the healthy person doubts radically, the self-evident everydayness of Being remains the ground and foundation: every question and doubt remains within a larger realm of self-evidence” (Blankenburg 1971, 75).

Natural self-evidence is what makes every action and interaction possible, but it also grounds doubt and uncertainty. It is the one foundation that we do not doubt, as it usually precedes our reflections. In fact, natural “self-evidence reigns even before the principle of rationality appears” (Blankenburg 1971, 77). This pre-reflective, pre-predicative self-evidence is connected to others. As it has been argued in Chapter 2, we integrate a set of rules into our own subjective experiencing, judging, and acting, which makes it shared. According to Blankenburg, schizophrenia affects exactly the relation between intersubjectivity and pre-reflective, pre-predicative subjectivity.

The structural approach elucidates four dimensions or domains that are relevant to the schizophrenic alteration. The first is the relation of the person to the world. The second involves a change in temporality and time-experience. Third, Blankenburg examines the I-, Ego-, or self-

constitution, and how this relates to natural self-evidence. Lastly, and most importantly for this study, he investigates particular changes to transcendental intersubjectivity (Blankenburg 1971, 77, 78). The current investigation is mostly interested in the last two.

Self and self-evidence

One could argue that the self (*Selbst*) that appears in Anne's notion of self-evidence (*Selbstverständlichkeit*) has little or nothing to do with the subject's 'self', or with concepts such as self-awareness, sense of self, or 'ipseity'. The word 'self' could well mean here something entirely different. However, Blankenburg argues that, in fact, they are strongly related. One may then wonder what exactly is the self (as in subjectivity) according to Blankenburg? Remarkably he uses the terms 'I', 'Ego', and 'self' interchangeably. The disturbance that he investigates in Anne's case is not a psychotic disorder, but it is a pre-psychotic (*subapophäner, vorparanoider*) alteration of the self (Blankenburg 1971, 94, note 85).

What is then the relation between the self and self-evidence? Blankenburg explicitly claims that: "Natural self-evidence and Self-being are dialectically related. Self-evidence (*Von-selbstsein*) and Self-being are complementary" (Blankenburg 1971, 98). One could argue that self-evidence follows from the self-being (*Selbst-stand*). A loss of natural self-evidence would then ensue from a weakening of the self. However, one can also argue the other way around: the weakening of the I follows from a lack of pre-given self-evidence. In Blankenburg's own words: "The dialectical moment of it is that, without an interruption of natural self-evidence, there would be no space for self-being of an I. On the other hand, were this interruption too large, self-being would have no foundation to develop from" (Blankenburg 1971, 98). Self-manifestation, in this view, is not only a question of stabilization and 'fitting in', but also of differentiation. In this latter respect, this view can be compared to Minkowski's idea of the '*élan vital*' (Minkowski 1995, 34-35), which forces us to break out of the 'ambiance' to become someone.

Although it is not entirely clear how self-evidence and self-being relate one another, it has been established that they are in a dialectical, rather than in a foundational relation. It has been established as well that self-evidence is some kind of pre-reflective, pre-predicative basic trust (Blankenburg 1971, 97). This basic trust is something different from trust in oneself, to have abilities or talents to undertake certain actions. Anne describes, for example, her difficulties to engage in everyday interaction with others. This, however, is not specific to her illness and it is not this kind of uncertainty that Blankenburg refers to (Fuchs 2014b). There is something more profoundly uncertain about her, which does not primarily involve self-confidence (Blankenburg 1971, 99-100). Other patients find other forms of self-evidence to compensate the lack of basic

trust. Hans S., for example, would sit at a table in a restaurant with special gloves, for which he has no explanation, as he reacts to questions with a self-evident “just like that” (*einfach so*) (Blankenburg 1971, 123). One may still wonder, however, what makes this special kind of self-evidence inadequate? Or more specifically, what is it about the constituting of the world for the subject, that is going wrong for Anne, and that leads to a lack of basic trust and to inadequate attempts to compensate for it?

Intersubjectivity

Blankenburg is sure that intersubjectivity plays a role on both an empirical (or natural) and a transcendental level of our lives.⁹⁸ The empirical or natural level is what we encounter in the *Lebenswelt* or the life-world. It is here that all deviation from Erwin Straus’ “axioms of the everyday world” is experienced (Straus 1956, 391; Blankenburg 1971, 21; Summa 2014b). These axioms of the everyday world are important for both self-evidence and self-being.⁹⁹ Minkowski already indicated the role of rules in our lives and in how we recognize others to fit in, or not. The rules Anne talks about are not guidelines that can be explicitly taught or learned. Instead, they require a certain ‘know-how’ (Blankenburg 2001). For another patient the same problem occurs, as he does not know “how to get into the meaningful generalities of the others” (patient Helmut W. in Blankenburg 1971, 80). The rules are arguably not random, ad-hoc constituted structures, but they are meaningful and have grown historically. They are furthermore ‘in-the-world’, they are not transcendental themselves. Most patients are, however, not aware that they lack this know-how, or lack the tacit understanding of the rules (Blankenburg 1971, 80).

The previous discussion of Husserl’s intersubjective perception in Chapter 2 elucidated the function of the transcendental categories or constitutions (*Entwürfe*). However, the reader may still ask: how and when is a particular constitution, category, or a set of rules appropriate? In Blankenburg’s words: “Which category can I use, and which not? All similar questions seldom appear in the mind of healthy individuals – at least not as practical questions that determine how everyday life should be lived” (Blankenburg 1971, 82). Usually, we do not ask ourselves these questions, and only in particular cases we are confronted with them and their meaning.

⁹⁸ This is Blankenburg’s distinction. He used the term ‘empirical’ here to refer to the domain of the natural attitude and to everyday life interactions.

⁹⁹ Blankenburg refers to Descartes, who, in his attempt to ground scientific certainty on the method of doubt, was well aware of the risk of losing every certainty. Therefore, he had to remain rooted into everyday life. He had to find the ‘*bon sens*’ (Descartes 1902, 1).

Sometimes children, unaware of tacit rules, ask for an explanation of these rules. Another extraordinary example is Anne's case, whose suffering makes the existence of these rules explicit.

On the whole, self-evidence and the background beliefs we hold do not seem subjective to us. We experience them as already there, as stable and unquestionable (Blankenburg 1971, 82). Fashion offers a good example: it would be difficult to rationalize why a particular piece of clothing is suitable on a particular occasion. We somehow sense this: "The different motivational qualities, which a clothing fabric might have, always already carry a complex intersubjective process of judgements with it, which are not transparent to us. And the factors that influence our judgement are not separable into singular factors (conventions, fashion, artistic qualities, personal memories, etc.)" (Blankenburg 1971, 82). One specific feeling helps us in such cases, namely '*Feingefühl*' or '*Weltgefühl*'. This feeling can be best translated into 'common sense' (Blankenburg 2001).¹⁰⁰ In close correspondence to Kimura's ideas, another patient often repeats that he lacks a particular in-between (*Zwischen*) that connects healthy individuals to their world (*Umwelt*), an in-between that simultaneously connects us, and guaranties distinction and distance (Blankenburg 1971, 86). This feeling of lacking an in-between is something Anne also describes when she says that she fails to experience an affective connection towards others and the world (Blankenburg 1971, 87).

On an empirical level, these difficulties relate to social isolation. On the transcendental level, instead, Blankenburg recognises two basic reactions to the schizophrenic alterations. In the first case, as it is the case with Anne, patients may try to compensate hyperreflectively what they lack in implicit know-how. Accordingly, Anne describes herself echoing the acts and styles of others (Blankenburg 1971, 49). A second possibility is that patients withdraw into isolation, or present meaningless negativism, stupor, or mutism (Blankenburg 1971, 115). Due to the disturbance of intersubjectivity, one does not only struggle to cope with implicit rules, but also with the direct encounters with others. Anne describes, for instance, an encounter, where she was "lifted out of the saddle", and experienced how she had no real access to others (Blankenburg 1971, 107).

The core of the schizophrenic alteration, Blankenburg claims, is found in the intersubjective constitution of this pre-reflective, pre-predicative life-world. Here, a more specific definition of the rules Anne points to is provided. Namely, these rules are taken to be

¹⁰⁰ In the introduction I have summarized Stanghellini's interpretation of common sense (2001, 205). He clarifies that 'common sense' has a double meaning. Firstly, it refers to a "*stock of knowledge-at-hand* useful at the level of everyday life". It thus involves a "network of beliefs" that is shared with other members of the community, and it consists of the rules that determine how we act in a given situation. Secondly, it is represented as a "sense" useful for attuning with what is "common". The second meaning thus involves a psychic capacity aimed at understanding current social situations.

common sense categories that only function inasmuch as individual subjectivity is rooted in the intersubjective life world (Blankenburg 1971, 113). In the second section of this chapter, it will become clearer how transcendental intersubjectivity becomes disturbed, and how schizophrenic delusions are clear examples thereof.

In Chapter 2 the intersubjective component of experience has been given philosophical proof. According to Blankenburg, the basic trust we have in our experiences is not related to a particular quality an experience might have, nor does it involve a particular content. Basic trust follows, instead, from the forms of experience we have in a situation. The adequacy of these forms expresses a pre-intentional relation to the world. “This relation to the world is not the consequence of thought content, but of forms of thought, of ways of thinking. This means that they are categorical capacities that allow our concrete thinking, feeling, and wanting to let the encountered be transcendently constituted” (Blankenburg 1971, 116). The organisation of the relation between world and self is precisely the task of these categories. The categories themselves find their origin in the world. They are mundane in the sense that the life-world influences these categories. The life-world is the constituted world in between people. Transcendental intersubjectivity thus refers to the intertwining of two elements: the first is the transcendental constitution of the world for a subject; the second is the mundane intersubjective ground where the categories, the forms of thinking and sensing originate and become regulated.

Blankenburg’s phenomenology brings out the transcendental inquiry. The relation between self and world, between self and other, between I and We is said to be eminently dialectical (Blankenburg 1971, 117). The reader has already encountered this dialectical appreciation in Kimura, although this latter mainly understands the dialectical appearance of self and other in interaction and encounters. Here, the dialectical process is described in relation to the transcendental constitution and experiencing of the world. The form is here triadic, rather than dyadic. “We have seen how self-evidence and Self-being are not only related to each other, but both to the interpersonal reality. The other is not just a special case of appearances in the world; the relation to the other rather shows itself – when this is intersubjectivity-constituting and thus world-constituting – as a constituting moment, that influences the inner world and the natural self-evidence of human Being” (Blankenburg 1971, 121).

Intersubjectivity and delusions

Although Blankenburg considers psychotic symptoms as non-essential sedimentations of a prior alteration (Blankenburg 1971, 100), he discusses schizophrenic delusions in more detail in an edited book on delusions and perspectivity (Blankenburg 1991b). Delusions are taken to be by

definition predicative, that is, expressions and judgements about something. Blankenburg is, however, more interested in what precedes them (Blankenburg 1991b, 5). According to him, the same lack of basic trust, the same groundlessness (*Bodenlosigkeit*) is hidden behind the absolute certainty of the delusion (Blankenburg 1971, 7). He suggests that the development of hallucinations and delusions is preceded by a phase that functions as a surrogate for interpersonal relations. The more this surrogate becomes objectified, the closer we come to hallucinatory experiences and delusions. In other words, if there is a disturbance in intersubjectivity, then this might be compensated unconsciously by phenomena that relate to others: hearing a voice, seeing a figure, assuming the presence of others where none are present. The symptom-poor form of schizophrenia would then precede the objectified phenomena as delusions (Blankenburg 1971, 49).¹⁰¹

In the edited volume on delusion and perspectivity, Blankenburg discusses the view that delusions express a lack of multi-perspectivity (Blankenburg 1991b, 1; Breyer 2014). Perspectivity, he explains, has two sides. It firstly implies experiencing ‘more reality’, inasmuch as one has more perspectives. Interestingly, in the history of art, the introduction of perspective in painting meant a tremendous leap towards realistic painting. The second side of perspectivity refers to its relativity: every perspective somehow denies the former, and every perspective points out its relativity (Breyer 2014, 180). Arguably, it is not the flexibility of perspectives per se to be disturbed in delusions. Rather, it is its intersubjective attunement. However, intersubjectivity alone is not enough for a normal experience of reality, as it can be inferred from the following statement: “A these of many old epistemological theories, which made the approach of delusions more difficult, was that the ‘world’ is just a ‘presentation’ that humans have, and nothing more. If that were the case, than the only criterion for delusions would be a lack of intersubjective confirmation. A criterion, which is important, but which does not suffice on its own” (Blankenburg 1991b, 10). Blankenburg argues that an unlimited increase of perspectives does not lead to more reality. The inconsistency of different perspectives might give more reality than an ever-increasing amount of perspectives. Remarkably, he concludes that the irreality of my experiences, the fact that one experience might deny an earlier one, makes my experience of an object more real (Blankenburg 1991b, 26). Intersubjectivity is thus not the only factor at play in the experience of reality and in its deviations. As Blankenburg suggested, a concise study of reality experiences is required to show what factors are there at stake (Blankenburg 1991b, 10). In the next part of this chapter, I will discuss this question in more

¹⁰¹ In section 3.2.1 it will be made clear why this suggestion on ‘surrogate others’ is problematic.

detail with regard to delusions and other phenomena of hypo- or hyperreality in psychopathology.

Blankenburg's ideas on schizophrenia and their relation to intersubjectivity can be finally summed up as follows: Firstly, precisely the pre-reflective, pre-predicative self-evidence, which Anne R. has lost, is taken to be the essence of schizophrenia. Subjective self-evidence is furthermore related to shared self-evidence or 'common sense' through transcendental intersubjectivity. This perspective emphasizes the influence of intersubjectivity on how we experience the world and how we categorize our perceptions and meanings. As a result, also our individual 'basic trust' relies on intersubjectivity. Secondly, schizophrenic patients have difficulties interacting along the "axioms of every day life" (Straus 1956). Rules and know-how seem to fail to be integrated. Hyperreflexivity is then understood precisely as an attempt to compensate for these difficulties. However, it is a vain attempt, as these common sense rules are less a matter of knowledge than of know-how and of attuning to the others. Hyperreflexivity is moreover not the only compensatory attempt. Patients may also withdraw into isolation or become mutistic. Lastly, intersubjectivity is taken to play an important role in delusions. Delusions could be then understood as surrogates for an already difficult relation to others. The lack of others and affective attunement would then be compensated by unreal others. This idea is however problematic and requires further investigation. Finally, a disturbance of intersubjectivity is taken to lead to the incapacity to integrate the intersubjective perspective on the world with one's own subjective perspective, making it difficult to understand unwritten rules or to have adequate social contact.

3.1.7 The contemporary neuropsychological approach to schizophrenia

The last theory I wish to discuss in this chapter is that of Chris Frith and other researchers who claim that the essence of schizophrenia involves a disturbance of a 'theory of mind' (ToM). I will summarize and discuss this theory with particular attention to its intersubjective elements. It will be made clear to what extent this approach differs from the others, and to what extent it can offer a different insight into the intersubjective disturbances of schizophrenia. Contrary to the previously discussed psychopathologists, Frith develops a theory of schizophrenia based on cognitive psychology. Cognitive psychology, or information processing psychology, considers the mind to function as a computer (Frith 1992, 9). As it has been explained in the introduction, the uncertainty associated with the diagnostic classification (DSM) has encouraged the rise of different theories. Within this varied context, Frith's hope is that his theory could offer a rational classification scheme for signs and symptoms, which could then be used for experimental testing

(Frith 1992, 67). The underlying assumption to his theory is that cognitive deficits are the manifestation of some disorder in the brain (Frith 1992, 13, 33).¹⁰²

In order to understand Frith's theory, we need to clearly distinguish between symptoms and signs. Symptoms are the experiences of the patient as they are expressed by the patient. Signs are instead objective, in the sense that they can be objectified or perceived by someone else other than the patient. They might even be measurable changes in behaviour, recorded by the clinician (Frith 1992, 12). From a methodological point of view, Frith stays close to a symptoms- and signs-based attitude towards schizophrenia, rather than embracing a theory of schizophrenia in general. "Since I am trying to explain signs and symptoms rather than "schizophrenia", my enterprise will not be hopelessly compromised if the definition of schizophrenia is revised" (Frith 1992, 9), he claims.¹⁰³

As previously emphasized, some phenomenologists have claimed that negative signs are more essential to the disorder than positive symptoms (Minkowski 1966; Blankenburg 1971). There are different reasons for this. One of them concerns the specificity of positive symptoms, which is taken to be not particularly high, due to other disorders also reporting for instance hallucinations or delusions. However, according to Frith, and not unimportantly for our perspectival shift towards intersubjectivity, positive symptoms play indeed a vital role in the pathogenesis of schizophrenia. In fact, Frith even calls positive symptoms "core features" (Frith 1992, 34). As the reader might remember, both Bleuler and Minkowski claim the opposite, calling positive symptoms 'accessory' (Bleuler 1955; Minkowski 1966).

Theory of Mind in schizophrenia

The theory of mind (ToM) is one of the most famous notions in psychology and philosophy today. Originally, it was used by primatologists and psychologists, Premack and Woodruff (1978), who studied chimpanzees and discussed whether they had a theory of mind. They claimed that, in order to interact with others, one needs to assume that the other has a mind. This capacity is believed to have emerged in hominid evolution as an adaptive response to an

¹⁰² The reorientation towards the brain is related to the chance discovery of antipsychotic drugs and their association with dopamine, and to the evolution in brain imaging based on quantitative methods (Frith 1992, 16). The contemporary view on this was discussed in the introduction, where a possible approach to schizophrenia was described in reference to Kapur and Van Os (Kapur 2003; 2004; Van Os and Kapur 2009). Famous examples of these quantitative results of brain research are the enlarged lateral ventricles (DeLisi et al. 2006).

¹⁰³ Focussing on symptoms and signs does not mean neglecting the first person view, however. Hallucinations are not explained primarily as the consequence of a brain deficit, but rather as a "a subjective phenomenon lying within the realm of the mind" (Frith 1992, 27). This sounds like a phenomenological attitude towards the symptoms of schizophrenia. It is only after analysing the experience of the patient (symptoms), and the perceivable alterations of behaviour (signs) that one could possibly theorize about aetiology.

increasingly complex social environment (Brothers 1990). Several similar concepts describe the same capacity: ‘mental state attribution’, ‘taking the intentional stance’, ‘mentalizing’, and ‘reflexive awareness’ (Brüne 2005). These similar cognitive approaches share the idea that, in order to understand others and to act and interact in the world, we need to have representations of the world of objects, and of others. These representations are not enough, however. We also need a representation of our representations, i.e. ‘meta-representations’. Meta-representations allow us to think, reflect, and theorize about our representations. Frith argues that in schizophrenia the representation becomes dysfunctional, leading to deficits in the three main areas of sense, that of willed actions, that of self-monitoring, and that of monitoring others and their intentions.¹⁰⁴ Concerning willed actions, according to Frith, we have two major sources of action: “Some actions are carried out directly in response to environmental stimuli. Others are seemingly spontaneous and self-initiated” (Frith 1992, 43). It is the latter kind of actions that show to be dysfunctional in schizophrenia. Parkinson patients, on the contrary, feel prevented from acting by a difficulty related to the motor output, rather than to the initiation of action. Parkinson patients do intend to perform an action, but they are incapable to do so. The schizophrenic patient, on the other hand, could easily be guided or ordered to perform an act, but self-initiated actions seem to be difficult: “The patient with chronic schizophrenia probably has no action in mind to perform” (Frith 1992, 55). The patient might have a plan or a goal, but he is unable to turn it into the appropriate action. This, Frith claims, leads to the typical signs of poverty of action, perseveration, and inadequate actions (Frith 1992, 101).

The second component of the dysfunction in meta-representation involves self-monitoring, as it can be reported in hallucinations. Frith claims that auditory hallucinations are actually correlated to inner speech: “The problem is not that inner speech is occurring, but that patients must be failing to recognise that this activity is self-initiated. The patients misattribute self-generated actions to an external agent” (Frith 1992, 73). The same thing goes for passivity experiences as thought insertions and delusions of control. The same mechanism can be described in delusions: when a patient says that thoughts that are not his own are coming into his head, this implies, similarly to hallucinations, that the patient is not able to recognise his own thoughts as his own. “It is as if each thought has a label on it saying “mine” (Frith 1992, 80), which seems to be absent in the case of thought insertions. Frith believes we have a central

¹⁰⁴The theory of mind is supposed to develop through early life, and especially through the interactions with others. Developmental research has shown that young children whose parents often use expressions which refer to mental states when talking to them, pass ToM-tests earlier on in life. But also the presence of older siblings, who are already capable of more sophisticated ToM, is reported to strengthen young children’s understanding of other minds (Brüne 2005).

monitoring system, like a computer. This system breaks down in schizophrenia. “I am essentially describing two steps in a central monitoring system. First, the relationship between actions and external events are monitored in order to distinguish between events caused by our own actions and by external agencies. This enables us to know about the causes of events. Second, intentions are monitored in order to distinguish between actions caused by our own goals and plans (willed actions) and actions that are in response to external events (stimulus-driven actions). Such monitoring is essential if we are to have some awareness of the course of our actions” (Frith 1992, 81). Without this monitoring, there cannot be an awareness of the intended actions, possibly leading to abnormal experiences. Essential to Frith’s explanation of the positive symptoms is the breakdown of the ability to become self-aware of our own intentions.

Schizophrenic delusions are not only a disorder of self-monitoring, but also of reasoning and logic. In addition, the disorder can be said to be very specific: “reasoning fails only in relation to the understanding of human interaction” (Frith 1992, 79). On the whole, Frith agrees with Bentall et al. (1991) that the delusions of most psychotic patients seem to concern the patient’s place in the social universe. The best known delusions are paranoid delusions, and delusions of reference, and these clearly involve others primarily (Frith 1992, 80). Delusional patients show indeed a disturbance of ToM, however they are still able to mentalize, inasmuch as they still attribute mental states to others, even if they are faulty (Brüne 2005, 23).¹⁰⁵ Furthermore, empirical research shows that social reasoning is actually abnormal in deluded patients. An important conclusion can then already be drawn from the cognitive account concerning schizophrenic delusions as directly affecting the intersubjective domain. In Frith’s own terms, what is dysfunctional in the social reasoning of many schizophrenic patients, “is that they are trying to apply logic in circumstances where normal people would not” (Frith 1992, 80).¹⁰⁶

Communication

Not only delusions bear testimony to the dysfunction of social reasoning. The same can be said concerning certain actions, such as stereotypes and perseverations. In this respect, Frith quotes John Ferrier, who in 1795 wrote: “When lunatics attempt to write, there is a perpetual recurrence of one or two favourite ideas, intermixed with phrases which convey scarcely any meaning either separately, or in connection with the other parts. It would be a hard task for a

¹⁰⁵ It has even been argued that some delusional patients, especially paranoid schizophrenic patients, have too much, or “hyper-ToM” (Abu-Akel 1999; Brüne 2005).

¹⁰⁶ Minkowski’s ‘morbid rationalism’ (Minkowski 1995, 260) and Blankenburg’s ‘loss of natural self-evidence’ (Blankenburg 1971) describe something similar.

man of common understanding, to put such rhapsodies into any intelligible form, yet patients will run their ideas in the very same track for many weeks together” (Ferrier quoted in Frith 1992, 48). This quote includes a few distinctive aspects of schizophrenia: firstly, written and verbal perseverations; secondly, difficulties to communicate with others, mainly due to incoherence; thirdly, he concludes that a man of common understanding (or of ‘common sense’) has a hard time to understand the patient, pointing to the incomprehensibility also described by Jaspers.

