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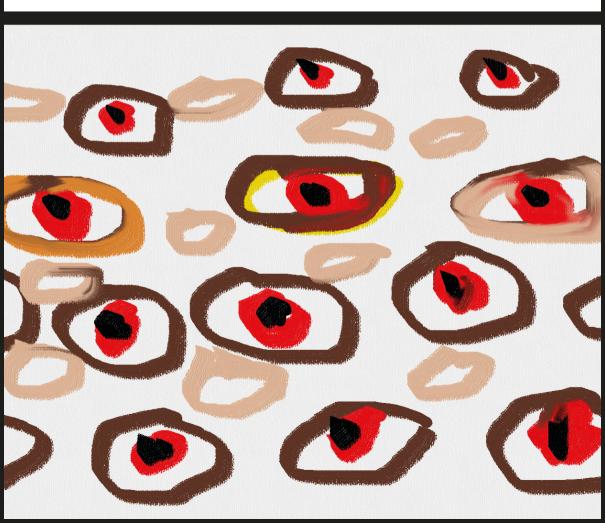
Θαυμάζειν

Rivista di Filosofia

PSYCHOPATHOLOGY AND PHILOSOPHY IN RELATION TO THE EXISTENCE OF HUMAN BEING

Thaumàzein – **Rivista di Filosofia**

Thaumàzein is an open-access journal of philosophy and uses **double-blind peer review** in order to ensure and to improve the quality of philosophical discussion. Thaumàzein promotes special issues on topics of particular relevance in the philosophical debates. Founded in 2012, it is an international journal of annual publication.

Cover image: *Art brut fait par un schizophrène paranoïde*, Thomas zapata, 2014.

Thaumàzein – 6, 2018

Psychopathology and Philosophy
in Relation to the Existence of Human Being

Edited by
John Cutting & Guido Cusinato

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INTRODUCTION

The analysis of mental disorders necessarily requires careful and multilayered reflection. Psychiatry is indeed focused on complex phenomena and symptoms that can be only partly traced back to merely quantitative objectifiable data. This is the reason why we witness a growing methodological and conceptual "mutual enlightenment" between philosophy and psychiatry. Whereas philosophy offers notions that can help to take into account also the qualitative aspects and the lived experiences of pathologies, clinical psychiatry seems to represent one of the most relevant practical fields for philosophy to test its explanatory capacity in relation to its many important issues. The history of phenomenological psychopathology, in particular, shows that philosophers have demonstrated a keen interest in the practical consequences of these issues in the field of clinical psychopathology.

It is important to note that, in diagnosing and analyzing some disorders as well as in providing therapeutic instructions, psychiatry turns to concepts that have a pronounced philosophical relevance. Human being, person, self, intersubjectivity, common sense, lived body (*Leib*) and inanimate body (*Körper*) are but some of the concepts employed to comprehend several psychopathologies – for instance, those entailing profound emotional and intersubjective disabilities such as schizophrenia, autism spectrum disorder and depression. These notions have been the object of lively philosophical discussions. It is therefore quite difficult to imagine, for example, that the connections between time, body and otherness which emerge in certain psychopathologies could be analyzed in complete detachment from the philosophical debate over these issues or without asking whether there is any relationship between mental disorders and the peculiarity of human existence.

Considering these convergences, this special issue offers to its readers a series of contributions that investigate the possible rela-

tionships between specific psychopathological symptoms and some crucial philosophical issues from various viewpoints. Joel Krueger and Michelle Maiese argue that the notion of "mental institutions" – discussed in recent debates about extended cognition – can help better understand the origin and character of social impairments in autism, and also help illuminate the extent to which some mechanisms of autistic dysfunction extend across both internal and external factors (i.e., they do not just reside within an individual's head). In his two papers, John Cutting explores the *modus vivendi* of schizophrenia and that of depression in relation to Max Scheler's phenomenology. Guido Cusinato develops a critical reflection on Cutting's proposal, highlighting the intersubjective and enactive dimension of valueception impairments. Underlying this discussion between Cutting and Cusinato there is a different way of interpreting the relationship between the *modus vivendi* of schizophrenia and Scheler's phenomenological reduction. The next issue of the journal will include Cutting's response to Cusinato's observations. Guilherme Messas and Melissa Tamelini analyze two concepts of a philosophical origin – that of dialectics and that of essence – which, in their strict application to psychopathology, could be of considerable value for diagnostic purposes and for the introduction and follow-up of therapeutic strategies. Lucas Bloc and Virginia Moirera propose an outline of clinical phenomenology for eating disorders inspired by Merleau-Ponty's philosophical phenomenology. Francesca Brencio explores the "pathic" dimension of existence, which is the capacity of both being affected and being situated within moods and atmospheres. The broader purpose of her paper is to show how the "pathic" dimension of existence is related to psychopathology and clinical practice, for example in affective disorders and schizophrenia. Valeria Bizzari draws attention to the interaffective and intersubjective dimensions of Asperger's subjects. Finally, Gilberto di Petta and Mario Rossi Monti highlight the importance of the debate on these issues that took place in Italy, retracing the history of the *Italian Society for Phenomenological Psychopathology and the School of Phenomenological-Dynamic Psychotherapy.*

There will be a further issue of the journal on this topic. All together, these papers aim to promote a closer comparison and collabora-

tion between psychiatry and philosophy, going beyond a reductive and merely symptomatological conception of mental illness and widening the horizon so as to research areas that so far have remained on the margins of phenomenological psychopathology, such as the dimensions concerning value and affectivity.

John Cutting and Guido Cusinato

JOEL KRUEGER & MICHELLE MAIESE

MENTAL INSTITUTIONS, HABITS OF MIND, AND AN EXTENDED APPROACH TO AUTISM

Our lifeworlds are full of «mental institutions» [Gallagher & Crisafi 2009]: rich networks of norm-governed practices, artifacts, and traditions that shape how we attend to and interact with the world and others. But not everyone inhabits the same networks of mental institutions. For example, if the practice of law is a kind of mental institution (more on this later), then the specialized resources available within this institution will be unavailable to non-lawyers.

Within the last few years, philosophical discussions of mental institutions have arisen in the context of debates about "extended cognition": the idea that cognition may, at times, physically extend into the environment via the artefacts, practices, and institutions that support our intelligent behavior. But this idea has not received much attention in philosophical psychiatry.[1] In what follows, we argue that the notion of mental institutions can help better understand the origin and character of social impairments in autism, and also help illuminate the extent to which some mechanisms of autistic dysfunction extend across both internal and external factors (i.e., they do not just reside within an individual's head).

First, we provide some conceptual background. We focus on the

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[1] Although this has recently started to change. See, for example, Cooper [2017]; Davies [2016]; De Haan [forthcoming]; Fuchs [2018]; Hoffman [2016]; Krueger [2018]; Krueger & Colombetti [2018]; Maiese [2015]; Roberts *et al.* [forthcoming]; Sprevak [2011].

connection between mental institutions and embodied habits of mind. Next, we discuss the significance of our view for understanding autistic habits of mind and consider why these embodied habits are sometimes a poor fit with neurotypical mental institutions. We conclude by considering how these insights highlight the two-way extended nature of social impairments in autism, and how this extended picture might assist in constructing more inclusive mental institutions for both neurotypicals and people with autism alike.

1. Extended (social) cognition

According to the hypothesis of extended cognition (HEC), the physical basis of cognition need not be confined to the head. Under certain circumstances, an individual's mental states can include processes unfolding not only in her brain and body but also within her environmental surround [Clark & Chalmers 1998]. By arguing that cognitive systems can include – i.e., be composed of – both biological and nonbiological parts, HEC explicitly challenges our thinking about where minds are and what they are made of.

A standard way to motivate HEC is by first identifying functional properties of some mental state or process and then showing that these properties can be realized by a heterogeneous system whose constituents extend across brain, body, and world. For example, one way to characterize memory is as the storage and retrieval of information to which an individual has ready and reliable access. Often, this information is realized entirely in the brain. But it need not be. It may be that individuals have equally as ready and reliable access to environmental resources – information encoded in notebooks, maps, smartphones, scraps of paper, and even other people – that, from the perspective of HEC, can be thought of as physical realizers of memory [Sutton 2010].

An important development in recent debates has been an increased focus on the *social* character of extended cognition. This social turn stresses not only the way that agents interact with a shared world but also the way the world, in turn, interacts with agents. It begins with the recognition that our cognitive practices arise within distinct sociocultural contexts, organized by specific material and normative aspects

that shape the form these practices take [Gillett & Menary 2016; Kirch-hoff 2012; Stotz 2010].

Consider the Mycenaean Linear B tablets, a script predating the Greek alphabet that was used to write the earliest form of Greek on clay tablets [Malafouris 2013]. These tablets were cognitive artifacts with a mnemonic function: record keeping of numbers and quantities. Importantly, their physical structure also afforded new possibilities for the *manipulation* and *representation* of information. While the information inscribed directly on the surface of each tablet was fixed once the clay dried, smaller versions of the tablets could nevertheless be manipulated like index cards; the *order* in which the smaller tablets were filed was significant, beyond the information encoded on the surface. This manipulable structure not only enhanced real-time problem solving. It also transformed the physical boundaries of the relevant problem space, thereby restructuring problem-solving processes for subsequent users. Consequently, cultural practices arose around the production and use of these tablets and the new ways of organizing knowledge they supported. These practices introduced new skills and affordances «that radically reconfigure[d] the cognitive ecology and the dynamics (including boundaries and connectivity) of the Mycenaean memory field for both current users and subsequent generations» [*ibid.*, 81].

As this example shows, the social turn in HEC debates is important for several reasons. Not only does it foreground the central role others play in shaping our cognitive ecologies. Additionally, it foregrounds the extent to which these ecologies operate on us *at multiple timescales*. Early discussions of HEC mainly focused on real-time synchronic interactions with cognitive artifacts, such as an individual with Alzheimer's consulting his ever-present, memory-augmenting notebook in order to find his way to the museum. However, by socializing HEC in this deep cultural-historical sense, recent work [e.g., Cash 2010; Fabry 2018; Hutchins 2011; Kirchhoff 2012; Malafouris 2016; Menary 2013; Merritt 2013] productively broadens debates to highlight the structuring role cognitive extensions play at a *diachronic* scale. As Cash puts this idea, «Our institutions, our languages, and the very cognitive and normative practices within which we cognize have been shaped by us to make cognition easier, and they have, in turn, shaped the cognitive abilities

that language-enabled humans possess» [Cash 2010, 664]. In sum, these reflections show us how our cognitive ecologies – and the material artifacts and norm-governed practices that comprise them – scaffold the diachronic development of cognitive, affective, and behavioral habits distinctive of those who share that milieu.

2. Mental institutions and their embodiment

From the perspective of HEC, our habits of mind – broadly speaking, our characteristic ways of attending to, interpreting, and engaging with the world – are ecologically structured. This structuring process begins early in development. For example, even before they learn language, infants are enculturated into nonverbal habits of shared communication – rhythmic turn-taking contingencies, forms of emotional expression, patterns of vocalization, attention regulation, etc. – that extend their social-cognitive competence and reflect the norms, values, and patterned practices distinctive of their sociocultural milieu [Krueger 2013]. These patterned practices are the building blocks of what Gallagher calls «mental institutions»: assemblages of social practices, institutions, and norm-governed artifacts that furnish access to novel abilities or features of the world otherwise beyond our reach [Gallagher 2013; Gallagher & Crisafi 2009]. As we will see, mental institutions both extend cognition and present top-down constraints on embodied habits of mind.

For Gallagher, mental institutions have two core features: (1) they consist of cognitive artifacts and practices produced in specific times and places, and (2) they are activated in ways that extend our cognitive processes when we engage with them in the right sort of way [Gallagher 2013, 6]. Mental institutions take many forms: from academic, scientific, legal, and religious institutions to more encompassing cultural and economic practices. Gallagher's focus is on the various ways mental institutions extend cognition insofar as they open up otherwise inaccessible cognitive processes.

For example, he argues that certain legal judgments – like evaluating the legitimacy of a particular claim – are only possible when individuals engage with artifacts and practices that make up the mental institution of law. This institution furnishes an array of external resources

(e.g., contracts, systems of rights and laws, norm-governed procedures, precedence, etc.) that enable individuals to manipulate and work through large amounts of information they couldn't otherwise process without this external support. Similarly, when dealing with complex theories and phenomena, scientists' reasoning processes may extend across a heterogeneous system composed of both internal and external resources: tools, props, and various representational devices, along with the suite of norm-governed practices governing their use [Toon 2015]. Guided by these kinds of observations, Gallagher concludes that if we say that cognition supervenes on individual artifacts like notebooks, maps, smartphones, and microscopes, we ought to likewise grant cognitive status to mental institutions designed specifically to augment our cognitive practices [Gallagher 2013, 7].

This is not the place to independently motivate Gallagher's argument.[2] Instead, we are interested in exploring how the notion of mental institutions might help us better understand the origin and character of social impairments in autism, and more specifically how this notion can illuminate the extent to which some mechanisms of autistic dysfunction extend across both internal and external factors. In order to do so, it will be useful to bring Maiese's [2018] recent analysis of habits of mind and social institutions into this discussion. This analysis is useful because it can fruitfully enrich Gallagher's discussion of mental institutions, and the social turn in HEC more generally, in two key respects: by stressing both the *embodied* and potentially *maladaptive* character of mental-institution-supported habits of mind.

For Gallagher, mental institutions remain largely external to the individual.[3] They are persistent environmental resources that users can, for a time, integrate with and thus use to extend their cognitive capacities in

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[2] See the papers in Merritt and Varga [2013] for critical engagements with his view.

[3] To be fair, this is somewhat misleading because HEC challenges strict internal-external boundaries when it comes to thinking about the location and constitution of cognitive systems. And nothing in Gallagher's analysis is inconsistent with Maiese's discussion of habits of mind and social institutions – although Maiese adopts an enactive perspective instead of HEC. For our purposes, what's important is that Maiese focuses on specific aspects of our bodily practices that aren't given explicit attention in Gallagher's discussion, and which can therefore fruitfully supplement his account.

order to accomplish some otherwise-inaccessible task. Their cognitive impact is therefore short-lived and primarily positive: to productively augment institution-specific habits of mind. However, Maiese's analysis helps illuminate how the values, norms, beliefs, and practices that make up mental institutions become *internalized and sedimented* within an array of unreflective bodily habits that shape our everyday interactions. Additionally, Maiese draws our attention to the fact that not all of these habits of mind are positive. While mental institutions cultivate practices and habits that promote human flourishing – e.g., by enhancing cognition or facilitating richer forms of human connection – they may also contribute to maladaptive habits that interfere with overall well-being. In other words, we are *vulnerable* to maladaptive manipulation by mental institutions in a way that hasn't been widely considered within HEC debates.[4] Understanding the latter will be particularly useful for understanding the connection between mental institutions, on the one hand, and social impairments and the experience of alienation in autism, on the other.

2.1. Mental institutions and habits of mind

Bodies are socially saturated and socio-normatively laden. This claim involves more than just the benign observation that cognition and affectivity are always socially contextualized. More substantively, we argue that cognition and affectivity are directly modulated by the artifacts, relationships, and norms – the mental institutions – distinctive of that context. Our habits of mind depend upon both internal and external constraints.[5]

   Some examples will help clarify this point. Consider the unreflective way we fluidly adopt different styles of speaking, gesturing, behaving, and expressing emotions as we negotiate different interpersonal contexts. Extravagant expressions of humor (big open-mouthed smile, loud laugh-

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[4] Although Sterelny [2010] is attuned to this possibility, as is Slaby [2016] (discussed in more detail below).

[5] See Higgins [2017] for a complementary discussion of the ways that social norms become embodied in habitual practices.

ter, dramatic gestures) may be welcome during a night out with friends, but they will be perceived as disruptive in more formal settings such as a professional meeting or place of worship. So, we adjust our expressive style accordingly as we move through these different contexts. Similarly, we attend to and interpret the world in a different way when out for a casual night with friends than we do, say, when participating in a sporting event or political rally, or when negotiating an unfamiliar city for the first time. For example, one might be more inclined to pick up on and respond negatively to a dirty look from a stranger – or conversely, respond positively to a flirty glance – when buttressed by the encouragement of boisterous friends than when alone; when touring a city with an architectural historian friend, we will be more attuned to specific features of familiar buildings and built spaces. Evaluative appraisals of *salience* are modulated by our interpersonal context.[6]

This variation is not simply a matter of internal constraints, such as feeling timid during an important meeting with one's peers and not speaking up. Again, the key point is that contextual differences in habits of mind are also heavily modulated by *ecological* constraints: background forces, norms, and expectations – constitutive features of mental institutions – that contour the dynamics of our bodily responses and patterns of appraisal as we negotiate different environments. Crucially, we are *vulnerable* to being manipulated by these ecological constraints without our full awareness or consent. For example, unspoken gender norms appear to nudge women to both expect and accept more frequent interruptions than male counterparts [Hancock & Rubin 2015].

Slaby's [2016] discussion of the impact of workplace culture on cognition and affect helps to further illuminate the structuring role mental institutions play in shaping maladaptive habits of mind. Mental institutions distinctive of a particular workplace involve a complex, multi-format assemblage of shared norms, practices, and artifacts that scaffold processes of cognition and appraisal required to accomplish various tasks. Like the legal reasoning case discussed previously, certain forms of medical knowledge, for instance, might only be possible when individuals actively integrate with the artifacts, technologies, and

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[6] See Ratcliffe [2016] for a discussion of this idea in the context of self-disturbances in schizophrenia.

norm-governed practices of a clinical workspace [Pimmer *et al.* 2013]. But workplace ecologies can infiltrate habits of mind in a more subversive and potentially disruptive way.

As Slaby [2016] observes, the «presence bleed» of contemporary knowledge work – the expectation that one should constantly be online and available for work-related communication via email or instant messaging – erodes clear-cut boundaries between work time and leisure. Ubiquitous communication technologies like smartphones are deeply entrenched in everyday habits of mind and usefully extend an array of cognitive practices. Yet, as Slaby notes, the timing and location of our engagement with them can also reinforce institutional practices and expectations (e.g., persistent availability, expectations regarding how quickly problems ought to be dealt with) that potentially encourage maladaptive habits of mind: lingering feelings of guilt, excessive responsibility, anxiety, or an inability to "unplug" and enjoy non-work-related activities. This is because individuals are drawn into modes of interaction, often by way of affective attunement and habituation to interaction patterns and modes of valuation that are normative for that domain [Maiese 2018, 13]. So, an individual who starts working in a high-pressure corporate workplace may find themselves coming to *diachronically embody* the maladaptive norms of that mental institution, even if they are not fully aware of it (e.g., reflexively checking for new email every few minutes when at home or out with friends). Additionally, their ongoing adherence to these norms ensures that the larger mental institution they are part of will continue to structure this maladaptive ecology for *other* agents. For example, if an individual's colleagues establish a workplace culture where important email communication routinely occurs beyond regular working hours, their failure to adhere to this norm will stand out and they may face increasing pressure to adapt — at the expense of their home life. Workplace ecologies can in this way diachronically "invade" individuals over time, and at a concrete bodily level. They establish top-down constraints that selectively nudge individuals toward maladaptive habits of mind that can potentially have deleterious downstream effects on their own and others' wellbeing.

These observations about the interactive dynamics between mental institutions and embodied habits of mind highlight two points impor-

tant for what follows. First, they remind us that mental institutions are not free-standing things that are largely external to the individual, apart from the limited duration of our synchronic engagements with them. Rather, we are bodily «tattooed» [Grosz 1994] by these institutions, insofar as they structure the range of cognitive, affective, and behavioral possibilities available to us as we inhabit them. Second, the ongoing enactment of our habits of mind collectively feed back onto and reinforce the mental institutions that constrain them. Embodied subjects are not only shaped by their social world; they also help shape their social environment through active and reactive contributions and responses. Importantly, however, this observation further shows us that while subjects do tend to act in ways that reinforce norm-governed mental institutions, they can also defy and undermine them, in a range of different ways and to varying degrees. These acts of resistance can lead to new habits of attention, thought, feeling, and bodily response [Maiese 2018, 14-15]. We now explore this latter point by looking at the interrelation between mental institutions, embodiment, and social impairments in autism.

3. Instituting impairment: autism, embodiment, and mental institutions[7]

We now apply the previous discussion to autistic spectrum disorder (ASD). Building off the earlier discussion of HEC, mental institutions, and habits of mind, we argue that some of the social impairments distinctive of ASD aren't entirely located in individual heads. We discuss the significance of this view for understanding autistic habits of mind, why these embodied habits of mind are sometimes a poor fit with neurotypical mental institutions, and finally how these insights might help us construct more inclusive mental institutions.

First, some background. ASD is a complex developmental disorder spanning a spectrum of social, communicative, imaginative, and behavioral abnormalities. These abnormalities are wide-ranging and can vary with age and individual ability. They include non-verbal communicative deficits; repetitive behaviors; difficulties in adjusting actions to

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[7] The notion of «instituting impairment» is taken from Merritt [2013].

suit a social context; fixated interests, especially in sensory qualities of objects; and diminished imaginative capacities, such as the absence of pretend play in childhood [Frith 2003; Rutter & Schopler 1987; Stone *et al.* 1997]. ASD also tends to include deficits in affective bonding and emotion-related behavior [Hill & Frith 2003; Hobson 1993]. For example, people with ASD often avoid direct eye gaze, have difficulty seeing and interpreting social cues in gestures and facial expressions, and struggle to connect and develop relationships with their peers. Most behaviors needed to establish and regulate social interactions are impaired in ASD [Gallese & Rochat 2018].

There is currently no consensus about the exact cause of autism. However, the five «big ideas» [Frith 2003] dominating current debates – *Theory of Mind*-style explanations; *Weak Central Coherence Theory*; *Executive Function Theories*; the *Broken Mirror Neuron Hypothesis*; and the *Social Motivation Hypothesis* – are, despite other differences, committed to an internalist position insofar as they conceive of the root cause of ASD as located inside the head of the individual. But there are reasons to be skeptical of this internalist commitment.[8] For our purposes, two worries are salient. First, these approaches overlook key *embodied* and *relational* features of ASD social impairments, including both self-other mapping deficits that arise from a dysfunction of perception-action coupling systems [Rochat *et al.* 2013], as well as distinct ways of moving, perceiving, and emoting that define autistic ways of being-in-the-world [Constant *et al.* 2018; Krueger forthcoming; Leary & Donnellan 2012]. Second, they overlook the central role that *interpersonally-distributed* factors play in shaping dysfunctions characteristic of ASD [De Jaegher 2013; Gallagher & Varga 2015; Hobson 2002; León 2019; Schilbach 2016]. Conceptual resources from the previous discussion of HEC and mental institutions can help address these worries and thus be used to develop richer characterizations of ASD experience.

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[8] See Bolis *et al.* [2017] and De Jaegher [2013] for further discussion.

3.1. "Local" mental institutions and (neurotypical) embodiment

Gallagher's discussion of mental institutions primarily focuses on large-scale mental institutions such as legal systems and academic research practices. However, we find mental institutions at work at a more local level, too, regulating the dynamics of our everyday engagements with others. For example, commuter trains, grocery stores, and cocktail parties all can be understood as institutions that regulate our behavior and interactions. These local mental institutions are particularly relevant to understanding some of the social difficulties that people with ASD face on an everyday basis.

One of the lessons of Gallagher's analysis of mental institutions, particularly when conjoined with a complementary discussion of embodied habits of mind, is that much of our everyday understanding of others and the world more generally is carried not just by brain-based processes or internal "mentalizing" strategies, but also by beyond-the-head practices designed specifically to make us intelligible to one another as social agents [Zawidzki 2013]. These norm-guided practices are examples of «epistemic actions» [Kirsh & Maglio 1994] that have several cognitive functions. They can *augment* cognition by furnishing access to novel abilities and/or features of the world otherwise beyond our reach (e.g., rendering legal judgments). This augmenting function is Gallagher's primary focus. But they can also *extrapolate* existing capacities, the way that microscopes bring small things into the range of visual detection; and they may even *convert* phenomena accessible in one modality into a form accessible in another, the way that sonar devices with visual displays convert worldly events (e.g., flight paths) into a digital-representational format [Humphreys 2004]. And they do these things while regulating our behavior in predictable ways.

Consider playing chess. Chess-playing occurs within a mental institution: it is an activity organized by a rich network of rules, practices, artifacts, and expectations that exist prior to token episodes of chess-playing. What is important here is that, when playing chess with someone, we needn't rely upon an intracranial capacity to *infer* our opponent's desire to play chess and intention to do so fairly; rather, we see these things directly *in their playing*, just as they see our desires and intentions in *our* chess-playing behavior. In other words, we make our-

selves intelligible to one another by conforming over time to the institutional practices, rules, and strategies of playing chess [McGeer 2015]. Following Humphreys [2004], we can say that the local institution regulating this shared practice converts a computationally demanding folk psychological task (making inferences about others' mental states) into an easier perceptual-motor task (jointly coordinating our behavior to shared rules of chess) – and, in doing so, reduces the descriptive complexity of the environment by guiding our attention to salient features of our opponent's norm-governed behavior. It thereby assists us with the process of selective attention.

This is just one example of a local mental institution. They take many forms, and vary with time and place: playing games; lining up in the queue to board a train or airplane; placing our menu on the table as a signal that we're ready to order; taking a phone call in the vestibule to avoid irritating fellow rail travelers in the quiet carriage; pausing in a conversation to let the other person finish a thought; or expressing our disapproval with a well-timed eyebrow raise. Van Dijk and Rietveld [2017] give the example of being seated in a "silence area" in a train, so that talking is not really an option; nor is drinking from the bottle of water that belongs to one's neighbor. For those operating within a mental institution, «certain models of expectancy come to be established, and the patterns, which over time emerge from these practices, guide perception as well as action» [Roepstorff *et al.* 2010, 1056]. Many aspects of social understanding are in this way carried by the world, scaffolded by the norms and routines that regulate our embodied interactions and habits of mind, and which have their social significance built into them [McGeer 2001]. Understanding others involves bringing shared norms to bear, for our sense of what people generally do and what they can be expected to do is linked to our views about what they *ought* to do. The ability to apply norms and identify situations in which relevant routines are appropriate rests on a capacity for navigating different social contexts.

To return to HEC, we thus see that local mental institutions extend cognition at multiple timescales. On a *synchronic* basis, they provide the regulatory tracks upon which token episodes of social interaction run and acquire their normative character. This is a process that be-

gins at birth, within infant-caregiver interactions. However, repeated engagements with local mental institutions also shape the *diachronic* development of bodily practices and habits of mind that are *responsive* to the institutions, habits that become sedimented within our more general way of negotiating the world. That is, we learn these rules over the course of learning and socialization; when our behavior conforms to shared expectations, it is met with approval and praised; and when it fails to conform to these expectations, it is met with disapproval and sanctioned. Over time, we internalize norms and shared expectations in the form of characteristic behavior or habits.

What Rietveld and Kiverstein [2014] call «situated normativity» encompasses norms of adequacy and inadequacy associated with habitual behavior within sociocultural settings. As children engage with aspects of the environment, their performance is subject to normative assessment as better or worse, and as more or less correct given situational demands. As a child attempts to name various colors, for example, she receives feedback about the appropriateness of her responses and thereby acquires a feel for which uses are acceptable. Which color names are better or worse, correct or incorrect, depends in part on sociocultural norms and the specific setting in which color naming takes place [*ibid.*, 332]. Whereas a more coarse-grained categorization may be appropriate when it comes to traffic signs, clothing and home décor may call out for a more nuanced naming of particular shades. What counts as adequate-color naming will depend, in large part, on what other members of a sociocultural practice do. Along similar lines, a child will learn how to engage with various tools and artifacts, and how to conduct herself within various social settings. When she fails to conform to expectations, she will receive feedback that alerts her to this. She will, for example, be corrected or scolded, often by way of subtle indicators of social disapproval.