It should be noted, however, that, according to Frith, the incomprehensibility is part of the larger difficulty involving the social sphere (Frith 1992, 65). Based on empirical studies, Brüne argues that schizophrenic patients often show ‘social naivety’ (Brüne 2005, 36). The patients have problems applying strategic social rules and tactics, and an impaired ToM would be to blame. Strategic social reasoning was also tested in order to proof the dysfunction of second-order mental states. This showed that schizophrenic patients have great difficulties to infer what others are thinking in particular situations, how they will react, and what they think about the patient and his or her intentions. This strategic thinking in social situations is referred to as ‘Machiavellianism’. Yet, is this really the way we interact with others in normal social situations? I believe that only in situations of need, as it will be argued further on, such strategic reasoning are useful and required.

Several empirical studies on the ability of schizophrenic patients to perceive faces and emotional expressions have led to the conclusion that these patients struggle greatly with recognizing expressions and could even perceive faces in an abnormal way (Gessler et al. 1989; Kohler et al. 2010). This is a crucial claim. It could indeed suggest that perception itself is disturbed, rather than a cognitive mechanism, as Frith intends. In addition, it could well explain the problem of social interaction: a failure to recognize facial expressions necessarily complicates the already existing difficulty to monitor other people’s intentions. Causality could also develop the other way around though: a primary difficulty to infer the other’s intentions and experiences might lead to not recognizing a particular facial expression as an expression of such an intention or experience. This is how Frith actually understands the relation, and social withdrawal is taken to result from this difficulty. The main point, nevertheless, is that the disturbed ability to make inferences about others’ perspectives might well be the key aspect making the recognition of expressions so difficult (Frith 1992, 52).

The last accounted social element in schizophrenia concerns language. Many studies have shown how schizophrenic patients are impaired in their capacity to understand or ‘decode’ and use language in a pragmatic manner (DeLisi 2001; Brüne 2005, 35; Stephane et al. 2007).

Language involves indeed a set of conversational rules to transfer meaning in a useful way. In order to do this successfully, one should be able, to some extent, to infer the mental states of the conversation partner. I have to infer, for instance, what the other knows already, what he or she understands, and what the other thinks of what I am telling. Schizophrenic patients may have difficulties understanding metaphorical speech, as they usually interpret these metaphors literally; on the whole, they seem to be more impaired with the pragmatic aspect of language rather than with the syntax or semantics; they also seem to be less able to use context in order to understand ambiguous verbal material; they finally seem to disregard any shared knowledge between themselves and the interlocutors (Corcoran and Frith 1996; Brüne 2005; Wible 2012). Further studies show that the problem of schizophrenic language is not a matter of language competence, of knowing words and understanding them. It is rather in the interaction with others that the language of the schizophrenic gets problematic (Wible 2012; Niznikiewicz et al. 2013).

One may wonder, then, whether linguistic abnormalities are just the expression of formal thought disorders. Frith argues that they are not. According to him, schizophrenic patients' communication to others of their thoughts is chaotic and incoherent in itself (Frith 1992, 98). This is apparent in non-verbal communication as well. It is here that Frith's theory of inference and monitoring of others is most fruitful. As he claims: "The major requirement for successful communication is to take account of the knowledge, beliefs, and intentions of the person to whom we are speaking. This is necessary even for quite simple aspects of discourse" (Frith 1992, 99).¹⁰⁷ Furthermore, schizophrenic patients' communication is said to be asymmetrical: patients understand normal speech and conversations, but are unable to make themselves understood by others (Frith 1992, 100).

Some patients generate new words or 'neologisms' (Covington et al. 2005). Sometimes these words describe a commonplace idea, and the neologism functions as an idiosyncratic signifier for a well known signified. Sometimes the neologisms can instead describe something entirely new. One could understand these as attempts to express those experiences of theirs, for which normal language has no words (Frith 1992, 103, 105). Often the patient shows to be aware of the difficulties within their conversation, but still he or she seems not to change their communication. The reason for this, according to Frith, is that patients can only monitor their

¹⁰⁷ A schizophrenic patient can, for example, talk about a subject ("they") without actually introducing the subject to the conversational partner: "You can see they're like, they're almost like a pattern with a flower. They start from the middle" (a patient quoted in Frith 1992, 99). However, the opposite can happen as well: "I see a woman in the middle of a snow bank, I see a woman in a telephone booth in the middle of a snow bank going yackety yack yack yack" (a patient quoted in Frith 1992, 100). The second patient does not refer to the already introduced subject (the woman in the middle of a snow bank) with the adequate pronoun, but repeats the original description. Both patients fail to understand what the interlocutor already knows.

responses in conversation after they have ‘emitted’ them. They indeed recognise that what they have just said is inadequate, but they are not able to ‘edit out’ the bad responses before uttering them. This would thus show a deficit in monitoring their own intentions (Frith 1992, 105). Further elements of disturbance are recorded in the awareness of others. Patients fail notably “to take account of the knowledge of the listener when constructing their utterances” (Frith 1992, 106). Rutter (1985) for example, concluded that the main obstacle to proper communication is the patients’ difficulty in taking the role of the other. The inability to share conventional social norms is another element responsible for the intersubjective deficits in schizophrenia and particularly in communication. Frith (1992, 107) describes this as follows: “Their discourse is guided, at least in part, by knowledge that is not shared with the listener”.¹⁰⁸ In conclusion, the several difficulties with communication and language are understood by cognitive neuropsychology as a fundamental issue concerning the ability to make inferences about the knowledge and intentions of the listeners.

Willed action, self-monitoring, other-monitoring

As previously outlined, Frith relates the positive symptoms and the negative signs of schizophrenia to three fundamental issues: deficits in willed action, in self-monitoring, and in the monitoring of others and their intentions. The disturbances of willed action are displayed as poverty of action in movement, speech, and affect. Extreme cases show abulia, alogia, and athymia. Frith believes that poverty of action is the consequence of the inability to generate spontaneous willed acts, which, in their turn, might not only lead to poverty of action, but also to perseverations and inappropriate actions (Frith 1992, 113). The disturbances of self-monitoring are instead displayed by what has been called, following Kurt Schneider, first-rank symptoms, such as delusions of alien control, distinctive hallucinations, and thought insertions. The inability to monitor willed intentions is supposed to also be the cause of these first rank symptoms. Lastly, a disturbance in the monitoring of the intentions of others is taken to lead to paranoid delusions, certain kinds of incoherence, and third-person hallucinations (Frith and Corcoran 1996).

All the above mentioned fundamental issues are taken to be connected to what Frith calls meta-representation. Meta-representation is thought to be at the centre of conscious experience, as it is the crucial mechanism underlying self-awareness (Frith 1992, 116). In fact, Frith’s account is inspired by the application of the theory of mind to childhood autism, where similar signs can be described resembling schizophrenia, such as social withdrawal, stereotyped

¹⁰⁸ It is worth asking whether this description really grasps something more than the tautology that schizophrenic patients do not communicate according to the norm because they have difficulties with social norms.

behaviour, and a lack of communication (Baron-Cohen et al. 1985). These similarities seem to suggest that the deficit in autism is related to the deficit in schizophrenia. Both arguably concern the formation of a theory of mind of the other, in other words ‘mentalization’.¹⁰⁹

Critique of Frith’s account

Although Frith’s ideas lend themselves very well to an inquiry into the intersubjective aspects of schizophrenia, two critical remarks have to be made. The first is a general critique to the cognitive neuropsychological model. To what extent is it correct to use computational models to describe consciousness, and thereby to understand psychopathology in terms of deficits in the ‘cognitive mechanism’? Could it not be that schizophrenia is not just a disorder of cognition? Where do affection or embodiment come in, for example? Room for these questions becomes clear if we take a close look at one important aspect of the theory, namely the interaction with others. Frith claims that: “The difficulty that many schizophrenic patients have with recognising emotions may be part of a larger problem with making inferences about mental states” (Frith 1992, 56). Normal individuals are claimed to use inferences to monitor the intentions of others. To what extent is this true? Do we really need to infer a mental state or even a theory onto the people we interact and talk with? Daniel Hutto (2010, 44) has argued that “cognition is something that emerges from the self-organizing activities of organisms” and “these are constituted by their essentially embedded and embodied interactions with their environments over time”. In this sense, the cognitive model is missing an essential element: where does the formation of a theory of mind come from, other than from prior experience through interactions? One might well claim that: “There is no such thing as a fundamental (and in-itself still to be explained) symbolic-computational basis for intelligent activity” (Hutto 2010, 44). Cognition is generally taken to emerge from an interaction with others and with the environment.

With regard to the inference of others, the same problem arises. Frith claims that: “Inferring mental states has become routine in many situations and achieved the status of a direct perception. If such a system goes wrong, then the patient will continue to “feel” and “know” the truth of such experiences and will not easily accept correction” (Frith 1992, 122). Two questions are however left unanswered. Firstly: how does the inference and theory of mind suddenly

¹⁰⁹ Based on the ToM-paradigm, an important difference can be found between autism and schizophrenia. The autistic child was supposedly never able to grasp the intentions and subjective life of others, while schizophrenic patients are claimed to lose this ability. The latter may thus still have ritual or behavioural routines for interacting with others, which do not require a theory of mind or mentalization (Frith 1992, 121). This kind of patient will continue to make inferences about the mental states of others, but they will often get these wrong, which might lead to delusional experiences.

become part of direct perception? Surely, one would agree with the idea that we grasp someone's intentions immediately 'through' or 'in' his or her activity, although possibly incorrectly. For example, we directly understand that someone who is waiting for a red light wants to cross the street once it turns green. We do not need to infer what are the actual thoughts of this person, nor do we need to take his perspective on the matter. We understand the situation directly through our perception.

The second ensuing question is on what ground Frith can claim that, in routine activities, we do not need inferences, whereas for speech and other actions we do need inference and meta-representations. How does the immediate perception of routine activities relate to the cognitive mechanism described by Frith? Is it really the case that we first develop our cognitive mechanism, and later on this becomes a routine in interaction? Or might it be the other way around, namely that through our development as persons we firstly interact, and only secondarily come into situations where inference and mentalization are explicitly required? Interestingly, Frith does often acknowledge the role context plays (Frith 1992, 101, 107), and particularly how schizophrenic patients might be unable to use the context in order to make themselves understandable to others, or to behave according to contextual norms. However, in Frith's account the use of the context again seems to depend on inference, rather than on what Hutto calls embedded and embodied interaction. From Hutto's perspective, it seems clear that we do not need to form a theory of mind, let alone a theory of the mind of the other, in order to understand and interact with someone else. A second stream of criticism addresses Frith's description of self-awareness. As previously pointed out, according to Frith, three main domains may be affected by deficits in meta-representation, leading, notably, to problems with willed action, self-monitoring, and the monitoring of others and their intentions. The second among these domains entails however some unavoidable difficulty. Frith claims that "one cognitive process likely to be relevant to positive symptoms is that by which we become aware of our own intentions" (Frith 1992, 85). According to him, therefore, we become self-aware through a cognitive process, and self-awareness is the essence of consciousness. "In its most highly developed human form this self-awareness permit us to reflect not only on what we ourselves are thinking, but also on what other people are thinking about us", Frith claims (Frith 1992, 87). However, once more it could be questioned whether it is correct to call self-awareness a cognitive process, or the result thereof. As it has been explained in the introduction to this work, phenomenological philosophers have struggled with providing a satisfying description of self and self-awareness. A crucial point in phenomenology is that self-awareness in its most basic form is not a cognitive process, nor is it the result of a reflection. Self-awareness is arguably

related to a first-person perspective that characterize one's experiences (Zahavi 2008). The kind of self-awareness proposed by Frith is therefore particularly problematic, as it amounts to some kind of higher order position on one's experiences, intentions, and actions. This clearly implies a subject-object split and the familiar risk of an infinite regress (Zahavi 2008, 21; Sartre 1943).

Summary

For the purpose of this text Frith's account has offered valuable insights into the different symptoms and signs of schizophrenia that are closely related to intersubjectivity. Communication and language, comprehensibility, and social isolation are all adequately discussed in his theory. Today, Frith's theory is still widely employed to study the symptoms and signs of schizophrenia from a cognitive and neuropsychiatric perspective. However, the exact role the ToM plays in schizophrenia remains somehow unclear, even within the cognitive debate (Gerrans and McGeer 2003). It has been argued, for instance, that deficits in ToM are just a state rather than a trait variable in schizophrenia (Corcoran et al. 1995). Others have argued instead that it should be more than just a state, since patients not only display impairments in ToM with regard to negative signs and during the chronic or residual phases of the disorder, but also in the acute moments of psychosis (Brüne 2005, 35; Sarfati et al. 2000). Furthermore, any attempt to summarize the cognitive neuropsychological theory of schizophrenia inevitably comes up against the apparent lack of one unitary predominant theory capable of clarifying all symptoms and signs. However, what Frith has succeeded in doing is to bring together all kinds of different symptoms and signs, which were often considered to be very distinct. His work has therefore proven very useful to clarify some of the symptoms, which had not yet been addressed by the work of the other classic and phenomenological pathologists, or which have been provided a different explanation by Frith. Besides the emphasis on cognition, Frith's account focuses on the intersubjective impairments and on the positive symptoms, which phenomenological psychopathology sometimes seems to neglect. Within Bleuler's and Minkowski's accounts of schizophrenia, for instance, exactly these positive symptoms and signs seemed to play only an accessory role. Frith's work has precisely the merit to suggest a fully alternative understanding of these elements. As it will be shortly made clear, my hypothesis integrates these positive symptoms as integral part of the intersubjective disturbance.

3.2 Manifestations of disturbed intersubjectivity in schizophrenia

In Chapter 2 I distinguished two main sections, corresponding to two forms of intersubjectivity. One refers to intersubjectivity as experienced in encounters with others and it is called *mundane intersubjectivity*.¹¹⁰ The others are here envisaged as directly experienced, or, according to the transcendental terminology, they are there as constituted. The second kind of intersubjectivity is instead found in the way we experience the world. We namely experience the world as co-constituted. This second kind is referred to as *transcendental intersubjectivity*, and others are experienced as co-constituting. I reiterate that distinction here in order to organize the several phenomena, symptoms, and signs of schizophrenia into two groups. I will thus integrate all elements outlined by the psychopathologists mentioned in the previous section into this distinction. The idea is that this bipartition can efficiently organize the complex cluster of symptoms and signs of schizophrenia, while at the same time relating it to intersubjectivity.

The first section will then cover symptoms related to the first kind of intersubjectivity, and it involves difficulties and disturbances in the interpersonal sphere. The symptoms appear in the in-between or in direct encounters with others. The second section will deal instead with symptoms that involve the second kind of intersubjectivity, more specifically transcendental intersubjectivity. This section will include especially delusions as disturbances of intersubjective perception and intersubjective reality.

3.2.1 Encounters with others

Mundane intersubjectivity in schizophrenia

Based on the previous section of this chapter, two major forms of mundane intersubjectivity can be distinguished in schizophrenia. The first group concerns how schizophrenic patients encounter others in the shared world. The second group concerns instead the types of intersubjectivity the patient experiences *within* the delusion. The main focus there is on the role of others in delusions, on what kind of others are present, and what kind of encounters can be described within the delusion. This does not yet amount to a study of schizophrenic delusions from a transcendental perspective though, which will be instead carried out in the second subsection. In this first subsection, only encounters, real or delusional, will be discussed, the actual object of inquiry being how the experience of others changes for a schizophrenic patient.

¹¹⁰ Recall that the terms ‘mundane’ and ‘transcendental intersubjectivity’ might sound ambiguous, as encounters (mundane intersubjectivity) already require transcendental intersubjectivity, and the other way around.

3.2.1.1 Encounters and intersubjectivity of the shared world

Concerning the encounter between the schizophrenic person and other people, three main thematic areas can be outlined. The first concerns understanding others or empathy. Chapter 2 has explained how Husserl and his successors developed their respective accounts on understanding others, and these very insights will be brought in as tools to clarify the schizophrenic encounter. I will also discuss the famous ‘praecox feeling’ and Jaspers’ alleged incomprehensibility here. Secondly, one more embodied aspect of encounters will be discussed. The main question to be investigated is whether and how the attunement to others is altered and what are the consequences of this alteration in the social sphere. Lastly, a full account of schizophrenic autism and social withdrawal will be provided. It will be made clear here how the patient experiences other people, and why social isolation often occurs.

Understanding others

Psychiatric diagnosis is hardly a matter of objectivity. The recent discussion on the new diagnostic classification (DSM-5) again reveals the overall struggle to unify subjective and objective elements of the diagnosis. Psychiatric illness is typically subjective on different levels: the primary change as experienced by patients; their meaningful interpretation of these experiences; the expression thereof to the clinician; the clinician’s interpretation; the experience, knowledge, and background of the clinician; the particular cultural and social context; etc. All these elements make psychiatric diagnosis inherently subjective. Some have argued that this is a serious problem and that further attempts to objectify psychiatric diagnosis should be made, for example by searching for biomarkers or by developing more diagnostic medical imagery.¹¹¹ However, most psychiatrists know that subjective components are essential to the diagnosis. A good example thereof is given by Mario Maj in his critical analysis of the operational approach to diagnosis: “We feel, or intuit, the existence of a basic relational deficit characterizing schizophrenic patients” (Maj 1998). This describes nothing more than what Rümke originally meant by ‘praecox feeling’ (Rümke 1960). The idea of a diagnosis based on the passive recognition of a ‘*Gestalt*’ or a pattern, rather than on the listing of particular symptoms, was often criticized as being arbitrary. It seemed indeed to imply that the doctor’s gut-feeling was enough to account for a diagnosis (Phillips et al. 2012b).

This brief outline on the subjectivity element of psychiatric diagnosis is particularly relevant, inasmuch as it hints at the importance of particularities in the direct encounter between the patient and the clinician. It is true that the illness recognition is, partially, based on the

¹¹¹ See for example the discussion by Insel et al. (2010) and Kapur et al. (2012).

subjective feeling of the clinician, which still plays a role today, even though one might not call it ‘*praecox feeling*’ anymore. Originally, the ‘*praecox feeling*’ referred to a lack of attunement between the patient and the clinician. Rümke explains that it involves a lack of directedness and affective attunement of the patient towards others and towards the world (Broome et al. 2013, 787). This lack of attunement is expressed in the appearance and behaviour of the patient, in his physiognomy, expression, gesture, voice, posture, leading to a unitary impression (Fuchs 2013b, 617). Similarly, Kraepelin already noticed that a break in the affective relations with others was often the first sign of the disorder (Kraepelin 1904, 182). Similar alterations have been widely reported concerning schizophrenia. According to Walter von Baeyer (1955, 370), the encounter with an autistic schizophrenic patient is “infinitely meagre, far and alien”. There is no real contact with the schizophrenic. According to von Baeyer and the Dutch psychiatrist van den Berg, one already notices this when shaking the patient’s hand. A schizophrenic patient only offers the tips of their fingers, testifying of the distance in-between (von Baeyer 1955, 370). Although these are hardly phenomenological, let alone empirical observations, I propose we understand these accounts as attempts to express what these psychiatrists recognised as a somewhat stable and persistent experience in the contact with schizophrenic patients. Both Kraepelin and Bleuler already describe disturbed affective attunement. Bleuler even considers it one of the fundamental symptoms. As previously mentioned, he claims: “One can often feel much more connected with an idiot, who does not speak a word, than with a schizophrenic person, who might still have his intelligence, but is affectively inaccessible” (Bleuler 1955, 377). Jaspers (1948, 373) even calls the distance to a schizophrenic patient “an indescribable abyss”. What is it exactly about these people that makes psychiatrists recognize them as “far and alien”? It has been already pointed out that an essential part of our being-with-others consists of understanding others as real persons. Husserl calls this empathy (Husserl 2012, 124). A viable hypothesis could then be that this empathy is disturbed or not functioning as it is supposed to. Empirical studies based on the theory of mind paradigm show that schizophrenic persons are significantly below standard in recognizing facial expressions, attributing emotions to others, and appreciating other people’s beliefs and emotions. In other words, schizophrenic patients are thought to have difficulties in ‘reading the minds of others’ and in empathic perspective-taking (Langdon et al. 2006).

With Chapter 2 in mind, and particularly with reference to Heidegger, a different view on this matter can be formulated. One could argue that the encounter between a schizophrenic person and the other, in most cases with the clinician, is an encounter without reciprocity. This has nothing to do with the particular power relation between doctor and patient, but it is rather

specific to the schizophrenic alteration. In normal encounters reciprocity is acknowledged and experienced. As von Baeyer writes: “It is not the one-sided experience of an isolated individual, but the lived relation with an independent opposite Other (*Gegenüber*), who can, on his turn, encounter me or end the encounter” (von Baeyer 1955, 369). In schizophrenia, this reciprocity might sometimes appear to be missing.

As previously outlined, Minkowski develops a diagnostic concept which is similar to Rümke’s, namely the “diagnosis by penetration” (Minkowski 1966, 461). The idea is again based on a subjective recognition in encounters with the patient. Just like Bleuler, Minkowski reports primarily disturbed affective contact (Minkowski 1921, 255). However, he goes one step further in order to clarify what this disruption of the affective relation could be. In one of his most remarkable clinical descriptions, Minkowski explains his experience with a patient of his, whom he had known for quite some time: “One day, when hearing him develop the same ideas, I felt a particular feeling rising in me, a feeling that I would translate in these words: ‘I know everything about him’” (Minkowski 1995, 165). The patient has nothing to hide, it is all out in the open and there is nothing inaccessible about him. The clinician experiences, here, a rupture in the usual affective relation.¹¹²

Karl Jaspers also points to an aspect of schizophrenia which involves similar face-to-face contact. According to him, schizophrenic people are incomprehensible (Jaspers 1948, 486). I will discuss the exact meaning of this statement and its relevance for our understanding of delusions in the following subsection. As for now, it is important to remark that, according to Jaspers, in the interaction with others what matters is not objectively ‘knowing’ what the other is thinking, but rather the immediate grasping produced by the subjective relating to each other. In order to understand (*Verstehen*), we firstly need some sort of connection with the other.

One specific aspect of incomprehensibility that can be already clarified concerns language. Language helps us communicate. We are able to do so because we follow certain rules, like grammar and syntax. We often adapt our language depending on who we talk to, such as a child, a foreigner who does not master the language, or a colleague. As the ToM paradigm showed, we assume a certain shared knowledge with those we talk to. Schizophrenic patients are however often not able to correctly estimate the knowledge of others (Corcoran and Frith 1996; Brüne 2005; Wible 2012). This means that patients have a hard time to make themselves be understood.

¹¹² Schizophrenia certainly involves affective disturbances, in the sense that psychotic experiences, anxiety, depressive feelings, and isolation are often present. Recent empirical research on schizophrenia suggests a larger role for affectivity in the evolution of the disorder and in the acute outbreaks of psychosis, also within phenomenological psychopathology. On the role of affectivity, including stress, see (Myin-Germeys and van Os 2007). A phenomenological account on affectivity in schizophrenia is offered by Sass (2004)

The specific linguistic signs like neologism, mutism, and chaotic speech, described by Kraepelin (1904, 180) and Bleuler (1955, 345), and which contemporary empirical research is also investigating (Covington et al. 2005; Stephane et al. 2007; Tan et al. 2014) are the manifestations of such difficulties. Further studies have shown that linguistic disturbance in schizophrenic patients is not a matter of language competence, of knowing words and understanding them. The disturbance of language is, instead, specifically disturbed in the interaction with others. It is the communication with others that is problematic (Wible 2012; Niznikiewicz et al. 2013). The same framework can explain the ‘private language’ often developed by schizophrenic patients. Private language arguably results from the divide between the common and the private world (Jaspers 1948, 243).