To return to ASD, the salient point is this: because people with ASD lack (for reasons discussed below) experiential access to many of the normative features of neurotypical mental institutions, they are excluded from the social-cognitive benefits and embodied habits of mind these institutions help to develop, regulate, and sustain. Such difficulty is connected to the fact that in neurotypical institutions shared expec-

tations often are conveyed by way of very fine-grained nuances in tone of voice, facial expression, posture, and other forms of body language. Because people with ASD lack access to these fine-grained features, they find it difficult to engage effectively with others within these social environments. This lack of experiential access is a key part of the social difficulties they face in negotiating the neurotypical world. Importantly, however, this lack of access is not an "in principle" exclusion. There are ways of co-constructing more inclusive mental institutions that both neurotypicals and people with ASD may jointly inhabit and benefit from.

3.2. ASD, embodiment, and alternative habits of mind

We now unpack this claim in several steps. First, we discuss the explanatory significance of the distinct ways that people with ASD experientially inhabit and use their bodies to move, express emotions, and attend to the world and others. Next, we consider why and how the distinctive character of these embodied habits of mind fail to be responsively integrated into neurotypical mental institutions, and how this lack of integration leads to social difficulties for people with ASD.

To begin with the first step: people with ASD often use their bodies in ways that, from a neurotypical perspective, may appear unusual or off-putting. For example, they may repeatedly shrug, squint, pout, or rock back and forth; repeatedly touch specific objects; turn away when someone attempts to speak with them; maintain unusual or inert postures, or appear to get "stuck" in indecisive movements; have difficulty imitating actions; and require explicit verbal or gestural prompts to perform an action [Donnellan *et al.* 2012; Leary & Donnellan 2012; Robledo *et al.* 2012]. A particularly salient example is a delay in conversational responses. Donnellan and colleagues found that twelve young adolescents with minimal verbal skills, all of whom were labeled developmentally disabled or autistic, were, in fact, capable of offering competent conversational responses – but only, on average, after fourteen seconds of silence [Leary & Donnellan 2012, 57]. However, such a delay violates neurotypical norms; most neurotypicals would likely find a pause this long uncomfortable and either change the subject or abandon

the conversation. ASD habits of mind thus often fail to mesh smoothly with neurotypical institutions.

These are embodied ASD habits of mind observable from an external third-person perspective. However, first-person reports also indicate that people with ASD often experience their bodies in ways that differ from neurotypicals. They experience difficulties controlling, executing, and combining movements – from fine motor control, grip planning, and anticipatory movements, to more complex action-sequences like reaching for a book, dancing, or negotiating a crowded hallway [Eigsti 2013; Leary & Hill 1996; Whyatt & Craig 2013]. This feeling stems not simply from measurable coordination difficulties but also from a *felt* sense of diminished agency and loss of bodily control, including diminished proprioceptive and kinaesthetic awareness [Blanche *et al*. 2012; Robledo *et al*. 2012]. These experiential difficulties can lead to challenges when it comes to effortlessly engaging with the environment and other people – that is, smoothly integrating with neurotypical patterns of interaction and habits of mind. Some individuals with ASD are aware of these differences. One person reports that «I was sitting on the floor and when I got up after looking at a couple of books, my friend said I got up like an animal does» – and furthermore, that although she is aware that her patterns of movement and habits of mind are different from those of neurotypicals, she remains unaware of *how* they differ, exactly [Robledo *et al*. 2012, 6].

These reports lend support to the idea that people with ASD exhibit a kind of perceptual «style blindness»: an inability to perceive expressive or stylistic qualities of neurotypical patterns of movement and embodied habits of mind [Krueger forthcoming]. As a result, they lack experiential access to socially-salient information needed to fit into and become responsively regulated by the expressive norms governing neurotypical mental institutions. When we speak of stylistic qualities of movement, we are referring to the specific *way* an action is performed, its qualitative character.[9] For instance, we can reach out to shake someone's hand in a *friendly*, *aggressive*, or *indifferent* manner; similarly, a smile can be *cold*, *sarcastic*, *confident*, or *wry*. These are expressive

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9 Daniel Stern [2010] calls these qualities «forms of vitality».

qualities of actions that carry socially salient information. To understand the intentions and meanings of others' actions, it is not enough to simply see the action itself. We must also perceive the social information encoded in its *style*, that is, within the qualitative dynamics of its performance. And these stylistic features often are very subtle. Consider the fine-grained difference between a *friendly* kiss and a *lover's* kiss, as well as between *playful* sarcasm and *angry* sarcasm. To distinguish between the two types of kiss, one must attend to the highly specific features of the kissing movements as they unfold; and to distinguish between the two types of sarcasm, one must attend to highly specific, often subtle, features of the speaker's volume and intonation patterns.

There is evidence that individuals with ASD lack perceptual access to these fine-grained stylistic features of actions. Several studies highlight atypical processing of low-level, sensory, and perceptual information in ASD [Dakin & Frith 2005; Happé 1999; Mottron *et al*. 2006]. There is evidence, for instance, that children with ASD struggle to extract relevant information from biological cues [Rutherford *et al*. 2006]; they also fail to correctly interpret human activities portrayed in point light displays [Blake & Shiffrar 2007]. Other studies have found that both children and adults with ASD struggle to decode visual information found in facial expressions and actions [Ashwin *et al*. 2006; Atkinson 2009; Hubert *et al*. 2007; Teunisse & de Gelder 2001], and to extract social-emotional information from vocal cues [Philip *et al*. 2010].

Perhaps the most powerful support for style blindness in ASD is found in a recent study by Rochat *et al*. [2013].[10] Twenty high-functioning patients with ASD, along with twenty neurotypical controls, watched a series of short video clips involving two people sitting across from one another at a table, performing different actions. These actions included giving a high five, shaking hands, pointing, caressing the other person's forearm, taking the other's hand, giving or retrieving a mug, and holding up their hand to signal "stop". In these clips, the same type of action was performed with a different style: e.g., a vigorous handshake in one clip, a gentle handshake in another. Participants in the study viewed different combinations of these action clips and were then asked to make

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[10] See also Gallese and Rochat [2018].

judgments about them. While participants with ASD were similar to neurotypicals in identifying *kinds* of actions (e.g., handshake vs. high-five), they made frequent errors when making judgments about the *style* of different actions, including difficulty recognizing similar styles (e.g., gentle) across different actions (e.g., handshake vs. high five). According to the authors, these findings advance previous work insofar as they suggest that style blindness is not limited to imitative contexts (e.g., such as when an individual with ASD is asked to imitate an observed action) but that it is, rather, a *primary* deficit – a perceptual inability to extract socially salient information from the qualitative kinematics of others' actions [*ibid*., 1922].

This style blindness is significant for how people with ASD inhabit – or fail to inhabit – neurotypical mental institutions. This is because, within such institutions, people's desires and expectations often are communicated via fine-grained modulations in the qualitative dynamics of action and expression. These modulations include an ever-so-slight raise of the eyebrows to signal skepticism, subtle modifications in the tone of voice to signal sarcasm, or subtle changes in posture to indicate, "you're annoying me; stop talking". Conforming to social norms and expectations within neurotypical institutions requires that subjects be able to gauge fine-grained features of other's bodily expressions. However, subjects with ASD find it difficult to attend to these features; and without perceptual access to stylistic features of neurotypical patterns of behavior, people with ASD often cannot smoothly participate in the everyday practices of neurotypical institutions and understand the emotions and intentions of others. Moreover, the ability to *imitate* these expressive kinematics is a core skill needed to be responsively regulated by the different (local) mental institutions through which we move on a day-to-day basis [Lakin *et al*. 2003; Meltzoff & Decety 2003]. However, without this capacity, people with ASD lack fluent access to the cognitive and emotional benefits these ritualistic practices confer [Ingersoll 2008; Stewart *et al*. 2013]. Because subjects with ASD have difficulty detecting these subtle social cues, they sometimes turn to general rules or explicit theorizing strategies to compensate [Shanker 2004].

From the perspective of HEC, there is a sense in which children and adults with ASD can be said to inhabit different social worlds – under-

stood as collections of mental institutions that shape distinctive habits of mind – than neurotypicals do [Klin *et al.* 2003]. But, to be clear, it's not the case that people with ASD lack access to any kind of norm-governed mental institution whatsoever; nor is it the case that they lack access to *neurotypical* mental institutions entirely. Clearly, they do have some degree of access to the latter. People with autism are part of our shared world and, to varying degrees, responsive to what neurotypical people say and do. Rather, the point is that they have diminished *practical fluency* when it comes to engaging with neurotypical institutions, the way a non-scientist may lack practical fluency with a microscope or set of research practices and thus lack access to the cognitive benefits and habits of mind scientific institutions confer. This diminished practical fluency occurs because the signposts for social interaction found in neurotypical institutions typically are too fine-grained and nuanced for subjects with ASD to gauge.

Nevertheless, the social worlds and mental institutions of ASD may have their own norm-governed character, one not easily accessible to neurotypical partners. This becomes clearer by first observing that some of the unusual movements, behavior, and habits of mind people with ASD exhibit are more than meaningless reflexes or nervous tics. Rather, they are environmentally responsive and often situationally-appropriate; they play an important role in helping individuals with ASD adapt to and negotiate changing environments. For example, patterns of "self-stimulation" or "self-stims" – which consist of behavior like hand-flapping, finger-snapping, tapping objects, repetitive vocalizations, or rocking back and forth – may be context-sensitive habits of mind that help to organize incoming sensory flows in order to manage the physical, perceptual, and emotional demands of a given situation [Leary & Donnellan 2012, 51]. In cases where this incoming information threatens to be overwhelming (i.e., hypersensitivity), self-stims can occlude signal noise and down-regulate the individual's anxiety; alternatively, in cases where the individual requires heightened arousal in order to better access salient information (i.e., hyposensitivity), self-stims can have an arousal-generating, attention-directing effect. Self-stims thus can be understood as a way to strengthen selective attention so that subjects can ignore irrelevant information and focus on what is

important; this puts them in a better position to gauge relevant social cues. So, treatment programs that have traditionally tried to eliminate or suppress self-stims [e.g., Azrin *et al.* 1973] have failed to see their norm-governed character and the positive role they may play within autistic habits of mind.

Additionally, there is evidence that many social difficulties people with ASD face result from the fact that neurotypical norms, expectations, and mental institutions simply aren't adequate to meet the needs or idiosyncratic features of ASD habits of mind. What makes them inadequate is that these norms and expectations often are unspoken, highly context-specific, and communicated by way of nuanced body language. Because subjects with ASD rely primarily on straightforward verbal expressions and more coarse-grained body language to communicate, neurotypical mental institutions often do not suit them.

To see this, note that within neurotypical mental institutions, the ability to use language appropriately and understand what others say goes well beyond knowing the literal meaning of the expression used. It also involves an appreciation of the setting in which the speech occurs. The meaning of "Mark is at the bank", for example, is highly context-sensitive, and rests on knowledge about whether Mark frequently goes angling at the river or instead works at Chase Manhattan [de Villiers *et al.* 2007, 295]. de Villiers and colleagues found that subjects with ASD do not have much difficulty with the appropriate use of language when it comes to the content of literal speech, but exhibit pronounced deficits with respect to figurative speech. This makes it difficult for them to understand metaphor, irony, and conversational implicature [*ibid.*, 315]. Understanding the meaning of figurative speech requires that subjects attend to fine-grained contextual features and gauge the desires and intentions of those who are speaking, but these desires and intentions typically are conveyed via highly nuanced aspects of bodily expression and comportment. Because subjects with ASD find it challenging to engage in this sort of selective attention, often they say things that lack relevance to the hearer, do not anticipate what hearers will want to know, and take figurative speech (including metaphor, sarcasm, and irony) literally.

But it is possible to design institutions that are a better fit for subjects with ASD. This observation is strengthened by findings that high-func-

tioning autistic people report pleasurable and efficient interactions with *other* autistic persons, even when they struggle to connect with neurotypical mental institutions [Komeda *et al*. 2015; Schilbach 2016]. This is because their interactions with other people with ASD take place within mental institutions governed by ASD-friendly norms and expectations. In these settings, the norm is for people to speak in more straightforward terms, relying primarily on literal language rather than metaphor and more clearly signaling the use of sarcasm. For example, if a subject with ASD wants someone to stop talking, the expectation may be that s/he simply will say "stop talking". This request will not be understood as rude or impertinent but as clear and competent communication of her desires. So, it's not as though people with ASD lack social competence *entirely*. Rather, their impairment is heightened when trying to inhabit and engage with mental institutions that aren't organized in ways designed to accommodate ASD habits of mind.

In sum, these insights suggest that the disturbance of breakdown leading to social impairments in ASD is, in an important sense, a *two-way* impairment, and not just confined to the head of the individual with ASD [McGeer 2009, 310]. It includes environmental features: neurotypical institutions that lack the flexibility and inclusivity needed to responsively mesh with ASD habits of mind. As we'll see in the final section, such considerations may have important consequences for thinking about intervention and therapeutic strategies.

4. Further implications and conclusion

As we've discussed, ASD has for several decades been thought to consist in a Theory of Mind deficit. This assumption has shaped treatment and intervention strategies, which have generally been geared toward helping individuals develop their individual mentalizing capacities [Begeer 2014]. However, based on the previous considerations, we can highlight at least two shortcomings of such approaches. First, they overlook the role that embodied and interactive features play in shaping characteristic impairments and offer few resources for addressing these features. Second, they presuppose that social difficulties in ASD consist in a failure to conform to normative expectations of neurotypicals,

without acknowledging (or offering resources to address) the two-way nature of these impairments.

If, as we've argued, autism is fundamentally an embodied and relational phenomenon – and not simply an in-the-head cognitive deficit – intervention strategies should be tailored accordingly. One promising strategy is music therapy, which can involve listening, singing, or joint music-making. Srinivasan and Bhat [2013] observed that music-based interventions are attractive for individuals with ASD for three reasons. First, they can address core impairments in joint attention, social reciprocity, and verbal and nonverbal communication, along with comorbidities of atypical perception, motor performance, and behavioral problems. Second, children with ASD often have enhanced pitch processing abilities and musical memory compared to typically developing children and therefore may find these interventions particularly pleasurable [Heaton 2003]. Third, music-based activities can provide non-intimidating contexts to interact with musical instruments and other people by engaging in predictable musically-guided interactions with social partners [Darrow & Armstrong 1999].

Evidence suggests that these kinds of musical interventions positively impact various forms of development, including communicative, social-emotional, and motor development. For example, music therapies can facilitate verbal and gestural skills in children with ASD; enhance social skills such as eye contact, joint attention, mimicry, and turn-taking; and support the improvement of fine and gross motor skills [Srinivasan & Bhat 2013]. This can help subjects with ASD to strengthen their ability to gauge fine-grained social cues and their capacity for "body-reading". In a music setting, subjects do rely on bodily expression to communicate – but eye contact, bodily expressions, and mimicry are more exaggerated than in standard neurotypical settings. And because they are punctuated by changes in musical tone and rhythm, they are easier for subjects with ASD to detect.

In this way, musical activities like listening, singing, and joint music-making provide a regulative context in which children with ASD can work with neurotypicals to construct alternative musically-guided mental institutions. Musically-generated auditory and rhythmic signals can regulate attention and movement in a number of ways: by influencing

the timing of motor neuron discharge; decreasing felt muscle fatigue; facilitating automatic movements by providing predictable temporal cues; improving reaction time and response quality through facilitated responsive anticipation; and providing auditory feedback for proprioceptive control mechanisms [Thaut 1988, 130]. Music can thus serve as scaffolding for the development of selective attention and strengthen subjects' ability to detect social cues [Krueger 2019; Maiese 2016].

In addition, the opportunity to interact in a musical setting may help counteract the tendency of some subjects with ASD to withdraw from social interaction. Shanker [2004] notes that because subjects with ASD are sometimes overreactive and feel overwhelmed by visual or auditory stimuli, they may avert their gaze, put their hands over their ears, or avoid interaction with others. Likewise, McGeer [2001] suggests that in an effort to manage sensory experiences, subjects with ASD might feel the need to shut out other people; however, that makes it difficult for them to develop social and communicative skills. The more a child with ASD avoids interaction with others, the more s/he is deprived of the sorts of experiences needed for social development. Musical settings provide a place where subjects can come together with other people and begin to develop an intuitive understanding of what others are thinking and feeling. Coordinated musical improvisation, for example, may help give participants a sense of being part of meaningful shared activity. There are often moments in music therapy where there is a "buzz" between the two players, for example when they spontaneously come together at a cadence point or somehow know when to end or where to go next [Maratos *et al.* 2011, 92]. This kind of "communicative musicality" allows subjects to experience a kind of relating that is very different from that involved in talking, and yet offers them an avenue to overcome social isolation. In addition, it allows those who feel "out of sync" with the social world to "get back into the groove" of interacting with others.

To conclude, these reflections harbor an important lesson: instead of expecting children and adults with ASD to responsively conform to neurotypical mental institutions, we ought to explore ways of developing more *inclusive* institutions – in both everyday as well as therapeutic contexts – that provide a common space for individuals to get into the

groove with one another. To reach subjects with ASD, we need to move beyond "fixing" the heads of single individuals and instead consider ways of adjusting the social world.

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Keywords

Abstract

We argue that the notion of "mental institutions" – discussed in recent debates about extended cognition – can help better understand the origin and character of social impairments in autism, and also help illuminate the extent to which some mechanisms of autistic dysfunction extend across both internal and external factors (i.e., they do not just reside within an individual's head). After providing some conceptual background, we discuss the connection between mental institutions and embodied habits of mind. We then discuss the significance of our view for understanding autistic habits of mind and consider why these embodied habits are sometimes a poor fit with neurotypical mental institutions. We conclude by considering how these insights highlight the two-way, extended nature of social impairments in autism, and how this extended picture might assist in constructing more inclusive mental institutions and intervention strategies.

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MAX SCHELER'S PHENOMENOLOGICAL REDUCTION AS THE SCHIZOPHRENIC'S *MODUS VIVENDI*

1. Introduction

In Max Scheler *The Constitution of the Human Being* [Scheler 1924-1928/2008, henceforth referred to as *Constn*], an English translation of Scheler's metaphysical and anthropological writings, there are three sections [*Constn*, 77-86, 99-113, 403] on his version of the «phenomenological reduction». What Scheler meant by this was quite different from how Husserl had formulated it in coining the term. For Scheler the procedure was a thought experiment in which the real world and everything of it which pertained to a human being was envisaged as cancelled out and the resulting human situation then analysed. Husserl's version was, by comparison, a lame duck – it was merely a judgement, on Husserl's part, of what a human being would experience of some object (an apple tree in blossom being his example) if the reality of the actual object were «bracketed» [Husserl 1913/1982, 215-216; *Constn*, 103]. Husserl's conclusion was that the quality of the experience under conditions of his version of the 'phenomenological reduction' would not be altered 'one jot' relative to the situation of an 'unreduced' human being. Scheler, on the other hand, appreciated that the human being would be profoundly affected by this procedure, and that their experiences, beliefs, thoughts and emotions would be utterly transformed vis-à-vis an 'unreduced' human being.

The purpose of this article is to examine in detail what Scheler predicted would be the human being's situation after a phenomenological

reduction carried out properly and then to show how similar this is to the customary *modus vivendi* of a schizophrenic person.

I shall then give a brief overview of extant psychological and philosophical theories of schizophrenia, concluding that Scheler's 'phenomenological reduction model' is superior.

I shall first list the separate consequences of the phenomenological reduction according to Scheler, then give his account of why they occur, and then match each of these with aspects of schizophrenic psychopathology, concluding with a brief critique of other psychological and philosophical accounts of the condition.

2. Scheler's Phenomenological Reduction

There are no less than 11 relatively discrete consequences of the phenomenological reduction, which I shall now list, before giving Scheler's justification of each:

1. essentialization;
2. adynamy;
3. 'aseparation' of experiences;
4. enrichment and free-floatingness of qualities;
5. distortion of values, qualities and forms;
6. uniqueness of same object at different times and in different places;
7. interchangeability of individuality and universality;
8. transformation of world into an idea;
9. loss of sovereignty (loss of myness);
10. experience as an act of an absolute mind whereby the act of knowing and the thing known are one;
11. the 'reduced' world as personal and alien, even to other denizens of a 'reduced' world, i.e. the 'reduced' world is a multiplicity of individual worlds.

1) Essentialization

This follows because the vital pole of the human being and its environmental correlates have been wiped out. It is *reality*, which Scheler emphasises time and time again [e.g. *Constn*, 79], that determines the individuality of anything, and the abolition of reality, in the thought experiment, then precludes any chance happenings, or accidental being-so of anything. What remains are «pure and typical essences».

An essence, in Scheler's account, is a subjective scheme which has been built up over a person's life by means of a 'functionalization' of their objective experiences: e.g. how you were loved is how you will love; what you experienced is how you will experience. It is a loose facility, flexible and incomplete, but it provides the only measure of *what* something is. It is neither a spectral entity hanging around in limbo *before* any experience occurs (as in Plato's account), and nor is it latent *in* the potentially experienceable thing awaiting release (as in Aristotle's account). It is certainly not experienceable in itself as in Husserl's account, and nor is it an abstraction from any experience after the event as in empiricists' formulations. It is triggered simultaneously with the happenstance of an event – in the 'unreduced' human – but is now – in the 'reduced' human – the only determination of what is going on.

2) Adynamy

The phenomenologically reduced human being not only loses any sense of accident or chance in their experience but any sense of movement as well. Abolition of the vital contact with reality means that all notions of 'causal interconnections' also wither away, because 'reality itself is the basis of all such causes'. Nothing appears to effect anything any more and the human being is left to contemplate a frozen tableau, himself or herself also a frozen onlooker.

3) 'Aseparation'

It further follows that the denizens of this essentialized and lifeless world

are themselves unseparated one from another. Why? Because: «Of the two special forms of separateness, namely 'next-to-one-another' and 'after-one-another', [which are] the spatial and temporal extensions of dynamically conditioned acts, there is no trace whatsoever» [*Constn*, 79]. Time and space, as Scheler notes elsewhere [Scheler 1927/1973, 341, 331], are respectively the potential for change and the potential for movement, and if there is no possibility of change or movement there is no apartness of events or things, both of which will be experienced as running into each other or interwoven with other objects and the onlookers.

4) Enrichment and free-floatingness of qualities

Not all is down-beat and stale in the 'reduced' human. There is a paradoxical upsurge in the richness of qualities, colours for example, and a sense that these qualities have become detached from the objects that they were hitherto an integral part of. Why? Because a being with viable drives, for nourishment for example, will select only those qualities of things, out of a myriad of potentially experienceable qualities, which satisfy these drives, *green* grass as opposed to brown, dried-up grass in the case of a herbivore. A 'reduced' being, with no such vital appetites, will lose this selectivity and will be unaware of the status of the quality as a sign for the thing desired. Other qualities, vitally-neutral and hitherto unselected, will now shine forth and seem independent of any 'thing-linkage'.

5) Distortion of values, qualities and forms

What is created in the awake, 'unreduced' human – *created* certainly, but not as a solipsistic venture envisaged by Husserl – is a rule-governed edifice originally determined by the reality of the world. Its elements are selectively chosen to suit the contemporary state of your drives (e.g. you *see* food outlets and not shoe shops in the High Street if you are hungry) *and* your more stable *ordo amoris* (the unique rank order of your life's goals [Scheler 1914-1916/1973]). What is 'created'

when the contemporary state of drives *and* the *ordo amoris* are wiped out is, however, neither chaos nor a sort of lifeless photography of an erstwhile world (as in Husserl's contemplations on an apple tree in blossom). It is rather a differently rule-governed selection of what reality has on offer. Scheler expends much effort in unravelling all this in the sections referred to above. His exquisite knowledge of perceptual experiments carried out by his contemporaries, mainly Gestalt psychologists, much of which has been overlooked by our contemporaries, led him to realise that the building blocks of the world were a series of dependencies of one quality upon another, and a preference for one quality rather than another because of its vital significance. So, for example, in some ambiguous situation, such as shimmering shadows underneath a tree in sunlight, you can either see movement of an invariant shape or static metamorphosis of shapes. According to Scheler the former interpretation is preferred in the natural attitude, whereas the latter comes to the fore in the 'reduced' human, because movement of something is a vital clue of a sign of life to a predator. Other examples are a preference for constancy, regularity and quantity, and these dissipate when their advantages for a vital being are no longer in question, giving way to an upsurge in inconstancy, irregularity and quality in the 'reduced' human. He gives many other examples, but for our purposes it is sufficient to appreciate that the world of the 'reduced' human is alien to his or her 'unreduced' former self in value, quality and form for all these reasons.

6) Uniqueness of same object at different times and in different places

The 'unreduced' human being, according to Scheler, has a nuanced sense of similarity, sameness and identity (the child, according to him, has a more blurred notion of all these, and tends to see identity in what is merely similar). The 'reduced' human, however, differs from either in this respect, as he or she denies identity of two events or things if they crop up at a different time or in a different place: «The same event occurring at a different time becomes a different event, and the same objects in different places become different from one another» [*Constn*, 101].

This follows because time and space, as Scheler saw, are not the normal individuating facilities – only reality is. Time and space have rather

the opposite effect, namely to create manifolds whereby similarity, sameness and identity can themselves arise and flourish. Nietzsche and Bergson were much exercised by this too, both realising that the recognition of sameness was a vital concern to an animal who would otherwise not identify its food: «not 'to know' but to schematize – to impose upon chaos as much regularity and as many forms as our practical needs require» [Nietzsche 1906/1967, 515]; «it is grass in general which attracts the herbivorous animal […] a similarity felt and lived» [Bergson 1896/1991, 159]. The apparent paradox that if reality is the only individuating facility under normal circumstances and if it is cancelled out why difference and not sameness emerges will be explained below.

7) Interchangeability of individuality and universality

If reality is the precondition of individuality, as Scheler thought, and if reality is artificially wiped out in the 'reduction', then any sense of individuality should also be deleted. But this is not so, as we saw above. In the phenomenological reduction *everything* is different, and that applies to the individual objects perceived, the overall world of the 'reduced' human (as we shall see below), and even the experiencer himself or herself. The only available candidate for this sense of difference now lies with the essences, because they are the only determining facilities. What is experienced therefore must be an exemplar of an essence, and every exemplar must come with a stamp of difference from any other exemplar. What Scheler refers to as the interchangeability of individuality and universality is precisely this – everything is a universal with a spurious individuality; every apparent individual is an exemplar of a general sort of thing.

What then constitutes the difference between exemplars? Scheler makes a critical distinction here between individualisation and singularisation. Time and space for him are *not* individuating facilities but singularising ones. Consider further that time *is* an individuating factor for Husserl [1950/1995, 75], and his position, as Scheler saw, is an idealistic one. He needs time to account for the *individuation* of *his* essences, in the same way as the phenomenologically reduced human being needs time and space to singularise essences, such singular entities being mere clones rather than genuine individuals. As we shall see below – in

the section on schizophrenic psychopathology, although this is rather assuming the argument I wish to prove – it is precisely time and space which do singularise essences. It is not for nothing that two of the greatest psychopathologists of the 20th Century – Minkowski and Tatossian – realised that Husserl's account of a supposedly normal human being was actually an account of schizophrenia [Minkowski 1933/1970, 310; Tatossian 1964/2014, 159].

8) Transformation of world into idea

> The reduction enacts an essentialization of the world in the way it is experienced, and transforms the world into an idea for the sake of thought [*Constn*, 102].

This follows because the only facility in contention is now *Geist*, and this deals with essences and ideas. The world so created is indeed therefore an idea, showing up all idealistic philosophies, including Husserl's, as *pathological* formulations of the human being.

9) Loss of sovereignty (loss of myness)

> There is a shift in the status of my act of thinking whereby it becomes not an act of consciousness of whatever is around, but an act within the realm of absolute being. The sovereignty of this act, previously mine, now becomes completely under the aegis of God [*Constn*, 103].

The phenomenological reduction, in Scheler's account, as we have seen, not only effects a radical change in the experience of the world, but profoundly alters the sense of *who* is experiencing this. The subjective as well as the objective is transformed. The sense of being a unique experiencer, distinct from any other person or agent who might experience the same thing, is abolished. Nothing is *mine* anymore, but rather belongs to some other agent, even God.

10) Experience as an act of an absolute mind whereby the act of knowing and the thing known are one

> This is a further stage of condition 9 above:

> Things appear as if part of an absolute mind, as if the act of knowing and the thing known were one, even as if the whole situation were proof of God's existence [*Constn*, 111].

This comes about because all independent objectivity has been struck out. All objectivity is now the creation of subject, a subject moreover who is not an identifiable person, but a universal mind, God's par excellence.

11) The 'reduced' world as personal and alien, even to other denizens of a 'reduced' world, i.e. the 'reduced world' is a multiplicity of individual worlds

> The reduced world is therefore a personal-individual world […]. Between three people – A, B and C – this new world of theirs is mutually incomprehensible because it is ontically different one from another. This is in complete contrast to the generally valid environment world [*Constn*, 111-112].

This is self-explanatory. The 'reduced' world is different from the normal 'unreduced' world, as we have seen, but, critically here, the 'reduced' world of any individual person is not shared by any other person, even one who has undergone the same phenomenological reduction. The normal 'unreduced' world is a shared venture; the 'reduced' world is unique to whoever has been submitted to the 'reduction'.

3. The Schizophrenic Person as a Phenomenologically Reduced Human Being

1) Essentialization

Several psychopathologists in the early decades of the 20th Century commented on the fact that the things perceived or hallucinated by schizophrenics were radically different from anything that a sane person experienced in waking life: «Except for delirium, where the hallucinations resemble normal perceptions, the great majority of patients with psychic illnesses have hallucinations which do not resemble these» [Schröder 1915, 9]; «The things to which the patients refer by familiar names have ceased to be the same things for them that they are for us […]. Their landscapes are mere broken remnants of our world» [Straus 1935/1963, 191].

Much later it was then appreciated by a handful of psychopathologists that a common theme in their idiosyncratic perceptions and hallucinations was a tendency for the 'thing' perceived or hallucinated to be an idealistic version of the sort of thing it was. Tatossian [1957/2014, 139, 152], Sass [1994] and Stanghellini [2004] all grasped this. Tatossian saw that whereas a normal perception was an incomplete, perspectival experience of something, an hallucination was a complete and essential version of something. Sass, commenting on actual, everyday schizophrenic experience, wrote: «The experience may thus be the sheer sense that this event is in certain respects a copy of some prototype […] like some Platonic or noumenal essence, to lie behind the merely phenomenal world» [Sass 1994, 106]. Stanghellini put it as follows: «What is left is a world lacking its reality moment […]. It may be rich, even richer than reality itself […] but at its best it will be a world of essences rather than a world of life» [Stanghellini 2004, 194].

The essentialisation is evident in their visual hallucinations, auditory hallucinations, everyday experience of things and everyday experience of other people.

Here are samples of their visual hallucinations [Cutting 1997, 93-94], none of which is an actual thing or person that one would encounter in everyday life:

big animal like an octopus;
blue rectangular being;
little matchstick men made of copper fighting with each other;
octopuses, pterodactyls, wolves, square boxes;
black slugs coming and going up her jumper.

In fact, there is a geometrical flavour to some of these, as if things and people are being stripped down to their formal elements as in a Picasso picture mid-career.

In a study of their auditory hallucinations [Nayani & David 1996], no matter whether the experiencer were young or old, male or female, black or white, when asked *whose* voice they heard subjects tended to nominate a middle-aged, male, white, middle-class and middle-England person (i.e. a BBC voice). The voice, in other words, belonged to a stereotypical person, not a recognizable individual.

The stripping off of all adventitious qualities of a perceived thing is well illustrated in these two autobiographical accounts of the condition.

> I am a fascinating creature. I move in no stultifying ruts. There's no real yoke of custom on my shoulders […]. My mind goes in no grooves made by other minds […]. When I look at a round grey stone by the roadside I look at it not as a young woman, not as a person, not as an artist, nor a geologist, nor an economist, but as Me – as Mary MacLane – and as if there had not before been a round grey stone by a roadside since the world began [MacLane 1917, 190].

> Things looked smooth as metal, so cut off, so detached from each other, so illuminated and tense that they filled me with terror. When, for example, I looked at a chair or a jug, I thought not of their use or function – a jug not as something to hold water and milk, a chair not as something to sit in – but as having lost their names, their functions and meanings: they became 'things' and began to take on life, to exist [Sechehaye 1950/1970, 40].

Finally, there is Tatossian's analysis of his patient Hélène's experience of other people: «What constituted another person for Hélène was not actually a real person but a certain structure of being […] which could not precisely be seen but conformed to a representation. Her 'husband'

was part Charlie Chaplin, part the Duke of Gloucester […]. The other was an idea […] experienced at some universal level» [Tatossian 1957/2014, 94].

2) *Adynamy*

A sense of stasis is a common experience in schizophrenics.

In Renée's autobiography her world was: «a mineral lunar country, cold as the wastes of the North Pole. In this stretching emptiness all is unchangeable, immobile, congealed, crystallised» [Sechehaye 1950/1970, 33]. Hélène also experienced the world as grinding to a halt: «like a distant country in sunshine, with all the workers on strike, as if everything had come to a standstill» [Tatossian 1957/2014, 74].

Fischer's collection of patients with abnormal experiences of time include several with a similar sense of lack of movement: «I'm as cold as a piece of ice, frozen to the core […]. I feel as if I'm frozen in winter-time» [Fischer 1929, 551]; «the clock is exactly the same, but time stands still, for me time does not move» [*ibid*., 553].

Minkowski's general view of schizophrenia was that it concerned a loss of vital contact with reality, with a diminished sense of the flow of time, and an enhanced sense of stillness and symmetry: «Everything seems immobile around me» [Minkowski 1927/1987, 199]; «I am always looking for immobility. I tend towards rest and immobilisation […]. I like immovable objects, boxes and bolts, things that are always there» [*ibid*., 209].

3) *'Aseparation'*

Numerous schizophrenics have a sense that their body, self or things in their world are interpenetrated by other items from the same realm. What I have called «violability» [Cutting 1997, 252] occurs in no less than one third of schizophrenics:

> own eyes embedded in paper as he read;
> friend's body erupting through his body;

others' faces feed into him;
other people's bodies intermingle with hers.
Here is Henriksen and Nordgaard's [2016, 266] patient:
Increasingly I began to feel that I sort of fused with my sur-
roundings.

4) Enrichment and free-floatingness of qualities

Among the numerous ways in which things and people look different to
a schizophrenic an enhancement of certain qualities of things, particu-
larly colours, has often been remarked upon. Here are some examples
[Cutting 1997, 112-114];

> colours more vivid – red, orange, yellow stood out;
> colours, especially blue, upsetting;
> increased intensity of red and blue;
> colours are very vibrant, especially red;
> certain colours, things or aspects of things unduly prominent,
> so much so that he felt compelled to 'fix' on them – radiators,
> fire-extinguishers, light switches, houses at the end of a long
> row, other people's left ear, red, white and black.

Sometimes these anomalous perceptions appear to form the basis for
what is known as a delusional perception, where the perceptual experi-
ence is immediately coupled with a peculiar idea about the experience.
   Matussek [1952/1987, 89-103], Conrad [1958/2012, 176-193] and
Blankenburg [1965/2012, 165-176] all realized that «the freeing up of
the cloud of essential qualities», as Conrad put it, was the critical event
in this delusional formation, although none of them invoked the phe-
nomenological reduction as an explanation. Matussek saw that the shift
in perspective was from natural to symbolic, which was close. Conrad
appealed to a loss of Gestalt, which was the best *psychological* explana-
tion available to him. Blankenburg compared the situation to an artist's
preoccupation with the structure of things, which is also helpful, par-
ticularly so when he concluded that the schizophrenic is he or she who
cannot *but* see the object in this way, whereas the artist can revert to a
natural attitude as well.

5) Distortion of values, qualities and forms

Accounts of the schizophrenic experience of the world, other people, their own body and their very self are replete with descriptions of a radical change in all these. But even the greatest psychopathologists have struggled to explain a fraction of all this with a single all-encompassing notion, which at best has been metaphorical or out-dated psychologically – e.g. Kraepelin's «orchestra without a conductor», Bleuler's «disturbance of associations». Minkowski's «loss of vital contact with reality» is correct, but he did not sufficiently elaborate the ramifications of this into all areas of the schizophrenic's psychopathology, which is what I am attempting here.

What is proposed here is that the changes involving values, qualities and forms are explained by the withering away of the vital significance of each of these and a compensatory upsurge in their spiritual or mental meaning. The phenomenological reduction, in Scheler's hands, is an enquiry into the winners as well as the losers in the enterprise.

What is lost in the phenomenological reduction, and *pari passu* in schizophrenia, according to my argument here, are vital values (including a sense of togetherness with other people), vital qualities, and the selection of forms according to their vital significance. The first of these has been documented time and time again from Minkowski's remarks in the 1920's onwards: «the pragmatic use of things is affected early in this condition […] the value and complexity of things no longer exists» [Minkowski 1927/1987, 197]. Following Blankenburg's [1968/2001] analysis this is now referred to as a lack of common sense. The vital quality of things is also lost in a myriad of ways. Here is how the schizophrenic experiences other people [Cutting 1997, 113]:

> on the Underground all I could see were people in a car and they looked like ghosts, statues, monuments, dead people, as if cremated;
> people looked dead, pale, cold;
> everyone seemed to be walking around like Zombies.

According to Scheler the form of things should be inconstant, irregular and quantitatively variable. This is what we find [Cutting 1997, 112-114]:

people's faces changing [...] things on the ward aren't organized
– they change all the time, TV channel keeps changing;
houses float, walls move in on her and then drift away;
objects in odd proportions, street seems to tilt, walls of building
closing in;
organisation of things different, there was no-one I could recog-
nize, they seemed changed;
things looked larger than life;
writing and other things got smaller;
birds look far away with old-fashioned markings, everything in 3D.

Yet some patients make a new order in all this. They sense a spiritual, philosophical or aesthetic dimension in their situation, which is quite alien to their erstwhile humdrum lives. Stanghellini and Ballerini [2007] have demonstrated just such a shift. Blankenburg's [1965/2012, 165-176] patient is a striking example of re-valuation of qualities. He was a car-worker who happened to see a painting in a gallery on his way to the doctors, then became preoccupied with the blueness in the picture, an experience which led him into a whole new world of the nature of aesthetics.

6) Uniqueness of same object at different times and in different places

One of the commonest delusions in schizophrenia is delusional misidentification, in which the subject holds that some erstwhile familiar X (person, thing, place, time, even self) has been substituted by a bogus version of it, and, in addition quite often, this X is deemed to have multiple instances in different places and at different times. Attempts to explain this peculiar delusion have been undermined by the facts of the matter as they have emerged since Capgras and Reboul-Lachaux [1923] described the first variety of it with respect to persons. It cannot be ambivalence about this other person, as Enoch and Trethowan [1979] suggested, because things, time, space and self are also the focus of the delusion. It cannot be a failure to register the emotional valence of a face with preserved ability to recognize its physical identity, as proposed by Ellis and Young [1990], because there are congenitally blind subjects

with the condition [Rojo *et al.* 1991], and, anyway, the condition spans all sorts of matters in addition to misidentification of persons.

Only Scheler's version of the phenomenological reduction can explain the condition, in my view, because only Scheler saw that the cancellation of reality would lead to a denial of identity if the same person or thing cropped up at a different time. Consider this case of MacCallum [1984]: a woman – not schizophrenic but with right hemisphere dysfunction which also causes delusional misidentification – believed that her daughter who nursed her in the morning was a different person from the one who talked to her in the evening.

The common theme in delusional misidentification, whether schizophrenic or right-hemisphere-induced, and whether the object is a person or thing, or place or time, is a denial of the item's uniqueness with a concomitant belief that this person or thing or place or time has multiple instances in time or space. «A man believed that there were eight duplicates of his wife and children, each living in separate duplicate cities with a double of himself» [Thompson *et al.* 1980, 1271]; «Man who insisted that he had been in ten different hospitals (he had only been in one) and gave plausible names for each» [Kapur *et al.* 1988, 579]; «Man who had fought in the First World War who said 'It is not a real war, but merely an experimental war'. (When asked to explain the carnage and devastation he replied) it is a custom every year to pay certain local authorities to put on a real exhibition of shooting in their district» [Vié 1944, 248].

In short, the real individuality of something is denied (what greater example of this could be found than Vié's case?) and a spurious singularity of multiple instances is then attributed to odd spatial locations and times.

7) Interchangeability of individuality and universality

In schizophrenia there is an essentialization of people and things, as we have seen. The actual individuals which populate their world are partly clones which differ in respect of their temporal and spatial lay-out as we have also seen. But they are also conglomerates. In Tatossian's case of Hélène [1957/2014, 94] her intimates were a mélange of all sorts of historical and contemporary celebrities (Spartacus, Charlie Chaplin, Duke of Gloucester). Individuality in schizophrenia is exactly as Sche-

ler predicted in the case of the phenomenological reduction – a coming to the fore of all sorts of iconic exemplars of people in one artificial person. Sass [1994, 93], too, appreciated that what the schizophrenic experienced was a specious individuality – what he called «phantom concreteness», and which he thought was an objectification of the very act of seeing itself.

8) Transformation of world into idea

The schizophrenic is a living example of the most extreme idealistic philosophical position, as Minkowski [1933/1970, 319], Tatossian [1964/2014, 159] and Sass [1994, 95] realised. The world is not my idea under normal circumstances, despite what Schopenhauer and Husserl opined. My world is your world too because we share the same vital concerns. But when reality and these vital concerns are abolished in the 'reduction' only the lone thinker and God remain as potential world-creators. Schreber's autobiography of madness, the best of them all, makes this quite clear. Sometimes he believed that God relied on Schreber himself as a creative force, even musing at one point: «What is to become of God – if I may so express myself – should I die?» [Schreber 1903/1988, 213].

At other times he feels himself manipulated by rays emanating from God. As Sass [1994, 64] points out Schreber vacillates between seeing himself as God's *sole* creative conduit and sensing that he himself is God's own creation.

9) Loss of sovereignty (loss of myness)

A sense of estrangement from the acts of thinking, feeling, willing and doing was noted 80 years ago as a common experience in schizophrenia, so much so that Kurt Schneider [1939] included them among his first rank symptoms of the condition. The matter has been given prominence more recently, with the name «lack of ipseity», by contemporary psychopathologists – Parnas [2000], Sass [2003] and Stanghellini [2004].

Its provenance, from a philosophical perspective, I have discussed

elsewhere [Cutting 2015]. In short, lack of myness, I argued, stems from an elimination of the accidental qualities to a person's experience – what Scheler [1927-1928/1995] elsewhere refers to as the *zufälliges Sosein* of something as opposed to its *Wesensein* (its essence). That anything should be uniquely mine is a chance individuality engendered by the reality of a human being's situation, which, as we saw, is deleted in the phenomenological reduction.

10) Experience as an act of an absolute mind whereby the act of knowing and the thing known are one

This was partly discussed in 8) above in relation to the schizophrenic's sense that the world is his or her idea. But Scheler means something different here, because he qualifies it with the remark that the experience reveals proof of God's existence. It is this that Schreber struggles to square with an equally powerful sense of *himself* as world creator, and it is this that Sass [1994, e.g. p.76] carefully teases out from a simple solipsism. The schizophrenic is a world creator *and* a co-creator with God *and* a creation of and testimony to the existence of God Himself, or at least some non-self absolute mind.

Elsewhere Scheler remarks that the situation of the normal person – i.e. the «unreduced human being» – has its paradoxes: «the whole situation is like a living mirror, where we find [as if already created] what we are creating» [*Constn*, 406].

In other words – and I stress that this is the normal situation – the conscious knower or experiencer does not experience or know that he or she as a life-bound entity has already created out of reality what it, the conscious knower, assumes to be a ready-given world, i.e. objectivity. In the 'reduced' human being the objectivity is eliminated and the conscious knower thinks that he or she or God or both together have created everything *de novo*. As Scheler [*Constn*, 113] says, «God is switched on» in the «reduction», and godliness pervades everything, because the subject, paradoxically correctly, realizes that he or she or God must have caused everything to come into being. What appears is then deemed a creation of the conscious knower or some other knower, i.e. God. Husserl comes in for criticism again [*Constn*, 407] as some-

one who also ignores the first unconscious creation and mistakes reflection on this (which is the true situation of a conscious knower) for a conscious creation. Again Husserl's supposed philosophy of the normal epitomizes the pathological situation of the schizophrenic.

11) The 'reduced' world as personal and alien, even to other denizens of a 'reduced' world, i.e. the 'reduced' world is a multiplicity of individual worlds

This is autism, which, from Bleuler's [1911/1950] initial account to now [e.g. Ballerini 2016], has been recognised as a complete antithesis to the shared world of the normal human being. Why this should arise in schizophrenia is adequately explained in terms of the phenomenological reduction – a demise of mutual understanding as part of the elimination of a living being's shared values and needs, and a concomitant upsurge in the human being's status as a thinker.

4. Conclusion

Comparing schizophrenia with the consequences of Scheler's phenomenological reduction has proved a fruitful venture. A large tranche of schizophrenic psychopathology, hitherto obscure, and in Jaspers' [1913/1963, 305] view «ununderstandable», has been clarified.

　　Psychological proposals as to the nature of schizophrenia are legion, beginning with Bleuler's [1911/1950] suggestion of «loss of association» in the same book where he coined the term schizophrenia (meaning roughly 'shattered mind'). This was incorrect because the association theory of mental functioning was already an anachronism by then, and, as Scheler [*Constn*, 150] saw, was itself an example of a semi-pathological process proclaimed as the 'normal' way of being, as it only applied to the *modus vivendi* of old people, and schizophrenia afflicts young people. Subsequent psychological theories have largely concentrated on the nature of paranoia, which is only a very small part of schizophrenia and is also part of all the other psychoses – delirium, dementia, depressive psychosis and mania. Psychological theories of schizophre-

nia are also tightly constrained by the prevailing psychological model of the mind. Psychoanalytic, behavioural, Gestalt, social psychological and cognitive theories came and went during the 20th Century, all capturing a flavour of schizophrenia but merely re-formulating selected aspects within a new model. In any case the bizarreness of schizophrenia, which Jaspers referred to as ununderstandability, and the obvious matters affected – temporality, spatiality, identity, for example – cry out for the application of philosophical techniques. The four psychiatrists who met up in Zurich in 1922 – Minkowski, Binswanger, Straus and von Gebsattel – and formed the phenomenological psychopathological movement were exquisitely aware of the inadequacy of psychological theorizing at that time and were also alert to the poverty of all the organic approaches so far.

Philosophical theorizing about schizophrenia began with these four in the 1920's and 1930's. Minkowski's [1927/1987] notion was the best and still is. He proposed that the core deficit was a lack of a vital contact with reality', which led to an arrest of personal development and a compensatory intellectualization of all matters. As we have seen, this encapsulates the core deficit, but he could not have been aware of Scheler's writings on these matters, as they were only published after his, Minkowski's, death. Kuhn [1952] and Kraus [2007], taking up Heidegger's idea that there are two ways of approaching objects in the world – treating them as tools (*Zuhandenheit*, i.e. ready to hand, without recognizing them as things), or seeing them as objective things (*Vorhan-denheit*, not only seeing them as things but assuming that they were there before anybody saw them), proposed that schizophrenia was an inappropriate transformation of what is ready-to-hand (*Zuhandenheit*) into what has always been there (*Vorhandenheit*). This accounts for the impractical way in which schizophrenics pursue their life and what I [Cutting 1999] called their morbid objectivization – e.g. ball bearings in body, bionic arm – but does not account for much else. Finally, Tatossian [1979/1997] realized that the schizophrenic was not a pathological specimen of humanity at all, which is explicit or implicit in all previous formulations – psychological, organic or philosophical – but someone whose versatility with respect to taking an intellectual stance on their situation or an emotional, vital stance was compromised.

You or I can quickly switch from discussing philosophical matters to wondering what we should do about supper. The schizophrenic is stuck in the former mode, forever intellectualizing the most mundane issues. This insight of Tatossian was a great advance in the formulation of schizophrenia.

Altogether, therefore, I commend Scheler's phenomenological reduction as the best philosophical model available for explaining the maximum of schizophrenic psychopathology. Nothing else accommodates the nature of schizophrenic hallucinations, the provenance of delusional perception, delusional misidentification, autism, their anomalous perceptions, and their sense of a lack of myness to these experiences.

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Keywords

Abstract

The aim of the article is to show the similarity between a thought experiment of the phenomenological philosopher Max Scheler (1874-1928), known as the "phenomenological reduction", and the psychopathology of schizophrenia. The "phenomenological reduction" envisages a human being whose access to reality and whose status as a living being have been grossly compromised. Such a being would be utterly transformed relative to a normal person: in its experience of the world – things and people would be "essentialized", changeable, adynamic, interconnected, and yet rich in qualities; in its experience of itself – loss of sovereignty, yet resembling a creative God, whose thoughts are indistinguishable from the thing thought; and in its temporal and spatial moorings – frozen in time and space. The schizophrenic's experience of their world, themselves and their temporo-spatial situation is then shown to be accurately predicted by the various consequences of the "phenomenological reduction". The things around them and the people they encounter are devoid of individuality and are more clones of some essence. They themselves are a "little God", yet devoid of any sense of "myness" in anything they do or experience. Their world is frozen, changeable, interpenetrated by all sorts of entities, yet rich in qualities.

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MAX SCHELER'S DIONYSIAN REDUCTION AS THE DEPRESSIVE'S *MODUS VIVENDI*

1. Introduction

In Max Scheler's notes for a book on metaphysics that he never lived to write there is a short extract on what he calls the Dionysian reduction [Scheler 1924-1928/2008, 402]. This is a thought experiment in which he envisages what a human being would look like if its *geistig* faculties (spiritual and higher mental) were expunged. It is the complete antithesis of the more commonly known phenomenological reduction, first conceived of by Husserl [1913/1982, 66], but given a radical twist by Scheler [1924-1928/2008, 78-86, 99-113, 403]. The phenomenological reduction imagines a state of affairs in which *reality is struck out,* whilst mind and spirit are intact; the Dionysian reduction investigates the inverse scenario, in *which mind and spirit are abolished* but reality is preserved.

The purpose of this article is to analyse what Scheler said about the Dionysian reduction, and then argue that the core psychopathological features of a psychotic depressive illness (melancholia) closely match the changes in the human being which Scheler found in his Dionysian experiment. The depressive, my argument will run, is a Dionysian human *in vivo.*

2. The Dionysian Reduction

2.1. Scheler's remarks

To set the scene we can quote the translated extract in its entirety [Scheler 1924-1928/2008, 402]:

The Dionysian reduction, known to Schopenhauer and Bergson, involves the following.

1. There is a switching off of mind, intellect and the experienced sense of the primacy of perception.
2. There is a coming to the fore of sympathy, animal sexuality and the imaginal portrayal of the world drawn from the forces of nature and life's drives.
3. Our participation in all this is not objectified (i.e. none of this is experienced as things or qualities of things).
4. There is an enhanced awareness of the historical dimension of mankind and a heightened sense of being part of nature.
5. The artistic in the human is at the forefront.
6. The power of instinct is to the fore.

In respect of the integration of the reductions with the metaphysics of the absolute the following remarks are pertinent. The following, however, concern only the Dionysian.

a. All images are expressive.
b. Life is experienced physiognomically (i.e. as if everything were a face).
c. The predominant mode of knowledge is through sympathy.
d. Everything here stems from the sexual drive of the human.
e. In place of the now switched off mental apparatus of the human there is an intuitive sense of participating in everything to do with the life-force: a «co-striving», a «co-feeling» and a «co-urgency».
f. This participation is non-objectified (i.e. not in the form of perceived things or qualities).

g. Animal instinct is already of this Dionysian realm.

h. The discipline of characterology comes into its own in nature and history.

Some of this is repetitive, but, taking the extract as a whole, there are three generic ways in which the human being would be fundamentally different from the normal state of affairs: 1) in respect of its experienced objectivity; 2) with regard to what constitutes its subjectivity; and 3) by virtue of what it can know. Most of the comments, as I shall show, fit into these broad categories.

1) Altered objectivity

What is experienced is an objectivity of sorts, but not one populated by things. In Heidegger's [1927/1962, 106] terminology there is no sense of *Vorhandenheit* (a sense of «already-thereness» of things). Elsewhere [Scheler 1927/2009, 31] he writes that only a being possessed of *Geist*, i.e. a human being, can experience things as things, but because *Geist* is wiped out in the reduction so too is thingness.

What *does* the 'reduced' human being then experience by way of objectivity? Scheler makes clear that it takes the form of images (*Bilder*), expressions and physiognomonic representations, almost as if the 'world' were merely a face. This is reminiscent of descriptions of primitive world views [e.g. Lévy-Bruhl 1927/1928], where the living, the dead and the never-alive are scarcely distinguished, and all three have a human face. There is also an ontogenetic regression as well as an atavistic one, whereby the 'world' increasingly resembles what an infant first sees – its mother's face.

2) Altered subjectivity

Who is the Dionysian experiencer? From Scheler's remarks above it is obvious that he or she is closer to a non-human animal than is the everyday, unreduced human being. There is mention of «animal sexuality», «forces of nature», «life's drives», being «part of nature» and the «pow-

er of instinct». There is a heightened sense of participation in nature, and of there being a «co-striving», a «co-feeling» and a «co-urgency». In fact, as well as the atavistic and ontogenetic regressions just mentioned, there is a phylogenetic regression.

3) Altered knowing

How does the Dionysian human being know what it knows? Again, Scheler is quite clear: «the predominant mode of knowledge is through sympathy». Sympathy, for Scheler, was a central human faculty, the subject of a book-length treatment [Scheler 1913/2008]. His unique contribution to the subject was to see that this was a faculty which directly captured the state of mind of another person, not by means of analogy with some previous experience of the knower, but through a psychic facility which 'perceived' this, just as anyone perceived a thing, albeit through a different facility. At one stroke he had solved the age-old philosophical conundrum of how we know other minds. In the case of the Dionysian human, however, he or she is entirely reliant on this, and has no means of grasping the idea or essence of anything, as you or I can also do, because this is specific to a being with *Geist*.

3. The Psychotic Depressive's Modus Vivendi

1) Altered objectivity

What does the depressive experience of their world that the normal person does not? He or she experiences a non-objectified world. The 'thingliness' of things starts to disappear, whether the object is in the external world, their own body or even their own biography:

> no clothes; things void;
> other people didn't exist;
> all her children have died;
> no heart;

parts of body and brain have gone, no blood pressure, hardly any
lungs;
everything in history and in books is as if they never were, peri-
od when there was nobody about the streets;
father lost his job, parents have sold their house, sister not at uni-
versity [Cutting 1997, 139, 259].

These are known as nihilistic delusions in conventional psychopatho-
logical terms, and account for a large tranche of a psychotic depressive's
delusions. This is precisely what Scheler said of the Dionysian reduc-
tion, that it would result in the experience of 'no-thingness'.

What replaces this, or rather what was dormant but now looms large
because of the non-availability of thingness as a mode of experience, is,
according to the Dionysian reduction, a 'physiognomonic' picture, as if
the world were a human face. Consider these accounts [Cutting 1997,
117]:

people all had pointed ears:
Isaac Newton (on bank note) stood out 3D from page;
people's faces had particular meaning;
eyes enormous and bulging;
faces caricatured – prominent nose.

These experiences illustrate the pre-eminence of the face in the depres-
sive's world.