Frith’s interpretation takes up elements of incomprehensibility, in the sense that he understands it as a disturbance of the patient to correctly or adequately interpret and respond to the interlocutor, because of a disturbance of the meta-representation and self-monitoring. There is, however, another side to this: the patient might also have difficulties in understanding the others in general and thereby experience social contact as disturbing or even threatening. It should be clear, nevertheless, that normal encounters are not supposed to be based on total reciprocal understanding. Waldenfels argues, for instance, that inaccessibility and surprise characterize the other, and they distinguish the other from an object: “The thing cannot relate to me, it cannot answer or contradict me” (Waldenfels 1971, 138). The other, on the contrary, answers, contradicts, and possibly surprises me. Stanghellini argues that this inaccessibility, described by Jaspers in terms of ‘incomprehensibility’, should be understood as an ethical appeal to clinicians “to navigate the infinite space that separates them from their patients” (Stanghellini 2013, 180). Normally, we are incapable of grasping, of completely understanding the other and his mind, his intentions, or his experiences. We can, in fact, only approximate. Differently, with Minkowski’s schizophrenic patient, everything is out in the open, restricted to delusional themes and experiences. The unknowable and mysteriousness that define the otherness of the other is lost. The patient seems robbed of any further profound affective life that could find resonance within the clinician’s affective life.

It remains, however, difficult to fully define the immediate connection in the encounter, and how this alters in schizophrenia. Based on Kimura’s *Aida*, it might very well be that schizophrenia involves an alteration of the in-between, and that all the historical and contemporary reports on this alteration, under the title of ‘praecox feeling’, ‘incomprehensibility’ or ‘*je sais tout de lui*’, actually try and express a radical change in the affective in-between. Waldenfels describes the previously outlined in-between as follows: “It is found in the other, the

self is found in the other, without need for a subject and object, a subject and co-subject to separate primarily” (Waldenfels 1971, 236). Kimura and Waldenfels both advocate, then, an idea of in-between as primary connection or unity before any distinction between subject and object and subject and co-subject. Also the term ‘primary intersubjectivity’ coined by developmental psychology (Trevarthen 1998; Fuchs 2015c) could well be taken as referring to a similar primordial experience of unity, out of which the child develops during maturation and individualisation, but which remains an ontological bond that we can still experience at times through shared affectivity and ‘resonance’.¹¹³ One further element related to the understanding of others clearly plays a role in the schizophrenic encounter with other people. These other people might become less real to the patient, particularly in both acute and chronic psychotic states. The others in the real world become anonymised, as von Baeyer explains. They lose their particularities and their relevance, their own and shared history. In short, they lose their concrete individuality (von Baeyer 1955, 371). The other, even the patient’s family, neighbours, or doctor are not encountered as they are, but as functionaries in the delusion. They become the role they have in the delusional system. In less severe cases, or in less acute times, the patient remains connected to the shared reality and to others, while more severe patients indulge in their autistic world and experience the other reality as a façade, with other people as mere masks (Bleuler 1955, 338). This derealisation of others might even evolve towards experiencing others as objects (Fuchs 2015c). There is little affective connection and the other seems to play a very minor role in regulating the experience of the world of the patient, as it will be made clear when discussing transcendental intersubjectivity in delusions.

Attunement and intercorporeality

Merleau-Ponty is responsible for introducing the term ‘intercorporeality’ (Merleau-Ponty 1960, 167), his claim being that we are related to others through our embodiment. Does schizophrenia also concern this intersubjective embodiment, or embodied intersubjectivity? In addition, the reader is already familiar with the concept of attunement as the adjustment of one’s experiences, behaviour, convictions, and attitudes to the situation and particularly to the social situation. On the level of intercorporeality, this means that we are affectively related to the other. We do not mirror the other’s affects, but we resonate, mostly passively, with these affects, and reciprocally, the other resonates with mine. If I laugh, you laugh. But you do not laugh too much,

¹¹³ Recall how Stern described ‘core-relatedness’ as the condition for further development of a sense of self in interaction and exchange with the environment. Any higher form of intersubjectivity would be based on this prior relation between an emerging sense of self and the other (the mother) and otherness. Nevertheless, this does not imply a primordial unity in the sense of an ‘adualistic confusion’.

nor too little, not too fast and not too slow. If we were to exactly mirror affects or emotions, it would feel artificial. We can easily tell when a smile is false, when an expression of sympathy is dishonest. We ‘know’ this because we experience it immediately as not attuned. This does not mean that we constantly adapt our affectivity to every single person we encounter, and, of course, we always remain ourselves with our own concerns and emotional states. It might be the case that we have a certain flexibility to attune our basic affective states to the surrounding world and, particularly, to others. It is clear that this description of attunement on an embodied level leaves a lot to clarify. This does not mean that this attunement does not exist though. It rather expresses that embodied attunement is difficult to translate into language or into empirical and measurable observational criteria. The embodied attunement is therefore pre-predicative, but it is there in our experience of encounters.

Embodied attunement does not require inference or theory building. It is some kind of immediate interaction, with little involvement of knowledge. The only knowledge we find is some kind of *knowing how*.¹¹⁴ It is the way in which someone acts and reacts which is determining for the encounter. Within the framework of schizophrenia assessment, this knowing how is called ‘common sense’. Blankenburg (1969; 1971) was indeed the first to highlight the role of common sense,¹¹⁵ as he reported a young patient saying: “I was admitted to the clinic and everyday—how all this took place in this space—I tried to absorb how others, as people, behaved in front of me” (quoted in Blankenburg 2001, 308). In his article on the topic, Blankenburg also writes: “What first emerges for many patients is a being unable to play along with the rules of the game of interpersonal behaviour” (Blankenburg 2001, 306). According to him, the question whether this involves a cognitive or an affective disturbance is irrelevant. This question is taken as stemming from the incorrect assumption that these two faculties of the mind are separable. “We find ourselves rather thrown up against what turns out to be a circular structure. One is able to say that in the ability to judge, feeling has become the organ of cognition. But even this formulation is not sufficient. Affectivity and the ability to judge, as we find it in common sense, refer back to an original unity of thinking, feeling, and willing in human existence, which is primarily related to an intersubjective world (*mitweltbezogen*)” (Blankenburg 2001, 307). Common sense is then a form of attunement to the rules of the game,

¹¹⁴ Ryle (1945) introduced this term to distinguish it from *knowing that*.

¹¹⁵ Because of the multiple meanings of ‘common sense’, the reader will encounter this expression again concerning transcendental intersubjectivity. First, as it is argued here, it helps to attune to a social situation and it is a ‘felt’ knowing how to interact. Secondly, it will be used to designate a “network of beliefs” that is shared with other members of the community, and consisting of the rules that determine how we act in a given situation. For a brief discussion of ‘common sense’ and transcendental intersubjectivity, see (Wiggins et al. 2001).

to the conventions of our shared life-world, in which we are rooted or anchored.¹¹⁶

Contrary to what one might think, what is at stake here is not just a matter of adapting to social rules. As previously argued, also our simple perceptions are intersubjectively regulated, for example in the determination of our categories of experience. On this lower and passive level of experience, a disturbance in common sense entails difficulties to ‘feel’ or ‘sense’ what is appropriate. In order to intersubjectively experience the world, we need a certain trust in others. If this is missing, all explicit or implicit regulating attempts are in vain.

Despite its frequent references in phenomenological psychopathology, Blankenburg’s concept of ‘common sense’ remains open to varied interpretation. According to the perspective developed by Frith and the theory of mind, common sense could be seen as based on the possibility to take the position of the other, to anticipate what the other is experiencing, what their intentions are, and what they expects from me. This interpretation neglects, however, the embodied aspect of attunement and common sense, and it overemphasises the cognitive component, which certainly should not be neglected, - as Blankenburg persuasively argues, - but rather understood in connection to the experiential and affective aspect of common sense. One could also argue with the late Merleau-Ponty (1960, 167) that our relation to the other is necessarily attuned, as we are all part of the community of the flesh, of one sole intercorporeality, even before the explicit acknowledgement of the other.¹¹⁷

As a result, affective resonance can be taken as the embodied aspect of the attunement to others. According to Fuchs, this kind of resonance belongs to and originates in primary intersubjectivity. He claims indeed that “this [i.e. primary intersubjectivity] is the basis of empathy in face-to-face encounters: In embodied and empathic interaction, the other is not assumed ‘behind’ his action, but he enacts and expresses his intentions in his conduct” (Fuchs 2015c). My body is affected in resonance with the affection of yours, and the other way around. As already explained in the introduction, one aspect of the phenomenological analysis of schizophrenia points precisely to disembodiment.¹¹⁸ Disembodiment is not only a matter of disturbed experiences of one’s own body, but it also implies a disconnection from

¹¹⁶ The ‘rules of the game’ are dynamic and they change according to changing social settings. Recall how Minkowski understood the function of the rules, which I believe has a strong overlap with Wittgenstein (1969).

¹¹⁷ Merleau-Ponty’s description is a metaphor is used here to oppose Frith’s cognitive view, according to which singular agents must undertake an effort in order to attune to each other and to common sense. As I have argued in Chapter 2, I do not take Merleau-Ponty’s description as the only and correct way of defining intersubjectivity.

¹¹⁸ One could speculate on the two roles disembodiment has in this context. Firstly, it could be a cause for the lack of attunement and the difficulties with common sense and with social interaction in general, as these are all embodied in nature. Secondly, a primary disturbance of intersubjectivity in the form of intercorporeality could imply that the person loses their embodied connection to others, which in its turn influences the embodied experience and makes this person ‘disembodied’.

intercorporeality. Being disconnected from or not part of the intercorporeal being described by Merleau-Ponty, subsequently implies detachment and alienation, inasmuch as the patient cannot immediately understand and recognise others through their embodied subjectivity, e.g. their facial expression, gestures, and so on. Social interaction might as a result be reduced to explicit attempts to theorize about the intentions of others, as outlined by the discussion of the theory of mind. Blankenburg's patient, Anne, described social encounters in a similar way: she had no immediate understanding of how we act with each other, and it was as if each social encounter would 'lift her out of the saddle' (Blankenburg 1971, 107).

Sociality

As the reader already knows, Bleuler considers 'autism' as one of the fundamental symptoms of schizophrenia. As previously mentioned, the reference here is not to the developmental disorder commonly known under that name.¹¹⁹ Autism for him rather means a loss of reality by turning into one's own phantasy world. Such a condition is described as follows: "They live in an imagined world of wish fulfilment and ideas of persecution. But both worlds can be real to the patients: sometimes both are consciously distinguished. In other cases the autistic world is the only real world, while the other world is fake" (Bleuler 1955, 338). At times, one of the two worlds comes to the foreground, and some patients are capable of interchanging the world they experience. Minkowski later redefines schizophrenic autism as 'the loss of vital contact with reality', as explained in the previous section of this chapter. Such a condition involves the explicit detachment from the shared reality, both in delusional and non-delusional states. Furthermore, one of the elements of the loss of vital contact with reality is 'desynchronisation'. Minkowski claims that schizophrenic patients have an altered temporal experience. Fuchs also reports patients at different stages of schizophrenia, who develop attitudes or 'algorithms' to compensate for a lack of what he calls 'contemporality' (Fuchs 2013d, 93). This can be understood, according to Minkowski's terminology, as attempts at resynchronization.¹²⁰ Accordingly, schizophrenic autism is defined mostly negatively as a turning away from the shared world. Corin (1990) has argued, however, that schizophrenic autism and the phenomenon of isolation are not necessarily 'negative', as they might result from deliberate choices by the patient. Certain social interactions, for example, where only little real contact is required, are often preferred over intense emotional encounters. The example of

¹¹⁹ Verhoeff (2013) explains the evolution from Bleuler's autism to the concept as we know it today.

¹²⁰ Intersubjective temporality was only briefly mentioned in Chapter 2. I refer the reader to Rodemeyer (2006), Waldenfels (1971) and Fuchs (2006; 2007; 2013d), and to Chapter 4 where I describe the temporal component of 'open subjectivity'.

patients is provided, who might experience the superficial contact with shopkeepers or with bartenders as more pleasant than the contact with family members. Some patients might also make sure that the contact they have always remains restricted to this superficial level and that further emotional interaction is easily avoided (Corin 1990). This suggests, according to Corin, that patients actively work on the balance between distinction and connection. Every individual actually has to find and develop such balance in social interaction, however schizophrenic persons tend to shift balance towards distinction. As a result, the whole attitude towards the world and towards others is altered. This active choice of deliberately limiting contact is what she calls “positive withdrawal” (Corin and Lauzon 1994, 16).

Similarly, Stanghellini mentions young patients who express the need to differentiate themselves, and more specifically, to distance themselves from common sense and the influence of intersubjectivity: “It is common to find among persons vulnerable to schizophrenia and young schizophrenics the rejection of attunement and intuitiveness, because these are considered sources of conformity, inauthenticity, narrow-mindedness, loss of selfness, and of differentiation” (Stanghellini 2001, 212). These young patients become frustratingly aware of the influence others have on our individual activities, experiences, and subjective life in general. They experience this as most unwelcome, possibly due to some kind of previous diminished self-affection. Common sense can then even be considered as disturbing or threatening to one’s ownness. The downside of these efforts at differentiation is unfortunately that the relation between the categories of experience on the lower level of passive experience and the rules of the game on the higher level becomes utterly idiosyncratic, therefore leading to isolation.

Frith understands social isolation as an essential component of negative symptoms. According to him, these are not secondary to the primary dysfunction, but rather a crucial part of the disorder. It would then be incorrect to claim that the negative signs are compensatory, as they arguably often increase the decline in social and cognitive capacities more than the positive symptoms do (Frith 1992, 42). It is, however, not unreasonable to assume that an altered experience of others might lead to social isolation or to a change in social interaction, as Corin has argued. An extra argument for this is that anhedonia, one of the negative symptoms, is mostly interpersonal: it is a loss of interest in and pleasure *with others* (Wang et al. 2014). In agreement with Corin, Brown et al. (2008) have found that isolation follows from social anxiety and social anhedonia.¹²¹

¹²¹ See the review of De Wachter et al. (2016) on social dysfunctions in schizophrenia and the schizotypic spectrum.

Along the same line, the description of the ego- or self-disturbances in schizophrenia clearly outlines delusional experiences concerning primarily the experience of the other. The other might be derealized, experienced as someone else, as an impostor. The other might also become threatening. “The others’ gazes get penetrating, and it is as if there was a consciousness of my person emerging around me ... they can read me like in a book. Then I don’t know who I am any more” (patient quoted in Fuchs 2000, 172). In the encounters with others, the self appears to be perceived as fully permeable. Transitivity, first described by Bleuler, is a clear example of the delusional experience of the weakening of the boundaries between self and other. One of Stanghellini’s patients (2001, 210) noticed that this permeability is the most threatening when she speaks with others. Isolation seems a logical answer to such threats.

Set aside schizophrenic autism and isolation, and focussing now on psychosis, hence shifting from the negative signs to the positive symptoms, it is clear that these latter are often defined as an extreme irrationality, in the form of perspectival rigidity, communicative breakdown, and existential solitude. Parnas rightly claims that also these positive symptoms should be reinterpreted in the light of a new paradigm, as they are primarily a “dislocation from intersubjectivity” (Parnas 2013a, 213). Irrationality is arguably only one aspect of it. Minkowski describes how schizophrenic patients seem to live in two worlds. The light one is the shared world, however the patient can be in the dark world too, which is the morbid world with disturbed distance and measure, in which the patient is completely alone (Minkowski 1995, 394). Although hallucinations and delusions are only accessory symptoms of schizophrenia in Minkowski’s view, he does note that they are expressions of “a brutal isolation” (Minkowski 1966, 15).

But is this true? Is there no intersubjectivity in the delusional reality? The other in the shared world might become derealized and affectively disconnected from the patient, and the concrete other might lose his subjectivity and ownness in the eyes of the schizophrenic patient. In more severe cases the others might even become objectified, experienced as threats or anonymized as characters in the delusional system. The absolute certainty of delusions might be related to this, as we will see further on in the text. The real encounters with real others is thus profoundly altered. The historical concepts, such as ‘*praecox feeling*’, are clear manifestations of these interpersonal alterations. Now, it is worth taking a close look at the elements of intersubjectivity within the delusion.

3.2.1.2 Encounters and intersubjectivity in the delusional world

In addition to the encounters with therapists, friends, family, and strangers, also other forms of altered intersubjectivity can be accounted for. Schizophrenic patients with delusions

may namely experience an additional sphere of intersubjectivity: the intersubjectivity proper to the delusion. In this subsection I will go into details concerning how others are encountered in the delusion and what kind of intersubjectivity this is. It might seem contradictory to first suggest that schizophrenia is a disorder of intersubjectivity, and then propose an account of the delusional reality as ‘containing’ intersubjectivity. It should be clear that the delusional intersubjectivity is not ‘normal’ intersubjectivity. In Heidegger’s terminology, one can claim that in the delusion the being-with itself is altered or absent. This does not mean that there are no others in the delusion after all, just that the way in which we are with others is different.

Others within the delusion

Encounters with real others are often problematic and difficult for the schizophrenic person. The isolation might not only result from the choice of the patient, but also from some form of social exclusion. Blankenburg (1971, 49) suggests that the intersubjectivity of the delusion is a compensatory reaction to social isolation in the real world. The others in the delusion, he claims, could be thought of as a step towards “surrogate others”. However, a closer look at the presence of others in the delusion, although undeniable, shows the limits of Blankenburg’s position. This does not entail that others are unimportant in the delusion. On the contrary, the content of schizophrenic delusions often involves others and most delusions can be called ‘relational’.

An analysis of delusional leitmotifs (Stompe et al. 2003) shows that throughout the last decades the concrete or superficial content of schizophrenic delusions has changed, often in correlation to contemporary advances in technology, major historical events, and the like. A patient today, for instance, feels less likely threatened by communist spies, and more likely by Google and the NSA. However, what did not change are the underlying themes. The delusions of most psychotic patients seem to concern the patient’s place in the social universe (Bentall et al. 1991). The best known delusions are paranoid delusions, and delusions of reference, and these clearly involve others primarily (Frith 1992, 80). Walter von Baeyer (1955, 370) wonders why there are “so few schizophrenic patients who are threatened by the rain, by the wind, while almost all experience the indifferent gaze of the other on the street as directly aimed at themselves”. What is essential to many delusional themes, just like themes of love and guilt, is that they are relational. The other and the relation with the other is a major factor in the content of delusions in schizophrenia.

But the fact that many delusions are relational does not necessarily mean that this is surrogate intersubjectivity. The others we find in the delusional reality of the patients are hardly

comparable to real others. These others are often superior and dominant, inaccessible, and hidden or disguised (von Baeyer 1955). They are furthermore often representatives of groups or they are primarily a collective, rather than an individual with a personality. The patient does not encounter these others, but they are present in the world of objects: they send signals and become manifest indirectly through objects in the world. Patients know they are being spied on, and the patient's phone, for instance, is perceived as a listening device. It is in these objects that the others are present.

The relationship to the other in the delusion lacks mutuality and reciprocity. As von Baeyer puts it: "It is pure being concerned, no responsivity, no exchange in being looked at, laughed at, being commented and scoffed, being influenced, not the back and forth of a real encounter, but only the one-sidedness of what we call self-referentiality" (von Baeyer 1955, 371). Everything is directed at the patient, but there is no possibility to respond. The intersubjectivity in the delusion is therefore not a 'we'. It is not based on mutual understanding. "It is a characteristic of the paranoid patient that there is no 'We' in his delusional sphere, no being-with others. Within the delusional sphere, the paranoid person does not live *with* fellow humans (*unter Mitmenschen*), but in opposition to them (*unter Gegenüber-Menschen*)" (von Baeyer 1955, 371). The others in the delusions are therefore mere roles or functionaries in the larger delusional system.

So what kind of encounters do we find in the delusion? Can we even speak of encounters? Arguably, the relational aspect of delusions does not entail any encounter. The others in the delusions are mere expressions of the subjectivity of the patient. These others lack otherness, they lack their own subjectivity, and they rather belong to the solipsistic sphere of the patient. Interestingly, this kind of 'others' has certain similarities with the others in Husserl's earliest understanding of intersubjectivity, which was criticized for being solipsistic, as previously made clear.

The intersubjectivity in the delusion is ultimately *subjectified* intersubjectivity. It is intersubjectivity belonging to and originating in the subjectivity of the patient. The encounter in the delusion is a pseudo-encounter. It lacks the dimension of the in-between. The accurately called *inter*-subjective dimension cannot emerge in the delusion, because the patient already enters this relation with self-centrality, making it one-sided and solipsistic.

In Chapter 2, Waldenfels' dialogical phenomenology was introduced as maintaining that we are related to each other through an indirect dialogue, and that we help each other attune to one another and to come to the right relation with reality (Waldenfels 1971, 246). However, in the delusion there is no such indirect dialogue. Earlier in this section, Waldenfels' idea of surprise was also reintroduced as a characteristic element of the other. However, the delusion-

other is in his totality part of the delusional system of the schizophrenic patient, and therefore, the delusion-other cannot surprise. Normally, the other exceeds and surprises us again and again. “The other breaks the mould I make him” (Waldenfels 1971, 48). In the delusion, however, there is nothing which surpasses the ‘property’ of the schizophrenic person.

Related to this loss of the potential of surprise that necessarily belongs to the other, is the loss of contingency. Minkowski, for example, remarks that both contingency and surprise seems absent in the delusion. Usually: “We are quite able to feel a pricking or see a spark without relating these phenomena to a conversation that we are able to hear at the same time. We very well conceive of isolated facts and objects whose simultaneous coexistence may be purely contingent” (Minkowski 1970, 425). For a schizophrenic patient, instead, this coexistence may not be so unproblematic, and “*a mysterious force*” (Minkowski 1995, 390) might seem hidden behind the phenomena. The loss of contingency structures a world where essential parts of reality are excluded, such as the possibility of chance, coincidence, meaninglessness, or the unexpected. One of Fuchs’ patients reported persistent “*events of duplicity*” (Fuchs 2000, 142), that were interpreted as signalling him something. One day, for instance, someone talked to the patient about pistols, the next day a picture of a pistol was printed in the newspaper. The meaning of this event of duplicity was clear to him: he had to shoot himself.

To summarize on the topic of encounters with others in the delusion, it should first of all be mentioned that most schizophrenic delusions do involve relations to others. However, these others lack individuality, they are mere representations of groups or collectives and serve a specific purpose in the delusional system. The encounters themselves are sparse and the others are mostly present indirectly in the objects of the world, signalling meanings to the patient. The patient is central and all others are part of his solipsistic world. Interestingly, while the others in the delusion are *subjectified*, the others in the real world seem to become *objectified*: they are derealized, they have little influence on the perceptions of the intersubjective world, and they become less relevant for the world of the patient. The fundamental alteration of intersubjectivity to be emphasized here is twofold: within the delusion intersubjectivity is *subjectified*, whereas the real others the patient encounters become *objectified*. In the next chapter, these two alterations of intersubjectivity will be presented as belonging to the same essential disturbance, as, so to speak, two sides of the same coin.

3.2.2 Towards the world – with others

Transcendental intersubjectivity in schizophrenia

In Chapter 2, the concept of transcendental intersubjectivity has been defined as the capacity to co-constitute reality. Here again, after accounting for the encounter between two or more real human beings in schizophrenia, the focus shifts towards how these human beings communally experience their world. Here again, this entails a shift in focus from a dyadic to a triadic relation, namely between the subject, his peers, and their common reality. This part of the text will focus on delusional phenomena, inasmuch as they are supposed to be deviations from reality.¹²² The purpose of this part of the text is to analyse normal and abnormal reality experiences, and to clarify the delusional reality experience of schizophrenia. The idea is that an analysis of this reality experience contributes to the understanding of the phenomenology of delusions, i.e. the what-it-is-likeness of delusions. More importantly for this study, the factors that play a role in reality experience and its deviations are to be accounted for in this section. Thereby the role of intersubjectivity, and in particular, of transcendental intersubjectivity as encountered in Chapter 2, is to be discussed here. Two main phenomena pertaining to schizophrenia inform the discussion: the ‘primary delusional experience’ and ‘double book-keeping’. The discussion of these phenomena paves the way to an elucidation of the factors involved in reality experience, both in pathological and in non-pathological reality experience. The method adopted in this analysis is phenomenological, and it could be specified as ‘radical empathy’ (Ratcliffe 2012), ‘second order empathy’ (Stanghellini 2013), and ‘philosophical understanding’ (Henriksen 2013). Radical empathy involves suspending the world that we “often take for granted as a backdrop of interpretation” (Ratcliffe 2012, 491). It “directs attention towards the ordinarily presupposed world” and it “involves incorporating such a stance into an engagement with others’ experiences” (Ratcliffe 2012, 478). The phenomenological stance “can be integrated into our attempts to engage with the experiences of others” (Ratcliffe 2012, 483). The experiences of others can certainly differ from ours, but this difference implies challenge rather than impossibility (Ratcliffe 2012, 474, 491). Double book-keeping and the primary delusional experience are such phenomenological challenges, that we seem to be incapable of spontaneous empathic understanding of them. An attempt at understanding these may indeed have therapeutic significance, by searching a reconnection with others, who have lost connection to the shared world (Ratcliffe 2012, 474).