Several psychopathologists last century grasped the rudimentary
nature of the depressive's objectivity [Tellenbach 1974; Maldiney 1976;
Tatossian 1979/1997, 71, 82]. All saw that, in Heidegger's terminology,
the depressive is stuck in a pre-objectivized world where *Zuhandenheit*
(ready-to-handness) reigns, whereas *Vorhandenheit* (thingliness, al-
ready-thereness) cannot be achieved. Here is Tatossian [1979/1997, 82],
commenting on Tellenbach:

It is because tools have not yet become things that *Zuhandenheit* has
not yet become *Vorhandenheit*.

Here he is [Tatossian 1983/2016, 104], exploring nihilistic bodily delusions:

> Everything is experienced as if the body-as-object is wiped out and the depressive identifies solely with the body-as-subject.

2) Altered subjectivity

Who is the melancholic subject? He or she is someone with a four-fold difference from the normal state of affairs. a) There is, first, an over-identification with the social situation of other people. b) Secondly, there is an over-attunement with nature itself. c) Thirdly, the melancholic is deprived of certain emotions and acts which *Geist* normally supplies. d) Fourthly, the melancholic has a heightened sense of its animality.

a) Minkowski [1933/1995, 305] gave numerous examples of a depressive's undue subservience to other people:

> When you insist on something I must submit to your will. It annoys me intensely that I am only a sort of pet animal of someone I cannot resist. I don't dare do anything without your say-so. If you insist that I leave, then I must leave.
> I am entirely wrapped up in whatever you say. It is awful not to be able to say anything for myself.

Tellenbach [1974] and Kraus [1982] also identified a pre-morbid tendency in their melancholic subjects to be overly wrapped up in their social situation, and when this was disrupted by some exit event – child leaving home, death of spouse – their ability to accommodate this was hugely compromised and they switched over into an actual depressive condition.

b) Not only is the melancholic unduly influenced by other people, but they are overly involved in the wider realm of nature and society. This shows itself in the frequent delusions of guilt that they entertain. Here are some examples [Cutting 1997, 313]:

cut up a worm and fed it to a sparrow:
if she eats, other patients won't have enough food;
people angry with him because he made a suggestion that he
should give £5 a week to (striking) firemen.
O'Connor *et al*. [2007] described this as «the moral system on
overdrive».

c) Next, the depressive subject is deprived of certain mental acts and emotions. The first of these is vividly described by Ratcliffe [2013], in an article on loss of hope in depression. The depressive does not merely lose hope in some positive future, but loses hope *tout court*. Hope is a *geistig* (mental) act which is not available to him or her at all.

Furthermore, the depressive is not able to access the range of emotions available to a normal person, because some of these are subserved by *Geist*. Paradoxically, for example, the depressive cannot feel sad [Schulte 1961] and complains bitterly that he or she has lost the ability to love their family. Only Kurt Schneider [1920], who studied under Scheler, and understood Scheler's layered formulation of emotions [Scheler 1913-1916/1973, 105-110, 337-344], properly explained the paradox. He alone appreciated that if a person experienced feelings about lack of feeling then that must be because there are more than one class of feelings, which is what Scheler said, and the feelings experienced (about the lack of feeling) are those that are preserved in depression, and the lack of feeling (whose absence the subject recognises and does feel about with their intact set of feelings) is that which is wiped out. Love and sadness are *geistig* feelings; gloominess, which is preserved, is a *vital* feeling. Again the Dionysian reduction as a depressive's *modus vivendi* accommodates all this, as it predicts that *geistig* feelings are eliminated, vital feelings not.

d) Minkowski's [1933/1995, 305, 308] further extracts from his depressed patients include some extraordinary remarks about a sense of animality that they experienced:

I am nothing but a sort of animal functioning […]. I have the feeling that I am only a life of '*tripes*' [guts], only vegetative functions, nothing but a mass […]. I eat and excrete and that's about

all; I am in anguish but it isn't moral fear, it's a bestial fear [*une crainte bestiale*] the fear of an animal who is barely existing.
I am only the stupid animal plaything of someone [*la bête de quelqu'un*].

Again, this is quite consistent with Scheler's own remarks on the Dionysian man or woman. There is even a study [Mathew *et al.* 1979] which showed that an increase in libido, not a decrease, which is customarily assumed, characterises depression.

In short, the depressive, at least in the psychotic form, is someone whose subjectivity is a mix of: over-engagement with the vicissitudes of *another* person's life; over-attunement to living creatures in general; alienation from the mental acts and emotions which allow humans to transcend their animal nature; and, in some cases, an actual sense of being no more than an animal, restricted to a cycle of ingestion and excretion.

3) Altered knowing

The depressive is both a compromised knower and a wiser knower.

The former is evident in his or her lack of dreams [Herschmann & Schilder 1920; Mathew *et al.* 1979], virtual absence of experienced imagery [Hurlburt 1990], complaints of inability to think [Lewis 1934], and a dilapidated grasp of the essence of anything, as evidenced in their nihilistic delusions, as discussed above. What the depressive lacks is what Scheler [1924-1928/2008, 99] refers to as «meaning». Meaning is a coming together of the idea of something with the image it presents in reality. But if there is no idea, extinguished in the Dionysian reduction, there is no meaning. The depressive complains bitterly of the meaningless nature of their life, and their status as a living testament to the Dionysian reduction is the only extant explanation of why this might be so.

And yet the depressive, in an inspired experiment by Alloy and Abramson [1979], is more attuned to the reality of some situation – judging one's own performance on a task – than any normal person. A normal person tends to overestimate his or her performance on some task, whereas the depressive is spot on, a state of affairs known as «de-

pressive realism» [Beck 1967]. Again, Scheler's Dionysian reduction is the only philosophical formulation that can get a handle on this, because it portrays a human being who is *immersed* in reality to a greater extent than any normal. The *only* mode of knowledge available to the Dionysian man or woman is «sympathy» – an attunement to the real situation of self and others – and that explains the depressive's superior assessment relative to the normal's.

4. Conclusion

Scheler's thought experiment, the Dionysian reduction, envisaging what a human being would look like if its spiritual and higher mental faculties were wiped out, proves to be an accurate model of what it is like to experience melancholia.

It certainly betters the psychological attempts to tap into its essence – whether Freudian [Freud 1917/1957], behavioural [Seligman 1975] or cognitive [Beck 1967]. Freud likened melancholia to bereavement, Seligman to the consequence of consistently negative appraisals of a subject's achievements, and Beck to a faulty personal schema whereby potentially positive aspects of a person's life are given a negative stamp. All these may apply to someone with a depressive temperament, or even to someone with a neurotic depressive illness, but none goes anywhere near explaining nihilistic delusions or delusions of guilt.

The extant philosophical/phenomenological excursions fare much better. Their critical insight is to see that the melancholic is compromised with respect to his or her access to the objective mode of thingness and is thrown back on an exaggerated sense of commonality with other human beings and living things in general. Minkowski [1933/1995, 319], Tellenbach [1974], Maldiney [1976], Tatossian [1979/1997, 71] and Stanghellini [2004, 203] all appreciated this.

Scheler's Dionysian reduction model is a convenient way of accommodating all the particular insights of these psychopathologists *and* also provides the most plausible explanation yet of what is going on in the mind of the melancholic.

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Keywords

Melancholia; Depression; Max Scheler; Dionysian Reduction

Abstract

This article aims to illuminate the psychopathology of melancholia (depressive psychosis in Anglo-American parlance) by comparing it to a thought experiment conducted by the phenomenological philosopher Max Scheler (1874-1928), which he called the "Dionysian reduction". The "Dionysian reduction" envisages a human being devoid of what in German is referred to as *Geist* – spirit and higher intellectual functions. Such a being would be tantamount to a non-human animal: reliant on instinct and with an overwhelming communal bond; devoid of a sense of objectivity and incapable of appreciating the essence of anything; and whose subjectivity is exquisitely that of the social milieu to which he or she belongs. The melancholic is he or she who has delusions of guilt – believing that they are responsible for anything that befalls their "tribe"; they are further prone to nihilistic delusions, the basis of which is a disappearance of the thingness of entities – e.g. "I have no bowels"; and a sense of subservience to other people – e.g. "I must submit to your will".

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GUIDO CUSINATO

THE *MODUS VIVENDI* OF PERSONS WITH SCHIZOPHRENIA: VALUECEPTION IMPAIRMENT AND PHENOMENOLOGICAL REDUCTION

1. Introduction

In recent years, several works have highlighted the relevance of the subjective [Sass & Parnas 2003, Sass 2014] and intercorporeal [Fuchs 2005; Fuchs & Schlimme 2009] disturbances of the *modus vivendi* of persons with schizophrenia. Earlier, Bin Kimura had already proposed to assign a central role to the intersubjective disturbances.[1] Underlying these attempts there is the need to overcome a purely neurobiological perspective and to reach a less partial and reductive understanding of the schizophrenic's *modus vivendi*. The schizophrenic patient is affected in their most profound and non-objectifiable structure: in their being an embodied person who feels, expresses themselves, evaluates, prefers, loves, hates, positions themselves in the world, and perhaps changes when encountering another person. The *modus vivendi* of persons with schizophrenia is a typically human phenomenon and as such has an anthropological dimension that has been little investigated so far.

In this perspective, the disturbances of the schizophrenic's *modus vivendi* do not affect an aseptic *subject*, but the *organ* that orientates the positioning of the embodied person in the world. German phenomenologist Max Scheler (1874-1928), referring to Augustine, describes this

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[1] Kimura's analysis of intersubjectivity is based on the Japanese concept of "*aida*", which means "between" [Kimura 2013].

organ as *ordo amoris*, i.e. the unique and unmistakable "order" of feel-
ing which structures and directs the intentionality of every individual
embodied person [Scheler 1973b]. By "order" I do not mean a rule that
is imposed from above on the emotional sphere by the intellect, but an
individual and dynamic structure that emerges from feeling through the
practices of emotional sharing and that reflects the very physiognomy of
the person [Cusinato 2018b].

The field that extends the analysis of the schizophrenic's *modus
vivendi* to include the core of the person's structure can be referred
to as the «psychopathology of the *ordo amoris*» [Cusinato 2018a]. By
putting forward a «psychopathology of the *ordo amoris*», I have tried
to integrate Sass and Parnas' [2003] Ipseity-Disturbance Model with a
phenomenology of the embodied person, so that also the affective, value
and anthropological dimension of the disturbances of the schizophrenic's
modus vivendi can be taken into account [Cusinato 2018a]. Indeed, these
dimensions have largely remained in the shadows so far.

The research conducted by psychiatrist John Cutting is one of the
few notable exceptions. In one of his most recent books, *A Critique of
Psychopathology* [2011], Cutting aims to overcome a reductive concep-
tion of psychopathology by linking it to the philosophy of the twentieth
century. Cutting develops a philosophical analysis of psychopathology
going beyond the standard references to Husserl and Heidegger. Draw-
ing especially on the posthumous writings of the later Scheler, he sheds
light on some aspects of the schizophrenic's *modus vivendi* which oth-
erwise would remain inexplicable. In line with the tradition inaugurated
by Kurt Schneider's *Die Schichtung des emotionalen Lebens und der
Aufbau der Depressionszustände* [1920], Cutting takes as his reference
point the value classification offered by Scheler in his *Formalismus*
(1913/1916). The numerous studies carried out by Cutting on Scheler
and psychopathology represent an important contribution to the dia-
logue between psychiatry and philosophy [Cutting 2009; 2016; 2018a;
2018b].

There are two crucial points in Cutting's proposal. On the one hand,
he asserts that an impairment of *valueception* underlies the schizo-
phrenic's *modus vivendi*: «The schizophrenic is […] someone whose
'valueception' – Scheler's term – is awry for the three *dränglich* value

levels, but whose grasp of spiritual and mental values is intact, if not hyperacute» [Cutting 2009, 149]. On the other hand, he identifies an analogy between the loss of contact with reality of the schizophrenic's *modus vivendi* and the bracketing of the vital impulse (*Lebensdrang*) that Scheler places at the basis of phenomenological reduction [Scheler *GW* IX, 44]. Instead, the *modus vivendi* of persons with depression is made to correspond to the Dionysian reduction, understood as the bracketing of the *Geist* so as to reach a fusion with the vital impulse [Cutting 2009, 145; Cutting 2018b].

Here my intention is not to take into consideration Cutting's position as a whole. I do not even wish to dwell on the many aspects of his proposal that I agree with, like his acknowledgment of the central role of the Schelerian concept of valueception (*Wertnehmung*) in psychiatry. Rather, I will limit myself to considering what in my opinion are the two somewhat problematic points of Cutting's proposal: 1) the relationship between the impairment of valueception and the perception of certain value classes; and 2) the interpretation of Scheler's phenomenological reduction and its comparison with the *modus vivendi* of persons with schizophrenia.[2]

2. Intersubjective and enactive dimension of valueception impairments

As we have already seen, Cutting observes that in the schizophrenic's *modus vivendi* the «grasp of spiritual and mental values is intact, if not hyperacute». This statement raises two preliminary fundamental questions: a) Do «spiritual» and «mental» values coincide or do they belong to two different value classes? b) Is what we can observe in the schizophrenic's *modus vivendi* a simple focus on *Geist*-related values or is there also an ability to understand and interact effectively with these values?

In speaking of spiritual and mental values, Cutting refers explicitly to Scheler's theory of values. In his *Formalismus*, Scheler distinguishes between vital values (*vitale Werte*), understood as «values of vital feeling» (*Werte des vitalen Fühlens*) [Scheler *GW* II, 123], and personal or «spiritual» values (*geistige Werte*). By personal values, Scheler means

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[2] For a broader and more in-depth discussion of the arguments presented here, see Cusinato [2018a].

ethical, aesthetic and cultural values, but not the «mental» values typical of positive science [Scheler *GW* II, 125]. While the class of personal values establishes the ultimate orientation of phenomenological reduction, that of «mental» values underlies scientific reduction (*wissenschaftliche Reduktion*) [Scheler *GW* X, 461; 482]. The «mental» values concern the capacity for abstract reasoning, the kind that allows one e.g. to abstract the concept of geometric sphere from a round object [Scheler *GW* X, 461].

Therefore, for Scheler, personal and mental values are two distinctly different classes of values. So, in the *modus vivendi* of persons with schizophrenia, is there a simple focus on these two classes of values or is there also an actual grasping of them?

The focus of the schizophrenic's *modus vivendi* on "mental" values as well as the capacity to really grasp these values is testified to by numerous studies that have shown an accentuation of certain intellectual capacities associated with a hyper-reflexive attitude [Pérez-Álvarez 2008]. It is well known that there are e.g. cases of schizophrenic personalities exceptionally gifted in the logical and mathematical fields.

The focus on "personal values" is instead confirmed e.g. by the phenomenon of *idionomy*. It is widely noted that the schizophrenic person tends to remain dissatisfied with commonsensical answers and to obsessively ask questions of a metaphysical or religious nature. However, focusing on metaphysical or religious issues does not guarantee, as Cutting claims, an effective grasping of these values. E.g. the fact that the schizophrenic person is obsessed with themes that deal with the "sacred" does not mean that they are a religious person, a saint or a mystic. If we consider e.g. the delusions and hallucinations described by Paul Schreber in *Denkwürdigkeiten eines Nervenkranken* [*Memoirs of My Nervous Illness*], it can certainly be concluded that religious and metaphysical themes are the center of his interest. However, Schreber brings the whole reality back to himself: it is the whole world that "winks" and is traced back to his own ego. Scheler, Cutting's reference, interprets these forms of autistic self-focus, which lead to the absolutization of one's ego, as a valueception impairment that compromises the perception of personal values. In Scheler's perspective, Schreber's religious delusion is therefore a valueception impairment concerning personal values.

The above confirms Cutting's thesis only with respect to mental

values, but not to personal ones: it can in fact be observed that the *modus vivendi* of persons with schizophrenia is actually focused on personal values, but this does not guarantee that these values are also really grasped, at least not in the sense that they are experienced in the perspective of *openness to the world* (cf. the next paragraph).

On this point, it is interesting to also consider the *modus vivendi* of persons with depression. Several researches show that the characteristic traits of melancholia consist in the sense of guilt and the stigmatization of one's emotional anesthesia, as well as in one's being constantly tormented by ethical questions, by what is false and authentic, right and wrong [Stanghellini & Mancini 2017]. The depressive's *modus vivendi*, therefore, can also involve a focus on ethical values which, as we have seen, Scheler places among personal values or *Geist*-related values. Consequently, it is problematic to agree with Cutting's claim that depressed persons remain confined in their bodily sphere without contact with *Geist*-related values [Cutting 2018b].

These observations suggest that the valueception impairments in the *modi vivendi* of schizophrenia and depression do not concern so much the perception of certain value classes, but rather the structure of valueception itself. What does Scheler mean by the concept of valueception? The compound *Wert-nehmung* – a neologism that Scheler began to use in 1913 (it appears several times, for example, in the first edition of the *Sympathiebuch*) – was coined on the model of the compound *Wahr-nehmung*, which is usually translated as "perception". However, whereas *Wahr-nehmung* literally means taking (*nehmen*) something as true (*wahr*), *Wert-nehmung* signifies taking or grasping (*nehmen*) value (*Wert*) through feeling (*fühlen*). This grasping is not based on representation or judgment, but on the image (*Bild*), and is therefore configured as a primordial perception that precedes and grounds sensible perception (*Wahrnehmung*) [Cusinato 2018a].

According to Scheler, valueception is an original activity that allows a living organism to position itself in the environment and a human being to position themselves in the world and to practice emotional sharing. In this perspective, different forms of valueception impairment correspond to the *modi vivendi* of persons with schizophrenia and depression.

In the *modus vivendi* of persons with schizophrenia, one can iden-

tify valueception impairments that also concern personal values and that lead to absolutizing one's ego, or to the inability to transcend one's self-referential perspective and to come into contact with another person's singularity (on this aspect, see the next paragraph).

As regards the depressive's *modus vivendi*, it is useful to remember that Scheler associates melancholia with the weakening of the pressure of the vital impulse (*Lebensdrang*), a process that Scheler describes using the term «insensitivity» (*Fühllosigkeit*).[3] Insensitivity in melancholia is a particular type of valueception impairment: this form of *sterilization* of valueception drastically reduces the motivations for and interest in bodily and emotional interaction with other people and with the world. In this case, the valueception impairment compromises the motivations of the affective sphere. Insensitivity signalizes a lack of motivation and enactive ability. If we can assume that emotions provide the motivation to perform any movement or action, in the absence of emotions, as is the case with insensitivity, paralysis ensues. I have already argued that in the depressive's *modus vivendi* the valueception impairment weakens the enactive capacities of sense making [Cusinato 2018a]. Moreover, enactivism in psychopathology as well as the relationship between depression and enactivism are already the focus of some recent works [Maiese 2018; Spremberg 2018].

This perspective shift enables us to understand valueception impairments as disturbances related to the very structure of the embodied person. Valueception impairments in the *modi vivendi* of schizophrenia and depression signalize that there is a «disorder of the person». I propose to interpret Scheler's theory of valueception in the sense of «psychopathology of *ordo amoris*» [Cusinato 2018a]. The embodied person is rooted in the affective sphere and is characterized mainly by being an order of feeling. In my opinion, this «order of feeling» should be understood, on the one hand, as an orientation center for emotional sharing practices and, on the other, as an enactive center. In the schizophren-

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[3] «Such "insensitivity" [*Fühllosigkeit*] is therefore a quite different defect in man to lack of co-feeling [*Mitgefühl*]. It is chiefly found in pathological cases (e.g. in melancholia), where it arises as a result of the patient's exclusive preoccupation in his own feelings, which altogether prevents him from giving emotional acceptance to the experience of other people» [Scheler 2008b, 14, translation modified].

ic's *modus vivendi*, valueception impairments translate into a process of disembodiment that undermines the intersubjective dimension, whereas in the depressive's *modus vivendi* of depression they compromise the enactive activity [Cusinato 2018a].

3. The case of Paul Schreber: the modus vivendi *of persons with schizophrenia and Max Scheler's phenomenological reduction*

Relative to the second point, my arguments turn primarily to the traditional interpretation of Scheler's phenomenological reduction, to which Cutting also refers, and secondly to the juxtaposition that Cutting proposes between Scheler's phenomenological reduction and the schizophrenic's *modus vivendi* [Cutting 2018a].

Cutting's proposal is more convincing with respect to Husserl's phenomenological reduction. According to Cutting, the act of ideation and intuition of essences (*Wesensanschauung*) is the key to the phenomenological reduction. Scheler, however, confers on this act, conceived at first by Husserl, a "moral" meaning and reinterprets it in function of an epoché of egocentricity, which is absent in Husserl. As I have already shown in several of my previous works, Scheler's phenomenological reduction is in some respects "reversed" compared to Husserl's. Indeed, by means of phenomenological reduction, Scheler does not aim to bracket the world, but rather the self-referential structure of the subject that limits our access to the world. The main objective of the phenomenological reduction in Scheler is therefore to increase the openness to the world (*Weltoffenheit*). I have already demonstrated that, contrary to what is often supposed, Scheler's phenomenological reduction does not aim to put the whole reality in brackets, but only the reality of the structure of the self-referential subject [Cusinato 1998a; 1998b; 1999; 2012], for only by so doing is it possible to come into living contact with the singularity of another person.[4] The aim of Scheler's phenomenological reduction is analogous to Jean-Luc Marion's [1989]: more reduction, more givenness, or better, more reduction, more openness to the world (*Weltoffenheit*) [Cusinato 2017a].

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[4] On the concept of personal singularity cf. Cusinato 2017b.

It is evident that, instead, the schizophrenic's *modus vivendi* tends to a solipsistic closure towards both the world and other persons, as described for example by Daniel Paul Schreber in his *Memoirs of My Nervous Illness*. I therefore argue, unlike Cutting, that Scheler's phenomenological reduction and the *modus vivendi* of persons with schizophrenia move in different directions. In *Memoirs of My Nervous Illness*, Schreber recounts the transformations of his own body to better merge with God in a cosmic copula. Little by little, his libidinal investment was withdrawn from all that lied outside this cosmic copula, so that the «others» were conceived as «fleeting-improvised-men», that is, as ghosts. The inability to open up to others and to share their experiences clearly emerges here.

Schreber's *modus vivendi* closely resembles what Scheler regards as an extreme form of «egocentricity» in which everything outside of oneself automatically becomes a shadow devoid of its own value.[5] The fundamental difference is that while Scheler considers non-pathological forms of egocentricity from an ethical point of view, the *modus vivendi* experienced by Schreber is a form of self-defence without which he probably could not survive. Except for this difference, the similarities between Schreber's and Scheler's descriptions are surprising on this point. In *Sympathiebuch* Scheler notes that in the extreme forms of egocentricity the other is given only in reference to one's ego [Cusinato 1998a, 293]. «These others certainly exist as souls, but, it is, for all that, a shadowy sort of existence; the phrase is significant, for such an existence is in reality and character merely relative to his own ego, his own field of values, and his own supposedly absolute notion of reality» [Scheler 2008b, 59]. What is described here is a pathological form of egocentricity that Scheler explicitly refers to Bleuler's concept of autism in the *dementia precox*, i.e. in the schizophrenia: «Bleuler's term "autism" seems the most suitable for the pathological symptoms of that type of self-absorption (*Selbstversunkenheit*) where all interest in the environment disappears. He gives an instructive description of "autistic" states in his book on *Dementia precox*» [Scheler 2008b, 58,

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[5] «By "egocentricity" I mean the illusion of taking one's own environment to be the world itself, i.e. the seeming givenness of this environment as "the" world. As an apprehension of the reality of objects, egocentricity is equivalent to solipsism; with regard to volition and practical behaviour, it is egoism; and as an attitude of love it is auto-erotism» [Scheler 2008b, 58].

translation modified]. The others have only a weakened existence, a shadowy existence so to speak. They become shadows and ghosts: they are reduced to Scheler's «secondary man» (*Nebenmensch*) or to Schreber's «fleeting-improvised-men». «In the egocentric and solipsistic attitude, we take this secondary man [*Nebenmensch*], whose existence for us is in fact dependent on our own nature and range of interests, as the ultimate and absolute reality of the other» [Scheler 2008b, 59, translation modified]. This situation is not determined by logical errors or mistaken reasoning, which can therefore be corrected by rational arguments, but by *valueception impairments*. It concerns a real form of self-deception (*Selbsttäuschung*) and infatuation (*Vergaffung*) which can distort our relationship with reality.

In normal conditions, this egocentric illusion is contained by certain feelings, such as the feeling of respect (*Ehrfurcht*) for life which implies the recognition of the value of the other. These feelings do not develop through pure mental reflection, but thanks to emotional sharing practices that, according to Scheler, are the root of *phenomenological reduction*. As early as 1921, in his essay *Vom Wesen der Philosophie*, Scheler analyzed how the affective structure makes phenomenological reduction possible when arguing that the «moral impulse» (*moralischer Aufschwung*) arising from respect for the other is the basis of philosophy [Scheler *GW* V, 89].

Thanks to the development of feelings such as respect, the other is no longer Scheler's «secondary man» (*Nebenmensch*) or Schreber's «fleeting-improvised-man», but becomes a person to whom absolute value must be recognized. In this conversion, which coincides with the phenomenological reduction, an objectifying conception of the other is overcome and it becomes possible to grasp a truth that, translated into the form of judgment, would sound more or less like this: «The other, as a human being and as a living being, has the same value as you; the other exists in a way just as true and authentic as you do; the value of the other is equal to your value» [Scheler 2008b, 60, translation modified]. This equality of worth once established, the other person also becomes equally real to us, thereby losing his merely shadowy and dependent status.

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Keywords

Abstract

So far, the value dimension underlying affectivity disorders has remained out of focus in phenomenological psychopathology. As early as at the beginning of the 20th century, however, German phenomenologist Max Scheler examined in depth the relationship between affectivity and value dimension through the concept of valueception (*Wertnehmung*). In this sense, a recent noteworthy contribution has been provided by John Cutting, who has drawn attention to the importance of Scheler's analyses for psychiatry. In this work I take into consideration only two aspects of Cutting's proposal: 1) the relationship between the impairments of valueception and the perception of certain value classes; and 2) the interpretation of Scheler's phenomenological reduction and its juxtaposition with the schizophrenic's *modus vivendi*. According to Cutting, in the *modus vivendi* of persons with schizophrenia the valueception impairment entails putting vital values in brackets and focusing on personal values, with a process that recalls Scheler's phenomenological reduction. Regarding the first aspect, I share Cutting's starting point, but then shift the focus on how important the valueception is for the intersubjective dimension. In particular, I maintain that rather than compromising the perception of vital values, valueception impairments in the *modus vivendi* of persons with schizophrenia interfere with the intersubjective dimension and are interwoven with a process of disembodiment. My thesis is that the *modus vivendi* of schizophrenia involves a disturbance of the intersubjective dimension that arises from the level of valueception and that determines the person's self-referential closure. With regard to the second point, by analyzing Scheler's phenomenological reduction, I sustain that its main objective is to increase both the interaction with otherness and the *openness to the world* (*Weltoffenheit*). As a consequence, the *modus vivendi* of persons with schizophrenia, in my opinion, is not comparable, as Cutting claims, with Scheler's phenomenological reduction, but goes in a different direction.

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THE PRAGMATIC VALUE OF NOTIONS OF DIALECTICS AND ESSENCE IN PHENOMENO-LOGICAL PSYCHIATRY AND PSYCHOPATHOLOGY

1. Introduction

The fundamental epistemological assumption behind phenomenological psychopathology is that psychological disorders are a disturbance or transformation of all existence and not just of isolated psychic functions [Binswanger 1958]. Phenomenological psychopathology is an elaborated form of empirical science [Stanghellini 2009] that aims to provide the basis for pragmatic, therapeutic objectives without failing to consider intimate links with anthropological reflections [Naudin 2003]. We intentionally use the term "anthropological reflections" rather than "philosophical anthropology" to stress that the relationship between description and identification of pathological experiences, on the one hand, and reflections on the wholeness of human existence, on the other, is extremely diverse, to the point of this school having been referred to as «metaphysical psychopathology» [Cutting 2012]. In tune with a trend already observed in the classical period of phenomenological psychopathology [Tatossian 1997], a whole plethora of authors shelter under the benevolent tent of phenomenological psychopathology [Wiggins & Schwartz 2011], each of whom claims some degree of philosophical affiliation. We can discern two fundamental perspectives of using phenomenological philosophy in psychopathology. At one end of

what we might call the phenomenological spectrum[1] are those authors – or works of authors – like Binswanger and Boss, who seek out the orientation for their intellectual enterprises by entering into dialogue with some philosopher or even by importing philosophical concepts directly to psychopathology, developing a sort of philosophical psychopathology [Spiegelberg, 1972]. At the other end are those authors – or works of authors – for whom phenomenological concepts serve only as «an *instrument* aiming at the clinic» [Basso 2009, 21] or who claim affinity to Blankenburg, arguing that his philosophical concepts serve as a «[h]euristic guideline (*Leitfaden*), nothing more» [Blankenburg 2007, 149]. Given this second perspective's looser ties to works of a declaredly philosophical turn, they have already been referred to – not without good reason – as phenomenological-anthropological psychiatrists [Kraus 1999b]. Although they often draw on the work of philosophers and concepts from philosophy, they recognise that the use of philosophy and some of its concepts serves an eminently empirical purpose. The reflections and, above all, the categories of philosophy have for them the benefit of serving as more precise conceptual instruments to denominate objects of knowledge that are hard to put a name to. Authors following this perspective make clear that their use of concepts and methods imported from phenomenological philosophy – especially that of Husserl, Heidegger and Merleau-Ponty, but also of Scheler and Henry – gains authorial overtones at the expense of a certain disregard for the original meanings intended by the philosophers who created them. These works find specificities in psychopathological method that distinguish them and set them apart, in terms of procedure and purpose, from the needs of philosophers [Di Petta 2012]. These specificities relate directly to the need to make psychopathological diagnoses before real patients, which serve as the basic orientation for concrete clinical action that is consistent with the features of each patient's unique personality and mental disorder.

This article seeks to support the aspirations of the second perspective of this group of phenomenological psychopathologists, featuring two concepts from psychopathology of a philosophical origin which,

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[1] The same author may belong to both groups or perspectives, depending on the work considered. Actually, they generally belong to both.

in their strict application to psychopathology, could be of considerable value for diagnostic purposes and for the introduction and follow-up of therapeutic strategies: the notions of dialectic and essence. As this is a work on psychopathology geared towards the pragmatic use of categories, we will show through some clinical conditions, especially melancholia, the advantages of using such concepts empirically. With this, we seek to stress how phenomenological understanding can help the establishment of productive clinical strategies.

2. Dialectics and phenomenological psychopathology

The use of the concept of dialectics in philosophy is so broad that even a superficial investigation would far exceed the objectives of this contribution. Such a task would involve trawling through virtually the entire history of philosophy! For the purposes of this paper, it will suffice to present the main meanings by which the notion of dialectics has been incorporated into phenomenological psychopathology. We are interested in its technical incorporations – the works or passages where the use of the term is the centre of attention and has a set function in the discourse or argument. We also limit ourselves to the explicit use of the word "dialectic", leaving out any considerations that may implicitly present the technical features of dialectics without terming them as such (Binswanger being a case in point, as we will see below). We will not consider any cases of more casual use of the word "dialectic" in phenomenological psychopathology.

There are two main technical uses of dialectics in phenomenological psychopathology, both of them drawing especially on the work of Blankenburg [1982; 2007]. Although the author uses this concept only as a category of anthropological comprehension, we believe that the introduction of the notion of dialectics in phenomenological psychopathology has paved the way for new insights and developments in the field [Messas 2010a; 2014]. We intend to show how this anthropological-investigative use is especially important for the perspective on clinical psychopathology addressed here.

In order to do so, it is worth spending some time here on these sadly little known and surely underestimated works in terms of their

extraordinary value to the movement of phenomenology in psychiatry and psychopathology. The author begins by approaching the problem of the apparent paradox contained in the idea of a dialectical phenomenology [Blankenburg 2007, 155]. At first sight, an association between phenomenology – primarily Husserlian – and dialectics could be taken as contradictory. Blankenburg is fully aware of the difficulty for a reader habituated with philosophy to accept combining classical phenomenology, which seeks a vision of the essence of phenomena, with dialectics, especially in its Hegelian sense, geared towards comprehending the movements of reality and the subsumption of phenomena on higher levels. It would be almost a contradiction in terms, because dialectics would stand opposed to phenomenological essentialism.[2] Essentialism implies searching for something fixed and general in a pathology (e.g., schizophrenia), while a dialectical view would be concerned with the movements implied in the psychopathology. Nevertheless, are these two interpretations so mutually exclusive in psychopathology that no reconciliation between them is possible? A historical reading of phenomenological psychopathology shows that it is possible for there to be mutually fruitful action between the interest of phenomenology in essence and the interest of dialectics in transformation, consolidated in what is known as dialectical essentialism [Messas *et al.* 2017]. In classical psychopathological essentialism, the psychopathologist seeks, through an act of eidetic reduction [Kraus 1999b] or empathic penetration (*diagnostic par pénétration*) [Minkowski 1995], to identify the essential core of the pathology – its general, unvarying features. In the dialectic form of essentialism, to which Blankenburg contributes, the researcher has dual tasks: focusing on recognising the essential core of the psychopathology, while also observing the movements around which this essential core is transformed [Messas 2004]. In Blankenburg, as mentioned above, the work of dialectical essentialism can operate using two different strategies derived from two different readings of phenomenological psychopathology.

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[2] For a more detailed criticism of essentialist theories in psychopathology, see Mishara & Schwartz, 2013.

2.1. Hegelian dialectics

It is precisely the different ways of comprehending the logic of the movement and value given to the categories for apprehending it (its heuristic value) that determine the different way the author addresses the topic of dialectics. In one of his approaches, clearly inspired by Hegel, albeit with perceptibly Jasperian overtones [Jaspers 1959, 285], Blankenburg focuses on the dynamics of transformation by analysing the positivity of negativity and the negativity of positivity. This school of thought heralded by Blankenburg and applied to the major existential disorders [1974; 1982; 2007] was later extended to personality disorders in general [Dörr-Zegers 2008]. Let us take the example of hysteria to illustrate dialectics in its Hegelian aspect in the realm of phenomenological psychopathology. Positively, hysteria is a personality variant which, for its exaggerated and overdramatic expression, can lead to major losses in the interpersonal or professional field of the people for whom it is a marked characteristic. Failing to observe the social norms prescribed for social situations, people with hysteria break the rules of the human game to their own detriment. However, the same overly flexible way people with hysteria adopt their social roles that may make them unable to forge deeper relationships can, from a negative perspective, be understood as creative irreverence towards social impositions, enabling them to act with a certain existential freedom [Messas *et al*. 2018]. A possible synthesis, at a higher level, between the positive and negative aspects would be to merge the creativity of hysteria with its apparent lack of authenticity, bringing about – albeit within certain bounds – a personalised, independent existence. Hegelian dialectics as interpreted by Blankenburg and Kraus alerts us to the need to take into account the ambiguities of psychological reality [Moreira 2016]. The notion of ambiguity brings an important contribution to treatment strategies, since it opens the way for the therapist to search in the very core of the patient's experiences for his/her recovery pathways. Thus, to continue with the example of hysteria, the psychopathologist would seek to heighten the creative aspect of the experiences of hysteria, working psychologically with the patient to find a way of bringing it effectively into their existence. Knowledge of the negativity of positivity puts a healthy restriction on the breadth of the therapeutic plane, directing the psychological

work towards what the patient already has, negatively, within themselves. This knowledge could, in cases of hysteria for instance, prevent working towards curbing the patient's expressiveness.

However it seems to us that some progress could be envisaged in working through the particulars of these existential indeterminations, better detailing the features of dialectical essentialism and showing how it allows for a reshaping of the notion of essence and thereby supplies the means for forging more refined clinical practice, as we will see later on.

2.2. Proportional dialectics

The second use of dialectics made by Blankenburg is of especial interest here because it is the one that will guide this contribution. When wondering about the scope of dialectical perspective in psychopathology, the author proposes a solution that provides some workable categories which, if taken to their logical conclusion, do not only enable the immanent movements of existence to be observed, but pave the way for extending phenomenological therapy to a synthesis of psychological and biological therapies [Tamelini & Messas 2017]. It is not a matter of a new use in the history of phenomenological psychopathology; rather, it is a use whose founder is Binswanger and which is manifest in the notion of anthropological proportion [Blankenburg 1982]. This notion inspired the first of Binswanger's three famous essays, brought together in his *Three Forms of Failed Existence* (*Drei Formen missglückten Daseins*) [1956]. In this work, which served as a key inspiration for the theses of Blankenburg and of the first author of this article [Messas 2004; 2010b; 2014], the Swiss psychiatrist proposes that human essence should be perceived through different anthropological dimensions that interact proportionally to one another. For example, schizophrenia and schizotypal conditions are vertical distortions of existence, where the verticality of individual ambitions is out of proportion to the horizontality of shared experiences. Thus, all human experience could be treated from the perspective of an interplay of forces in dynamic states of proportion and disproportion. The relative proportion of verticality and horizontality or of natural evidence versus a lack thereof [Blankenburg 2012] in the case of schizophrenia, or of the past in relation to the future

in the case of melancholy [Tellenbach 1983], or of self-determination in relation to freedom in the aforementioned case of hysteria, are a few examples of polarities operating in different proportions. The simultaneous observation of existential dimensions in their relations of proportion determines a global structure that is greater than the sum of its parts. Thus, one could start out by saying that the notion of essence in psychopathology could be abandoned – which could ultimately lead to calls by anti-psychiatry for the negation of all mental disorders – and its complete substitution by the notion of structure. By such a method, phenomenology brings dialectics closer to the idea of structure, consolidating itself in structural phenomenology [Barthélémy 2012] and rejecting the notion of norm or essence [Töpfer 2013].

By understanding existence as anthropological proportion, phenomenological psychopathology is able to examine each clinical case as if the relative participation of each partial pre-reflexive dimension were articulated between each other and were in motion at every moment of consciousness. For instance, examine what proportion of past, present and future exists in an experience of melancholia or what proportion of self-determination and external determination exists in experiences of schizophrenia. This perception of dialectics is not designed to record existential movements through a specific synthesis of positivity and negativity, but through *arrangements of equilibriums in an imprecise individual architecture marked by uncertainty.* The possible participation of negativity in this second dialectic model lies in the inclusion of temporality and not in the specific ambiguity inherent to each case of positivity. Obviously, the two conceptions of dialectics that phenomenological psychopathology encompasses are not mutually exclusive; indeed, they feed into one another naturally, merely modulating the main object of knowledge. Thus, to return to the model of hysteria sketched out earlier, the model of proportion would focus on how much closer a person with hysteria in a given situation would be to representing a social role conventionally or otherwise, casting a free creative aspect on it. Likewise, to take another example, it would be concerned about the proportion to which a person with schizophrenia in a given situation at a particular moment of existential distortion was lost in herself or taking part in her community of sense. The examples are infinite.

What we want to make clear here is that this *model of a dialectics of proportions allows one to reshape one's understanding of the patient as a whole at any time*, since their anthropological proportions will be redesigned the whole time. Every state of anthropological proportion expresses a meaning for existence and, in turn, every existential meaning is expressed through an anthropological proportion. As existence is immanent movement, the heuristic method of dialectical proportions is the most suitable for addressing an individual life. It is mainly because of this last attribute – i.e., because it is so useful for recognising a patient's individuality – that we defend the use of this model as the main phenomenological instrument for diagnostic and (as we will see below) therapeutic purposes. As we see it, at this stage in the history of psychopathology, we can no longer content ourselves with a general interpretation of a pathological experience (which more often than not is an interpretation picked up from something that has already been thought of; not that there is anything dishonourable in picking something up, since we are, after all, referring to the anthropological fundamentals of humankind), but must see *how this generality presents in particularities* [Stanghellini 1997; Messas 2014]. It is precisely this that we intend to do in the coming pages. But in doing so, it is essential to examine more closely the abovementioned notion of essence of the psychopathological experience, since, if we take what we have just said to its logical conclusion, it would mean discarding the notion of an essence of a disorder from the field of psychopathology. Does knowledge of dialectical proportions give us the right to take such a decision without hesitation? We would argue that it does not: maintaining the notion of essence is fundamental for the science of psychopathology. Indeed, we would hold that the way the notion of psychopathological essence is conceived is decisive for a complete understanding of psychopathological findings and, more importantly for the thrust of our argument, that it determines distinct therapeutic objectives. What we will seek to demonstrate is how, in order to maintain the heuristic and anthropological vigour of the notion of psychopathological essence, its conception must be renewed. We will illustrate this thesis briefly with the notion of melancholia.

3. Redefining the notion of psychopathological essence – melancholia as an example

The quest for the essence of melancholia has led to different results in the history of phenomenological psychopathology. Melancholia has been understood as depersonalisation [Gebsattel 1966], a collapse of temporality with consciousness being restricted to the past [Minkowski 1999], an invasion of the future in the past [Binswanger 1960], the excessive corporealisation of experience [Stanghellini 2004], a disordered corporeality [Dörr-Zegers *et al.* 2017] or intercorporeality [Fuchs 2013], an excessive submission to social identity [Kraus 1977], or a compromised existential feeling, the pre-reflexive layer of existence that underpins all emotional experiences [Ratcliffe, 2015]. All these interpretations, perhaps with the partial exception of Kraus (who is interested in comparing melancholia with obsessions [2007a] and hysteria [2007b]), stress the core aspect of melancholia, or its essence, even if this is identified in different parts of the fundamentals of existence, like time, space, embodiment, social identity or individual freedom.

Our contribution draws on these authors' observations by seeking to link the notion of essence to a proportional dialectical procedure. Its focus is no longer just on the essence of melancholia, but also on its *anthropological meaning; i.e., the way it is composed and manifested*. As the essence of a pathology is not an entity that inhabits a Platonic world – like the imagination of a triangle or number – it should be recognised in the concrete, individual reality of clinical cases, or «experiential essences» [Berrios 1989, 427]. This recognition leads to a first, albeit incomplete, definition for the purposes of this paper: that the *essence of each psychopathological experience is a typical proportion of anthropological dimensions*, which may be approached via different anthropological categories, such as the ones mentioned above. For instance, from a temporal perspective, the essence of melancholia is a lack of proportion between the relative value of the past to the present and future. However, this definition does not have a broad enough scope for our purposes here, because a case of sadness or grief may have similar features – the temporal predominance of the past over the future. The anthropological meaning of the psychopathological essence has to be determined more precisely. The emergence of the psychopatholog-

ical essence is directly linked to the loss of dynamic of the existential dialectic. In existential moments when this disproportion is fixed enough for it to be diagnosed by a psychopathologist, then melancholia is at play. As the immanent, spontaneous dialectic of the anthropological proportions moves the equilibrium of its parts, existence may return to a path of more flexible interplay of times, bringing about a varying preponderance of the past, present and future in existence as a whole. When this happens, we can no longer talk of a psychopathological state, because future, present and past interrelate flexibly with one another. A great inspiration for this understanding is to be found in the work of Cutting, who establishes for melancholia (which he refers to generally as "depression") an essential definition that does not dispense with the incorporation of its constitutive dialectic elements. In line with his inspiration on the work of German philosopher Max Scheler, Cutting proposes that *the essence of depression is a lack of proportion between animal instincts and the intellect, with the former gaining predominance over the latter* [Cutting & Musalek 2015].

It is very important to underline the meaning of the affirmation that the essence of a disturbance is a *relatively stable form of disproportion,* i.e., a typical style of disproportion cognisable by an act of eidetic intuition [Kraus 1999b]. Some examples could help elucidate this statement, which is central to the argument presented here. Let us return to the essentialist acceptations of melancholia presented above, focusing for practical purposes on a single classic case. Minkowski states that melancholia is an inhibition of time [1995], an erosion of the future, resulting in consciousness being overwhelmed by the past. All experiences of the present are tinged with the past, with certainty, with listlessness; they can no longer be transformed even by any new facts coming from the future; the patient is convinced that the future reserves nothing more than eternal suffering that they deserve because of past errors. According to the dialectics of proportions, Minkowski is absolutely right. However, there is a flaw in his identifying melancholia essentially with a loss of future time. The proportional dialectical perspective would say that Minkowski's patient is, at this time of her life, so paralysed that the disturbance of future time can be seen fully. If they were mentally healthy, their anthropological proportions would be

mobile enough for them not to fix on one essential state. The temporal essence of the disorder is thus the outcome of a paralysis or slowing down of the natural becoming of existence.[3] Outside psychopathological – or quasi-pathological – states, the immanent movement of existence prevents psychopathological essences from forming, because the essence of a normal experience like nostalgia or anger is less visible, and should be denominated as a proportional existential formation. The less prevalently an experiential essence manifests in consciousness – and thus the more visible its proportional composition – the healthier the existence is.

Under normal conditions, proportional formations gradually dissolve and do not paralyse our vital becoming. (This statement should not, however, be mistaken for some people who are guided through life by anger towards someone. In this case, from an existential viewpoint, there is nothing psychopathological at play, since the anger has become a guiding thread for life.) By its very immanence, existential becoming is always constituted by the reproportioning of the different anthropological modes that can be experienced in terms of proportions. All therapeutic action is therefore directed towards a regime of proportions and disproportions (including here, in more severe cases of schizophrenia, proportion between psychotic experience and the rest of the patient's personality [Blankenburg 2012]). As a psychopathology is ultimately a *paralysis of existence that is stable enough for a pathological essence to emerge in a certain point of existence*, it could be stated that *melancholia is an essence composed of more than one mode of anthropological proportions*, which could also justify the diversity of therapeutic outcomes. Thus, melancholia could be experienced by one person as their being too tied to the past, which understanding would foreplay a paralysis of temporal anthropological proportions; it could likewise – and without ceasing to be categorised as melancholia – be constituted of an excessive observance by the global identity of one of the partial roles (i.e., disproportion between personal identity and social identity) [Ballerini 2008], or, from a spatial perspective, be experienced as a lack of availability of the objects of the world for their activation [Tellenbach

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[3] Dörr-Zegers refers to this slowing down as «condensations of a polar structure» [2008, 17].

1956] (i.e., disproportion between objects experienced as instruments and objects experienced as things).

This way of identifying the essence of psychopathologies with fixed styles of anthropological disproportion is not, however, without its problems. One might object that if an essence is to be defined this way, it should no longer go under such a name, since an essence is by definition irreducible, something ultimate that sets apart and defines a phenomenon. This raises the issue of the ontological status of psychopathological entities: either the notion of pathological essence would have to be redefined or it would have to be given up altogether. This begs a question: Is there anything similar in the different experiences of melancholia proposed by the classical and contemporary authors that unites them, allowing for the notion of an essence of melancholia? Or should we give up the notion of a psychopathological essence and thus return to classificatory operationalism [Parnas & Gallagher 2015], restricting the definition of disorders to a syndrome-based collection? Or should we understand the essence of a disorder ideally, in the Platonic sense of the word – *ante rem* (or fully) realism, according to medieval ontology – which would ultimately lead to a sceptical nominalism [Oulis 2008], but now not syndrome-based but essence-based? Neither a real ideal essence (Platonic) nor the exclusive individuality of the proportions seems to offer a satisfying answer to this ontological issue. What would remain of any imaginative variation of phenomena that might justify identifying the essence of melancholia? Is there any essence in the experience of melancholia or are there just ideal types [Fernandez 2016] or typical anthropological proportions, as Binswanger would appear to propose in his "Three Forms"? Clinical experience consolidated over the years would, however, lead us to sustain that it is possible to recognise the essence of melancholia. One possible solution for this apparent impasse may lie in the importance of the notion of essence as formulated by Scheler [Cutting 2009]. Cutting, following Scheler – who to a certain extent follows the Aristotelian conception of essence – suggests that «[i]t is the coming together of the phenomenon and the idea [of the phenomenon] *at the same time* which confers the essence of anything, and not the idea on its own» [Cutting 2012, 304, emphasis added]. The notion of essence of itself, from this perspective, loses its nature of com-

pleteness and comes to be understood as a *Skizze*, or sketch: vague and defined by its negativity – i.e., it needs some element from outside itself to be introduced before it can be complete. According to this conception, essence becomes a sort of *incomplete a priori virtuality*. Some reflections stem directly from these observations. The first has to do with the vagueness of the notion of essence: it should not be taken as making it impossible to identify, but as its tendency not to appear in its totality, as Merleau-Ponty teaches us when he speaks of the impossibility of a complete reduction of phenomena [1945]. Negativity is constitutive of the very notion of essence. This negativity of an essence that would complete it could be exemplified in the case of melancholia. The observer's capacity to identify the essence of a psychopathology depends, albeit tacitly, as mentioned above, on the combination of the a priori idea she has of melancholia – apprehended from years of clinical practice – and the psychopathological facts before them, to which she necessarily belongs, as a co-constitutive element. Only when both are present is the essence of melancholia completed and can we consider it a pathological experience. This assertion has some crucial consequences for the construction of psychopathology and a phenomenological therapeutic practice, because it includes the scientist-observer not just in defining the essence, but also, and even more importantly, in actually *activating and being part of the essence*. The cognisant, scientific movement of the observer is thus completely active and objective in the constitution of the essence itself.[4] Let us return to an example, considering the comprehension of melancholia as just a restriction of identity roles. The experience of sadness and lack of motivation reported by a patient is nothing in psychopathological terms until such a time as the psychopathologist is capable of experiencing in herself some idea or feeling that actualises this form; e.g., until the moment when the psychopathologist does not just see through the lens of eidetic intuition the paucity of the patient's social identities, but actually experiences it in her own professional identity. In this sense, there is absolute validity in Rümke's [1941, 337] statement that «[t]he doctor's internal attitude induced by the patient is

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[4] As a consequence, there is no reason to postulate that psychopathological objects are only ideal types [Schwartz & Wiggins 1987]. As a matter of fact, they are interpersonally constituted existential types [Dörr-Zegers 2008].

a very sensitive diagnostic tool, and it would be helpful if we were more skilled in recognizing changes in our own internal attitude». In the case of melancholia, for instance, the psychopathologist would feel by affective resonance the impoverishment of her own professional role, such as, say, her incapacity to elevate the patient's existential creativity. It is at this point, and only at this point, that the presence of an essence can be affirmed. In medieval understanding of the Aristotelian philosophy, essence is treated *in re*, meaning that an essence is only manifested in the objective phenomenon to which it belongs.[5] This Schelerian conception of essence, like *Skizze*, annuls many of the false dilemmas between scientific objectivism and subjectivism. An essence identified *in re* is the moment of ultimate objectivity of the psychopathologist's knowledge, because it is a co-constitutive act of an irreducible experience. This ontological conception of the psychopathological essence enables a dynamic of the diagnostic act to be established. Until such a co-constitutive act takes place – which can obviously also be undertaken by an empathic act of someone who is familiar with, friends with or close to the patient – there is only the shadow of an essence and a proto-experience awaiting essential signification. Up to this point, we could talk about ideal types. From the moment of the co-constitutive activation of the essence on, we are talking about a real type of an essential/existential nature. In other words, an isolated subjective experience is an ontological mystification, negativity with no profound meaning. There is no such a thing as a complete or autonomous subjectivity.

This co-participation of the observer in the production – and not just the description – of the pathological essence is what justifies the diverse – and sometimes frankly contradictory – observations made by authors in the field of phenomenological psychopathology. The individual manifestations of psychopathological essences should therefore be understood as forms of instantiation of the psychopathological essence in the patient's consciousness and their interpersonal relationships. This comprehension overcomes the scepticism of nominalism and idealism, because it permits a new understanding of variations in the clinical presentation of psychopathological conditions. Inter-individual

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[5] Oulis [2008] called this ontological condition of psychiatric objects neo-Aristotelian realism. It is a sort of moderate realism, in contrast with radical Platonic realism.

psychopathological variations depend on the strength of fixation, penetrance,[6] degree of autonomisation [Blankenburg 2012, 169], positional value (*Stellenwert*) [*ibid*.], or the «[i]ntensity, energy and duration […]» [Binswanger 1956, 318] of the psychopathological essences. Thus, the fact that some people with melancholia are better understood from the perspective of time and others from the perspective of body or identity, etc., has to do with the *how the observer and the observed become existentially in tune with one another* – affective resonance in the sense proposed by Minkowski.

This state of essential intuition does not, however, last indefinitely, since the proposal of treatment is precisely to undo it. The end of the essentialist moment in the phenomenological procedure heralds the beginning of the dialectic procedure. As of the moment when existential becoming is resumed, the formation of the essence dissolves and the observer's perspective should no longer be attuned to identifying the essence, but to the proportions that constitute the essence. Methodologically speaking, there are therefore two observational paths in a proportional dialectic phenomenological conception designed to address the notion of essence in psychopathology. Paths which may in theory be different, but which often overlap. The first of them examines just the essence, picked up by eidetic intuition and co-constituted by the observer. The second heuristic path is no longer about observing the essence of the pathology, but the dialectic movement of anthropological constituents, for which the most useful heuristic concept is not essence, but structure and its anthropological proportions. Thus, we could say that the phenomenological diagnostic procedure – and the follow-up of therapy – follows what we would call *bifocal phenomenological comprehension*, where one of the foci observes the essential core of the condition and the other observes its movement. Essence and dialectic proportions are thus offered up as key instruments for the observation of different and sequential existential moments of life in the patient. This enrichment of the understanding of the essence of the psychopathology, leading towards a dialectic comprehension, is not, however, exhausted in the understanding of disturbing experiences, as we will see below.

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[6] Di Petta calls this phenomenon the pervasiveness of the pathology [2010, 266].

4. Conclusions: Implications for building a therapeutic strategy

The renewal of the notion of an essence of a disorder by introducing its dialectic proportions also breathes new life into the comprehension of treatment. Treating is no longer just about returning psychic life to a state of subjective well-being, which is generally identified with the suppression of the essence of the disorder – something that is not always possible, as can be seen from the great number of unsatisfactory therapeutic outcomes in mental health – but crucially about bringing about a *new balance between anthropological proportions*; a balance which, while it may follow technical precepts that are fairly well established in therapeutic terms, *depends greatly on the particular conditions of the anthropological fundamentals available*. Thus, curing is not a case of suppressing – whether partially or completely – an essentially pathological state, but gradually reinstating proportion to the forces in simultaneous dialectic contact. This reproportioning may be observed through more than one dialectic category, enabling the treatment to be guided by more profound anthropological criteria. For instance, a person with melancholia may make some progress at the beginning of treatment through pharmacological means, but may quickly relapse because of their incapacity to enrich their excessively poor performance of social roles. In this case, the initial pharmacological intervention will have reconstituted them temporally and spatially by boosting vitality, but will not have reached the kernel of their identity. Dialectic recognition of their insufficiently flexible capacity to play social roles could be used to guide the therapy towards identity reconstruction [Kraus 1999a], a step that requires more cautious measures and takes longer to mature. Pursuing treatment in proportional dialectic terms means focusing the gaze on how new anthropological proportions emerge as the essence of the disorder is gradually left behind – or on how the sticking force of the essence of the disturbance prevents a structural evolutionary modification [Messas 2004]. Thus, following up the therapeutic process means identifying which anthropological proportions emerge as the essence of the pathology gradually disappears. This observation will lead to different meanings for clinical recovery. For instance, a clinical evolution where improvement in temporal terms is not accompanied by a resumption of a social role already stabilised by the patient has a differ-

ent clinical meaning from a clinical improvement where a habitual role is resumed. A patient whose symptoms of melancholia improve – their general disposition, for instance – but who does not simultaneously consolidate a new social role may be at the mercy of a relapse or only limited improvement. This phenomenon is observed primarily in clinical situations where a patient is no longer able to execute a social role of significance to them, such as melancholy that emerges after retirement or when children leave home. As the patient with melancholia holds onto the previous – now empty – role, their clinical improvement in temporal terms is actually constituted not in significant existential change, but just in a window of opportunity where the therapist can search, together with the patient, for a new role. The whole initial period when their overall disposition is improved can be understood as no more than a tool for transition to the establishment of a new role, and should therefore not be understood as a cure in its deepest sense. The establishment of treatment in terms of dialectic proportions is, we believe, the main challenge to phenomenological psychopathology and its technical arm, phenomenological psychiatry, at the current time. Investigations into essences have already yielded significant and potentially unsurpassable work on their general form. However, the restriction of the conception of essence to an idealistic ontology has had the unintentional outcome of blocking the way to a better diagnostic conception and thus better therapeutic procedures. The strategic observation of the details of the interplay of anthropological proportions arranged structurally in dialectic relations still offers vast, as yet untapped potential, identifying the different alternatives for restructuring anthropological proportions in interaction with psychopathological essences.