¹²² An earlier version of this investigation of delusional phenomena has been published as (Van Duppen 2015).

This subsection will show how delusional phenomena are not just deviations from reality, but disturbances in the shared relation towards the world, or transcendental intersubjectivity. After discussing the two delusional phenomena, I will analyse which factors within the experience determine their realness. As it will be made clear, intersubjectivity is one of the most important factors in this context.

3.2.2.1 Double book-keeping and the primary delusional experience

Double book-keeping is a notorious concept which has been described by different psychopathologists. At the end of the Nineteenth century, Kraepelin described a patient who believed to be the “*rex totius mundi*”, but who would still humbly work in the hospital garden. Another of his patients believed to be “God himself”, but continued to carry around firewood (Kraepelin 1904, 260). After redefining Kraepelin’s dementia praecox into “the spectrum of the schizophrenias”, Bleuler (1955) also deals with double book-keeping in various ways. In the most extreme example he described a patient who had murdered his wife and child. During and after the murder, he claimed to know that these were his wife and child, but at the same time he also claimed to know that they were devils (Bleuler 1955, 340). According to Bleuler, some patients, despite being aware of the incorrectness of their delusion, they hold on to it. Double book-keeping, thus, involves a paradoxical double orientation on the one hand to the reality of the delusion and on the other hand to normal reality. This is not only an intellectual stance of delusional persons, but it is also manifested in the inadequacy of their behaviour. “The emperor and the pope help to manure the fields; the queen of heaven irons the patients’ shirts and besmears herself and the table with saliva” (Bleuler 1955, 344).

Louis Sass has revived interest into this phenomenon and described the paradoxical co-existence of delusional convictions coupled with irony and distance towards these same convictions (Sass 1994, 21). “The metaphor of double book-keeping implies the existence of two distinct realms that, like an accountant’s two ledgers, are kept strictly apart” (Sass 2013a, 135). The DSM-definition of delusions refers to erroneous beliefs that are firmly sustained, but it falls short of describing the inconsistency and ambivalence of double book-keeping (American Psychiatric Association 2013). Moreover, the phenomenon has generally proven to be particularly challenging for certain analytical views and especially for those who claim that delusions are indeed some form of beliefs (Bortolotti 2010). The paradoxical and inconsistent behaviour seems indeed to contradict this view. Furthermore, Kapur’s neuropsychiatric approach neglects this phenomenon in total (Kapur 2003). Jaspers himself pointed out three characteristic features of delusions: absolute certainty, incorrigibility, and lack of correspondence with reality (Jaspers 1948, 80). These elements are taken into account by clinical views on delusions, particularly in

the distinction between delusional-like ideas and real delusions (Spitzer 1989). However, this definition of the delusion still does no justice to the complex phenomenon previously described.

The second delusional phenomenon discussed here is the primary delusional experience. As I have discussed earlier in this chapter, Jaspers claims that the primary delusional experience is the origin of the incomprehensibility of the real delusion (Jaspers 1948, 80). He claims that we can neither empathically grasp this experience, nor do we understand genetically where it originally emerges from. Patients notice a sudden change, which perplexes them, but they cannot explain it: “Something is happening, please tell me what it is” (Jaspers 1948, 82). Jaspers further explains that the varieties of primary delusional experiences present themselves in two main forms. In the first, the patient experiences this uncanny feeling, where the atmosphere seems to be changed in a particular way. Jaspers also calls this delusional mood (*Wahnstimmung*). The patient searches for answers and clarification, since this experience is incomparable to any other previous experience. Although it was argued earlier that patients are certain of the content of their delusions, in this first form it is rather uncertainty and doubt that characterize the experience. What is more, there seems to be no content yet to be certain about (Jaspers 1948, 82).¹²³

The second main form of the primary delusional experiences contrasts with the first, as both the content and the certainty of the content seem to be given right away (Jaspers 1948, 83). The patient does not experience uncertainty or doubt, and he or she does not search for answers, as they seem clear from the beginning. Klaus Conrad (1958, 88) calls this ‘apophany’ and it can be compared to the religious experience of revelation (Henriksen and Parnas 2014, 545). Jaspers remarks that it is possible that this second form emerges from the first, but that it is not necessarily so. In other words, the second main form of primary delusional experiences can be both the chronological consequence of the first, and an independent experience at the origin of a real and possibly elaborated delusion (Jaspers 1948, 83).

The first form of the primary delusional experience clearly challenges the definition and explanation of delusions from the outside. It should be remarked that the idea of delusions as false beliefs seems to be contradicted by the uncertainty and doubt that, according to Jaspers, precedes possible further elaborated delusions. The cognitivistic accounts of delusions seem indeed to neglect this experience, and so, also neglect the original experience in which a delusion might be embedded (Ratcliffe 2013, 231). On the other hand, at first sight, the neuropsychiatric

¹²³ Other authors discuss the primary delusional experience differently. Hemmo Müller-Suur (1950) claims the experience to be characterized by the “certain uncertainty”, while Klaus Conrad (1958, 83-87) described the delusional mood as part of the “trema”, preceding the apophantic phase of the proper delusion.

approach, already mentioned in this text, that is to say the dopamine hypothesis, might seem to be better able to account for the primary delusional experience (Kendler and Campbell 2014). According to this hypothesis, this experience is the consequence of dysregulation, and specifically of aberrant salience of dopamine (Kapur 2003; Kendler and Campbell 2014).

By examining the problems of double book-keeping and the primary delusional experience, one might be able to clarify the role of transcendental intersubjectivity in delusions. It is worth, therefore, comparing the phenomenology of delusional experiences with variations of reality experience in everyday life. Our experiences are seldom clearly categorized into the groups of reality or unreality. We seem to experience different degrees of reality, sometimes even simultaneously. One might discover other realities, for instance, when reading a book, watching a play, or playing a videogame. These different realities sometimes even contradict each other (Schütz 1945; Gallagher 2009, 254). A paradigmatic example of the variation in reality experience concerns imagination. Phenomenological studies on imagination suitably clarify those situations where a second reality is manifest, delusional or not. One of the significant differences between delusional and imaginative reality should, however, be emphasized: the imaginative reality is characterized by “ontic neutrality” (Fink 1966, 46-47; Husserl 1976, 248; 2005, 691). When imagining an activity, for example, being a professional football player and scoring an important goal, the real existence of this sportive activity is set aside: it is neutralized. Whether the imagined content is actually true or false, you do not ascribe reality to it, but rather remain neutral.

In a delusion, however, this neutrality seems to be lacking: the delusional world is real, sometimes even more real than the shared reality. Both worlds can actually be experienced with different degrees of reality, as we have seen with Bleuler. Contrary to the simple distinction of reality in imagination, double book-keeping and ambivalence (Bleuler 1955, 338; Minkowski 1966, 97) suggest instead that a clear cut experience of reality is missing in the schizophrenic perspective. Can these two ‘realities’ be simultaneously real? In other words, how can the patient who is certain to be “the queen of heaven at the same time iron the other patients’ shirts and besmear herself and the table with saliva” (Bleuler 1955, 344)?

3.2.2.2 Six factors of hypo- and hyperreality

What determines or influences these variations in reality experience? The terms *hypo-* and *hyperreality* provide a useful description of the variations in reality experience. But what is actually meant by these terms? Hyporeality involves the feeling of a certain degree of unrealness to the experiences one has. This can concern both everyday and pathological experiences, and it is not problematic per se. One could recall experiences of hyporeality, when in emotional shock

after the sudden break up of a relationship, or after receiving news about the loss of a beloved. It just does not seem real. If we fantasize, of course, we experience the fantasy as a hyporeality, or even more, as an unreality. Interestingly, contemplating on the nature of our reality experience, we may distance ourselves from our natural reality experience, and our experience might become less real. In the clinical spectrum, such experiences are, for example, present as derealization in certain depressions, or in cases of severe anxiety and panic attacks.¹²⁴ Delusional experiences, as it will be discussed in detail further on, can also consist of hyporeality experiences. Hyperreality, on the other hand, concerns those experiences that seem to have a higher degree of reality. They seem more real than other experiences (Kusters 2014, 61). Crossing the gaze of another person that one feels strongly for—whether it is because of love or hate—can be a hyperreal experience. The intensity of the experience might make it stand out as more real in comparison to other experiences that lack this intensity. It might be experienced as so real, that it strongly dominates one’s thoughts and behaviour. Clinically, we can find examples in different delusional disorders, such as the erotomanic or the jealous type, where a particular delusional content might be hyperreal. As it will be made clear, hyperreality is a feature of the primary delusional experiences.

In this section, I will discuss the six factors I believe to be involved in our experience of reality and its deviations. This is not itself a deviation from the goal of this inquiry, but it offers an indirect understanding of the role of intersubjectivity in the constitution of reality. This discussion clarifies which factors can lead a person further into believing and being certain of the delusional reality, or on the other hand, which (therapeutic) factors can increase the tendency towards the shared world.¹²⁵ The factors are, however, not constituents of reality, but they rather describe what is in the experience itself that might influence its realness. Experiences of reality are often made up of a combination of these factors, while some other factors may be absent. In this analysis, each factor is illustrated with examples of clinical and non-clinical origin. It should generally be remarked that these phenomena are indeed “not so far removed from everyday experience as they might seem” (Ratcliffe 2013, 236). Thanks to the account of these factors, not

¹²⁴ It would be a whole phenomenological study on its own to distinguish between the different kinds of hyporeality, such as all the types of ‘derealisation’. The derealisation of others, such as family members or caregivers who seem to be imposters or unreal in general, is something one can find in schizophrenic delusions, but also in cases of dementia. This derealisation is phenomenologically different from the derealisation in states of emotional stress and anxiety.

¹²⁵ My approach in this subsection is inspired to the ‘Philosophy of Madness’ of the Dutch philosopher, Wouter Kusters, who experienced two episodes of psychosis and wrote about these experiences. This part of the text explicitly refers to Kusters’ experiences and descriptions concerning hypo- and hyperreality (Kusters 2014, 59-77). This approach also has some parallels in the work of Aggernaes (1972) on the quality of reality in hallucinations. A recent adaption of his work can be found in Farkas (2014).

only a new perspective on the two complex phenomena of double book-keeping and the primary delusion experience will be outlined, but it will also be possible to systematically discuss the role of transcendental intersubjectivity in schizophrenic delusions.

(1) Continuity

The first factor is continuity. Seeing a boat floating on a river is arguably much more real than a sudden visual hallucination of a demonic face that pops up behind a window. However, were this hallucination to accompany you for quite some time, the demon would become much more real than the first time you saw it. Non-clinically, we are able to recognize a dream as unreal because of the clear discontinuity between life while awake and while dreaming, and because of the lack of continuity of experiences during the dream state itself. Although you might see parallels, symbols, or elements taken out of your everyday life, you still recognize them as unreal. Thus, continuity works in a twofold way: experiences that are bound together with other experiences are more real, and real experiences present themselves gradually to us (Kusters 2014, 67).¹²⁶

Continuity as a factor of reality is not restricted to the experiential level, but also plays a role on a biographical or ‘narrative’ level. Discontinuities on this level appear, for instance, when moving out of the parental house, or after breakups of long lasting relationships with the related emotional disclosure and social exposure. This biographical discontinuity is known to be a factor in the first outbreak of psychosis (Fuchs 2010a, 566). Thus, also in this sense, discontinuity seems related to disturbances of reality experience.

(2) Materiality and resistance

The second factor is materiality. When asked what reality is, we immediately and somewhat naively point to the world of objects around us (Kusters 2014, 64). The chair you are sitting on is real, the wall you are facing is real, your arms are real. Something material might seem more real than something that lacks materiality. A book might seem more real than the story in it, my writing more real than my thoughts. Thanks to Jaspers’ (1948, 79) and Schütz’s accounts (1945, 546), it can be specified that what is real about materiality is its resistance. I can

¹²⁶ One could also distinguish the realness of the given examples (seeing a boat, hallucinating a demon) based on the noematic or noetic component. Seeing a boat is a perceptive act which will unlikely be grasped in its act-character, while the noetic aspect of hallucinating a demon may be more shocking and real to us. Seeing a boat lacks this noetic intensity, however the noematic aspect, the boat as perceived, offers more realness because of the continuity of this perceptual object in relation to previous perceptions. We have seen the boat more than once and its realness depends on a certain noematic habituality. I’m indebted to Thiemo Breyer for this remark.

act on something, I can grab something. The degree of reality depends on the resistance I discover when performing the action.

The closer I am to objects of my actions and the less reflected I am about them, the more resistance and realness I discover. My thoughts, on the other hand, are less real because they lack this materialistic resistance. But then again, they do have a peculiar resistance, because I cannot shape them exactly how I want without discovering some kind of resistance. Interestingly, the phenomenon of hyperreflectivity, that has been described in phenomenological psychopathology as one of the experiential core features of schizophrenia (Sass and Parnas 2003), illustrates this negatively. A predominant reflective and distanced attitude disturbs the hold or grip on perceptual reality (De Haan and Fuchs 2010).

The resistance of reality can also dissolve our imaginative worlds. “Reality is not only what fills our imagination, but also that which may destroy it”, Wolfgang Blankenburg (1991b, 10) wrote, thus capturing the multiple roles that resistance can take in experience. Reality imposes itself on our imagination with little resistance from the latter. A remarkable literary example of this can be discovered in a novel by Austrian writer, Stefan Zweig, *Der Widerstand der Wirklichkeit* (2009). In this novel Zweig describes the resistance of reality on the narrative level. Two former lovers finally meet again after almost ten years. Not only the world has changed, but they themselves have changed, and their hopes, imaginations, and memories vanish, when confronted with the resistance of reality.

(3) Multiplicity of sensations and perceptions

With Husserl (1966a, 55) in mind, one could say that a variety of and a concordance (*Einstimmigkeit*) among the different senses lead to the experience of something being real. The fact that I see, feel and even hear (e.g. when dropping my fork, moving my plate,...) the table I am eating on makes it more real than the food I assume to be around when I only recognize the smell of it. Seeing, touching, and tasting the food makes it much more real than only smelling it. Conversely, in a hallucination, a person might hear a voice, but he or she does not see, smell, or feel the person talking to her. This might make the hallucination less real than the voice of a real person.¹²⁷ Both Minkowski (1995, 388) and Frith (1992, 68) notice a different quality in the

¹²⁷ This does not mean that in everyday experience, we always perceive according to all sensational modalities at once. There are certainly times when we only hear, only see, or only feel someone or something that we nevertheless hold to be real. One could indeed speak of “perceptual faith” (Merleau-Ponty 1968, 19). See factor 6 and the discussion on the interplay of these factors for further elaboration.

reality of certain hallucinations, and the lack of multiple sensational modalities might be one of the reasons.¹²⁸

As recorded by Jaspers, a patient strives to gain reality by attempting to make use of different senses: “All objects appear so new and unknown, that I pronounce the names of the things I see. I touch them, to convince myself of their realness. I stamp on the ground, but still I cannot experience the feeling of reality” (Jaspers 1948, 54).

(4) Intensity and affection

The quality of reality might be lower in certain hallucinations and delusions, defined as hyporeality (Kusters 2014, 76-78). However, they may be hyperreal as well. What makes this experience more real than others? The intensity of an experience could be another factor influencing the dominance of either of the realities. As previously explained, crossing the gaze of another person one feels strongly for can be an intense and hyperreal experience. One can even feel physically affected. The gaze of the other may be enough to give up all doubts one might have.

The delusional experience, in its turn, may be so intense, and the person can feel so affected, or even overwhelmed, that they become immune to other experiences or arguments that deny or contradict this first intense experience. The experiential horizon of the patient seems to be restricted to the delusional reality. Thus, the intensity makes the delusional world more powerful than any perception, as Kraepelin (1904, 178) rightly remarks. As a perfect illustration of this a patient said about his own first psychosis: “The truths I found, presented themselves immediately and directly with absolute certainty” (Kaplan 1964, 94).

(5) Independency and the sense of authorship

The phenomenological structure of imagination and multiple realities allows us to argue that one more factor might lead to a change in reality experience. Namely, when the intentional (imaginative) act, that constitutes the delusional reality, is not recognized as an activity of the person. As we saw earlier, Fink and Husserl notice that imagination is characterized by ontic neutrality, implying that the person who imagines is actually somehow aware of doing so. Imagination, according to Husserl (2005, 656), involves an as-if or quasi-perception. When I imagine the Pantheon, to take Sartre’s example (Sartre 2004, 88), I do imagine a structure with a

¹²⁸ Another reason for the hyporeality of certain hallucinations could be the dysfunction of Victor von Weizsäcker’s ‘Gestaltkreis’ (1950) that continuously couples actions and perceptions. This ‘Gestaltkreis’ is thus more than the sum of a variety of perceptions and the possibility of acting on a materiality that offers resistance.

colour, a location, and a shape, but I do not perceive it. I cannot count the columns, as I could do if I perceived it. I quasi-perceive it then, I perceive it ‘as-if’ it were in my visual field.

The ‘as-if’ feature might be lost in the delusional reality (Fuchs 2013c, 252; Currie 2000), and this latter may become a perceptual reality, rather than the consequence of an imaginative act. The incapacity of the person to recognize that he or she is the active creator of the imaginative world seems to correspond to the descriptions of a disturbance of the sense of agency, as phenomenological psychopathologists have described in schizophrenia. Jaspers (1948, 102, 484) did so at the beginning of the 20th century, and recently this sense of agency has been studied more intensively (Gallagher 2000b).¹²⁹ In this context, it can be understood as a sense of authorship (Wegner and Wheatley 1999; Zahavi 2005, 6) concerning one’s own imagination.

A remarkable pathological example of a disturbance in sensed authorship has been recently described by Rosen Rasmussen and Parnas (2014). A young schizophrenic woman reported that she had seen a movie inside her head while planning to go to the cinema. “Later that day, she decided not to go to the cinema after all because the phantasy had left an unpleasant feeling that it probably would not turn out nicely. Although, she knew ‘deep down’ that it was all just a phantasy, ‘it felt like being there [in the cinema] in person’” (Rosen Rasmussen and Parnas 2014, 4). In agreement with the previous account of fifth factor, they write that the pre-reflective self-awareness of the intentional act, what is referred to as the sense of authorship, is weakened. If the person does not acknowledge (although implicitly) that he or she is the creator of this imaginative or delusional world, this latter gains independence and reality.

A more common loss or weakening of the sense of authorship can also occur in everyday life. We occasionally confabulate memories of events that did not really take place, or not the way we remember them. To a lesser degree, this is an example of a non-clinical failure to recognize one’s own imaginative act.

(6) Intersubjectivity

Back to the central topic of this text, one last factor of reality constitution calls upon the complex role of intersubjectivity and its disturbances in schizophrenic delusions. These are primarily the disturbances that involve the triadic relation between the patient, the others, and the world. It is the shared relation towards the world that seems affected.

¹²⁹ For an accurate discussion on the relation between the concept of the ‘ego disorder’ in early psychopathology and the ‘self disorder’ in contemporary phenomenological psychopathology, see (Fuchs 2015a). A concise recapitulation of the symptoms of disturbed self-experience in schizophrenia is given by Scharfetter (2003).

As previously argued, intersubjectivity is said to play a two-fold role. First, on the higher order level of language and rules, the presence of others forms the community in which we agree mostly implicitly on what is real and what is not. On this higher level reality is determined according to rules and conventions. Although it does not look like an active process, as no single subject is actively involved in setting the rules, it can be said to be active on the level of the community. These rules change, as illustrated by the process of scientific evolution. What we once believed to be true and what once influenced our individual lives, might change radically.¹³⁰ Both Husserl's ideas (1973c, 133-142) on normality as the concordance among each other's experiences, and Waldenfels's position (1971, 335) stressing on the conventional character of our rules of experience come in handy in order to understand the disturbance of this higher level within the context of delusions. The patient who believes to experience the frightening influence of the Internet on his own thoughts would, on this higher level of intersubjectivity, be recognised as 'heterological' in Husserl's terminology. This means that most people are usually able to notice that something is not right and their belief are not within the limits of what is allowed within our community. In other words, one does not need to be psychiatrist to notice the deviation from implicit conventions and rules. If this patient goes on to act differently as well, other members of the community can again notice these different activities as they do not fit with what is implicitly considered to be normal.

Secondly, on the lower level of reality experience, the presence of others is a condition for the experience of reality. This lower level of experience involves passivity. Blankenburg suitably describes the active and the passive poles of reality experience in these terms: "Life-world relatedness (*Lebensweltbezug*) – as we understand it here – implies an open tension between 'relating-to' in the sense of using an active intentionality (active synthesis), and a more passive-pathical (...) 'always-already-related-to'. It is in the spectrum between these two poles that reality is constructed. This means the constitution of something as something for someone (or of someone as someone for someone)" (Blankenburg 1991b, 5). Such a phenomenological distinction between the passive and the active level can actually prove to be beneficial to the current investigation.

The passive level is first of all intersubjective because of 'open intersubjectivity', which is just a different name for the influence of transcendental intersubjectivity on one's own subjective experience of the world. It is indeed the horizon of our experiences and it is based on the

¹³⁰ Thomas Kuhn (1962) and Paul Feyerabend (1993) were the first to develop these ideas based on their inquiries into the scientific process. The influence of scientific progress on our everyday beliefs is one of the clearest examples of this higher layer of the intersubjective experience of reality.

simultaneous apperception of what is not originally given. As previously explained, the crucial turn in Husserl's ideas on perception is precisely that this apperception is related to the possible presence of others who could perceive the sides of an object that are not originally given to me.¹³¹ It was also abundantly argued that intersubjectivity is a transcendental condition for the experience of reality and objectivity. The sharing of the world is a necessary condition for "perceptual faith" (Merleau-Ponty 1968, 19), for a stable experience of the reality of our perception. In the earlier mentioned example of dreaming, it is not only the discontinuity that allows you to recognize the unreality of the dream after you have woken up, but also the absence of other perspectives (Schütz 1945, 563). It is clear that a disturbance of intersubjectivity, of being with others, of recognising others as co-constituting and co-experiencing in the world, disturbs the function of Husserl's open intersubjectivity. If one were to follow Husserl on this, then it would be correct to argue that disturbed intersubjectivity necessarily leads to a changed experience of the world.¹³²

Furthermore, also perceptual anomalies in schizophrenia can be better understood as a disturbance of open intersubjectivity or transcendental intersubjectivity. Not only particular forms of derealisation, including the derealisation of real other people, but also the alterations in the perception of objects can be suitably explained within this framework. The famous 'delusional perception' described by Jaspers and Schneider is a good example of this.¹³³ A schizophrenic patient immediately sees an object as a particular element of the delusion. His phone is not perceived as his phone, but as a listening device. The face of a random pedestrian is directly perceived as a warning for the soon to come apocalypse. Also the perceptual fragmentation often found in patients' self-reports can be easily related to a dysfunction of open intersubjectivity. "She remembered that she could not look at the whole door. She could only look at the knob or some corner of the door. The wall was fragmented into parts" and "I may look at the garden, but I don't see it as I normally do. I can only concentrate on details. For instance, I can lose myself in looking at a bird on a branch, but then I don't see anything else"

¹³¹ Blankenburg (1991b, 16-19) discussed the role of perspectivity in delusions. He argued that delusions are not just expressions of 'aspect-sclerosis' as previous psychopathologists had suggested. We arguably need more than perspectival flexibility to experience reality. The limitations or boundaries of our perspectival shifts equally contribute to the experience of reality. See Breyer (2014) for further elaboration of these ideas.