We would like to thank Dr. John Cutting for his reading of the draft of this paper.

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Keywords

Phenomenological Psychopathology; Dialectics; Anthropological Proportions; Psychopathological Diagnosis; Blankenburg; Binswanger; Therapeutics; Clinical Care

Abstract

Phenomenological psychopathology is an elaborated form of empirical science that aims to provide the basis for pragmatic therapeutic objectives, without failing to consider intimate links with phenomenological philosophy. This article seeks to feature two concepts from psychopathology of a philosophical origin which, in their strict application to psychopathology, could be of considerable value for diagnostic purposes and for the introduction and follow-up of therapeutic strategies: the notions of dialectics and essence. There are two main technical uses of dialectics in phenomenological psychopathology, both of them drawing especially on the work of Blankenburg: Hegelian dialectics and proportional dialectics. Hegelian dialectics focuses on the dynamics of transformation of existence by analysing the positivity of negativity and the negativity of positivity; proportional dialectics focuses on the anthropological proportions of existence, seeking to establish the relative participation of partial pre-reflexive dimensions like temporality, spatiality, embodiment or identity in any psychopathological entity. The conception of proportional dialectics leads to the need to redefine the notion of an essence of psychopathological entities, now defined as a relatively stable form of disproportion. Clinical examples are offered. As a consequence, we define phenomenological procedures as constituting a bifocal comprehension, where one of the foci observes the essential core of the condition and the other observes its movement. Essence and dialectic proportions are thus offered up as key instruments for the observation of different and sequential existential moments of life in the patient. We conclude by showing some practical consequences of the use of these concepts in phenomenological psychopathology.

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Lucas Bloc & Virginia Moreira

OUTLINE OF CLINICAL PHENOMENOLOGY FOR EATING DISORDERS INSPIRED BY MERLEAU-PONTY'S PHILOSOPHY

1. Introduction

When psychiatrists identified that philosophical phenomenology enabled a new approach to clinical attitude interest in philosophical phenomenology was aroused. Thus, as of the 1920s, the clinical field began to be investigated and expanded, initially inspired by the contributions of Husserl and Heidegger. Psychiatrists such as Karl Jaspers, Ludwig Binswanger, Eugene Minkowski, Medard Boss, Erwin Strauss, Viktor von Gebsattel, Hubertus Tellenbach, Arthur Tatossian, among others, understood and used phenomenology to better understand mental disorders. Thus, clinical phenomenology rapidly developed out of the desire for an open 'dialogue' between phenomenology and psychiatry [Dastur 2014].

The option to use the term clinical phenomenology derives from a theoretical and practical point of view, combining two dimensions that are not clearly associated. On the one hand, phenomenology is a specific philosophical field that can cover several domains due to its breadth, methodological potential and diversity. On the other hand, clinic practice corresponds to the 'psy' domain (psychiatry, psychopathology, psycholo-

gy and psychotherapy) and interaction with the individuals who struggle with their existence and illness. Philosophical phenomenology is used as an inspiration, providing clinical tools for a better understanding of different pathological experiences and clinical interventions that contribute to the improvement of those who struggle with these experiences. It provides us with directions and sources to uncover and understand the phenomena as well as being present at the clinical meetings.

Most of the work in phenomenological psychopathology is focused on psychoses, particularly schizophrenia. However, we consider that philosophical phenomenology serves as an inspiration for an original and critical approach to clinical phenomenology when dealing with eating disorders. We believe that the philosophy of Merleau-Ponty, taken as a point of reference in this article, brings significant contributions that surpass the philosophical field and contribute to the clinical field in a fruitful and diverse way. Following the same lines of Husserl and Heidegger, who have traditionally inspired clinical phenomenology, we believe that Merleau-Ponty's phenomenology is a powerful tool for understanding eating disorders.

Merleau-Ponty's phenomenology is a source of inspiration for the clinical treatment of eating disorders mainly because of his contributions to the notion of body, providing a framework for the reflection and 'expansion' of the concept. The formulation, but also disruption, that Merleau-Ponty establishes between the notion of the body and other notions, such as those of body and flesh image, invites us to investigate further and, as far as possible, achieve the unity of his thinking. Our hypothesis is that Merleau-Ponty's work may be an essential tool for understanding eating disorders, since it allows us to address both the subjects' sensitive experience and the mundane constitution of their experience. His approach may be a primary tool for understanding the body experience in the carnal tissue of our existence.

The aim of this article is to propose an outline of clinical phenomenology for eating disorders inspired by the philosophical phenomenology of Merleau-Ponty. We first describe the phenomenology of the body, showing how the discussions about habit and ambiguity between being and having a body can contribute to elucidate eating disorders. Next, we discuss the notion of the body schema as the one that reveals the

architecture of corporeity and organization of the particular way of being a body in eating disorders. Finally, we explore the notion of flesh to further investigate corporeality in eating disorders through three fundamental elements: (in)visibility and invasion, mirror and incorporation.

2. The phenomenology of the body in Merleau-Ponty

The word 'body' has many meanings that will depend on the framework used as reference and its use changes according to associated cultural and historical elements. Investigating the body involves different sciences that use their own techniques and modes of expression, including methods and epistemologies to study sensations [Corbin *et. al.* 2005]. The work of Merleau-Ponty occupies a central place in the phenomenological discussion about the body and addresses several notions in his work, such as the body, the lived body or even corporeality, emphasizing the experience of the body, from a perceptive, but also sensitive, perspective. In relation to the body schema and body image – widely used notions in psychiatry and neurology – Merleau-Ponty gives them specific status when he recognizes their role in organizing (inter) body experience. It seems, therefore, that Merleau-Ponty's philosophical intent is relevant and rich because it gives the body a role that allows it to overcome attempts of objectification by involving it extensively in experience. It is a «process of subjectivation of the human being that is part of the structure of the body» [Sichère 1982, 202].

2.1. The body as a primordial habit

In the works of Merleau-Ponty, habit is recurrent. In the *Phenomenology of Perception*, habit is defined as a kind of «power we have to dilate our being-in-the-world or to change our existence by including new tools» [Merleau-Ponty 2010, 827]. It is neither knowledge nor automatism – «it is knowledge that is at hand, which only results from bodily effort and it cannot be translated into objective designation» [*ibid.*, 827]. Merleau-Ponty cites several examples, such as the habit of driving or typing. All this includes «knowledge of familiarity» and it «invites us

to rephrase our notion of 'understanding' and our notion of body» [*ibid.*, 828]. We have a habit that makes familiarity possible and it belongs to our habit how we see things and place them in relation to ourselves and the world. Habit thus expresses the way of being a body in the meeting of our being with the world in a common dimension.

Merleau-Ponty admits the existence of a generality of our habits and bodily functions. Habit can be understood as our ability to expand in the view of what is new, but it is also the result of daily experience that allows us or not to give it customary, habitual meaning. We may say that there is positivity with expansion, with the opening of possibilities, but also negativity when we are stuck in a habit and when it becomes the only possible way for us. Body functions are the way to relate to objects, expressing a movement of existence [Merleau-Ponty 2010].

The act of eating is an early acquired generality and it can change throughout life; it is simultaneously a habit and a bodily function. However, these two dimensions can also change. The non-recognition of a body function, for example, does not allow the development of a habit because there is no movement, as we can see, for example, in patients with anorexia who deprive themselves from the act of eating and disregard their functions as a vital element to exclusively focus on the body as an object. Over time, the habit of everyday eating is lost, which tends to hinder the habitual, and necessary, act of eating. In cases of hyperphagia, the centrality of the act of eating, evidenced by the function it exerts on the life of these people, (re)creates habits, changes the way of functioning of an individual who *cannot refrain from eating*.

There is a dialectic movement between habit and body function which, in the case of eating disorders, is often altered or unbalanced. It is the distancing between how one relates to the body, the act of eating as a movement of existence, and the constitution of a style through habits that are developed throughout life. Eating surpasses nutritional function and, over a lifetime, habits are created and recreated. Bodily functions play a role in intentional meaning for the world, and in this case for food, making it possible to develop a habit. Habit allows the flow of these bodily functions and makes the way of being effective, an existential style. If the habit is the communion of an act and knowledge shows us a personal style [Saint Aubert 2013], which is also constructed

in the world, the act of eating goes beyond a simple behavior in that it also carries a personal style built by «knowledge» imposed on and exposed by the subject and the world. As we are our body, we (re)live our daily habits full of meanings and (im)possibilities, constantly between change and permanence. The eating acts evoke, in their indispensable daily presence, the movement of the own existence.

2.2. Being and having a body: necessary ambiguity and balance

Approximately ten years before defending his thesis, in 1945, and influenced by Gabriel Marcel [Saint Aubert 2005], Merleau-Ponty writes about a body that cannot be neither as an object nor as a set of qualities and characteristics. In considering that «I am my body», Merleau-Ponty emphasizes a body in which we make common cause, going beyond something we only have. It is a perspective between *what I have* and *what I am*, because «if my body is more than an object that I possess, it can no longer be said that it is myself: it is on the border of what I am and what I have» [Merleau-Ponty 1997a, 39], at the limit of being and having. Merleau-Ponty sees a movement between «being» and «having» that defines the human condition. While it is *my* body, it is not like that of others. It is an ambiguous being, a thing that is, at the same time, ours and something that we are [Barbaras 2005].

The body itself has its «particular mode of existence» [Barbaras 2008, 69] in addition to an objectification. The body itself is our body and it is in the sense of intimacy with the body that we live with, feel and experience it as our own. Merleau-Ponty proposes a phenomenology of the body itself which emphasizes the ambiguous reality of the body that is both sentient and sensible, object and subject, the one that feels and is felt. The term body itself is ambiguous, for it is at the same time a body like the others (*Körper*), but it is also a lived body (*Leib*) that distinguishes itself from those of others by highlighting the lived experience in a body dwelling. This line of thought is present in a significant way in several later works of Merleau-Ponty and it eventually leads to the distinction between the *object body* and the *subject body*.

By living in the first person, the subject body guides the experience of the body, the lived experience in its sensitive, particular and spa-

tio-temporal dimension incarnated in the world, a body set in motion by intentionality and subjectivity. The object body, however, refers to the «way of being of a thing» [Dupond 2007, 38], which can be dissected, studied by sciences, and observed by others and by ourselves. The body itself is necessarily both subject and object. However, Merleau-Ponty considers that «the distinction of subject and object is scrambled in my body» [Merleau-Ponty 1960, 166]. There is an inversion and constant scrambling of the subject and object roles in the body [Barbaras 2005, 207]. Ambiguity rooted in bodily life may seem natural, particularly if we consider the balance between what we have and what we are. However, an imbalance may exist and open space for psychopathological experiences.

The relationship between the body and food is complex, since for man the act of eating has a meaning that goes beyond food itself and it is rooted in the body itself. There is always a «personal» position in relation to eating, which means that each of us has a particular style resulting from our relationship with the world, with others and with our own food.

Understanding eating disorders as a «form of existence» [Merleau-Ponty 2010, 787], whose body is expression, in the anorexic experience, one could argue that the *object body* is in evidence. The act of eating is related to body changes, to the possibility of the subject gaining weight and how others see it: it is the *body for others*. Although the individual is hungry, eating is a threat and it is not always a desired event. Hunger itself is imposed by the individual onto herself, it is a necessity whose implications go beyond necessity itself. In anorexia, experiencing hunger and struggling against it prevents it from being sufficient to force the act of eating. Being hungry or not is not a choice that the individual can constantly control. When the individual eats, she «confronts herself with the otherness of what she is not» [Legrand & Taramasco 2016, 310], because it is a demand that she does not want to be subjected to. It can be said that the experience of eating, or even of feeling hunger, is experienced by the subject body and «inevitably places the individual before the other» [*ibid*., 311], it is an experience that is present from birth. The action of not eating enough in anorexia demonstrates the symbolic role of eating and the threat that goes beyond

its nutritional value. In addition, in more severe cases, there is a distortion of one's own body image. The imbalance between the *subject body* and the *object body* seems to create this distortion, a distance, between the body as it is seen and the one that perceives it and it is the symbol of ambiguity of the body and its mundane constitution. Evidence is placed on the present *object body* and the *subject body*, but it is discordant because the way others see it plays a growing role.

In the case of hyperphagic experience, we might suggest that there is a momentary suppression of the body itself. The individual loses control over the act of eating and intensity lives with the desire to eat. There is a kind of short circuit in the bodily experience that consists of an imbalance between the *subject body* and the *object body*. On the one hand, there is a difficulty in experiencing bodily feelings due to the distancing from the lived body as well as from others. The individual momentarily loses connection and contact with others and herself, which would favor possible control over eating. The act of eating becomes a necessity, an urgent need to eat immediately. The revival, then, of the object body is the possible feeling of guilt often experienced. It exists due to vulnerability that emerges from how others see it or even simply from the imminence of how others see it in its anthropological dimension: «eating behaviors are loaded by the images of the body and the images of the world» [Charbonneau & Moreira 2013, 537].

By acknowledging the ambiguity of the body, through the contributions of Merleau-Ponty, one may perceive the risk of losing balance between the body that we are and the body that we have. In the case of eating disorders, original and simplified circularity of hunger-eating-satiety is not evident, and dynamics becomes the origin or even the indication of intense suffering. Eating disorders cannot be solely reduced to eating. However, if these changes refer to that experience, it has a meaning. Attention must be given to the body but knowing that this body is both a subject and an object in the world and for the world; it is part of a story and it plays an ambiguous role. What we have just described is rooted in the body itself; understanding the (un)balance between being and having a body seems to be fundamental for cases of eating disorders.

3. The body schema: the architecture of corporeality

From the *Phenomenology of Perception* [2010, original 1945] to recent writings, Merleau-Ponty criticizes, discusses, investigates, and defines the notion of the body schema that has proved to be beneficial for the development of other concepts, such as that of the flesh. He introduced this notion into phenomenological philosophy [Petit 2010], which had only been previously used by neurologists and psychiatrists. This notion became increasingly important and further investigated by Merleau-Ponty, both for the definition of its theoretical course and for the development and consolidation of other concepts. It is an indispensable theoretical instrument for the development of Merleau-Ponty's ontological project [Verissimo 2012].

Since the beginning of his work, Merleau-Ponty distances himself from the cognitive definitions of the body schema as a representation to approach a pre-reflective, expressive understanding connected to the world. He considers that the body schema to be «a way of expressing that my body is in the world» [Merleau-Ponty 2010, 780]. The body schema «is related to the whole body, to all its vital dimensions, possibilities of expression and relation to the world» [Saint Aubert 2013, 84]; the body interacts with oneself and with the world. As the role of the body is to organize, the body schema is, according to Merleau-Ponty, «the architecture of corporeality that constructs the world» [*ibid*., 18], and this happens through a relational fabric that involves the body, the world and others.

During the Sorbonne courses, Merleau-Ponty discusses the inter-subjective character of the body schema. He is interested in the genesis of perception of the other, using different contributions from psychology, particularly in the works of Wallon and Piaget [Saint Aubert 2013]. In his course *Structure and conflict of childhood consciousness*, Merleau-Ponty argues for the existence of a unity of the body in relation to the world. It is a sensitive dimension lived in experience that transcends our own boundaries and reaches the world. The body schema is «connected to the field of animal and human expressiveness» [*ibid*., 73]. From childhood, this expressiveness represents the original opening to the world, polarized by the relationship with others. The body schema is the «bearer of meanings» [Merleau-Ponty 2011, 162]. From an adap-

tation process, the body «adapts itself to the world to transform itself and change the world within the same movement; body and world are mutually changed, composing one another» [Saint Aubert 2013, 108]. It is a mutual metamorphosis, a double affectation, an invasion of one over the other.

In his course held in 1953 on *The Sensitive World and the World of Expression* [2011], Merleau-Ponty regards the body schema as an inter-bodily event. The influence of Schilder's work on his thought has become important and is the framework of his philosophical position: «The body schema has a libidinal structure and it is deeply inhabited by the relationship with others» [Saint Aubert 2013, 121]. This libidinal structure has an important dimension that affects our relationship with the world. In other words, the libido is «the animating principle of the body schema» [*ibid*., 123]. This body has senses and desires. It should be noted that Merleau-Ponty replaces the libido with desire and insists on the truly relational dimension of the body schema. This evolution signifies an increasing association between the sensory-motor life and the desiring life. The explicitness of the body schema reveals a relationship with itself but is associated with a relationship with others. The other important affective component is the establishment of a relationship with others.

The audacious course proposed by Schilder seduced Merleau-Ponty. For both, the body schema is never isolated; there are permanent exchanges, a ceaseless trade supported by its ability to "destroy and build itself". Merleau-Ponty does not abandon the motor dimension that had become so important, especially in the *Phenomenology of Perception*, but attention to desire and the relation of the body with the world intensifies as of 1953. It is the body schema that is responsible for relational fabric and makes the relationship with the world possible. In his courses on *The Nature*, Merleau-Ponty fully reveals his reflection on the body schema, on intercorporeality, and on the matter on the other. Thus, the progress and deepening throughout his works open new perspectives on the issue of eating disorders.

Returning to his 1945 thesis, Merleau-Ponty defends the intentional character of the body schema and emphasizes the lived dynamics, the experience *per se*. This indicates that there is lived experience of the

body and by the body that leads to the development of the body schema. This intentional dimension implies an openness that is built on the relationship between the body and the world. Meanings are produced in this relationship and are lived by the body. Unity does not only concern the body, it results from the (co)belonging of the body and the world. This unity does not necessarily mean harmony because it is an intense (co)relation in movement. This composition has dialectical tension that tends to establish a movement of exchanges, and the absence of this movement may not be, we might say, healthy insofar as it can produce disorganized being-in-the-world.

Although the study of eating disorders had never been the goal of Merleau-Ponty, his conception of the body schema can be useful for understanding eating disorders as they are considered as a kind of failure or even a distortion of this process of signification. The body schema is part of this development that is open and not limited only to the body itself, to the individual. Experiencing an eating disorder is associated with an existential operation rooted in the subject and world, body and world. The body schema is not a simple individual construction; the symptoms are not productions of an isolated subject and they cannot be considered as such, but rather as those which allow the revealing of the placement of the body in the world.

The perception of the body itself and the external perception that comprise our body schema cannot be singled out in eating disorders. Seeing the world and other bodies determines the way we see ourselves and the world. It is necessary, then, to go beyond behavior, without ignoring it, and to approach the meanings sustained by the body schema. Several behaviors, such as those present in the anorexic experience, for example, when one does not want to eat even when experiencing hunger, in the bulimic experience, in which one vomits after a hyperphagic episode, or in the obese experience, in which there may be significant episodes of food intake during an episode of loss of control of the act of eating, seem to be sustained by the action of the body schema that allows the placement and organization of the body in the world. It is a driving force that, in this case, is not positive, it is not regulated, and it may lead to the suffering of the subject: it is the body schema that allows action. There is in fact a desire in the genesis of these ways of being,

even though this way of being is pathological, such as in the examples cited; this desire is organized, present and produced intercorporeally.

The body schema allows expressive space while including several things that become familiar through habit. Incorporating everything does not necessarily mean integrating well or meaning good. We engage in a notion of incorporation. We are accustomed to eating from birth according to a process of regulation and "evolution". But this is not as simple as it may seem because individuals have their own dynamics conditioned by necessity, but also conditioned by desire. People who suffer from eating disorders also have a unique way of being and it is the body schema that plays a significant role, it organizes itself in relation to the world and, in this case, in relation to food. The Merleau-Pontian body schema is always searching for organization, balance from the meanings, and desire always intervenes. It organizes itself intercorporally in a dialectical movement between the subject and the world, one's own world, and this means that eating disorders should not be addressed solely as (dis)organization of the body schema in the individual sphere, but as a change caused by the radical exchange between the subject and the world, between bodies in the plurality.

4. The power of flesh: a deepening of corporeality

The notion of flesh allows one to go «deeper into the meaning of corporeality» [Saint Aubert 2013, 16]. In Merleau-Ponty's words «it is through the flesh of the world that one can finally understand one's own body» [Merleau-Ponty 1964b, 299]. Its power is linked to its daring in that it signals and emphasizes the radicality of our (co)existence in the world and our (co)belonging. Insofar as it enables the understanding and deepening of the body itself, the flesh enables us to consider psychopathological experiences in a broader way. It encourages us to seek the sources of these modes of suffering in this carnal tissue. It is the understanding of eating disorders that radicalizes our relationships in the absence of rigid boundaries between the subject, the world, others, and culture.

The notion of flesh becomes a concept, a fundamental ontological category, for Merleau-Ponty realizes the insufficiency of what is ex-

pressed in the *Phenomenology of Perception* related to the unity of the phenomenal body and the objective body. According to Dupond [2007], instead of differentiating the subject body and the object body, the notion of flesh allows us to escape from the sense usually attributed to the body, placing the flesh as common matter that ensures the inseparability of the body that sees and the sensible world.

4.1. (In)visibility and invasion: the body incrusted in the flesh

The main reference when the discussion concerns the notion of flesh is the work *The Visible and the Invisible*, along with its notes. From the beginning of this unfinished work, Merleau-Ponty focuses on the visible. To the extent that the world is what we see, «we must learn how to see it» [Merleau-Ponty 1964a, 18], the philosopher argues. Its goal is to discover the meaning of being in the world. This meaning takes place in the world at an original intersection with the universe of others. Our being is always affected by how other people see us [Merleau-Ponty 1960; Saint Aubert 2013]. Our world is visual, and its field of view is an open and inexhaustible scope, making our lives concrete. Man is essentially in the world through his corporeality, that is, thanks to the mundane condition of the body, he has access to the world and establishes himself as an (in)visible being.

The flesh is chiasm as it is eminently ambiguous, leaving no room for dichotomies. As a «way of being» [Saint Aubert 2013, 111], the flesh is both a way of inhabiting the world and considering it as a «singular way of being a body whose most essential and existential characteristic is being open to others and to the world» [Saint Aubert 2016, 324-325]. This evokes an «experience of our condition» [Saint Aubert 2004, 201], instituted as a trade between 'flesh' – a trade constituted by the invasion between «I and the perceived world, between myself and others» [*ibid*., 201]. As a way of expressing itself, the flesh expresses the being and it is animated by the desire in its body anchorage. We are in the world, with our body, a being of the world, that is, of the same *flesh*.

The notion of flesh expands the notion of body. If we mention flesh in this article, it is because we consider that this notion provides a better understanding of eating disorders insofar as it allows the recognition of

the radicality and the obligatory character of our insertion in the world in its intersubjective character. Becoming ill by experiencing an eating disorder is not an individual attribution, it is not simply a behavioral act, but a way of being in the world whose conditions are also provided by the world. The body in flesh does not fail to affect the world and to be deeply affected by it.

The body is a symbol, or a sign, of the invasion that haunts the body's relationship with the world. If the phenomenal body means the lived experience of a subject in its body and if the objective body allows intersubjectivity and the double experience of being seen and of seeing, despite the didactic separation, they revolve around themselves or even mutually invade the body dynamics [Merleau-Ponty 1964a]. However, the violence of invasion can lead to conditions that cause an imbalance between the *body we are* and the *body we have* (or should have). What is experienced by the body (our body) is invaded by others and by the world that does not cease to transgress, to invade us. The invasion of flesh, which marks the relationship between body and world, (dis)regards the own dimension of the body insofar as this alleged own dimension does not cease to be, at the same time, usurped and placed in the carnal ties – an inalienable, active and passive bond.

The bodily forms, the way others see us and how we see ourselves, the judgments, to mention just a few examples, reveal the impossibility of moving away from the current dynamics that places the body at the center of the preoccupations of the contemporary subject. Eating disorders can be seen, at the same time, as a sign and result of this invasion that places the body as a target and produces a subject, who is often lost in one's own body dynamics. To recognize this invasion, we need another way of seeing it, another way to understand these modes of existence in their particular dimension and identify their roots in a carnal fabric that transgress and mark subjectivity.

4.2. The mirror phenomenon as an extension of the relationship with the body

Merleau-Ponty states in his notes to the book *The Visible and the Invisible* that: «flesh is a mirror phenomenon, and the mirror is the extension

of my relation with my body» [Merleau-Ponty 1964b, 309]. This sentence illustrates the recurring position he assumes in his later writings regarding the mirror, an image often evoked in psychoanalysis, which is fundamental for the concept of flesh. The mirror highlights the fact that the phenomenal flesh can confuse the objective body and the phenomenal body. A community is established between the lived body and its outer image, revealing the dual condition of the flesh (of being here and there, in and out). We can say that, according to Merleau-Ponty, the flesh is a «mirror phenomenon» as it reveals our ways of being-in-the-world and visibility sustains us and establishes (or sometimes mixes) the connection between the *body object* and the *subject body.*

The mirror, in fact, besides evoking the visibility of the body itself, introduces a problem that forces us to face our body and our relationships with others and the world: it reveals the phenomenality of flesh. Of course, the mirror, that places us on "scene" as an "I" since childhood, such as Wallon, Lacan, Merleau-Ponty and many others have argued, continues to shape us and engage us in our condition of change, unfinishedness and vulnerability throughout our lives.

Reading Wallon allowed Merleau-Ponty to understand that the body schema from its origin invests and is invested by other images and that this is revealed by the experience of the mirror [Verissimo 2012], showing the proposed path for the symbolic representation of the body and its unification. Merleau-Ponty, however, criticizes Wallon's dimension that seems to be too intellectualistic, since, in his opinion, the child in front of the mirror, when she can create a sense of distance from the image, is restructuring her experience. Merleau-Ponty sees the possibility of progress related to the mirror and its implications through the process of individualization of the body itself, associated with the reflective experiences, particularly in agreement with what psychoanalysis proposed and the aspects defended by Lacan.

The Lacanian mirror stage indicates the process of decentralization of the child and, in addition, its opening to the world [Verissimo 2012]. This idea is convenient for Merleau-Ponty for it enables the «relationship of the being with the world, with others» [Merleau-Ponty 1997b, 204]. Thus, a narcissistic function takes place simultaneously to the intrusion of the other, of the world. There is tension, «a restructuring

of the body schema» [Merleau-Ponty 2001, 527], which demonstrates the importance of the mirror image in child development and learning. However, this goes beyond the cognitive perspective. A particular sentence of Merleau-Ponty draws our attention: «Recognizing her image in the mirror means (the child) is learning that there can be a spectacle of herself [...] she becomes capable of being a spectator of herself. With the acquisition of the mirror image, the child perceives that she is visible to herself and to others» [Merleau-Ponty 1997b, 202]. This visibility tends to be perpetuated, lived and increasingly mixed due to the seer-seen ambiguity, a symbol of the flesh, of our own flesh. To be visible is also to be judged, valued and forced to be in a body that is in the world and cannot hide.

Eating disorders reveal a subject who suffers with her body, with her body reflected in the mirror, with her body that is still visible (to herself and others) and is lived as if she were not in accordance with the ideal body, the desired body; contemplating the body without suffering becomes impossible. By gaining visibility, the «body is under the jurisdiction of the visible», Merleau-Ponty states [2001, 527]. If the body is what stands out as the most visible and anchoring point in the world, it is constantly subject to judgments based on this visibility. However, what (others) see and what is seen (the body of the subject) is not only an impression of others on the subject and vice versa, but the result of our relational and cultural dynamics. This dynamic, highlighted by the mirror, makes it possible to understand how imbalance and confrontation between the *body we have* and the *body we are* is disturbed by the body seen in the mirror. This body of flesh that is reflected by the mirror is our body, but it is also the way others see it, how the world sees it. The mirror reveals our carnality and eating disorders reveal the impact of visibility to affect the experience of seeing one's own body. There is vulnerability by the visible in which the subject loses the nature of the body itself, which is lost between what one *is* and what one *has*.

Another important influence for Merleau-Ponty was Paul Schilder, a previously mentioned author in the discussion on the body schema. His approach to the mirror, irrespective of Wallon's approach, and considering that he did not know the work of Lacan, considers incompleteness as a permanent characteristic of the body schema that affects the

structuring of identity. Thus, the concept of being a body, our body, is increased if we admit that incompleteness is a characteristic, which is to say that «being is fundamentally unfinished, which induces a secret correlation between *being* one's body and *being in the world, being for others*» [Saint Aubert 2013, 187]. It is our «incompleteness» that fascinates us before the mirror. If our body (or even the image we have of it) did not change, there would be no need to look at it, to look at it often in the mirror. We have a «craving for the mirror» [Schilder 1968, 285]. This unfinishedness carries a weight: it deprives us from our own body, and it can disturb our relationship with others, with the world. In an unpublished manuscript, Merleau-Ponty asks the question: «Why do we build mirrors? To see us, to convert the seer into visible, to complete our body»[1] [cited by Saint Aubert 2013, 198]. The mirror pursues the seer-seen dynamics and leads us to the necessary attempt to complete an unfinished body. The subject who experiences an eating disorder is particularly affected and intensively lives this process, rejecting, questioning and, above all, suffering with the body and the dynamics involved in eating.

In *The Eye and the Spirit*, after discussing the sensations evoked by Schilder during the observation in front of the mirror, Merleau-Ponty emphasizes the «game» that takes place in front of the mirror, exposing the flesh and the dynamics of the visible (and invisible relations). The «man is a mirror to man» [Merleau-Ponty 1964a, 34], he states. Following this statement, he places the mirror as «the instrument of a universal magic that transforms things into spectacles, spectacles into things, I into others and others into me» [*ibid*., 34], that is, beyond an object, the mirror has the power to change and place the subject before herself and others; this incompleteness is disturbing and it highlights the mixture of our flesh ties. Before the mirror, there is not only us, there is not only a *reflected object body*, everything is rearranged.

Merleau-Ponty thus expands the mirror phenomenon toward a circuit of relations, of (co)belonging whose «gaze of the other is the mirror, other human beings are 'a mirror to me through their bodies'» [Saint Aubert 2013, 197]. There is a susceptibility, even a vulnerability, due to

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[1] Merleau-Ponty, M., Notes de préparation du cours (cours du jeudi, janvier-avril 1961), in: *Notes de cours 1959-1961*, cours du 2 février 1961, 161.

the condition of being a mirror of our flesh, which reveals our relationship with the world characterized by our projections and introjections. The flesh makes everything a mirror and it becomes a mirror of others and the world. It is a "circular set" of meanings. The body in flesh denotes the subject's complicity with the world [Zielinski 2002], that is, the reciprocal impact of the world on the subject and the subject on the world. The mirror denotes this impact and its importance in one's world, our world, haunted by the others, but which demands and imposes both active and passive engagement. In the case of eating disorders, one lives a radical impact of the other's gaze that affects the way of being-in-the-world and the way of experiencing one's own body. What is seen in the mirror reveals not only the bodily form, but also the way of relating to one's own body, to others, to food.

Undoubtedly, our eating habits are sustained by, and sustain, our relationships. There is a long journey between being nourished during childhood and feeding oneself later, a course that makes us able to choose, calculate and control what we eat. One of its characteristics is admitting the body as an unfinished, constantly changing, but increasingly singled out and controlled subject and object. Thus, the ways of being are constructed in relation to the established world and lived body that must eat to (live) survive. A body that calls into question the eating habit, which is always in a certain situation. One must obviously eat, but the consequences of this act (or its absence) go far beyond survival – the body is in scene in movement with the carnal ties that reflect this power of incorporation.

4.3. The incorporation power of flesh

The way others see us affects us, which can, for example, disturb our way of seeing each other, especially if we consider the power, even if introspective, of the other's gaze. We can see the world and others, probably due to this perspective and with a certain projective tendency, as part of a circular game governed by incorporations. It is also, we must say, a dynamic that can change or is constantly changing in view of our (co)belonging and contact with others in the world. The absence of this openness may even be a sign of a pathological or rigid way of life in view of our worldliness.

Our body would then be affected by the other, creating an interaction dynamic marked by incorporation. Fuchs places incorporation as «an invasive characteristic of the 'lived' or subjective body (*Leib*) that always transcends itself and connects with the environment» [Fuchs 2016, 198]. To the extent that he points to a mutual incorporation, he shows that in our relationships the lived body extends and expands the relationships with other bodies. In other words, the evidence of incarnation manifested, above all, by the gaze, emerges from the mutual action of one over the other. We are mutually affected by the incarnation and presence of the other in the chiasmatic structure of our body, which allows our incorporations. It is a body that feels, expresses, affects, and is affected by the other in the dynamics created by the flesh.

Merleau-Ponty assumes a phenomenological bias of incorporation that is different from that of psychoanalysis that places it in relation to the objects and its assimilation of the body, considering, mainly, the parental relations and the oral phase. It is, in the psychoanalytic terms, a process that penetrates and maintains an object within its own body, which will constitute an objective drive and the characteristic ways of the oral phase. However, it should be noted that the emphasis is not on an erogenous zone, as described by Freud in the first edition of *Three Essays on Sexuality Theory*, but on the aspect of a relationship (incorporation). This relationship, often used in discussions on eating disorders, focuses on the oral activity and food intake, even if other areas and other functions may also be involved. Incorporation is brought to the level of a bodily experience, even though it has whimsical elements. The psychoanalytic discussion of incorporation was of great interest to Merleau-Ponty, who refers to it in the courses at Sorbonne in which he considers the psychology of the child. Nevertheless, its direction changes and, we may say, "incorporates" other elements insofar as its concept of flesh evolves and recognizes its incorporation power. Placing incorporation into the flesh should be considered as an expansion in the sense of placing it in a wider tissue, including the subject, the world, others, and culture, etc. Thus, incorporation is rooted in the bodily life from our carnal ties.

We have the hallmarks of our incorporations at take that constitute our ways of being-in-the-world, our style. With the concern of not overly hypostatizing, we may state that incorporation is a pathway in

psychopathology and, more specifically here, to the understanding of eating disorders. When one eats, there is an incorporation that reflects the constitution of this act and, concretely, the fact that an object coming from outside, from the exterior, is placed inside, passes through the interior of the body itself: food becomes body and, in this sense, it is incorporated. However, this incorporation is not only at the level of the *object body* (*Körper*), it reaches the subject in its totality and implies its ways of relating with others, with the world. But is everything incorporated? In this active-passive game, there are rejections, and therefore impossibilities to receive and assimilate everything, both at the level of the object body and at the relational level. Incorporating all would be an excess and nothing to incorporate would be a lack. Thus, the imbalance of incorporation can lead us both to the psychopathological experience by overcoming its absence. Eating reveals a meaning and, in eating disorders, there is excessive attention on eating (or not eating) and on the body that is in action. There is confusion and opposition between the lack of control and rigidity over eating. Suffering does not originate exclusively from the eating act itself, but from how it is translated into expressions. These expressions, these ways of being, are tied to the flesh that places us in this infinite notion of incorporation.

5. Conclusion

Throughout this article, we could perceive the richness of Merleau-Ponty's phenomenology for the study of eating disorders. Its phenomenological approach, traced through the body, and extending to the ways of organizing the body schema and the radicality of the carnal ties that evidence our (co)belonging with and in the world is evident in the eating disorders. We insist on the importance of going beyond the body without abandoning it, considering Merleau-Ponty's phenomenology within all its breadth, which gives broader perspective for understanding eating disorders inscribed in the structure of the body.

The outline of a clinical phenomenology for eating disorders, inspired by the contributions of Merleau-Ponty, sets forth the way of being body rooted in the world. Focusing on experience, we highlight the changes of the way the body experiences eating disorders that arise

from intersubjective dynamics. It is a bodily experience composed of habits revealing an objectification of the body that leads to an imbalance between the subject body and the object body; an imbalance which is (dis)organized intercorporeality on the dimension of the body schema and constitutes its carnality marked by (in)visibility, by the mirror, and by the endless notion of incorporation. These clues, which deserve to be further investigated with those experiencing eating disorders, can be followed and inspire the search for understanding the different ways of functioning that govern eating disorders.

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Keywords

Clinical Phenomenology; Eating Disorders; Merleau-Ponty

Abstract

The aim of this article is to propose an outline of clinical phenomenology for eating disorders inspired by the philosophical phenomenology of Merleau-Ponty. We first describe the phenomenology of the body, showing how the discussions about habit and ambiguity between being and having a body can contribute to explain eating disorders. Next, we discuss the notion of the body schema as one that reveals the architecture of corporeality and the specific organization of *being* a body in eating disorders. Finally, we explore the notion of flesh to further investigate corporeality in eating disorders. The outline of clinical phenomenology for eating disorders sheds light on how *being* a body is rooted in the world. Focusing on experience, we highlight the changes of how the body experiences eating disorders that arise from intersubjective dynamics. It is a bodily experience composed of habits revealing an objectification of the body that leads to an imbalance between the subject body and the object body. Such a bodily experience is (dis)organized intercorporeality on the dimension of the body schema which is present in the carnality marked by (in)visibility, by the mirror, and by the endless circuit of incorporations.

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DISPOSITION: THE "PATHIC" DIMENSION OF EXISTENCE AND ITS RELEVANCE IN AFFECTIVE DISORDERS AND SCHIZOPHRENIA

1. Preliminary remarks

This paper aims to explore the "pathic" dimension of existence, which is both the capacity of being affected and being situated within moods and atmospheres. Furthermore, it will show how this dimension affects psychopathological phenomena, such as affective disorders and schizophrenia. The importance of this dimension of existence is central in the way we conceive life in general, since *feeling* and *understanding* are not separate, rather they share a kind of mutual relationship that is able to give us access to ourselves, to the world, and to alterity in general. The "pathic" dimension of existence is also important in the way we conceive illness and in particular the so called "psychiatric object", an object which can neither be defined only in terms of illness, diagnosis, symptoms and methodologies able to capture valid phenomenal distinctions concerning the patient's experience nor, at the same time, can be reduced to the human organism or some parts of it; rather, the 'psychiatric object' is more complex and requires further explorations, understanding and acknowledgement of the importance of the interplay between moods and atmospheres, through which human being has to be [Heidegger 1962].

In order to reach this goal, the first part of this paper will insist on the significance of Heidegger's meditation for a phenomenological approach to psychopathology. In fact, his contribution to phenomenology

lies in his attention to understand emotions and moods, and drawing on key concepts of *Dasein*'s constitution, such as *Befindlichkeit* [Brencio 2019]; particularly,

> whereas Husserl had put aside questions about ontology and metaphysics, Heidegger made these questions the foundation for his investigation of human experience and action. This has been characterised as a shift from reflective to hermeneutical phenomenology […] and asked how we are to understand (i.e. interpret), evaluate, and finally act on what we experience. This ontological shift introduced questions into the phenomenological investigation. […] Heidegger does not just ask what and how we experience, but also how we feel about our experiences. Furthermore, the question of how we feel inevitably entails further questions about the nature of our feelings (ontology) and what we should do about them (normativity) [Stanghellini & Rosfort 2013, 206].

Although today there are still some interpreters who consider Heidegger as *merely* the "Shepherd of Being" instead of a philosopher who took seriously many of the issues related to human being, it is indisputable that his contribution to the dialogue between philosophy and psychiatry has been pivotal throughout the mid-50s, thanks in part to the experience of the Zollikon seminars: they were a series of seminars delivered between 1959 and 1969 in front of an audience of doctors, psychiatrists and analysts, ranging from fifty to seventy participants, from two to three times each semester, held within the Zollikon house of Dr. Medard Boss. Certainly, Heidegger has not been the only philosopher of the XX century to devote his efforts to understanding human beings under a new light and, surely he is not the only one to propose new approaches to medicine, but if we consider his education – predominately theological and philosophical, and not medical in *any sense* – we cannot recognise the merit of his meditation within the context of fundamental issues of Western science and its implication in the wellbeing of humans. In his meditation and far from elaborating any new anthropology or psychology, Heidegger tried to investigate the fundamental structures of existence throughout the so-called *meditative thinking* (*Besinnung*), a way of exercising phenomenology that provides a different paradigm,

inaugurated in *Being and Time,* to conceptualise existence.

In the second part, this contribution will discuss how moods and atmospheres are of interest within psychopathology. Additionally, it intends to provide a hermeneutical-phenomenological account for the role of affects in understanding affective disorders.

2. Disposition, moods and the world

The core concept of the pathic dimension is a pursuit that Heidegger explores during his early lectures in Freiburg, precisely during 1918-1919. In these years Heidegger is concerned predominately with the issue of life and the living being, as the typical language of *Lebensphilosophie* shows; in the lecture courses of 1918 entitled *The Idea of Philosophy and the Problem of Worldview* and *Phenomenology and Transcendental Philosophy Value,* Heidegger insists on the supremacy of life, understood as pre-theoretical, over the theoretical dimension: «This primacy of the theoretical must be broken, but not in order to proclaim the primacy of the practical, and not in order to introduce something that shows the problems from a new side, but because the theoretical itself and as such refers back to something pre-theoretical» [Heidegger 2002, 47]. In these years Heidegger is interested in showing how intentional life is grounded in the *affective*, both the active and the passive aspects of intentional directedness. His early project can be understood as a kind of radicalization of the Husserlian-Brentanian notion of intentionality, in order to demonstrate that the unity of intentional life at a pre-theoretical level is grounded on the "pathic" dimension of existence. This purpose however must be considered carefully in regard to the risk of irrationalism, a danger that the young Heidegger was aware of. He finds a philosophical solution that is able to avoid this risk whilst simultaneously preventing the grounding of existence on the primacy of the theoretical; this philosophical solution is the discovery of a "pathic" element of existence, referred to in German as *vorweltliche* (pre-worldly):

> What is essential about the pre-worldly […] signifying functions is that they express the characters of the appropriating event, i.e. they go together (experiencing and experiencing experienced)

with experience itself, they live in life itself and, going along with life, they are at once originating and carry their provenance in themselves. They are at once preceptive and retroceptive, i.e. they express life in its motivated tendency or tending motivation [Heidegger 2002, 89].

This "pathic" component represents the higher potential for life, a plurality of possible meanings and this «possibility arises of understanding life as such. Then the absolute comprehensibility of life as such will emerge. Life as such is not irrational (which has nothing whatever to do with 'rationalism'!)» [Heidegger 2002, 164]. It means not only to redefine the grounds of existence as such, but also to take a first step in the direction of a different approach to meaning and truth: meaning is, in fact, primarily disclosed pre-conceptually and pre-theoretically: «This pre-theoretical, pre-worldly 'something' is as such the grounding motive for the formal-logical 'something' of objectivity» [*ibid.*]. According to Heidegger, it is through moods that we can know the world in general and the possibility of "truth". Whereas modern philosophy holds that "truth" is a function of propositional logic, Heidegger argues that it is a pre-predicative mood that grounds all predicative truth [Held 1993].

It will be during the lectures of 1920-1921 in the field of phenomenology of religion that Heidegger will develop not only his own approach to phenomenology but also his analysis of moods and the core concept of the pathic element in existence. In the *Phenomenology of Religious Life* he analyses religious life starting from those elements that permeate factical life, such as motivations and tendencies, two formal indications used to analyse how theories or beliefs emerge from within life itself: «Philosophy arises from factical life experience. And within factical life experience philosophy returns back into factical life experience. The concept of factical life experience is fundamental» [Heidegger 2004, 6-7].

Factical life experience is that in which philosophy is *enacted*: «Philosophizing […] must be viewed in its original attitudinal *enactment* (*Einstellungsvollzug*)» [*ibid.*, 40]:

Factical life experience is very peculiar; in it, the path to philosophy is made possible and the turning around which leads to philosophy is enacted. This difficulty is to be understood through

a preliminary characterization of the phenomenon of factical life experience. Life experience is more than mere experience which takes cognizance of. It designates the whole active and passive pose of the human being toward the world. […] The peculiarity of factical life experience consists in the fact that "how I stand with regard to things," the manner of experiencing, is not co-experienced. What belongs to cognition according to its own meaning must be phenomenologically isolated prior to all decrees that philosophy is cognition. Factical life experience puts all its weight on its content; the how of factical life experience at most merges into its content [*ibid.*, 8-9].

The peculiarity of factical life experience lies in the fact that the *how* of experiences (relation) merges with the *what* (the content) and with another *how*, in which the relational meaning is enacted (enactment). These three directions of sense (content-, relational-, enactment-sense) do not simply coexist, but form the totality sensing each experience. Heidegger is very clear on this point:

I experience myself in factical life neither as a complex of lived experiences nor as a conglomeration of acts and processes, not even as some ego-object in a demarcated sense, but rather in that which I perform, suffer, what I encounter, in my conditions of depression and elevation, and the like. I myself experience not even my ego in separateness, but I am as such always attached to the surrounding world. This experiencing-oneself is no theoretical "reflection", no "inner perception", or the like, but is self-worldly experience, because experience itself has a worldly character and emphasizes significance in such a way that one's own experienced self-world no longer stands out from the surrounding world. […] One could object that I experience myself – how I feel – nonetheless factically, without special reflection […] but this how, too, is no thoroughly formed manner of relating to something but a significance factically tethered to the surrounding world. The factical of which cognizance is taken does not have an objective character but a character of significance which can develop into an objective context [*ibid.*, 10].

Motivation is for Heidegger the way in which factical life structures and *enacts* its movement; both tendency and motivation are the structures that constitute the grounds of experience, the so-called «naked homogeneity» (*nackten Gleichartigkeit*). They should not be understood as two independent "states" or "parts" of a process, but rather as two ways of describing the very same process, that which establishes *manifestation* (*Bekundung*), providing the "directional force" behind the intentional phenomenon [Heidegger 2013].

It is in the *Phenomenology of Religious Life* that Heidegger makes an explicit reference to mood: they are what is decisive in encountering things and they are the means of access to the world as we comprehend and signify it as it is. These moods are often called by Heidegger – in this context – *affections*, recalling the Latin word *affectiones*. These moods are examined in the context of Heidegger's reading of S. Paul's letter to Thessalonians and are basically reconstructed into two fundamental types: the first one is the distress, the absolute concern in the horizon of the return of Christ (θλῖψις), and the second one is the joy of Christ's love (χαρά). Distress and joy represent the fundamental condition of Christians in the early communities, during the 1st century B.C.

According to Heidegger, Aristotle is the first philosopher to have investigated affects (or passions, from the old Greek πάθη) and to have stressed how human being is constitutively a *being-in,* because this being is always determined by πάθη. *Being-in* indicates again a kind of situatedness, our being in an emotional state: «It is, above all, decisive that we lose composure, as in the case of fearing without encountering something in the environing world that could be the direct occasion of fear. In this being-a-matter-of-concern of the πάθη, corporeality is co-encountered in some mode or another» [Heidegger 2009, 139-140]. In the summer of 1924, Heidegger lectured on Aristotle's *Rhetoric*, showing how philosophical logos and the propositional judgment of philosophical discourse are grounded in everyday speech, originating from factical existence, in which situation, affect and mood disclose the determination of *Dasein*. Affect is thus a constitutive phenomenon of discursive disclosure, and logos is a fundamental characteristic of the *Dasein* whose capacity for meaningful disclosure is grounded in affect. In the discourse we find the διάθεσις (disposition) of the listener and

the importance of πάθη (affects): «These πάθη, 'affects,' are not states pertaining to ensouled things, but are concerned with a disposition of living things in their world, in the mode of being positioned toward something, allowing a matter to matter to it. The affects play a fundamental role in the determination of being-in-the-world, of being-with-and-toward-others» [*ibid.*, 83].[1]

Nevertheless, it will be in *Being and Time* that Heidegger will thoroughly explore the role of moods and the fundamental structure of existence, disposition[2] (*Befindlichkeit*), as an a priori constitutive part of *Dasein*'s facticity. *Befindlichkeit* first appears in Heidegger's work as a translation of the Aristotelian notion of διάθεσις (disposition). It is in the years 1924-1927 that he develops a concept of disposition that constitutes a radicalization of Husserlian's phenomenological approach, in order to provide a concrete account of a phenomenological "beginning" and to offer a description of human being in terms of "living life". *Befindlichkeit* is not a starting point in the context of Heidegger's understanding of fundamental structures of *Dasein*, but rather a stepping stone on his path toward phenomenology that illuminates his relationship with Aristotle, a central point of his philosophical education.[3]

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[1] On this theme see also Coriando 2002.

[2] The word *Befindlichkeit* is one of the most difficult to translate in English. In the essay entitled *Affectivity in Heidegger: Moods and Emotions in Being and Time*, Andreas Elpidorou and Lauren Freeman provide a broad account of how *Befindlichkeit* has been translated into English by various scholars, such as 'state of mind', 'findingness', 'affectivity', 'disposition', 'attunemet' and many others. For a detailed reconstruction of the different translations, see Elpidorou & Freeman 2015. The choice to translate *Befindlichkeit* with 'disposition' is due to the use of the German reflexive verb *sich befinden*, which literally means "finding oneself". In the ordinary way of speaking, the colloquial sentence "*Wie befinden Sie sich?*" means "how is it going?" or "how do you feel?", etc. In the everyday language this expression remarks the situation in which someone finds himself/herself situated. It is starting from this situated experience that the world and some entities in the world are disclosed to *Dasein*: the 'disposition' is both this being into a situatedness, as ontological and constitutive dimension, and being open to the world, keyword for the transcendence and to openness.

[3] The lecture *Phänomenologische Interpretationen zu Aristoteles: Einführung in die phänomenologische Forschung* (Winter Semester 1921-22), the course entitled *Grundbegriffe der aristotelischen Philosophie* (Summer Semester 1924), and the

Disposition expresses the fact that human beings are always situated in a mood and always open to the world; in this sense, *Befindlichkeit* works on two levels: on one hand, it shows how *Dasein* is essentially always *disclosed* to the world, to others and to entities; on the other hand, it shows how *Dasein* is always orientated toward both a horizontal and a vertical axis. Every mood and every consequential feeling activates this double axis and illuminates *Dasein*'s ability to understand itself, its existence as *Mit-sein*, and its way of behaving [Coriando 2002; von Herrmann 2008]. Heidegger identifies three ontological features of *Befindlichkeit*: the first is that it discloses to *Dasein* its thrownness; the second is that moods disclose being-in-the-world as a whole; the third is *Befindlichkeit* implies a disclosive submission to the world, out of which we can encounter something that matters to us. Disposition is itself the existential kind of Being in which *Dasein* constantly surrenders itself to the world and lets the world 'matter' to it.

In his *magnum opus* Heidegger shows that moods play a pivotal role in the feeling we have of belonging to the world: moods are not an intentional state directed at something, rather they are conditions of possibility for such states. This is possible because of the ontological nature of *Dasein*, whose basic state is its *being situated*, or in other words, its relationship with the world: being-in-the-world stresses the topological feature of *Dasein*, its being in a place, being situated. The situatedness [Malpass 2006] is a constant feature of *Dasein*: finding ourselves already in situatedness means finding ourselves gathered "there", as the German word *Da-sein* (being-*there*[4]) illuminates: «By its very nature, *Dasein* brings its 'there' along with it. If it lacks its 'there', it is not factically the entity which is essentially *Dasein*; indeed, it is not this entity at all. *Dasein is its disclosedness*, […] '*Dasein is* its disclosedness', means

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lecture *Platon: Sophistes* (Winter Semester 1924-25) are important pathways of Heidegger's understanding of the Aristotelian concepts πάθη (affects) and διάθεσις (disposition). On this topic see Hadjioannou 2013; Volpi 1984; Brogan 2005.

[4] «To translate "Dasein" as "being-there", while it does mean that the sense of "here" that can be involved with "*Da*" is lost, nevertheless makes clear the way in which *Dasein* is indeed a mode of being that is characterized by its "there" – it is its *there* – although how this "there" is to be understood remains itself in question» [Malpass 2006, 50].

at the same time that the Being which is an issue for this entity in its very Being is to be its 'there'» [Heidegger 1962, 171]. The situatedness is strictly related to the existence's facticity and it manifests itself in us precisely through our own moods (*Stimmungen*): «In having a mood, *Dasein* is always disclosed moodwise as that entity to which it has been delivered over in its Being; and in this way it has been delivered over to the Being which, in existing, it has to be. 'To be disclosed' does not mean 'to be known as this sort of thing'» [*ibid*., 173].

Moods are not a kind of psychological state that we experience within a given world, rather they are a «background through which it is possible to encounter things in the ways that we do, as 'there', 'not there', 'mattering', 'not mattering', 'for this' or 'for that'» [Ratcliffe 2010, 128]. Moods have neither an 'internal' nor an 'external' phenomenology: «A mood assails us. It comes neither from 'outside' nor from 'inside', but arises out of Being-in-the-world, as a way of such Being. […] The mood has already disclosed, in every case, Being-in-the-world as a whole and makes it possible first of all to direct oneself towards something» [Heidegger 1962, 176]. A mood is a «background to all specifically directed intentional states. It is part of the structure of intentionality and is presupposed by the possibility of encountering anything in experience or thought» [Ratcliffe 2010, 128].[5] Even though moods are considered to be psychological phenomena, Heidegger insists on the fact that psychology is not able to grasp the ontological importance of mood through the lens of an ontological perspective: «Having a mood is not related to the psychical in the first instance, and is not itself an inner condition […]. It is in this that the *second* essential characteristic of states-of-mind shows itself. We have seen that the world, *Dasein*-with, and existence are *equiprimordially disclosed*; and state-of-mind is a basic existential species of their disclosedness, because this disclosedness itself is essentially Being-in-the-world» [Heidegger 1962, 176].

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[5] See also Ratcliffe 2009; 2013.

3. Existential feelings and atmospheres in understanding affective disorders

Heidegger's contribution in understanding one of the fundamental structures of existence is important not only in understanding why moods give access to the world, but also in exploring affective disorders, a field in psychiatric studies that is particularly problematic due primarily to four reasons that can be summarised as follows. Firstly, a historical one: for a long time, in the history of emotions the attention devoted to investigating affectivity was relegated toward elusive mental states, more than often reduced to either cognition or volition or simply ignored as epiphenomena; secondly, a methodological one: emotional theory still stresses the traditional introjection of feelings into an inner "psyche", separated from the body as well as from the world; thirdly, an epistemic one: theories that aim to investigate affectivity pay the price of Cartesian heritage, that is the mind-body problem that does not help us to comprehend how emotion can be perceived and felt through the body, a kind of split between these two "substances"; finally, an ontological one, that is affectivity itself, an umbrella term under which we can consider different manifestations of affectivity itself: moods, feelings, emotions, affects, passions, and so on. As pointed out by Thomas Fuchs,

> affects are not mental states in the immanence of the subject that we project onto an otherwise indifferent sum of objects. Rather, they are modes of bodily attunement to, and engagement with, the lived world. It is only through our affectivity that we find ourselves in a meaningful environment in which persons and things matter for us, and in which we care for them as well as for ourselves. Affects are the very heart of our existence [Fuchs T. 2001, 613].

In the following, I will examine two categories of affectivity:[6] these are existential feelings, and atmospheres; I will try to show how their changes can alter affective disorders and schizophrenia.