¹³² I will return to this consequence, as it is not unproblematic. One can, for example, argue that schizophrenic delusional patients still perceive normally, and only focal elements of their experiential field have altered. Furthermore it needs to be clarified what a disturbance of intersubjectivity would be and whether disturbed reality experience is really a consequence or a secondary effect, rather than a primary cause.

¹³³ Contrary to Jaspers, Schneider thought that delusional perception was based on false interpretation or on an addition of meaning to a normal perception. The critique of his idea of a meaningless perception as well as the critique of the distinction between perception and meaning in general are summarized in Spitzer (1989, 24-31). A phenomenological analysis of the concept is provided by Fuchs (2005b).

(patient 1 and 2 in Uhlhaas and Mishara 2007, 143-144).¹³⁴

A disturbance of open intersubjectivity clearly entails the alteration of the integrity of perception and, based on Husserl's ideas on apperception, this can be easily explained. Accordingly, also the meaning and utility of objects in a common sense context are altered, As these meanings and utilities of perceptual objects depend on the prior integrity of perception. If the integrity is lost, as the patients above described, these objects also lose their meaning, or their 'affordances' (Uhlhaas and Mishara 2007, 145).¹³⁵

The same level of passivity also accounts for 'fundamental certainty', 'basic trust', and 'perceptual faith'. These descriptions indicate that we have a particular certainty in our experiences, even in experiences of doubt. This fundamental certainty or trust concerns "our direct, pre-reflective and practical grasp of the world" (Rhodes and Gipps 2008, 298).¹³⁶ These bedrock certainties emerge from our everyday experience of the world, which is not an isolated experience, inasmuch as we share our engagement in the world with others, as clearly explained by both Heidegger (1967, 125) and Waldenfels (1971, 136, 246). Trust is acquired through the interaction with others, through the regulation of my experiences in attunement with others. Building on this practical engagement, I integrate the bedrock certainties of my community. This means that a belief or conviction I might carry is always related to the intersubjective context. Clearly, I mostly do not ask whether others agree with my ideas, but I have integrated the intersubjective validation in order to know even before asking whether this idea or belief is correct. In a delusion, the absolute certainty that might be present at times can instead be understood as a disturbance of this intersubjective trust. It remains a trust or a certainty, but is not intersubjectively confirmed, nor is it attuned or open to modulation or regulation. It is as if the delusional person has excommunicated all others from his immanence. This entails that the patient becomes solipsistic, and the others are degraded to objects or side figures in a play. Spitzer's definition of schizophrenic delusion can be now useful, as it points out that the delusion has the form of a statement about one's most personal mental states, but its content concerns the intersubjectively accessible world (Spitzer 1989, 115). The patient does not recognize what is private and what is shared, what is self and what is other. However, according to Husserl, in order to experience intersubjectivity I have to recognise my own original sphere (*Eigenheitssphäre*) as well as the intersubjective sphere. In his own words: "I distinguish

¹³⁴ I would not claim that this fragmentation is only due to dysfunctions in intersubjectivity. It has been equally argued that fragmentation is the result of a disturbance of the protentional function of inner time consciousness and the 'intentional arc' (Fuchs 2007).

¹³⁵ Recall Bleuler's description of 'Begriffsverschiebung' or 'shift of meaning' (Bleuler 1955, 332).

¹³⁶ The fundamental certainty, the basic trust, and the perceptual faith described by the phenomenologists in Chapter 2 all come close to Wittgenstein's descriptions (Wittgenstein 1969, §88, §341, §342).

between a) that which I find in my self, independent of others, in my own intentional field as worldly and as the world itself, and b) that, which I find with the ‘help of others’, being the objective world that is there for all of us” (Husserl 1973b, 385). Accordingly the phenomenology of intersubjectivity claims that even the highly personal is permeated by the intersubjective, e.g. through the categories of our experience. Differently, Spitzer’s definition points to the fact that some patients happen to rely on the kind of certainty that is only found in a fully solipsistic universe, that is to say in their own immanence from which others are banned.

All in all, delusions can be defined as disturbances of the intersubjective experience of reality. This means firstly that the attunement with and regulation by others on the highest level of reality experience is dysfunctional. Secondly, it means that the lower level of passivity is disturbed: where we normally attune our trust and certainty pre-predicatively to the community and therefore experience the world as real, the absolute certainty of a schizophrenic delusion shows a disengagement or a disconnection from others. The certainty is a solipsistic certainty. Lastly, it means that intersubjectivity cannot play its transcendental role in perception, which Husserl called open intersubjectivity. These elements are all implicitly present in Spitzer’s definition.

What about the content of delusions? It has been argued in the previous subsection on the encounter in the delusion that schizophrenic delusions are often relational. This means that the underlying themes involve others and the role they play for the patient. Delusions of persecution are best known. The patient is abused or threatened by a collective of evil people, or persecuted by a strange authority. But also more bodily experiences like transitivity, the feeling of permeability, and passivity experiences relate to how others directly threaten and influence the patient (Bleuler 1955, 338). Furthermore, Blankenburg claims that delusions are not just a matter of a loss of perspectival flexibility (*Aspekt-Sklerose*). The absolute certainty, together with the lack of attunement to others and their regulations certainly imply that the schizophrenic delusional patient does not try to see from the perspective of the other and remains self-centered. Conversely, there are also experiences in schizophrenia that consists of too much perspectival flexibility, where patients describe a lack of personal perspective.

In agreement with the perspective outlined so far, Kusters (2014, 551) remarks that the psychotic self essentially loses connection and attunement with others and their stable reality. As previously made clear, this is exactly what Minkowski (1927, 5, 236, 250) defines as the ‘loss of vital contact with reality’. A disturbance of intersubjective reality urges the constitution of a new, idiosyncratic reality (Schwartz et al. 2005; Fuchs 2015c). A delusional reality, however, without the characteristics of self-evidence and attunement to others.

To conclude this paragraph on the role of intersubjectivity in schizophrenic delusions, I think it is vital to point to the intertwining of transcendental and mundane intersubjectivity. The same circularity discussed at the end of Chapter 2 returns here: the mundane determines the transcendental, just as the transcendental shapes the mundane. In other words, I adopt the bedrock certainties of my community, based on my practical engagement in the world with others. Mundane intersubjectivity together with concretely social interaction offer the ground for the process of world-constitution through categories, forms of thinking and sensing. As a person, I am with-others, and these others influence and regulate my individual experiences. One example thereof is the regulation of reality experience. If children talk about dreams they had, we assure them that it was just a dream, and not reality. Children then integrate this regulation and thereby evaluate their own experiences differently. The same regulation of reality happens, often in an ‘indirect dialogue’, rather than explicitly, once we are mature. This means that mundane intersubjectivity influences my individual constitution of experience. However, it does not end there, as the transcendental level ‘forms’ the mundane.¹³⁷

If we conclude that in schizophrenic delusions, a particular alteration or disturbance of transcendental intersubjectivity is present, then this should be expressed on the other level, namely the mundane level of the shared world. Clearly, this is the case: delusions are defined by their predicative character, that is, they are incorrect or even incorrigible statements and judgements about the world. But we have seen that this is not the only manifestation of an alteration to transcendental intersubjectivity. “Crazy activities” (Conrad 1958; Parnas 2013b) are further manifestations of how the transcendental constitution of reality experience is disturbed.¹³⁸ The indirect dialogue with others, the shared engagement that defines our being-with, and our enacted intersubjectivity are then altered.

Understanding the two phenomena

I started the analysis in this subsection with the two complex delusional phenomena. Now, we are better able to understand them and their significance to grasp the role of intersubjectivity in schizophrenic delusions. First of all, double book-keeping, the related ambivalence, and

¹³⁷ As I have explained in Chapter 2, the intertwining of the empirical and the transcendental prevents us from interpreting this sentence idealistically.

¹³⁸ Conrad described how subtle changes in behaviour and decisions might illustrate the beginning of psychosis. According to the current investigation, these changes illustrate a loosening of the connection to the intersubjective reality. Conrad described, for example, how during the occupation of Paris, a German sergeant led his troops to visit the cultural highlights of the city, to show them the magnificence of the enemy. This would not be considered psychotic, but his immediate surrounding considered it ‘crazy’, as it disturbed the actual context.

possible distanced attitude of delusional patients towards their own convictions and beliefs can be better qualified in the light of these six factors. One factual example suitably serves this purpose. The interplay of multiple factors can be said to form the paradoxical co-existence of supposed excluding realities. A patient experiences a frightening influence of the Internet on his own thoughts (Stompe et al. 2003). This experience is so intense (*factor 4*) that it seems hyperreal, and the factors that contradict the reality of this experience are neglected, such as the discontinuity (*factor 1*) and the lack of multiple sensational modalities (*factor 3*). However, confronted with family or caregivers who try to reassure the patient, his original experiences of being influenced may start to seem doubtful and less real. The lack of intersubjective confirmation (*factor 6*) of his experiences may in a way neutralize their realness. However, if these experiences remain, they gain continuity (*factor 1*) and are taken to be increasingly real. Furthermore, the patient may not recognize his own imagination at work, what was defined as sense of authorship, but instead experiences what happens to him passively (*factor 5*). The patient may learn that others do not believe him and categorize his experiences as phantasms or as psychopathology. He may thus talk about these experiences with distance and somehow acknowledge that these are private experiences that are only real to him, but real nonetheless. These factors help us to understand that double book-keeping is a way of integrating highly intense, unsettling, and sometimes meaningful experiences into one's life, particularly when these experiences do not fit or even break previous coherence and continuity. Double book-keeping seems to indicate that a person can be 'inside' or 'outside' of a particular compartment of experience that is highly idiosyncratic, private, and lacking intersubjective validation.¹³⁹

Secondly, both main forms of the primary delusional experience, as Jaspers describes them, can be better understood in reference to the above listed factors. The patient, who suddenly discovers that the colours of passing cars seem to signify something important to her, and for whom the number plates carried unclear messages, is markedly affected by hyperreal insights (*factor 4*). The discovery of being at the centre of all these symbols is perplexing, and it shook her with an unknown intensity. However, when confronted with the disbelief of her husband (*factor 6*), and later on, during psycho-education, with the health care workers explaining her

¹³⁹ Double book-keeping certainly deserves more study than I can offer in this chapter. One of the questions is how the patients experience these two realities themselves. Sometimes patients realize the contradiction and this may become embarrassing. Another point would be to compare the delusional reality to other private compartments of experience, like those needed for artistic creativity. Such 'compartments' are, I would suggest, not intersubjectively accessible either, but the difference would consist in their experiential realness. Thanks to Thomas Fuchs for remarking this.

that it was the consequence of her own neurotransmitter dysregulation (*factor 5*)¹⁴⁰, rather than an independent reality, she turns doubtful on her previous insights.

To take another example, consider a person who felt touched by the light of God in a moment of heavenly clarity. The clear contents and answers she receives may arise with an overwhelming intensity and affection, thus becoming hyperreal. In this case this dominates all other contradicting factors, such as discontinuity (*factor 1*), lack of resistance and materiality (*factor 2*), and the lack of intersubjective confirmation (*factor 6*). There are also enough examples of similar experiences that *are* intersubjectively embedded, for example in a religious context. In these cases, the intersubjective confirmation may allow and support such experiences to function in a meaningful way, without being considered pathological (Hunt 2000). With the interplay of these factors in mind, both the doubt and uncertainty that characterize the first main form, and also the immediate certainty of the second main group become more accessible and understandable. The previous analysis of intersubjectivity can be further employed in order to clarify how the primary delusional experience first emerges as “a puzzling, mysterious and stage-like scenery” (Fuchs 2005b, 133). Although I’m well aware of the speculative nature of such a claim, I would indeed argue that a primary disturbance of intersubjectivity could well be the cause of such experience. If open intersubjectivity breaks down, the patient cannot but experience differently, as the necessary condition for apperception is lost. Furthermore, without the continuous integration of the intersubjective categories of experience and without experiencing others in such a way that they contribute to the experience of reality and objectivity, it is no wonder that the experiential life may become idiosyncratic, and certain situations become perceived as self-referential (Fuchs 2005b). Concretely, a disturbance of (transcendental) intersubjectivity can lead to alterations of perception itself, of the immediate perceived affordances of objects in the world, of the meanings they have, as well as to altered realness of an experience. The patient who recognizes special messages in the number plates of cars may be understood as suffering from a breakdown of transcendental intersubjectivity. This leads, just like in a fully developed delusion, to an idiosyncratic apprehension of the world. This, in its turn, may allow ‘realities’ or ‘truths’ to appear that lack intersubjective confirmation, habituality, or embeddedness, and thereby, appear with a completely different intensity. Such intense or hyperreal experiences may then be the basis for the development or crystallisation of full-blown delusions.

¹⁴⁰ Whether this is an adequate and helpful procedure for a (recovering) delusional patient is something I cannot discuss in this chapter. I will return to the issue of recovery in Chapter 4.

Conclusions

In this chapter I have examined the intersubjective dimensions of schizophrenia. The first part of the chapter provided a conceptual analysis of the works of psychopathologists who contributed to the understanding of the disorder. The purpose of this part was to investigate whether disturbances of intersubjectivity are present in the different theories on schizophrenia, and if so, what kind of disturbances. From the first descriptions by Kraepelin until the most recent account based on the ToM paradigm, a variety of symptoms, signs, and phenomena were mentioned that show the importance of intersubjectivity in schizophrenia. Whereas the self-disorder model strongly relies on the accounts of the classic and phenomenological authors, it is now fair to claim that this model of schizophrenia could benefit from widening its scope towards intersubjectivity. This analysis has shown that a phenomenological account of schizophrenia should integrate these intersubjective dimensions.

The second section of this chapter was devoted to the manifestations of disturbed intersubjectivity. I reiterated the distinction between two kinds of intersubjectivity. The first subsection concerned the encounters with others. First of all, three domains of the encounter with others showed clear manifestations of an altered intersubjectivity. These involve understanding others, attunement and intercorporeality, and sociality. Patients are explicitly reported to have difficulties with understanding others and making themselves understood. Jaspers' famous definition of schizophrenia and particularly schizophrenic delusions as 'incomprehensible' grasps one aspect of this; another aspect points to Rümke's 'praecox feeling'. Patients seem to become inaccessible and attempts to reconnect with the patient are characterized by a lack of reciprocity. The examples provided by Jaspers, Rümke, von Baeyer, and Minkowski all point to the same phenomenon of disconnection from the other. This disturbance of understanding others and being understood is said to include both an affective as well as a cognitive aspect. The first pertains to 'feeling', it is a subjective phenomenon in the encounter with the patient. Kimura's 'in-between' offers an adequate term to describe the 'felt' bond with the other that is nevertheless open to distinction, separation, and individualization. The second is most noticeable in the variety of language disturbances, which are claimed to reflect a primary communicative disturbance rather than a real linguistic dysfunction.

Secondly, attunement and intercorporeality in schizophrenia have been given due attention. The schizophrenic person may experience difficulties to become aware of the implicit rules that

form the common sense of social interaction.¹⁴¹ Other patients are aware of these rules, but fail to integrate them into their own activities or experiences. They do not ‘feel’ or ‘sense’ what is appropriate and cannot attune adequately to the surrounding. The trust that develops from interactions with others is, I believe, a determining factor in the difficulties recorded concerning common sense, precisely because attunement is not a matter of intellectual or rational efforts. In order to experience the intersubjective world, we need a certain trust in others. If not, our explicit or implicit regulating attempts would be in vain. The ToM paradigm highlights the cognitive aspect of this difficulty, namely the shift of perspectives, but it fails to account for the immediate and embodied part, which I have discussed as ‘affective resonance’. This has little to do with explicit perspective taking or with social reflection.

One last domain entailing intersubjective disturbances in encounters concerns sociality, and it includes autism and withdrawal. While Bleuler defines schizophrenic autism as living in phantasy worlds, Minkowski would redefine it as a loss of vital contact with reality. Minkowski’s work also provided useful insight concerning desynchronisation as an example of temporal disturbance involved in schizophrenia. More recent ideas on schizophrenic autism emphasise the voluntary side of it, where patients actively avoid social life with its confrontation and difficulties. Some patients even rationalise their social withdrawal by describing the threatening influence of sociality on their already weak feeling of individuality. One last aspect of schizophrenic autism entails alterations in the experience of others, namely when others become derealized or (in psychotic phases) imposters or functionaries of the delusional system. Besides these three domains concerning the encounter with others, I also proposed to include another kind of intersubjectivity, namely the intersubjectivity within the delusion. Although I do not claim that this is intersubjectivity in the usual sense, it does relate to how the patient experience others, even though these others are not ‘real’ others. Most schizophrenic delusions involve relations to others. However, these others lack individuality, they are mere representations of groups or collectives and serve a purpose in the delusional system. The encounters themselves are sparse and the others are mostly present indirectly in the objects of the world, signalling specific meanings to the patient. The patient is central and all others are part of his solipsistic world. While the others in the delusion are subjectified, the others in the real world seem to become objectified: they can be derealized, they have little influence on the perceptions

¹⁴¹ Here, I refer to common sense as the felt connection necessary for attunement to and understanding of social situations. It is some kind of *knowing how*, as previously claimed. Again, this should be distinguished from the “*stock of knowledge-at-hand* useful at the level of everyday life” (Stanghellini 2001, 205). This second kind of common sense involves a “network of beliefs” that is shared with other members of the community. Common sense is thus a concept useful for both the mundane and the transcendental disturbances of schizophrenia.

of the intersubjective world, and they become increasingly less relevant for the world of the patient. The fundamental alteration of intersubjectivity in delusions is twofold: within the delusion intersubjectivity is *subjectified*, while the real others the patient encounters become *objectified*.

Mundane intersubjectivity	
Encounters: 'objectified intersubjectivity'	Understanding others
	Attunement and intercorporeality
	Sociality
Within the delusion: 'subjectified intersubjectivity'	Self-other structure

Table 1. An overview of the key alterations to the encounter in schizophrenia as analysed in subsection 3.2.1.

The second subsection provided an overview of the manifestations of disturbed intersubjectivity in the shared world and it accounted for transcendental intersubjectivity in delusions. I have argued in favour of a phenomenological understanding of two complex delusional phenomena, namely double book-keeping and the primary delusional experience. This did not only offer a wider understanding of these phenomena, it also led us to conclude which factors play a role in the experience of reality. For our purpose the last factor was the most important, namely the role of intersubjectivity in delusions. I discussed both the higher level of convention and implicit rules that determine how we actively experience and constitute reality, and a lower level of passive reality constitution. I argued here with reference to the discussion in Chapter 2 that schizophrenic delusions involve alterations or disturbances of transcendental intersubjectivity.

First of all, delusions are deviations from normality and they show disturbances of what Husserl called 'orthological' experience. It is a kind of experiencing that is not attuned to the experience of others. Besides this experiential normality, delusions show a disturbance of conventionality, namely of the explicit and implicit rules that determine our activities and behaviour, what Blankenburg calls 'common sense'. This becomes clear in the 'crazy activities' schizophrenic patients are sometimes credited with. Thirdly, it was possible to account for the patients' altered perception: not only the meaning of an object and its affordances can be altered, but also the perceptual object itself. The patient may, for example, perceive his phone to be a listening device, as an example of different meaning, but other patients described how they are

unable to perceive an object as a whole, leading to fragmentation of their perceptions. In the light of Husserl’s concept of ‘open intersubjectivity’ we can understand transcendently why such an experience would be possible. If a subject perceives an object without the function of open intersubjectivity and thus without the possibility of apperception, the subject can only perceive what is actually given to him. Again, based on Husserl’s idea of reality, it is clear why patients can experience derealisation of objects and others.

Furthermore, we unravelled the absolute certainty of the delusion as a certainty unlike any other. It is immanent or solipsistic certainty, and it lacks openness to correction, modulation, and doubt. I followed Spitzer’s description of this certainty as having the apodicticity of the subjective (or immanent) world, but concerning the ‘external’ or intersubjective world. This definition grasps how the usual configuration of immanent and personal with the intersubjective and social is disrupted. What is mine and what is other are mixed up. The fluid borders between self and otherness are therefore not only a feature of the phenomenon of transitivity, but can also be found in the delusional conviction.

Turning from the investigation of the form of delusions to their content, we saw that most schizophrenic delusions are relational and concern the reciprocal influencing of self and other. This is clear in paranoia, in the threatening presence of others, and in the disruptions of the self-other demarcation.

The investigation has led us to conclude that schizophrenic delusions are clear manifestations of a disturbance in the intersubjective experience of reality. The schizophrenic delusion manifests a particular alteration in intersubjectivity on the active and passive levels of experience, as well as in the domain of behaviour, attunement, and interaction. Together with the analysis of the encounters with others, this suggests that the schizophrenic alteration originates in the intersubjective constitution of this pre-reflective, pre-predicative life-world. It became clear that the role of intersubjectivity in schizophrenia can only be clarified by paying attention to both the transcendental and the mundane aspect, which I have tried to do in this and the previous chapter.

Transcendental intersubjectivity	
Active or higher level	Normativity and conventionality
Passive or lower level	Open intersubjectivity
	Categories of intentionality
	Reality and objectivity
	Perceptual faith

Table 2. Overview of the key alterations to the co-constitution of reality as analysed in subsection 3.2.2.

This chapter offered the clinical and conceptual elements relevant to describe the intersubjective dimension of schizophrenia. It can finally be concluded that schizophrenia indeed involves a particular alteration of intersubjectivity. It affects both mundane and transcendental intersubjectivity, and the patient manifests these changes both in relation to others, as well as towards the shared world. A first attempt to conceptualize the exact nature of this intersubjective disturbance, to find the ‘trouble générateur’ so to speak, would be to define it as a disturbance of ‘open subjectivity’. The exact meaning of this definition will be discussed in Chapter 4. Now that this chapter has proven the intersubjective nature of many manifestations of schizophrenia, this knowledge can be combined with the philosophical insights from Chapter 2 in order to discuss the relation between self and intersubjectivity disturbances.

CHAPTER 4. PSYCHOPATHOLOGY AND PHILOSOPHY OF INTERSUBJECTIVITY

In this chapter I aim to provide an answer to this inquiry's main research questions. I start by confirming the first question: *Is schizophrenia an intersubjectivity disorder?* Since I have taken a phenomenological perspective on schizophrenia, this research requires me to account for the relation between my description of the illness as a disorder of intersubjectivity and the phenomenological description of schizophrenia as a self-disorder. In particular, the question is whether this relation is foundational, i.e. whether the disorder of the self is the foundation, core, or origin of the intersubjectivity disorder.

In the second part of this chapter, I also answer the second research question: *Which self-concept is suited to define schizophrenia as a self- and intersubjectivity-disorder?* The current phenomenological approach proves not to suffice to a complete account on schizophrenia. I argue that a vital aspect of the illness is neglected if the phenomenological contribution is restricted to its current form. A more adequate concept, encompassing both self and intersubjectivity disturbances, is therefore required. In this respect, *open subjectivity* proves to be an entirely suitable concept. I consequently explain the concept in more detail. This chapter thus integrates the results from Chapter 2 and Chapter 3 and it pieces together both philosophical and psychopathological insights.

4.1 From self-disorder to intersubjectivity-disorder

From the early descriptions by Kraepelin to the most recent accounts based on the ToM paradigm, a variety of symptoms, signs, and phenomena show the importance of intersubjectivity in schizophrenia. Differently, the self-disorder hypothesis relies on the accounts of classic and phenomenological authors, who did not piece together the evidence so far collected. Nevertheless, the results stemming from the previous chapter allow me to claim that a phenomenological account of schizophrenia should strongly integrate the intersubjective dimension.¹⁴²

The question that arises now is instead how the traditional account of schizophrenia as self-disorder relates to the previously described intersubjectivity disturbances. Could it be that the disturbances of intersubjectivity are all secondary to some core alteration amounting to a diminished sense of self and hyperreflexivity? In brief, one might well want to claim that all symptoms and signs of schizophrenia ultimately relate to a disturbance of the minimal self.

¹⁴² What is meant here by 'intersubjective dimension' was made clear in the second section of Chapter 3.

This does not mean that other, higher layers of self are taken as not affected. The narrative self, for one, can certainly be recognised as disturbed, as the patient loses a sense of autobiographical coherence or contiguity (Sass and Parnas 2003). This approach to schizophrenia is based on a foundational model of the self, as elaborated by Zahavi. The minimal self is here “a necessary foundation for the articulation of a richer or sophisticated, reflective, language-bound, narrative selfhood, with its representational elements and dispositions” (Parnas and Sass 2011, 525). But what evidence supports this approach to the self disorder?¹⁴³ The multi-faceted significance of the intersubjectivity disturbances seems to suggest that the foundational model should be reconsidered. This does not mean, however, that it is my intention to simply discard the hypothesis of the self-disorder. I rather propose to expand or complement this view in order to comfortably account for the basic alterations of intersubjectivity as well.

The limits of the current phenomenological approach

The foundational model of the self, as applied to the self-disorder, currently prevents the development of any perspective suitably accounting for significant intersubjective disturbances. In order to support this claim, I will now examine to what extent intersubjectivity is included in the self-disorder hypothesis, and I will compare this finding to the disturbances I have previously elucidated.

Within the traditional framework of phenomenological understanding of schizophrenia, the third component of the self-disorder, namely the ‘disturbed hold’ or ‘grip’ on the world, comes closest to the disturbances of intersubjectivity. However, the reader already knows that this third element tends to mostly play a side role in the psychopathological descriptions (Sass and Parnas 2003, 436). The term is used to describe “distinctive abnormalities of the salience and stability of the objects and field of awareness” (Sass and Parnas 2001, 348). The lack of grip on the world is said to involve perplexity and a loss of common sense. This definition is also echoed in the listed symptoms included by the semi-structured interview on anomalous self-experience (EASE). This list is primarily an exploration of symptoms possibly related to disturbances of the minimal self (Parnas et al. 2005, 236). As such, it is considered to match the core disturbances of schizophrenia. It is worth noting that only three symptoms in this list actually belong to the realm of intersubjectivity.

The first is a loss of common sense. It has been explained earlier how Blankenburg (1969) and Stanghellini clarified the different meanings of common sense and to what extent

¹⁴³ For an analysis of the layered account of the self, see Michela Summa’s article (2014a).

they are relevant for the psychopathology of schizophrenia. The social form of common sense, taken as understanding “the human game” (Stanghellini 2011, 165), matters the most here. This includes references to the knowledge of social rules and particular ways of conceptualizing objects, situations and other people’s behaviour. What is more, it also entails a pre-reflective, pre-propositional attunement which allows us to establish emotional contact with others and relate to each other’s subjective life (Stanghellini 2011, 165). In the EASE, however, common sense is mainly used as a synonym for self-evidence. The only reference to intersubjectivity or to the social aspect of this self-evidence is the mentioned lack of “naturalness of the world and of other people” (Parnas et al. 2005, 249).

The second symptom which involves intersubjectivity is transitivity or confusion with the other, described in the following terms: “The patient experiences himself and his interlocutor as if being mixed up or interpenetrated, in the sense that he loses his sense of whose thoughts, feelings, or expressions originate in whom” (Parnas et al. 2005, 254). This description leaves us wondering what the normal experience of self and other ought to be. Clearly, it seems, this ‘interpenetration’ should be absent. Yet, some of the philosophical views introduced in Chapter 2, together with some psychopathological descriptions presented in Chapter 3, seem to indicate that a certain kind of interpenetration is possible, maybe even necessary.¹⁴⁴ Transitivity shows then that the distinction between what is mine and what is other is potentially fading. And I believe this is a key element to the understanding of schizophrenia, as I have shown that fluid borders between self and otherness are not an exclusive feature of transitivity, but can be also found in the delusional conviction.

The third and last intersubjective element listed by the EASE concerns solipsism. “The patient in some way feels as if being a unique (literally or in the sense of centrality) subject in the world, may have a fleeting sense of extraordinary abilities or powers (as if being a creator), may experience the outer world as a figment of his own imagination (the world becomes mind-dependent)” (Parnas et al. 2005, 255). In my interpretation of schizophrenic delusions, it is clear that the others *within* the delusion are subjectified others, in that they emerge from a solipsistic subject. They lack real alterity. Furthermore, the certainty of the delusion stems from the subject’s immanence and is closed to ‘external’ influences.

I believe these three elements to be absolutely correct, however thus far, neither a clear explanation of how they relate to the self-disorder, nor of the overall role of intersubjectivity in this hypothesis has been provided. Furthermore, there are other symptoms, signs, and

¹⁴⁴ See for example Minkowski (1966, 461), Kimura (1985, 193), and Merleau-Ponty (2005, 497). I come back on this argument in the second part of this chapter, when discussing the meaning of ‘open subjectivity’.

phenomena that are relevant to schizophrenia, which have not been listed in the EASE. On the whole, it would be very difficult to try and derive all the intersubjectivity disturbances from diminished self-affection and hyperreflexivity. It is even questionable whether this would be an adequate approach for a phenomenology of schizophrenia.

The difficulty to integrate intersubjectivity disturbances into the self-disorder hypothesis is arguably the direct consequence of the philosophical assumptions on the nature of the self. The problem finally comes down to the irreducibility of intersubjectivity, in both its mundane and transcendental form, to subjectivity. The self-disorder hypothesis focuses on one kind of self that is not immediately connected to others, while the philosophy of intersubjectivity as presented Chapter 2 has strongly claimed this connection.¹⁴⁵

The reader might recall that Husserl's successors criticize his approach to intersubjectivity, by arguing that his starting point on intersubjectivity is an absolute self-certain I (Waldenfels 1971, 403). Nevertheless, in his use of the abstraction in the intersubjective reduction, Husserl implicitly assumes the ontological connection with the other. Yet, he fails to clarify its role for the experience and constitution of the subject. Heidegger claims that *Dasein* is being-with (*Mitsein*), and this is not just a factual or ontic description of the impossibility to be alone in the world, but it carries an existential-ontological meaning (Heidegger 1967, 120). Merleau-Ponty, for his part, explains our understanding of others as based on intercorporeality (Merleau-Ponty 2005, 215). This implies that "the own and the alien are entangled, that everybody is inserted into an interlacing" without readymade individuals (Waldenfels 2004, 246). According to this perspective, individualization only follows from this pre-existing anonymity of the intercorporeal being (Merleau-Ponty 1968, 143). Furthermore, Waldenfels remarks that the immediate intersubjective connection is also part of our everyday practical engagement in the world. He argues indeed that the other in the encounter is not primarily the object of our observations, but a co-subject in a common practical involvement (*gemeinsamens Tun*) (Waldenfels 1971, 136).

These views on a significant connection with the other do not imply that the distinction between self and other disappears. Levinas (1961, 21, 23, 29, 83) and Waldenfels (1971, 138; 2006), for example, both emphasise the otherness of the other through the experience of

¹⁴⁵ Not all definitions of the self-disorder exclude the direct intersubjective relation. Fuchs (2010a), for example, defines the core of schizophrenia as affecting embodied self-affection, as it has been outlined in the first chapter. Because of this strong emphasis on embodiment, and because of the related idea of intercorporeality, this view on schizophrenia can include intersubjectivity disturbances. The disturbances of intercorporeality, such as the difficulties with affective attunement in direct contact, however, do not enable us to account for the disturbances of transcendental intersubjectivity, which certainly do play an important role.

surprise, appeal, and the need to respond. We are in continuous dialogue with each other, and we only break this dialogical connection when objectifying the other, Waldenfels claims (1971, XI, 368). The previously introduced description of the encounter in schizophrenia as *objectified* intersubjectivity makes clear that the alteration of intersubjectivity affects this primal connection to others. Hence, it seems that there is no philosophical reason why the intersubjective aspect of schizophrenia should be downplayed.

Could it be that the relative scarcity of studies on intersubjectivity and schizophrenia stems from a lack of clinical relevance of intersubjectivity? I believe this is not the case, as intersubjectivity is of major clinical importance. Conversely, the problems connected to the current self-disorder hypothesis are not just conceptual and theoretical, but may have clinical implications too. Contrary to the ‘core’ or ‘minimal’ subjective dimension, the intersubjective dimension of the disorder is the only one we can explicitly influence as clinicians and caregivers. I do not claim, thereby, that there is no possibility of alleviating the subjective suffering of the patient, nor would I argue that psychotherapy and pharmacotherapy have no influence on the symptoms and phenomena of diminished self-affection or hyperreflexivity. However, the symptoms, signs, and phenomena of disturbed intersubjectivity are present within a social context. It is also in this context that they become accessible to therapy. A shift in focus from the subjective to the intersubjective may thus increase the possible therapeutic targets.

Schlimme and Schwartz, for example, argue in their article on recovery from schizophrenia that the impaired intersubjective resonance of the schizophrenic person often leads the interlocutor to intuit that the schizophrenic person lacks explicit self-awareness (Schlimme and Schwartz 2012, 102). Because of the intersubjective difficulties, a ‘mismatch’ occurs between the patient and most other people, and the latter may experience the former as not to be trusted, as talking incomprehensible rubbish, or may find the patient irritating (Schulze and Angermeyer 2003). People with schizophrenia may certainly lack insight or not consider their symptoms as part of a mental disorder, but they are not usually confused or distracted in the sense of no longer being aware of themselves (Schlimme and Schwartz 2012, 102). Schlimme and Schwartz suggest that social support thus actually influences recovery from schizophrenia: “Social cover can be experienced in the sense of others ‘covering for me’ (i.e. helping me in a potentially embarrassing/compromising/dissonant situation with an excuse and support). It is this experience of social cover which can demonstrate that one is truly supported by a person or a community and which corresponds to one’s experience of being integrated into a supportive relationship” (Schlimme and Schwartz 2012, 104). Other

researchers have argued that recovery involves feeling normal again, through increased interaction and re-integration into a community (Borg and Davidson 2008; Topor et al. 2011), and social support is claimed to be the most important factor for subjective wellbeing in schizophrenia (Buchanan 1995; Beels 1981). From this perspective, it would be worth focussing on the intersubjective disturbances of schizophrenia, in order to ‘cover’ for them socially.

One workgroup gathered around Seikkula in Finland has developed a therapeutic approach called ‘open dialogue’ which appears to be based on similar ideas. They argue that therapy for psychosis should consist of a network of caregivers, family, and friends (Seikkula and Olson 2003). A voluntary social process (a so called ‘open dialogue’) is used to generate meaning for something that seems to go far beyond the explicable, namely psychotic experiences. As one of Benedetti’s schizophrenic patients explains after an episode of psychosis: “You only have such absurd words at your disposal, and their chaos renders you speechless: you need someone urgently, who could give you the right words for the experience, rather than someone who tries to deny them” (Benedetti 1991, 88).

If phenomenological psychopathology aims to be truly unique in its primary interest in the patients’ subjective experience, that is to say in the first-person perspective, then intersubjectivity cannot be neglected. Especially since the role one plays in the community, the self one becomes in interaction, and the shared world one experiences with others all contribute to the subjective wellbeing of every person, patient or not, and therefore, to recovery. The social world is a permanent dimension of existence, as Merleau-Ponty writes: “I may well turn away from it, but not cease to be situated relatively to it” (Merleau-Ponty 2005, 421).

A key point that I wish to make in this text is that schizophrenia is not just a disorder of one person, of one self, or of one brain. It is a disorder of self *and* intersubjectivity concerning how you and I directly and indirectly inter-relate. One could be tempted to conclude that schizophrenia is a disorder of the ‘relational self’, yet, this description would fail to grasp the ‘minimal aspect’ that the current self-disorder hypothesis targets.

4.2 Open subjectivity

In the attempt to overcome the limits of the current phenomenological hypothesis on schizophrenia, I should answer the second research question: *Which self-concept is suited to define schizophrenia as a self- and intersubjectivity-disorder?* One possibility would be to claim that schizophrenia is a disorder of the social self (Mead 1913) or of the relational self

(Andersen and Chen 2002).¹⁴⁶ Although these concepts might allow a suitable description of (some of) the intersubjective disturbances, they fail to account for the subjective dimension. I therefore propose not to think about schizophrenia as a disorder of a particular *type* of self, but of an orientation, an attitude, or a capacity of the self, which I call *open subjectivity*. This latter is neither a self, nor is it restricted to one of the layers of the self, like the minimal or the narrative self. Before venturing into details concerning what this concept means, I can already say that it is a dynamic interaction between the layers of subjectivity and the sphere of intersubjectivity. It is the capacity or attitude that allows for the emergence and dispersal of the sense of self and the sense of other.

4.2.1 What is open subjectivity?

Despite my claim that the philosophical assumptions on the self have led to a relative neglect of intersubjectivity disturbances in schizophrenia, the phenomenological tradition does indeed offer fruitful ideas towards the definition of open subjectivity. Zahavi, for one, explains how intersubjectivity plays a crucial role in the transcendental constitution of reality. However, he emphasises that it only does so within an a priori subjectivity that allows for the development and deployment of all the spheres of intersubjectivity (Zahavi 2009, 146; Husserl 1973c, 426). Husserl argues that it is only when an “alien body enters in between the solipsists” that transcendence emerges within the primordial sphere (Husserl 1973b, 8). And therefore, “we can say that this solipsistic world was still just an “immanent” world. It did not transcend me at all” (Husserl 1973b, 8). One could thus conclude that the priority of the ego is limited to the sphere of immanence, while the constitution of the ego requires the transcendence of this immanence through the other and otherness. Husserl is well aware of the problematic nature of the relation between subjectivity and intersubjectivity, as testified by his three volumes on the topic. His monadology is, I believe, an attempt to suitably account for this relationship. On the one hand, he argues for the primordially of subjectivity with its immanent sphere of experience. On the other hand, he admits that intersubjectivity influences our experiences, and therefore, our immanence. Open intersubjectivity is a clear example of this latter influence (Husserl 1973b, 289). However, I do not think that describing

¹⁴⁶ Andersen and Chen describe their psychological perspective on the interaction between self and significant others. They argue that a variety of relational selves emerges in contextual interactions with specific others. Their claim is that an individual’s repertoire of relational selves is a source of interpersonal patterns involving affect, motivation, self-evaluation, and self-regulation. Although I value their ideas and agree that our interaction or our form of being-with-others determines these interpersonal patterns, I do not think this is the correct concept to describe the intersubjectivity disturbances of schizophrenia.

the relation as monads with windows (Husserl 1973a, 260; 1973b, 295) actually solves the problem.

‘Open subjectivity’ does not mean that the subject dissolves into intersubjectivity. Evidently, there would be no intersubjectivity without subjects. Secondly, my experiences are mine. “The ‘mineness’ of my body is rooted in the manner of appearance, which distinguishes it from other bodies” Husserl explains (Husserl 1973a, 25). The point is that schizophrenia is not exclusively a matter of the subject’s self-experience, but of a kind of being, and thereby experiencing, that is open to the other. ‘Open subjectivity’ is a term that simultaneously accounts for the fact that the other is other, and that despite my attempts at understanding, and despite the reciprocal influence on our experiences, we remain other. Husserl himself admits that empathic understanding is open, indeterminate, or incomplete (Husserl 1973a, 225). We have open expectations or estimations of the others and their mental life. This openness towards others is required for the constitution of our experience of reality, for empathic understanding, but also for the constitution of our ego (Husserl 1973b, 170). I suppose that Husserl’s monadology, and particularly the metaphor of the windows, was an attempt to grasp how this relation between self and other influences even our most immanent sphere of self-experience.

From the phenomenological perspective, intersubjectivity is a matter of consciousness, and it is displayed in both my active behaviour and in the sphere of my passivity, affection, and plain receptivity. As Husserl claims: “We orientate ourselves in our life of sensations, we orientate ourselves according to ‘our’ and not just to one’s own experiences” (Husserl 1973b, 197). Individually, and passively, we indeed integrate the intersubjective into our transcendental consciousness. However, the mundane reality of being-with-others is actively formed through intersubjectivity. Everybody could say: “I have been in connection with others for as long as I can remember”, meaning that my understanding and interpretation of the world is formed by the interaction with others, and it is formed that way again and again through interaction (Husserl 1973c, 173), as it has been argued in Chapter 2.

The concept of ‘open subjectivity’ is able to usefully contribute to the description of both the essential alterations in schizophrenia and the ‘normal’ relation between self and others, inasmuch as it bypasses the distinction between the mundane and the transcendental. This distinction is certainly relevant for phenomenological investigations, although the reader should bear in mind that it is a form of abstraction, similar to the phenomenological reductions. This means that no moment of experience is actually divided into an empirical or real world experience, and a transcendental experience. Since open subjectivity, as it will be

made clear further on, has a role to play on both the transcendental and the mundane level, and given that the disturbances of schizophrenia are displayed equally on both levels, it is clear that this distinction will be less relevant.

Essentially, I understand ‘open subjectivity’ as the attitude, capacity, or orientation of each subject in relation to others. Such a relation should be understood as the openness of the primordial or ‘own’ sphere. In an attempt to clarify the definition and the role of open subjectivity, both in schizophrenic and in healthy individuals, I will investigate five different dimensions or fields pertaining to open subjectivity. The first is the temporal dimension, where open subjectivity is prominent in the protentional function of inner time consciousness as well as on the higher layer of narrativity. The second is the spatial dimension, where open subjectivity acts in the in-between of encounters. The third field is connected to the affective dimension of human life. Fourthly, open subjectivity is taken to be an essential element for the experience of reality and of the shared world. Lastly, open subjectivity proves to be relevant in the realms of self- and other-awareness, i.e. the sense of self and the sense of otherness.¹⁴⁷

How could open subjectivity be defined then? Open subjectivity is a dynamic, selective, and potential orientation of the subject towards others. It is dynamic, inasmuch as the openness itself can widen, narrow, or even close. It is selective, as the openness of subjectivity is not ever-present and our subjectivity is not influenced or penetrated by every intersubjective factor. It is potential, since it is not the openness itself which is necessarily present, but its potentiality, that is, the possibility of subjective openness towards intersubjectivity. It is a form of subjectivity, of being a subject. It is not a kind of self, but a capacity or characteristic of each level of being a self. Open subjectivity is displayed in our encounters with others, in our experience of the world, and in our sense of self and other.¹⁴⁸ As Zahavi claims, open subjectivity is a condition for ‘normal’ self-experience: “Subjectivity

¹⁴⁷ The idea of open subjectivity shows affinities to Levinas’ work on freedom as heteronomy. He explains there that the other’s call pierces our fixed identity and opens us. It leads us towards the infinite and to our responsibility of the other. This, Levinas claims, is true freedom in heteronomy (Levinas 1961; Zhao 2014). He argues that the self cannot be, because the other already calls me out of myself ‘in exile’ (Zhao 2014, 552). Although the heteronomy he describes differs from the heteronomy of open subjectivity, particularly because of his emphasis on the ethical context, we both understand heteronomy as positive. In my view, it is only when the influence ‘from the outside’, or from others, becomes rigidly blocked or avoided, that problem arise. The term can also be found in Kelly Oliver’s book on subjectivity. The meaning of the term is different, as she uses it with regard to the mother-child relation (Oliver 1998).

¹⁴⁸ I chose the term open subjectivity over other alternatives, such as open consciousness, since I believe the intended openness is not only transcendental or restricted to the constitution of experiences, but it is equally an openness within the experiences one has of the world, e.g. social interaction. In Husserl’s terms, it is not only noetic but also noematic openness.

is open towards and engaged in the world, and it is in this openness that it reveals itself' (Zahavi 2000).

Back to the specific topic of this inquiry, one may still wonder: How is open subjectivity affected in schizophrenia, and is this indeed a suitable concept for a unified account of the variety of its symptoms, signs, and phenomena? It has been mentioned earlier that Minkowski and others used the terms *syntonia* and *schizoidia* to describe principal tendencies in social life. Furthermore, in the second section of Chapter 3, the several disturbances affecting the understanding of others, the affective attunement and intercorporeality, and sociality in general, have been discussed as examples of disturbed intersubjectivity. On the whole, it has been made clear that schizophrenia is not just a matter of social difficulties, but of disturbances of transcendental intersubjectivity as well. In this light, it would then be unsatisfactory to simply follow Minkowski and others and reduce schizophrenia to a matter of balance between syntonic and schizoid tendencies, or even to restrict it to a social disorder. Based on the previous account concerning the contributions of the phenomenologists discussed in Chapter 2, I conclude that transcendently, the subject's immanence is and should be interwoven or saturated with intersubjectivity.

Based on the idea of a disturbed open subjectivity, the several levels entailing intersubjectivity disturbances in schizophrenia can be easily accounted for. The alterations to the category of mundane intersubjectivity have been previously described as 'objectified intersubjectivity'. Under this label are notably grouped together all sorts of perturbed encounters with others, including alterations affecting the understanding of others, the attunement and affective resonance, as well as sociality. All these signs display subjectivity rigidly shutting down in the encounter with others. On the level of delusions, the closing subjectivity results in what I called 'subjectified intersubjectivity', which implies self-centrality and the lack of otherness. On a transcendental level, instead, the disturbances affecting the higher layer of normativity and conventionality are displayed in the form of a disturbed integration of the intersubjective 'rules of the game'. On the lower or passive level, once the immanent sphere is impenetrable to the regulatory influence of others within open intersubjectivity, also the modulation of the categories of intentionality, and the validation of reality and objectivity experiences are clearly prevented, thus resulting in a loss of intersubjective reality, or in what Minkowski called loss of "vital contact with reality".¹⁴⁹

¹⁴⁹ See the conclusion of Chapter 3 for a systematic overview of these disturbances in relation to transcendental intersubjectivity.

4.2.2 Five dimensions of open subjectivity

Certain dimensions of intersubjectivity are an integral part of the subject's individual experience of the world. I have clarified the role of intersubjectivity on both the higher or active level and the lower or passive level of experience. Nevertheless, the openness of subjectivity and the presence of intersubjectivity within the subjective sphere do not dissolve the subject. In order to further clarify the role of open subjectivity, I will study five specific dimensions where this feature of subjectivity is at work, and where it possibly relates to schizophrenic alterations.

Temporality: implicit and explicit time

In order to understand open subjectivity in the temporal dimension, it is useful to bring in again the distinction between implicit and explicit time.¹⁵⁰ Implicit time is based on the constitutive synthesis of inner time consciousness on the one hand, and on the conative–affective dynamics of life on the other. Explicit time is the result of an interruption or negation of implicit time and unfolds itself in the dimensions of present, past, and future. Implicit time is based on the fluid and tacit bodily functioning and on affective synchronization with others, while explicit time arises through states of desynchronisation, for example through retardation or acceleration of time experience in relation to the social sphere.

First of all, implicit or lived time is “to live time” (Kupke 2006). It is the movement of life, implicit in our experience of being engaged in the world and oriented towards our immediate goals. It is present in our bodily commitment to our particular situation. Implicit time is the undercurrent of our experience (Fuchs 2013d, 2). As mentioned earlier, Husserl famously described how inner time consciousness consists of a synthesis of three moments: protention, primal impression, and retention (Husserl 2012, 44). Protention is the open anticipation of the experiences which are to come. Primal impression consists of the primal impression as given at every moment. The retention consists of retaining what has just been experienced as it slips away. Speech is a good illustration of this: we hear the current spoken words (primal impression), but we are also aware of the words we have just heard (retention) and we anticipate certain words to come (protention). The synthesis of these three elements makes that our experience is fluid, dynamic, and unified. Clearly, this is a passive process and the subject is not actively or reflectively combining protention, primal impression, and retention. Passive or implicit syntheses are the medium through which we immediately

¹⁵⁰ My interpretation of temporality in schizophrenia is strongly based on three articles by Fuchs and the psychopathologists I have discussed in Chapter 3. An overview of temporality and schizophrenia according to Fuchs and myself will be published as an ancillary article to the Examination of Anomalous World Experience (EAWE).

perceive the world and interact with it. The result is an integration of the sequence of single moments into what Merleau-Ponty (2005) called the ‘intentional arc’, enabling us to direct ourselves towards objects and goals in a meaningful way (Fuchs 2007, 229).

Explicit time is constituted by the three components of past, present, and future. Similarly to the unifying activity of protention, primal impression, and retention through the passive synthesis, past, present and future need to be synthesized as well. In other words, it requires an active synthesis by the subject. The personal or narrative self then binds the three parts together. The personal self is thus capable of projecting oneself into the future, and to appreciate one’s own life story as a narrative entity. In fact, this is a form of explicit ‘objective’ temporality, especially as soon as the narrative is shared with others. One good example is provided by the temporal narrative we share with our culture, with our family, or even within a relationship. Furthermore, we create artifacts to attune our subjective time experience to others, like calendars and time-tables. Explicit time is therefore certainly intersubjective. It is the experience of time in relation to others, to their relation to time, and to an overarching temporal flow.

Like explicit time, also implicit time has an intersubjective aspect. Rodemeyer (2006, 183) argues that the temporal structure of consciousness and in particular protention is a necessary correlate of intersubjectivity, and in particular of inter-affectivity. Protention also means openness to the other, and it is a condition for affectivity, as well as for being affected by others. Inner time consciousness, or subjectivity, is therefore “open to intersubjective horizons” (Rodemeyer 2006, 183).

Importantly, the openness of the protention is not unlimited, nor is it static. Fuchs uses the figure of the ‘cone of probability’ to describe the changes to protentional openness. A central aspect thereof is that the protentional cone can widen and close. This means that temporal openness is dynamic and selective. Retention and impression fundamentally motivate protention: we emptily expect something rather than something else. Finally, based on this temporal dimension of open subjectivity one of its distinctive feature comes to the fore as dynamic opening and closing, depending on and motivated by previous and current experiences. This explains, transcendently, why not every possible intersubjective factor influences us, e.g. a cultural value that one does not share.

In schizophrenia, disturbances of temporality have been amply described, both phenomenologically as well as empirically.¹⁵¹ One example of disturbance of temporality in

¹⁵¹ See for example (Fuchs 2006; 2007; 2013d; Kupke 2006; Vogeley and Kupke 2007; Sass and Pienkos 2013b; Stanghellini et al. 2016).

schizophrenia with strong links to intersubjectivity is perceptual fragmentation.¹⁵² It has been made clear by this inquiry that if a subject perceives an object without open intersubjectivity and thus without the possibility of apperception, the subject can only perceive what is actually given to him. The lack of apperception then leads to perceptual fragmentation. Unsurprisingly, the same fragmentation can also be described as a disturbance of the protentional function of inner time consciousness. The specific openness towards what could follow is here disturbed. As Husserl argues, temporality plays an all important role in subjectivity. Based on this account, it allows for the ‘open’ connection to others.

Other psychopathologists have equally studied temporality in schizophrenia. As previously mentioned, Minkowski’s concept of the loss of vital contact with reality entails a loss of rhythm or a desynchronisation. Sharing a rhythm stands for the possibility of contact with others (Minkowski 1995, 59).¹⁵³ Also Kimura describes a temporal alteration in schizophrenia in terms of an ante-festum orientation: the schizophrenic patient seems to anticipate the future, however his acts, thoughts, and speech are often incomprehensible without knowing what the patient is exactly anticipating. Normally, the “practical and active relationship of the subject towards the world is internally directed by a meta-noetic prospective” (Kimura 2000, 72), that is, by an intersubjective or transpersonal temporal orientation. This ante-festum orientation and the concrete manifestations thereof, such as fear and anxiety, Kimura claimed, are the consequence of the patient’s awareness of losing a stable self in an intersubjective world (Kimura 1992, 79, 144).

The temporal dimension of open subjectivity is thus characterized, firstly, by an explicit level of temporality. On this level, intersubjective temporality is integrated and regulated into one’s own subjective time experience. Concerning schizophrenia, Minkowski’s and Kimura’s descriptions provide viable examples of disturbances on this level. The temporal dimension of open subjectivity is, secondly, characterized by openness of the implicit level of temporality, i.e. by protentional openness. Whenever the protentional function of consciousness breaks down, as Fuchs describes it, open subjectivity, or the gateway to affectively experiencing others closes down.

¹⁵² See Uhlhaas’ and Mishara’s (2007, 143-144) examples of a patient who reported not to be able to see the whole garden, only a bird, and who could only concentrate on a particular perceptual detail.

¹⁵³ This certainly goes for affective resonance, as developmental psychology has shown (Beebe et al. 2003; Stern 1985). The rhythmicity of the interaction, rather than complete congruence, is a necessary requirement for smooth interpersonal contact (Fuchs 2013d, 81).

Spatiality: in-between the spheres of self and other

Because of the embodied aspect of subjectivity, one could assume that our skin functions as the border of our subjectivity. This border would then prevent our subjectivity to disperse or dissolve in contact with others. However, I think transcendental intersubjectivity proves that this is only one aspect of subjectivity. Our skin cannot function as the border for all of our selfhood, and I would claim that the borders of our subjectivity are actually open. Sometimes this openness of our self can be experienced as a threat, as Stanghellini's young patients report. They say that others and their common sense seem to menace their authenticity (Stanghellini 2001). Such a threatening experience certainly makes more understandable why someone would avoid contact and withdraw into isolation. However, normally, the self we become in interaction is somewhat stable and hardly in danger of disappearing or dissolving when in contact with others. We allow the influence of the other on who we are, narratively, intellectually, and socially. Subjectivity can be thus conceived of as a sphere, with its centre in our body, and with extensions beyond the borders of our skin. Furthermore, individual spheres can arguably penetrate or overlap to form an 'in-between'. To be in a reciprocal loving connection with someone is a good example of such interpenetrating spheres of subjectivity. One shares what would often be highly intimate experiences and foremost affects.

In schizophrenia, the symptoms of social isolation, social anxiety, and the disturbances of affective attunement express the lack of this in-between, where overlapping subjectivities co-constitute or at least reciprocally influence each other. The idea of a sphere is certainly not new in psychopathology. It can be found in Kimura's description of the experience of threatening otherness in one's own subjective sphere (Kimura 1992, 119). Husserl also describes the subject as having their own original sphere (*Eigenheitssphäre*). He notably distinguishes it from the intersubjective sphere (Husserl 1973b, 385). According to the perspective adopted by this inquiry, the distinction between the two spheres is, however, less clear than what Husserl argues. The subjective sphere is permeated by the intersubjective, and of course, it is true also the other way around. Waldenfels explains how these spheres first emerge: "We do not have two original spheres, which firstly have to be united, but we have one sole sphere, which allows isolation and explicit unity" (Waldenfels 1971, 156). After this one sphere becomes individualized, the subject is able to relativize his or her own perspective.

One schizophrenic patient often repeated that he lacked a particular in-between (*Zwischen*) that connects healthy individuals to their world (*Umwelt*), an in-between that simultaneously connects us, and guarantees distinction and distance (Blankenburg 1971, 86).

This feeling of lacking an in-between is something Anne R. also described when she said that she failed to experience an affective connection towards others and the world (Blankenburg 1971, 87).

Based on Spitzer's definition of schizophrenic delusions (Spitzer 1989, 115), it is clear that something about the in-between of these spheres radically changes when schizophrenia occurs. It is not the case though that the distinction between the spheres of subjectivity just vanishes. My understanding of this process rather identifies two main alterations of the in-between. Firstly, the private sphere of the schizophrenic person seems to gain an intersubjective character, particularly in the case of delusions. Something as private as a suspicion or a premonition acquires the value of truth with all the features of intersubjective validation. Secondly, the in-between where the two spheres of subjectivity normally overlap becomes univocally dominated. The open interaction between the spheres rigidly closes.

'Open subjectivity' also offers a new perspective on the psychopathological analysis of delusions which claims that a problematic 'otherness' is experienced within one's own subjectivity (Kimura 1992, 65-66). This otherness is only problematic once it becomes alienated or objectified. I believe such experiences are only possible when subjectivity loses its openness. Normally, we are aware that the others are not part of my subjectivity, but that they are not just objects of my experience of the world either (Waldenfels 1971, 31). We unconsciously allow the influence of others into our most intimate experience of the world. Yet, in schizophrenia, with objectified intersubjectivity of the encounter, and with subjectified intersubjectivity within the delusion, this open interplay between subjectivity and intersubjectivity comes to an end.

Affectivity

The third aspect of open subjectivity is affectivity. Open subjectivity, as previously argued, is not exclusively a matter of the transcendental or the mundane, and affectivity helps to illustrate precisely this point. Affectivity implies indeed openness on both levels. On the mundane level, we are passively open to being-affected by others. We feel spontaneous sympathy when we see someone suffering, especially when we somehow identify with him or her. Without this identification, it may very well happen that we do not feel any sympathy. Our sympathy is restricted, it has its limits. In the same way, the other aspects of open subjectivity are restricted and selective. Not everyone influences us, not every cultural or communal truth becomes our truth. Not every norm determines our behaviour.

Transcendentally, instead, shared reality is experienced affectively. According to Waldenfels: "A certain inexpressible community is formed by the sharing of the mere sensed.

The full actuality is reached, not when we can potentially perceive the same (as in open intersubjectivity and apperception), but when we are affected by the same. And when we are interested in the same, and react in the same way (...) This is the only way in which we experience the world as the same for each other” (Waldenfels 1971, 152).

The incomprehensibility of schizophrenia, but more so the disturbances of affective attunement and empathy, arguably amount to the closing of subjectivity: for the affective inflow of the other’s sphere into mine is obstructed. Based on the accounts provided by developmental psychology, it has been argued that already very early in someone’s life shared affectivity and attunement are clearly displayed. This primary intersubjectivity remains supposedly present throughout our lives, even when we have acquired and exhibit more sophisticated forms of intersubjectivity. This means that normally, our subjectivity allows for a substantial being-affected in interaction. In this regard, the difficulties to make oneself understandable to others, the descriptions of the ‘abyss’ between the schizophrenic person and others, and the examples of derealisation of others (what I have called *objectified intersubjectivity*) reveal some dramatic change in the affective side of open subjectivity. However, it is clearly not the case that all affective experience decrease with schizophrenia. The affectivity that co-determines open subjectivity is intersubjective affectivity, while not all affectivity is intersubjective. Bleuler describes very early that the “joy of a schizophrenic patient does not make us joyful, his expressions of pain leave us indifferent. In the same way the patients do not react to our own affects” (Bleuler 1955, 337). The joy is therefore still there, while the intersubjective sharing of it is regrettably missing.

It is remarkable that the current phenomenological approach to schizophrenia seems to neglect or minimize affective difficulties in schizophrenia, even though empirical research suggests that it plays a larger role than often assumed (Myin-Germeys and van Os 2007). Anxiety and anhedonia have exceptionally received phenomenological attention (Sass 2004; Parnas et al. 2005; Raballo and Parnas 2012). Interestingly, these are forms of affectivity which are less likely to be considered to be intersubjective phenomena.¹⁵⁴ Notwithstanding, Kraepelin (1904, 182), Bleuler (1955, 377), Minkowski (1921, 255) and Blankenburg (1971, 87) argued that an affective disconnection from the other is one of the key elements of schizophrenia. Unfortunately, when restricting our understanding of schizophrenia to a disturbance of the minimal self, the whole affective dimension ends up being overlooked. Within such a framework intersubjective affectivity is credited only with some secondary

¹⁵⁴ It can be argued that anxiety and anhedonia in schizophrenia are mostly intersubjective phenomena, as the anxiety is often a *social* anxiety and anhedonia is mostly *social* anhedonia (Brown et al. 2008; Wang et al. 2014).

position to the self. The neglecting of its role directly results, in my view, from the core concept of an isolated self prior to any contact with others. However, contemporary research has widely proven that affectivity implies indeed interpersonal experiences and it shows how humans are relational beings. “To be impaired or incapacitated in participating in the interaffective space that we share with others is probably the most serious suffering which mental illness can cause to those afflicted” (Fuchs 2013b, 628).

Reality

Besides the temporal, the spatial, and the affective aspect of open subjectivity, I now return to how it functions in our experience of reality. The second section of Chapter 3 has already shown how schizophrenic delusions are disturbances of intersubjectivity, in both the higher and the lower layers of experience. The disturbance of intersubjectivity that I have described there logically leads to a disturbance of the experience of reality, and in particular, of the co-constitution of reality. Can this disturbance be clarified by ‘open subjectivity’? The basic conclusion ensuing from my account of the influence of intersubjectivity on reality experience is that deviations from normality and conventionality are displayed on the higher level of constituting a shared reality through common sense. However, also on the lower levels of passivity, perceptual disturbances correlated to a dysfunction of ‘open intersubjectivity’ can be reported, including perceptual fragmentation, ‘shift of meaning’, and derealisation. Blankenburg argues that intersubjectivity determines our experiences of reality through the categories or forms of experience and thought, rather than through their content (Blankenburg 1971, 116). In this view, without once experiencing validation by others, I would not be able to attribute a sense of reality to my perceptions. I would be able to say that I see a house, but I would thereby not necessarily believe that the house I see exists (Husserl 2012, 18-19; Waldenfels 1971). Furthermore, Kimura elaborates the concept of intersubjective *Aida* as the meta-noetic principle that integrates the intra-subjective *Aida*’s of every individual (Kimura 2000, 52). He explains that this kind of meta-noesis is a ‘virtual’ reality in which everyone takes part and that is constitutive for each individual’s subjectivity (Kimura 1991, 89). It is worth recalling that Husserl (1973b, 199, 205) also describes in similar terms how transpersonal consciousness (*überpersonales Bewusstsein*) determines our subjective experience.

In our practical involvement in the world, or what Waldenfels (1971, 246) calls the “indirect dialogue”, we help each other attune correctly to the shared reality, by validating and denying. We experience the world and the objects of the world through intersubjectivity, or as

Merleau-Ponty describes it: “*Someone* uses the pipe for smoking, the spoon for eating, the bell for summoning” (Merleau-Ponty 2005, 405).

Matthew Ratcliffe has recently used this idea to argue for a redefinition of the minimal self.¹⁵⁵ He argues that all we experience happens through others and through our interaction with others. The distinction between categories or forms of experience, like the distinction between memory and imagination, or between perception and phantasy, depends on different forms of validation by others.¹⁵⁶ The modalities of intentionality are thus taken to be dependent on others. The account provided in Chapter 3 confirms this: the traditional and historical intersubjective patterns of experience, of anticipating the normal, and what the normal consists of, are integrated into the purely subjective sphere of experience (Husserl 1973c, 137-138). I have argued that the apperception and the way we apperceive are inherited from others.¹⁵⁷ Because of the interpersonal regulation of intentionality, Ratcliffe claims, we have to conclude that the most minimal sense of self is an interpersonal self. This means that the sense of being a self is a form of intentionality, which is therefore interpersonally constituted and developed. Although I am sympathetic to Ratcliffe’s attempt, I disagree with the consequences he draws from the observation that our experience is interpersonally regulated. Since Ratcliffe’s approach comes close to some of the elements in this text, the difference between his view and mine deserves further elucidation.

I believe it would not be correct to claim that the minimal self is an interpersonal self precisely in the light of an understanding of schizophrenia as a deviation from this interpersonal process. What I found in my phenomenological and psychopathological analysis is, firstly, that schizophrenia concerns both the pre-reflective sense of self and the intersubjective or relational self; secondly, that it is not just a matter of empirical or mundane intersubjectivity, but of transcendental intersubjectivity as well. Therefore, there is little use in reducing these disturbances to the minimal self, or to the interpersonal self, for that matter. I believe it is the orientation and capacity of subjectivity that matters, rather than the type of self involved. This form of subjectivity is dynamic, but it requires openness, and it determines

¹⁵⁵ The unpublished article is available online:

www.academia.edu/13585253/Selfhood_Schizophrenia_and_the_Interpersonal_Regulation_of_Experience

¹⁵⁶ Interestingly, Sass (2014, 6) also mentions the difficulties to distinguish between categories of experience, such as memory, perception, and imagination. However, he does not relate this to a disturbance in intersubjectivity or to the intersubjective constitution of the categories of our experience.

¹⁵⁷ The role of others for the development of the capacity to distinguish different modalities of intentionality may, however, be more problematic than what Ratcliffe assumes. One could argue that it is only the recognition of a certain intentional modality, like imagination, as this particular modality which is intersubjectively regulated. The intentional modality itself, and its qualitative and experiential characteristics is not necessarily regulated or formed by intersubjectivity. Thanks to Thomas Fuchs for this remark.

how we find others and ourselves in the world, and how we experience this world in the first place. ‘Open subjectivity’ concerns both the pre-reflective and the reflective, the mundane and the transcendental.¹⁵⁸ The openness of subjectivity allows for the deeply rooted certainty in the presence of others and in the presence of the world, as described by Merleau-Ponty (2005, 419) and Heidegger (1967, 149-150). It also supports the fundamental certainty or trust that Husserl called ‘*Bodengewissheit*’ and to which Ludwig Wittgenstein (1953, §217) would later refer as the bedrock of our language games. Delusions are then the expression of closed subjectivity. Patients become the centre of their own experiences without the possibility to decentralize themselves; their immanence excludes influences from beyond the sphere of their own subjectivity. Where interpersonal contact could normally regulate the subject’s constitution of reality, schizophrenic delusions show that the boundaries of the sphere of subjectivity have become insurmountable.¹⁵⁹

The sense of self and the sense of other

Some aspects of open subjectivity still need to be clarified: how is open subjectivity related to the sense of self and the sense of other? In one of the most famous passages of the history of philosophy, the master-slave dialectic in the *Phenomenology of Spirit*, Hegel describes how self-consciousness dialectically emerges from the encounter between two people. Hegel argued that the self becomes self-aware through the presence of the other and his recognition (Hegel 1977, §178; Grosz 2014). He even describes the self as follows: “The I which is we and the we which is I” (Hegel 1977, §177). Hegel was not the only one to define this relation as dialectical. Paul Ricoeur too argued that selfhood presupposes a dialectical relationship with otherness. Similarly to what is has been advocated at the end of Chapter 2, he claims that selfhood implies otherness to such an intimate degree, that the self cannot be thought of without the other (Ricoeur 1995). Again, this dialectics should not lead to the conclusion that the self dissolves in otherness. Levinas warns about this, based on the crucial assumption that freedom is found exactly where this otherness and heteronomy remain

¹⁵⁸ Open subjectivity also concerns the relation between the transcendental (my immanence) and the mundane (the present others). Earlier, I have argued that there is a certain circularity between mundane and transcendental intersubjectivity: the encounters in the world influence our subjective or transcendental experience of the world with others, and this transcendental intersubjectivity in turn influences how we interact and encounter others. The suggestion that the possible foundation of transcendental (inter)subjectivity should be found in the mundane interpersonal situation was discussed in Chapter 2 in reference to Schütz (1966, 82). On the one hand, I acknowledge the obvious arguments in favour of this idea. On the other hand, it goes beyond the scope of a transcendental approach to argue for a foundation in the empirical. When defining open subjectivity, it is, however, important to emphasise that it concerns both the empirical or mundane and the transcendental.

¹⁵⁹ The absolute certainty of schizophrenic delusions should be distinguished from ‘*Bodengewissheit*’, the bedrock certainty, and basic trust. The main difference is that the former arises from the exclusion of others from the subject’s immanent sphere: it is isolated, incomprehensible, and does not allow doubt. The latter is a shared trust which arises *with* others and *through* the encounter with others, and as such, it is a condition for doubt.

present (Levinas 1961). This would mean that the sense of self depends on alterity. Likewise, Mead's 'social self' emerges through dialectical movement, namely in interaction (Mead 1913).¹⁶⁰ The reader may recall that Kimura and Nishida have been quoted earlier on the emergence of self in interaction. Analogously to Hegel, Nishida claims that the I becomes an I through recognition by a Thou, just like the Thou becomes a Thou only through an I (Kimura 1995; Grosz 2014). This idea appropriately emphasises how the sense of self and other are dialectically related.

In schizophrenia, social deviations may be said to reveal a disturbance of the dialectical process between self and other. The symptoms, signs, and phenomena of schizophrenia can be described as deviations of the dialectical movement between being-open-to-others and being-closed-to-others. Phenomena like syntonia, inter-affectivity, inter-regulation of experience, inclusion, and sympathy belong to the former, while schizoidia, distinction, withdrawal, and quasi-solipsism belong to the latter.¹⁶¹ The sense of self we experience both reflectively and pre-reflectively keeps emerging from being-with-others, from the in-between, from the overlap of the spheres of subjectivity. Kimura calls this the common place where we constitute our selves (Kimura 1992, 37). Blankenburg's patient describes interaction through a metaphor that reminds of Kimura's 'mutual combat'. Thus a process is described which accounts for otherness and simultaneously sensing selfhood. The self one achieves is a self in relation to others, and the self remains 'in-between-like' (Kimura 2000, 115). The use of the term 'open subjectivity' does not solve, clearly, all the questions on the relation between self and other. Nevertheless, it fruitfully lends itself to the description of the alterations of schizophrenia, alterations that concern both subjectivity as well as intersubjectivity. Based on its features, it can be argued that we become aware of our self in interaction with what we are not. Developmentally, the increased interaction with the mother, and later with the world, as an expansion of openness towards 'not-me' or otherness, goes hand in hand with the development of 'me' or subjectivity. Subjectivity develops then through the encounter with others, while being part of an intersubjective world, and while allowing the other to 'penetrate' into one's own subjective sphere. Open subjectivity is a capacity that develops in interaction, and it fits the theories of Stern (1985) and Trevarthen (1994), who explained that

¹⁶⁰ The question remains whether the necessary alterity is social alterity (the other) or otherness encountered in any kind of affection.

¹⁶¹ Schizophrenia is not the only pathology related to a deviation from this dialectical process. One can think of the Dependent personality disorder or of *hypernomia* of the *typus melancholicus*, as described by Kraus (1991).

the sense of a core-self goes hand in hand with an increasing openness to intersubjectivity.¹⁶² The causes triggering the closure of open subjectivity, as recorded in schizophrenia, remain still unclear. However, what is known is that the openness of subjectivity to intersubjectivity is certainly vital for the development of the sense of self and others, and therefore for all experiences that depend on this distinction. Yet, I do not claim that because of this, every form of subjectivity, every self, is always relational, interpersonal, or intersubjective.

4.2.3 Alterity, transitivity, and diminished self-affection

Lastly, I wish to address three issues. The first concerns alterity. Earlier in this text, I wrote that alterity and the distinction between me and other does not dissolve through open subjectivity. An inaccessible mystery remains in the other, despite our mutual openness. One particular uncertainty characterizes open subjectivity: we are open and therefore vulnerable, just like the other is vulnerable. We allow the other to influence our immanent experience of the world and of our self, both affectively and transcendently, while we are uncertain of the exact impact this influence may have. The most explicit examples of this openness and vulnerability are certain personal conversations, and especially psychotherapy. Only when there is no such openness of subjectivity, as described concerning schizophrenia, does the mystery or the otherness of the other dissolve. Then, I am no longer able to affectively resonate with the other, to attune in a reciprocal dynamic. It is then, that Minkowski noticed: “I know everything about him” (Minkowski 1995, 165). The patient has nothing to hide, it is all out in the open and there is nothing inaccessible, uncertain, or mysterious about him.

The second issue concerns the phenomenon of transitivity. This experience has already played a significant role in the overall direction of this inquiry towards the intersubjective dimension of schizophrenia. Yet, does the phenomenon of transitivity possibly refute my position on open subjectivity? One could argue that transitivity is exactly a pathological openness of subjectivity, as the person describes a threatening openness of the borders of his subjectivity. Schizophrenic patients with these experiences therefore do not lack an open orientation of subjectivity, but seem to experience boundless openness. My answer is twofold. Firstly, open subjectivity does not mean that the subject is permanently open to everything, as I have explained earlier. The openness itself is dynamic, selective, and potential. Secondly, I believe the experience of transitivity can only emerge as a consequence of a disturbed sense of self and sense of other. As I have explained in the previous subsection on the dialectic

¹⁶² This does not mean that maturation is a process of ever increasing open subjectivity, however. Habitualisation in these interactions occurs, which, I would argue, motivates a particular selectivity of the openness.

between these two, there is no sense of self without a sense of other. It is the openness to the interaction, to the in-between, to the intersubjective sphere that permits a sense of otherness, hence a sense of self, to appear. Transitivity, just like the absolute certainty of schizophrenic delusions, clearly arises from the lack of dialectic interaction where the sense of self and the sense of other originate.¹⁶³

This is a key element in my understanding of open subjectivity: our sense of self and sense of other derive from interaction and encounters. Yet, in order to experience interaction and encounters, openness is required. Therefore, open subjectivity allows the sense of self and the sense of other to emerge from interaction. Strong arguments in favour of this view can be found in Guenther's (2013) and Gallagher's (2014) works on solitary confinement. Prisoners forced into long periods of isolation often report alterations of reality experience, disturbances in the sense of their own bodies, and even disruptions of the fundamental capacity to feel pain and to distinguish their own pain from those of others: "They are no longer sure if they are being harmed or are harming themselves" (Gallagher 2014, 4). Those who are artificially detached from others do not only lose the shared sense of reality, but equally lose the clear distinction between self and other. They experience what Gallagher described as 'self-dissolution'. He explains that this solitary confinement is a disruption of intercorporeality, and therefore, it disturbs the minimal and embodied self (Gallagher 2014, 5). It is remarkable that some of the key symptoms we find in schizophrenia also appear after solitary confinement: changed reality experience, temporality disturbances, loss of the sense of bodily integrity, transitivity, disturbances of recognizing and identifying with one's life narrative, and disturbances of the sense of self and other (Gallagher 2014, 6). In other words: "The loss of a basic intersubjective dimension of existence can lead to the loss of the sense of realness, as well as disturbances in what some have called the minimal self" (Gallagher 2014, 2).

The last point I wish to address is how a disturbance of open subjectivity relates to the three components of the current self-disorder hypothesis, namely diminished self-affection, hyperreflexivity, and a loss of grip. The third component is the easiest to account for: I have already explained how the rigid closing of subjectivity for the different forms of transcendental intersubjectivity leads to disturbances of reality experience, to delusions, and to the absolute certainty that characterizes delusions. The loss of grip on the world and on reality is therefore clearly related to the closing of subjectivity. The first two components may seem harder to account for. However, according to the current self-disorder hypothesis,

¹⁶³ One could say that the sense of self and the sense of other are continuously created and recreated. They are *enacted* through interaction.

hyperreflexivity follows from a prior disturbance of the sense of self. Therefore, if I can account for the diminished sense of self as an alteration of open subjectivity, I equally account for the second component, as this is the consequence of the first. It should be clear by now that a diminished sense of self, a disturbance of self-affection or self-awareness, can emerge through the absence of intersubjective interactions. Gallagher's analysis of solitary confinement demonstrates this as well. Concretely, I would propose that if the openness of subjectivity loses its potentiality, if there is no longer openness towards others, towards intersubjectivity and interaction, then the intersubjective in-between fostering our sense of self and sense of others can not develop. Therefore, a prior openness is required in order to develop a sense of self and a sense of other. This is not restricted to the developmental stages of infancy, where Meltzoff, Trevarthen, and Stern have demonstrated the importance of this interaction for subjectivity. I believe it is equally present in later stages of life, and our sense of self develops in continuous, yet selective, interaction with others. In solitary confinement, this interaction is forcefully disrupted, and disturbances of subjectivity arise. In schizophrenia, a disturbance of open subjectivity impedes this very interaction, equally leading to the disturbances of subjectivity.¹⁶⁴ Therefore, diminished self-affection, hyperreflexivity, and a loss of grip on reality can be accounted for within the framework supported by concept of open subjectivity. This means that open subjectivity helps us to understand both the intersubjective disturbances that I have elucidated in Chapter 3, and the subjective disturbances, which the current self-disorder hypothesis has long demonstrated.

Conclusions

This chapter combined insights from the philosophy and psychopathology of intersubjectivity. I affirmed the first research question: *Is schizophrenia a disorder of intersubjectivity?* I then investigated how the self-disorder hypothesis relates to the intersubjectivity disturbances, and mentioned the foundational understanding of this relation. However, the intersubjective elements of the self-disorder hypothesis do not suffice to account for the manifold of intersubjectivity disturbances. The self-disorder hypothesis is clearly incapable of fully integrating intersubjectivity disturbances. This is problematic, not only on a conceptual or theoretical level, but also and most significantly on a clinical level. It is indeed clear that the integration of the intersubjectivity disturbances could increase clinical validity and possible therapeutic targets. There is, furthermore, no reason why the relation

¹⁶⁴The analogy between solitary confinement and schizophrenia should not mislead the reader to believe that I argue in favour of a social etiology of schizophrenia. The reference only proves that the primary disturbance of open subjectivity, caused by an unknown complexity of factors, necessarily leads to disturbances of subjectivity.

between the self-disorder and the intersubjectivity-disorder should be taken as foundational. Further inquiry showed that this view depends on a set of philosophical assumptions on the nature of the self. With reference to Chapter 2, I claimed that subjectivity and intersubjectivity profoundly inter-relate and that there is no philosophical reason to exclude intersubjectivity from the study of schizophrenia.

After clarifying the inadequacy of the current self-disorder hypothesis, I answered the second research question: *Which self-concept is suited to define schizophrenia as a self- and intersubjectivity-disorder?* What is needed is not a different self or a different layer of the self which would correspond to the core of schizophrenia, but an entirely different concept. This concept is that of *open subjectivity*. This concept stands for a dynamic, selective, and potential openness of all layers of subjectivity, on both the mundane and the transcendental level, both reflectively and pre-reflectively. This openness allows us to integrate intersubjective elements into our own individual subjectivity, without dissolving the self. To clarify the role of open subjectivity, I discussed five dimensions of its functioning as well as those schizophrenic alterations that can be explained as a rigid closing of subjectivity related to these dimensions. These are the temporal, the spatial, and the affective dimensions, the dimension of reality, and the dimension concerning the emergence and dispersal of the sense of self and sense of others. To conclude this chapter, I investigated how a disturbance of open subjectivity can lead to the three components of the self-disorder, namely diminished self-affection, hyperreflexivity, and a loss of grip. Open subjectivity, as a dynamic, selective, and potential capacity of subjectivity, thus successfully passes the test as suitable concept for the integration of both subjective and intersubjective disturbances in schizophrenia.

CHAPTER 5. CONCLUSION

The aim of this dissertation was to analyse, complement, and enrich the phenomenology of schizophrenia. The scrutiny and combination of the phenomenological accounts on intersubjectivity and of the psychopathological theories on schizophrenia has allowed me to evaluate to what extent intersubjective disturbances are relevant to schizophrenia. This research has finally clarified the overall and profound role of intersubjectivity in the disorder, a role often neglected by the current phenomenological approach. It has decisively become clear that schizophrenia is a disorder of both subjectivity and intersubjectivity. In order to adequately integrate these two essential components, I have introduced the concept of *open subjectivity*, understood as a selective, dynamic, and potential openness of all the layers of subjectivity. Both the subjective and the intersubjective disturbances can be derived from and explained in the light of this concept, which has also the potential to be an adequate ‘pathological organiser’.

In this concluding chapter, I intend to firstly summarize the main issues, questions, and results of each chapter of my dissertation, then to suggest some directions for further clinical and theoretical research based on this work.

5.1 Summary of the chapters

Chapter 1: The disorder of the self and its problems

The first chapter has introduced the topic of self and self-disorder, while also clarifying some key issues concerning the current phenomenological approach to schizophrenia. In order to understand what this approach consists of, I have elucidated the philosophical concept of the self as well as the psychopathological approach to how the self can be disordered. I have started my inquiry by comparing the ideas of Hume, Kant, and Husserl on the self. Zahavi’s recent reinterpretation of Husserl’s work on subjectivity has then been introduced in regard to the distinction between the minimal and the extended self. The minimal self, according to Zahavi, has three interwoven characteristics that distinguish it from other forms of self. The first is that it is *pre-reflective* self-awareness. The second refers to the *first-person perspective*. And the third relates to *temporality*. Other authors, such as Fuchs, understand the minimal self slightly differently, and include embodied and ecological aspects. To the aim of clarifying the concept of extended self, the ‘narrative self’ has been described in more detail.

The distinction of different layers and types of self has been then used to evaluate self-disturbances in psychopathology. I have therefore assessed how certain clinical disorders,

such as major depressive disorder, anxiety disorders, and personality disorders, relate to self-disturbances. It has become clear that only in schizophrenia the minimal self is claimed to be affected.

Three significant approaches on schizophrenia have been charged with the explanation of what the disorder exactly is and how it can be differently understood. Besides the mainstream classificatory scheme of the DSM and the neuroscientific approach based on the dopamine-hypothesis, I have discussed the phenomenological account on schizophrenia as a self-disorder and its three essential components: diminished self-affection, hyperreflexivity, and loss of grip. This very account has been targeted as requiring further discussion and complementation.

After the topics of self and schizophrenia, I have introduced intersubjectivity from a developmental-psychological perspective. Meltzoff's work on early infant imitation has shown that infancy is not a period of 'adualistic confusion'. Stern has argued in this respect that intersubjectivity is characterised by joint attention, joint intention, and interaffectivity. These qualities only appear towards the end of the first year of life, he claims. Trevarthen, on the contrary, describes intersubjectivity as displayed much earlier on, and as including embodied attunement to others. Rather than on the individual differences between these researchers, I have focussed on their shared conclusions concerning self-awareness as developing dialogically in interaction with others, and concerning the experiences of being-embodied-with-others as necessary condition for this.

By way of *status quaestionis*, I have recapitulated the current research on intersubjectivity and schizophrenia. It has become clear that research in this field is relatively scarce. I have explained how Stanghellini, with his focus on common sense, and Fuchs, with his work on intersubjective temporality and on intercorporeality, do indicate that some aspects of intersubjectivity are disturbed in schizophrenia. Differently, based on the Theory of Mind-paradigm, schizophrenia can be said to include dysfunctions of 'mentalizing' and perspective taking. After describing the purpose and method of my dissertation, I have concluded the chapter with a full description of the two research questions of this dissertation: *Is schizophrenia an intersubjectivity-disorder?* and *Which self-concept is suited to define schizophrenia as a self- and intersubjectivity-disorder?*

Chapter 2: Phenomenology of intersubjectivity

In order to assess the intersubjective aspect of schizophrenia, I have firstly elucidated what intersubjectivity encompasses. I have relied on the phenomenological ideas of Husserl,

Heidegger, Merleau-Ponty, Waldenfels, and others to clarify their views on intersubjectivity. I have also distinguished between two main kinds of intersubjectivity. First, I discussed ‘Encounters – The other, and others as constituted’. This is the dimension of intersubjectivity involving direct encounters with others. In this first part of the philosophical account of intersubjectivity, I have discussed the following topics: empathy; the distinction between self and other; the risk of solipsism; and the role of sociality for personhood. In the second part I have discussed ‘The shared world – I, the other, and the others as co-constituting’. There, I have dealt with a distinctive kind of transcendental intersubjectivity, namely with the question of how subjects co-constitute their experiences of the world. This section focus is no longer on the dyadic relationship of self and others, but rather on the triadic relationship of self and other towards the world. In this section I have discussed the following topics: intersubjective reality in phenomenology; intersubjective perception; the objectivity of the world; normality; subjectivity in an intersubjective world; and the problems of transcendental intersubjectivity.

As a result, the role of intersubjectivity has been elucidated on both levels: the mundane and the transcendental; and in both situations: the direct encounter with the constituted other and the shared involvement in the world with the co-constituting others. By applying Husserl’s original ideas in addition to those of other phenomenologists, I could balance these two forms of intersubjectivity, without prioritizing and overvaluing one or the other.

The core idea is that the subject experiences the world through open intersubjectivity, common categories, shared affectivity, as well as through attuned expectations and normality. These elements determine the subject’s mundane intersubjectivity, namely how one encounters, understands, and interacts with others. In these interactions, cultural, normative, and conventional aspects of intersubjectivity are deployed. Yet, mundane intersubjectivity is not only the result, but also the origin of this transcendental function of intersubjectivity, namely through the process of acquiring the categories of our experience, regulated by ‘indirect dialogue’. The experience of reality and objectivity, and the related perceptual faith are then envisaged as depending on this mundane encounter with the other. Consequently, a certain circularity or reciprocity of intersubjectivity has emerged, which I have addressed in Chapter 4. Chapter 2 thus provided the tools for a phenomenological description of intersubjectivity and its possible disturbances.

Chapter 3: Psychopathology of intersubjectivity in schizophrenia

The third chapter turns to psychopathology. The first section provides a conceptual analysis of schizophrenia, based on the work of seven major psychopathologists. The purpose

of this part was to investigate whether disturbances of intersubjectivity are taken into account by the several theories on schizophrenia, and if so, what kind of disturbances. From the first descriptions by Kraepelin to the most recent account based on the ToM paradigm, a variety of symptoms, signs, and phenomena show the importance of intersubjectivity in schizophrenia. Contextually, it has been made clear how and to what extent the quoted psychopathologists have been influential for our current understanding of schizophrenia, or for the development of the self-disorder hypothesis in particular. Nevertheless, some crucial intersubjective elements in their work have been clearly neglected.

In the second section of this chapter, I have illustrated and analysed the nature of intersubjectivity disturbances. In order to bring clarity to the variety of symptoms, signs, and phenomena, I have reiterated here the distinction introduced in Chapter 2. In the first subsection, I have discussed the kind of intersubjectivity found in encounters and immediate contact with others-as-constituted. The disturbances related to the encounter involve understanding others, attunement and intercorporeality, as well as sociality. I have equally inspected the particular kind of intersubjectivity at stake within delusions. The fundamental alteration of intersubjectivity here proves to be twofold: within the realm of delusion intersubjectivity is *subjectified*, while the real others the patient encounters become *objectified*. These two alterations of intersubjectivity can be said to belong to the same core disturbance as two sides of the same coin.

In the second subsection, I have turned to the co-constitution of reality, and how delusions are disturbances thereof. This part deals mostly with transcendental intersubjectivity, as discussed in Chapter 2. Through the analysis of two complex delusional phenomena, I could elucidate the factors involved in the experience of reality and its deviations. Intersubjectivity has proven to be an important factor directly related to deviations of reality experience. These include the deviation from normality and conventionality on the higher levels of constituting a shared reality through ‘common sense’. Also on the lower levels of passivity, perceptual disturbances correlated to a dysfunction of ‘open intersubjectivity’ have been identified, including perceptual fragmentation, ‘shift of meaning’, and derealisation. The absolute certainty of the delusion expresses the disturbed border between self and other and turns out to be a solipsistic certainty. Even the content of schizophrenic delusions often manifests alterations of intersubjectivity.

The third chapter thus offered clinical and conceptual elements relevant to the description of the intersubjective dimension of schizophrenia. It can be claimed, accordingly, that schizophrenia indeed involves a particular alteration of intersubjectivity. It affects both

mundane and transcendental intersubjectivity, and the patient manifests these changes both in relation to others, as well as towards the shared world.

Chapter 4: Philosophy and psychopathology of intersubjectivity

The fourth chapter combines the insights provided by both the philosophy and the psychopathology of intersubjectivity. Here, I have affirmed the first research question: *Is schizophrenia a disorder of intersubjectivity?* Then, the question has arisen how the self-disorder hypothesis relates to intersubjectivity disturbances. This is usually considered to be a foundational relation, with the self-disorder as the core of more peripheral intersubjectivity disturbances. However, the elements in the self-disorder hypothesis commonly linked to intersubjectivity do not suffice to account for the manifold of intersubjectivity disturbances. I have then concluded that the self-disorder hypothesis is constitutively incapable of integrating all intersubjectivity disturbances. This is problematic, not only conceptually or theoretically, but also clinically. If phenomenological psychopathology is truly unique in its primary interest in the subjective experience of the patients, in the first-person perspective, then intersubjectivity cannot be neglected. The integration of intersubjectivity disturbances in the clinical framework could increase both clinical validity and possible therapeutic targets. Finally, there is no reason why the relation between the self-disorder and the intersubjectivity disturbances should be taken as foundational. This latter idea actually originates from philosophical assumptions on the nature of the (minimal) self. In Chapter 2, however, it has become clear that subjectivity and intersubjectivity profoundly inter-relate and that there is no philosophical reason to exclude intersubjectivity from the study of schizophrenia. I have thus redefined, although discretely, the phenomenological psychopathology of schizophrenia by advocating a shift from subjectivity to intersubjectivity.

The inadequacy of the current self-disorder hypothesis has led me to search for an answer to the second research question: *Which self-concept is suited to define schizophrenia as a self- and intersubjectivity-disorder?* I have argued that the problem could not be solved by pointing to a different type of self, or to a different layer of the self. The phenomenological account on schizophrenia requires a completely different concept to integrate intersubjective and subjective disturbances. This concept is *open subjectivity*. This latter is defined as a dynamic, selective, and potential openness of all the layers of subjectivity, on both the mundane and the transcendental level, both reflectively and pre-reflectively. This openness allows us to integrate intersubjective elements into our own individual subjectivity, without dissolving the self. I have shown that open subjectivity functions in five dimensions, and

illustrated the rigid closing of subjectivity in these dimensions. By way of conclusion, I have clarified how a disturbance of open subjectivity explains the three components of the self-disorder, namely diminished self-affection, hyperreflexivity, and a loss of grip. It has thus become clear that open subjectivity, as a dynamic, selective, and potential capacity of subjectivity, is a suitable concept for the integration of both subjectivity and intersubjectivity disturbances in schizophrenia.

5.2 Future research

Two main directions are to be recommended for future research. The first develops in the clinical realm, and it applies the ideas on intersubjectivity to psychiatric research. The second direction is instead philosophical, and it further explores the meaning and relevance of open subjectivity.

Psychiatric research could use this work to narrowly focus on the disturbances of intersubjectivity in schizophrenia. In order for the idea of an intersubjectivity-disorder to have clinical impact, it will need to be explored in more detail. There are different ways of doing so. One possibility would consist of using the descriptions and categorisation in this text as the basis for qualitative investigations into the experience of schizophrenic patients. Concretely, one could study the alterations in the encounter with others by distinguishing between the three groups I have outlined, namely understanding others, attunement and intercorporeality, and sociality. It would be interesting to evaluate how schizophrenic patients experience contact with others and how they experience incomprehensibility, what kind of difficulties in encounters they experience and which factors they believe to contribute to this. Certainly, such difficulties must not necessarily be restricted to incapacities of the patient, but they can relate to a lack of mutuality from both sides of the encounter. Furthermore, one could explore how patients experience others to experience them. This latter approach hints to the ToM-account, and to higher order perspective taking. When shifting the focus to attunement and intercorporeality, topics such as empathy, sympathy, and affective resonance could be explored from the patient's perspective.

The idea behind qualitative research of the like is to find patterns or key issues common to different patients, and which could be useful as items to complement this investigation, or rather, to expand the empirical research based on subject-led formulations. The third category of symptoms, signs, and phenomena has been linked to sociality, and this research has emphasized the struggle in the direct contact with others, often leading to withdrawal and autistic isolation. Here, it would be worth exploring the value of social contact and group

interaction for the patient, notably which elements are disturbing, and which are helpful or meaningful to the patient. Based on current research on recovery, one could speculate that having a social role could be a supportive factor. This can be extended towards more intense social relations like friendship, love, and family ties. The findings on social behaviour will require to be complemented by first person accounts in order to fully account for the alteration of sociality. A more detailed study could investigate the factors involved in the often recorded social isolation. Enhanced knowledge on the mechanism behind this phenomenon could increase the chances of preventing potential deterioration. Besides focussing the qualitative research on the experience of the patient, it may also be useful to include the perspective of others, including those closest to the patient, to evaluate behavioural patterns of interaction within a context. This could, for example, shed light on the open or closed nature of social contact.

Lastly, while exploring the intersubjective disturbances, one could also focus on the disturbances of transcendental intersubjectivity: the disturbances related to open intersubjectivity, for example, such as perceptual fragmentation, shift of meaning, and idiosyncratic affordances, but also the disturbances of categorisation, or of intersubjective regulation of reality experience. All these items are open for further clinical exploration. Qualitative research could assess to what degree the intersubjectivity disturbances have an impact on the life and wellbeing of the patient and his or her environment. Thinking one step ahead, these explorations could then be used to establish empirical ground for further inquiring into the prevalence of these disturbances rather than into their exact nature or underlying disturbances. This could help distinguish schizophrenic disturbances from other disturbances, and possibly increase the clinical validity of the diagnostic category. Undoubtedly, the investigation concerning intersubjectivity should also be applied to control groups of both healthy persons and patients suffering from other illnesses, e.g. personality disorders, which may have intersubjective elements. In order to establish exactly how profound the impact of intersubjectivity disturbances in schizophrenia is, one would need to rely on a full account of what normal intersubjectivity is. Therefore, philosophy can qualify as suitable source of reflection. The concept of open subjectivity may, notably, play a meaningful role in this inquiry.

Open subjectivity is, as a concept, not only relevant to schizophrenia. It equally helps us understand the normal direct and indirect relations between subjects. It clarifies how we, as subjects, open up to otherness, to others, and how we close to it as well. This brings me to the

second main direction future research could take, namely the philosophical exploration of open subjectivity.

First of all, I have described open subjectivity as a potential openness of all the layers of subjectivity and I have claimed that there are at least five dimensions where open subjectivity functions and may become disturbed. These features require more thorough investigation and description in order to grasp the exact function open subjectivity has in integrating otherness and subjectivity. Could it be that the extent to which a layer of subjectivity is open, or required to be open, depends on that exact layer? Minimal self-awareness, or in short, the minimal self, for example, may need less openness towards others than, let's say, the social self, or the narrative self. This does not mean that subjectivity as such is either completely isolated or completely dispersed into otherness. Another related question is whether open subjectivity should be ascribed to one subject, or whether it emerges and resides in between subjects. Although I tend to think of it in the latter way, this would have to be elaborated further.

Another important philosophical question is how, despite the openness of subjectivity, we still experience ourselves as selves, as individual, distinct from others. An exploration of the boundaries of subjectivity would then be useful. I believe psychopathology, and, perhaps, this work as well, can fruitfully contribute to such a study, showing the disturbed ways in which boundaries can become rigidly closed.

The last item I wish to suggest here concerns how one should understand the dynamic opening and closing of subjectivity. What motivates the opening up or closing down of a layer of subjectivity? Based on the phenomenological ideas on inner time consciousness, and in particular the motivation behind protention, I would suggest that past and current experiences determine the opening and closing. Affectivity, for one, certainly plays a role in this dynamic. This last question brings us back to psychopathology, and thereby makes the circle round. Could we argue that the openness of subjectivity can become disturbed, for example too open or, on the contrary, rigidly closed, based on significant prior experiences? Could earlier experiences, patterns of relationships, or triggered vulnerabilities disturb the openness, in that it opens too much, in that it closes too often? Although I am well aware of the speculative nature of this suggestion, it is worth noting now that also other psychopathological phenomena may be related to disturbances of open subjectivity. Therefore, it is highly advisable that philosophy and psychopathology jointly focus on this concept and further elaborate its relevance.

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