The expression of existential feelings as defined by Ratcliffe refers

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[6] For a detailed discussion of affectivity and interaffectivity, I refer the reader to Berrios 1985; Fuchs 2012; Fuchs 2013.

to «a group of feelings that are not directed at specific objects or states of affairs within the world […] [but] constitute a sense of relatedness between self and world, which shapes all experience», in that «they give us a changeable sense of 'reality' and of 'belonging to the world'» [Ratcliffe 2009a, 180]. Matthew Ratcliffe has been the first one to recognise that this group of feelings has been scarcely taken into consideration by philosophers, who on the contrary have focused on standard listed emotions, and to find their expression in literary narrative or in autobiographical accounts of psychiatric illness, instead of philosophical works. Moving from Heidegger's ontology of moods, Ratcliffe develops his own idea around this group of feelings; usually they «suggest general existential orientations, in conjunction with feelings. Some are quite mundane, such as feeling 'settled,' 'at home,' or 'part of things,' whereas others, such as 'feeling estranged from everything', convey less frequent and sometimes pathological forms of experience» [*ibid.*, 181]. These expressions say something about an alteration in perceiving the sense of reality, which impacts subjectivity and interferes with intersubjectivity, particularly in cases of severe and major depression. Existential feelings are not intentional states with specific stimuli – such as being afraid of something, or being sad about something else – neither are they non-intentional feelings, rather they represent «an all-enveloping sense of reality and embeddedness within a shared world, a world that is presupposed by our more localized experiences and thoughts» [Sass & Ratcliffe 2017, 93]. According to Ratcliffe, existential feelings have a dynamic structure and are inseparable from their dispositions to act. Among this group of feelings there are also the feelings of freedom and openness, as well as the feelings of vulnerability or uneasiness, the feelings of certainty and familiarity as well as the feelings of estrangement, reality or surreal. The body is not perceived as an object of awareness, but as a medium through which one's being-in-the world is experienced [Fuchs 2001]. Distortion of these feelings remain unnoticed, because they manifest themselves primarily in the way the world appears to the patient. As highlighted by Stephan and Slaby [Slaby & Stephan 2008], existential feelings can be divided into three groups: the first group is made up of elementary existential feelings (such as the feeling of being alive, of feeling oneself, at home in one's body; the feeling of reality, the

feeling of meaningfulness) and normally they are unquestioned, even if this requisite is not valid in the case of psychopathological phenomena when these feelings are altered; the second group is composed of general existential feelings (i.e. feelings of being healthy, tired, satisfied or empty, in harmony or disharmony with oneself) and they are part of everyday experiences, as well as mental disorders; the third group is made up by social existential feelings (such as feeling at home in the world and with others, feeling welcome, familiar, or feeling like a stranger, distant, disconnected, rejected, or isolated); this last group of feelings is particularly important in describing depression or schizophrenia.

Another important category of affectivity is the affective atmospheres, aspects of subjective or intersubjective life expressed by a non-intentional relation. These are feelings that do not seem to refer to any distinct object at all; rather, they are a kind of tonality accompanying our situation in the world and they cannot be relating to anything in particular: «Atmospheres are indeterminate above all as regards their ontological status. We are not sure whether we should attribute them to the objects or environments from which they proceed or to the subjects who experience them. We are also unsure where they are. They seem to fill the space with a certain tone of feeling like a haze» [Böhme 1993,114]. Atmospheres are ineffable albeit their distinctive feature is that they arise in the space of *between* – between people, between people and situations, between a single person and things: they recall the Japanese concept of *aida*, a *being between* which originates the self [Kimura 1992].

Atmosphere is the intermediate space between the invisible and what lies behind. Atmospheres tell us that "you feel something in the air": they are an unfinished quality that do not have a precise and determined object. Due to their ambiguous characterization, atmospheres can be defined also as an important element for collective and shared emotions and can affect with certain force and participation the emotional life of the subject. The word "atmosphere" recalls a broad series of sensations, moods and feelings that can be expressed, for example, through a particular kind of music, or through a certain way of painting, and or even literature and poetry. The aesthetic experience is the orig-

inal basis for this word, however they have also become an important element in expressing one's emotional life because of their indeterminacy and vagueness. It is precisely due to this vagueness that affective atmospheres unsettle the distinction between affect and emotion and manifest their bearing in affecting social dimension:

> Affect with the impersonal and objective. Emotion with the personal and subjective. Invoking one or the other term has come to signal a basic orientation to the self, world and their interrelation […]. Atmospheres do not fit neatly into either an analytical or pragmatic distinction between affect and emotion. They are indeterminate with regard to the distinction between the subjective and objective. They mix together narrative and signifying elements and nonnarrative and asignifying elements. And they are impersonal in that they belong to collective situations and yet can be felt as intensely personal. On this account atmospheres are spatially discharged affective qualities that are autonomous from the bodies that they emerge from, enable and perish with [Anderson 2009, 80].

Substantial modifications in existential feelings and affective atmospheres may impact affective disorders and schizophrenia. I would like to recall the role of "delusional atmospheres" in the manner in which Jaspers writes in his *General Psychopathology* as important example of these modifications. According to Jaspers, we can distinguish between 'delusion proper' from 'delusion-like ideas': the delusional belief is a secondary judgement that arises in the context of a more primary delusional experience, that is a non-specific shift in the person's relationship with the world. Jaspers describes the «delusional atmosphere» with these words:

> Patients feel uncanny and that there is something suspicious afoot. Everything gets a new meaning. The environment is somehow different – not to a gross degree – perception is unaltered in itself but there is some change which envelops everything with a subtle, pervasive and strangely uncertain light. […] Something seems in the air which the patient cannot account for, a distrustful, uncomfortable, uncanny tension invades him. […] This gen-

eral delusional atmosphere with all its vagueness of content must be unbearable. Patients obviously suffer terribly under it and to reach some definite idea at last is like being relieved from some enormous burden [Jaspers 1997, 98].

Delusional atmosphere can be described as a particular kind of affective state which precedes the development of delusions and consists of a unique combination of perceived environmental changes such as anxiety, perplexity and foreboding. In the frame of delusional atmospheres, we face a shift in the general structure of experience that substantially modifies our sense of reality. Derealisation is certainly one aspect, and when combined with depersonalization experiences significantly affect the patient's existence. This can be found for example in the schizophrenia spectrum (but also in other conditions as well, e.g. cases of dissociative, anxiety, and mood disorders) as described below by this first-person report:

At the age of 37, I had a psychotic break, just 3 years short of a diagnosis of late-onset schizophrenia. [...] I now live with auditory hallucinations, formally classified as "outer space" hallucinations that I hear outside of myself and, for me, stem mostly from sounds in the environment. [...] I am disturbed by sounds, especially by the hypnotic resonance of motors and fans, for they carry with them the most persistent voices. These voices refer to themselves as the Wherewho. [...] Spaced out and terminally disconnected, I am not always able to focus even when trying my hardest. [...] I feel like a fraction of myself in stark contrast to how I felt [...] prior to the schizophrenia. [...] Though I am working again, I have a pervading sense of loss about my life. This illness has affected all aspects of how I perceive myself and how others perceive me. There's been a radical shift in my social interactions, family relations, and cognitive abilities [Watson 2015, 6-8].

Delusional atmospheres involve a transformed sense of general meaningfulness or significance and may produce an alteration in the dimension concerning the sense of continuity and predictability, for example the loss of the so called natural self-evidence [Blankenburg 1971]. De-

lusional atmosphere involves at least partial loss of a consensus reality, or vital contact, and thus erosion of a distinction between what is 'part of the public world' and what is 'imagined by me', as the personal story of Elyn Sacks tells us:

> Schizophrenia rolls in like a slow fog, becoming imperceptibly thicker as time goes on. At first, the day is bright enough, the sky is clear, the sunlight warms your shoulders. But soon, you notice a haze beginning to gather around you, and the air feels not quite so warm. After a while, the sun is a dim lightbulb behind a heavy cloth. The horizon has vanished into a gray mist, and you feel a thick dampness in your lungs as you stand, cold and wet, in the afternoon dark. For me (and for many of us), the first evidence of that fog is a gradual deterioration of basic common-sense hygiene, what the mental health community calls "self-care skills" or "activities of daily living" [Sacks 2007, 35].

The atmosphere of the depressive and the manic worlds are described either as gloomy or, on the contrary, as abnormally bright; by contrast, schizophrenic persons are often described as manifesting 'flat' [Sass & Pienkos 2013]. There are a number of features of affective psychosis that bear striking resemblance to these 'atmospheric' changes that are often assumed to be specific to schizophrenia: paranoia, with its sense of being at the centre of a threatening or insinuating world, is especially common in mania but also in depression [Sass & Pienkos 2013]. The disruption of affectivity disturbs the sense of reality, as the story of Cindy, a schizophrenic patient, shows. Her mum to tell us her story:

> Cindy has been living under the shadow of schizophrenia these past 17 years […], she has been a patient at a State hospital for 11 years and was in and out of the hospital for 5 years before this "fog" (as she calls it) descended on her at the age of 20. […] Cindy's habits of daily living and personal grooming are very poor, though she sees a rhyme and a reason for the things she does. Taking a shower means just standing under the water, usually cold, and two pats with a towel and she's dry. She enjoys using fingernail polish and lipstick but can do so only under supervision, as she likes to apply it to her nose and cheeks. There

are certain shoes that keep her legs thin and are worn for this purpose occasionally and keeping track of her glasses is really beyond her capabilities [Smith 1991, 689-691].

What emerges in considering how moods, existential feelings and atmospheres impact affectivity is not only a way to describe the narrative of people with affective disorders or schizophrenia, but also is an invitation for practitioners to consider how affectivity can also influence the therapeutic encounter in the delicate process of meaning making: by assessing psychopathological phenomena we face the *fragile understanding* [Costa *et al.* 2019] grounded in clinicians' own pathic pre-reflective experiences that are involved in the making process and participation of atmospheres in the frame of clinical encounter. Under this regard, the training of psychiatrists in this kind of understanding may have implications in the diagnostic realm, and in the therapeutic realm, namely by reinforcing the patient-doctor empathic relationship [*ibid.*].

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Keywords

Abstract

This paper aims to explore the "pathic" dimension of existence, which is both the capacity of being affected and being situated within moods and atmospheres. The broader sphere it intends to pursue is to show how the "pathic" dimension of existence is related to psychopathology and clinical practice, such as affective disorders and schizophrenia. In reaching its aims, the paper will initially focus on key concepts in Martin Heidegger's meditation, such as *Befindlichkeit*, a structure of existence that, rather to be a starting point in the context of Heidegger's understanding of fundamental structures of *Dasein*, it is a stepping stone on his pathway toward phenomenology and it roots, precisely, into Heidegger's relationship with Aristotle, a central point of his philosophical education. In a second moment, the paper will discuss how moods, existential feelings and atmospheres are of interest of psychopathology and it intends to provide a hermeneutical-phenomenological account for the role of affects in understanding affective disorders.

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VALERIA BIZZARI

«LIKE IN A SHELL»[1]
INTERAFFECTIVITY AND SOCIAL COGNITION IN ASPERGER'S SYNDROME

A person can feel that there is something missing when relating to someone who is autistic – it is as if one is in the presence of a changeling, someone from a different world – but this escapes the net of scientific methods.
Hobson [2002, 49]

Autism spectrum disorder and Asperger's syndrome are generally considered as behavioral or neural deficits which prevent the subject from being engaged in social activities. Nonetheless, there is still no consensus about the real core of this disorder: is it a sensorial, perceptual or a social one? Is it cognitive or is it an episode which occurs well before the development of cognitive skills?

In this paper, I will argue that the real limitation of Asperger's subjects lies in intercorporeality and interaffectivity, that is, in the pre-reflective, intersubjective engagement with others. It will begin by first drawing on the work of the psychiatrist Georg Frankl, by drawing from his research I will describe this engagement in terms of "affective language" and "affective contact". The second part of this paper will emphasize how Frankl's account can be coherent with a phenomenological perspective on sociality. In closing I will propose a therapeutic technique aimed at strengthening the intercorporeal, affective abilities of the subjects.

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[1] This expression comes from the famous paper by L. Kanner [1943].

1. What is autism spectrum disorder?

Autism spectrum disorder was identified in the 1940s and during this time it piqued the interest of many researchers concerned with what it is at its core: while, on the one hand, numerous theories have conceived it as a cognitive disorder [Happé 1994] it has also been described as an affective and behavioral deficit which prevents the subject from being interested in the world [Goldman 2006]. More specifically, Asperger's syndrome (AS) or high-functioning autism involves a range of symptoms generally associated with autism (abnormalities in the areas of social development, communicative development and imagination, combined with identified repetitive or obsessional behavior or unusual, narrow interests) but with normal development of verbal language skills and a normal or high IQ [APA 2013].

In the wide debate regarding autism, the most prominent models are:

- *The central coherence model* [Happé 1999; Happé & Frith 1996], according to which the relevant dimension of Asperger's is a weakness of the central coherence of information processing, which implies giving greater attention to local details than to more global information;
- *The folk psychology/folk physics model* (developed by Baron-Cohen in the empathizing-systematizing theory, cf. Baron-Cohen *et al.* [2001]), affirms that in individuals with AS, the ability to understand how people function (folk psychology) is impaired, while the ability to understand how inanimate things work is intact or even superior;
- *The executive dysfunction theory,* according to which the core features of autistic spectrum disorders are best explained by an inability to plan actions and shift attention [Boucher 2009];
- *The mindblindness theory*, which affirms that children who display conditions associated with the autism spectrum are delayed in developing a theory of mind: the ability to put oneself into someone else's shoes, to imagine and predict the other's behavior [Baron-Cohen 1995];
- *The magnocellular theory* [Plaisted *et al.* 1999; Spencer *et al.* 2000] suggests that there is a specific dysfunction in one of

the visual pathways in the brain (the magnocellular pathway), which makes the subject more sensitive to moving stimuli and processing lower spatial frequencies;

- *The predictive coding perspective* [Pellicano & Burr 2012], according to which observations by autistic subjects are less influenced by contextual information, and therefore they see the world more accurately, as their perception is less modulated by experience;

- *The broken mirror neurons hypothesis* [Di Pellegrino *et al.* 1992] suggests that we can link the social dysfunctions in autism to impairments in the mirror neurons system, hindering autistic subjects' ability to simulate and understand the other's behavior;

- *The social motivation hypothesis* [Chevallier *et al.* 2012] claims that what is missing in autistic subjects is the propensity to initiate social contact.[2]

By oscillating between neural and behavioral levels of explanations, these investigations usually rely on a rather general understanding of intersubjectivity, one that ignores and undervalues its different forms and the different roles that they play in our social life.

This is the reason why in this article I would like to sketch a *phenomenological account of autism,* by focusing, in particular, on the notions of intercorporeality and interaffectivity. More specifically, I will take into account high functioning autism or Asperger's syndrome, not only because the bibliography on this topic is limited, confounding and overall needs further clarification[3], but also because typically AS subjects do not register cognitive or motor impairments: their primary limitation lies in the social domain. An analysis of AS syndrome will

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[2] This thesis is brought into questions by the fact that it seems that autistic subjects are interested in social contacts and exchange, but only when the interaction is structured and organized [Schilbach 2016].

[3] In 2013, the DSM V [APA 2013] included «Asperger's syndrome» into the «Autism Spectrum Disorders» category and added the «Social Communication Disorders» category, causing a great deal of controversy about the effective differences among these conditions.

therefore allow us to unveil the complexity of the different forms of sociality, their structure and their essential requirements.

The final aim is to show where the impairment lies exactly: in the general realm of social cognition, or in something that occurs prior to cognition, namely, interaffective, bodily attunement?

In the first part of this paper I will draw on a psychiatric, relatively unknown account of autism and Asperger's syndrome (that of Georg Frankl), in the second part I will contextualize this account into the phenomenological context, arguing that our pre-linguistic and pre-reflective forms of intersubjectivity are responsible for the development of more complex kinds of sociality, which is precisely what is disrupted in AS subjects.

2. Georg Frankl: an Analysis of Autism

The history of the origins of autism diagnosis is quite fascinating. For a long time, the identification of this disorder has been linked with two names who worked simultaneously: Hans Asperger, who worked in Wien (Vienna) and sadly has been recently associated with Nazi persecution [Sheffer 2018]; and Leo Kanner, a psychiatrist who worked in Maryland. Recently, two important publications [Silberman 2015; Donvan & Zucker 2016] shed new light on the genesis of the diagnosis of autism. According to new findings, it seems that there was a third man in those years who was not only researching autism, but who also met both Asperger and Kanner. This man was Georg Frankl, a Jewish psychiatrist who worked with Asperger in Wien, but then escaped to Maryland during the Second World War. It is here that Frankl met Leo Kanner and began to work in his clinic. Frankl's perspective on autism remained largely unexplored, but I think that it's worth of attention. While Asperger focused on autism as a *behavioral* deficit, and Kanner provided a *neurobiological* analysis of this disorder, Frankl offered us an analysis of autistic *language*,[4] and his survey was guided by the

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[4] I am grateful to the University of Kansas' Kenneth Spencer Research Library that has kindly allowed me to read the manuscript, *Autism in Childhood: An Attempt of Analysis* [Frankl, unpublished manuscript]. See also Frankl [1943, 251-262].

question: *How does the autistic child communicate or not communicate with the people around him?*

According to Frankl, it seemed that the state of autism has its complement in the state of "being in communication with people". One is either in the one condition or in the other. Starting from the assumption that talking is different from communicating, he distinguishes between the affective language and the word language. The *affective language* concerns itself with non-verbal communicative symbolizations (facial expression, body gestures, the modulation of articulate and inarticulate sounds, etc.) and, in his view, comprises true communicative symbols, which have validity in the subject's family, country, and to some extent, worldwide. It is a means of communication that is beyond the boundaries of the spoken language that the baby is soon to learn. On the other hand, the *word language* involves all verbal communicative symbolizations.[5]

According to Frankl, an autistic person is a person who does not *communicate* his thoughts and feelings to others. The term "to communicate" means to express feelings, affects and emotions. It is comprised of more than the mere ability to utter words and understand their symbolic meaning. It includes that set of gestural and vocal, non-verbal symbolizations which, in its totality, can be called "the affective language". In other words, autistic people fail to display this set of symbolizations (facial and bodily gestures, modulation of the spoken language, expressive, inarticulate sounds) which we define and experience as "*good contact with persons*".[6]

Furthermore, in his view, the affect comprises:

1. a physical component;
2. an intentionally communicative, symbolizing representation.

In order to account for this dual characterization, Frankl makes the example of rage: usually rage has its own bodily features that express aggression *toward somebody* (I am angry *at you*; I want to hurt *you*).

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[5] It seems clear that our everyday language is always a fusion and integration of word language and affective language.

[6] This is the expression used by Frankl. We will see how this is synonymous with interaffective, bodily attunement.

In a fit of anger I can scowl *at somebody*; I can shake my fist *at him* or punch *him*. In other words, the adversary, the object of my rage is an essential part of the rage itself. This e*xpressive and intentional directness* is missing in autism, its very core seems to be exactly the inability to tune in to the world.

In other words, it appears that a disturbance at the level of affective language leads to a disturbance in what Frankl calls *affective contact*. In low functioning autism, the priority of affective language over the word language is not so explicit however. In this case we have to deal with cognitive impairments as well, which sometimes prevent the subject from being able *to talk* (what Frankl calls "autistic mutism") not only when trying *to communicate*. The centrality of the affective language is on the other hand very visible in Asperger's syndrome, where not all the intersubjective, communicative layers are impaired (indeed, they can maintain a «speaking relationship»[7] with people although their *contact with* them is interrupted).

In the last part of his manuscript Frankl hypothesizes that a pseudo-affective language can be developed as a compensatory strategy to cope with the human necessity of «being in contact with others». These compensatory strategies are usually used by high functioning autistic subjects, who are provided with sufficient (and, often, extraordinary) cognitive capacities.

He furnishes four possible examples of alternative and artificial affective languages:

1. The monotonous rote verbal production. According to Frankl, these vocal repetitions may assume a meaning and become a sort of substitute communicative system between the autistic subject and their primary carer;
2. The «*automaton-like*» language. Frankl observed that some children do not only talk like an automaton, but their whole body looks like a mere mechanic support: completely missing those gestures and corporeal attitude that are typical of human motor behavior. Actions become mere interruptions of a state of immo-

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[7] Here and in the following I am quoting Frankl's own description from his unpublished manuscript, p. 53.

bility, instead of expressions of a living body. Furthermore, they are restricted to moving those body parts which are immediately involved in action (for instance, the legs if the subject is walking; the arms and the hands if the subject is drawing). The body is motionless, the language is rare, unspontaneous and comes from this catatonic immobility;

3. The «scanning» language, that is a rhythmical language, yet lifeless and without emotional tone inflections. This is interpreted by Frankl as the effort to recapture, if not an affective speech modulation, at least a modulated speech structure;

4. The «declamatory» language, where feelings and emotions are re-produced in a very artificial manner, using an over-dramatized and the exaggerated inflection of the voice. Similar to what may be found in a theatrical performance.

All of these pseudo-affective languages can be immediately perceived by the listener as something very different from a genuine expression of affect. They are witnesses to subjects trying to capture and reproduce the feelings of others. To speak and to express themselves in the same manner that they perceive others. In other words, in order to be in relation with others, they emphasize their missing sense of affective language and its twin: *affective contact,* the ability to form relations to others, not merely trough a discursive understanding, but on the level of emotional attunement.

Frankl's main contribution was undoubtedly the introduction of this notion: Kanner himself emphasized the importance of Frankl's studies regarding this topic, which have certainly influenced his work [cf. Todd 2015]. Kanner's first autistic patient, the well-known Donald T., was in fact taken into a two-week observation by Dr. Frankl and E. S. Cameron, who gave the first description of the subject. Kanner, in his famous paper *Autistic Disturbances of Affective Contact* [Kanner 1943], reports this fact, and underlines that Dr. Frankl followed also the «Case 22», Elaine C., a girl with «unusual development». Throughout the entire paper, Kanner seems to use the same expressions formulated by Frankl in his manuscript: he comments on patients' use of language and words, and he claims that «None of these remarks was meant to have

communicative value. There was no affective tie to people» [Kanner 1943, 227-228]; «During the interview there was no kind of affective contact» [Kanner 1943, 229]; «He never used language as a means of *communicating with* people» [Kanner 1943, 237]. The emphasis given to the role of communication, and to its value within the syndrome is the same we can find in Frankl's manuscript: communication means contact with people, and contact is a matter of affect, not a matter of cognition. Kanner claims that «The outstanding, 'pathognomonic', fundamental disorder is the children's inability to relate themselves in the ordinary way to people and situations from the beginning of life» [Kanner 1943, 242]. He also adds other features, such as: autistic loneliness; a failure to assume at any time an anticipatory posture;[8] an excellent rote memory; echolalia; an obsessive desire for the maintenance of sameness; limitation in the variety of spontaneous activity; good relation to objects and not to people; good cognitive abilities. This description can be considered one of the first analysis of autism (given the "good cognitive abilities" of Asperger's syndrome in particular), but what is striking here is the emphasis put on the notions of "relation" and "communication", which seem to be at the very core of the disorder.

As we noted at the beginning of this paper, the numerous theories that have been developed regarding autism and Asperger's have not yet taken into account the relational impairment, nonetheless, none of them really discussed at length the meaning of intersubjectivity and the different layers that this umbrella term involves. Accordingly, the understanding of the disorder is still very broad, negatively influencing the presence of social stigma and the role of relatives who do not understand how and if the autistic subject is able to have some kind of contact with them.[9] Unveiling the centrality of affective contact and its role in the de-

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[8] This is related to anticipation of the other's reaction, and we can link this deficit to a lack of a sort of "synchronic intentionality", an immediate and pre-reflective tendency to bodily resonate with others.

[9] It is no coincidence that, in the top ten questions for autism research, developed by Autistica, a leading autism research charity based in the United Kingdom, the second position is held by the request for more effective interventions in the development of communication skills in autism, while the 5th position is occupied by the proposal to achieve better education and improve social skills, as well as the need for parents and family members to better understand the autistic relatives.

velopment of social skills is therefore very important to achieve a better understanding of the syndrome, which will allow individuals to better cope with it. In my view, phenomenology can bridge this gap thanks to its concern for the different forms of sociality and their interrelations as well as to the priority that the phenomenological method gives to our pre-reflective structures. In the following pages, I will try to account for the intersubjective impairments present in Asperger's syndrome, and I will try to trace some parallels between Frankl's analysis and the phenomenological resources. In doing so I hope to improve our understanding of AS, unveiling what is the very core of this disorder.

3. A Phenomenological account of Affective Contact

Phenomenology is a very important source for the analysis of intersubjectivity (and its disruptions) since there are many descriptions of this dimension in its different forms, such as empathy, shared emotions and collective or group-based emotions.[10] While some of these interactions mainly rely on inferential abilities, others are linked to a more immediate, pre-reflective attunement. In the case of Asperger's syndrome, it is interesting to notice that, while some forms of interaction are still working,[11] what is missing or severely impaired is the very core of affective attunement (or, in Frankl's term, *affective contact*) which prevents them from being immediately engaged with the other and pre-reflectively understand others' intentions and emotions.

I will therefore focus on the notions of intercorporeality and inter-affectivity, notions that can be useful to understand where exactly AS's impairments lie; which is congruent with Frankl's perspective.

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[10] Cf. both contemporary literature: Zahavi [2015]; Szanto [2015]; and classical authors: Husserl [1970, original 1954; 1967; 1973]; Stein [1989]; Scheler [1970]; Gurwitsch [1979]; Walther [1923].

[11] Drawing on the work of Salice and Henriksen [2015], we can argue that AS subjects are able to deal with those kinds of sociality which involve the possession of «joint intentionality», which is distinctively goal-oriented and usually relies on explicitly formulated codes of conduct. Accordingly, they can participate in group activities such as action-role-playing games and social media, and, to such an extent, we cannot exclude that they can feel group-based emotions.

3.1. Intercorporeality

A main contribution of phenomenology is the emphasis on the living body and subjectivity that is conceived as a whole. It involves a psyche and a body inextricably entangled to each other. As the very core of perceptual activity, the body is the instrument which provides a link between the subject and the world, the ego and the alter ego.

In order to analyze these links, Merleau-Ponty[12] uses the notion of intercorporeity, a pre-reflective and 'lived in' type of knowledge that allows the subject to recognize the other in an immediate and non-thetic manner. More specifically, he claims that the experience of self necessarily presupposes the experience of otherness: essential to the subject is her ontological openness and the tendency of overcoming herself. Furthermore, in the perception both of self and of otherness, what is at stake is an *embodied subjectivity* in which the main feature is the involvement of an alterity.

In fact, our embodied self-awareness could be described as a pre-feeling of otherness, and the intersubjective experience as an echo of our own corporeal constitution:

> My right hand was present at the advent of my left hand's active sense of touch. It is no different fashion that other's body becomes animate before me when I shake another man's hand or just look at him. In learning that my body is a 'perceiving thing'[…] I prepared myself for understanding that there are other animalia and possibly other men. [Merleau-Ponty 1964, 212]

In *Phenomenology of Perception,* Merleau-Ponty explicitly faces this issue (especially in the chapter *The Other and the Human World*) and offers a contribution in the course *Les relations avec autrui chez l'enfant,* where he analyzes the psychoanalytic perspective and some developmental theories according to which we can talk about the perception of the alterity in psychogenetic terms.

According to Merleau-Ponty, we are intersubjective creatures from

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[12] For reasons of space, I will focus only on Merleau-Ponty's contribution. Nonetheless, I am deeply convinced that we can find an emphasis on the role of the lived body in Husserl as well [cf. Bizzari 2017].

birth simply because we possess a corporeal schema. It is very interesting to notice that an experimental study conducted by Meltzoff and Moore has shown that newborns (the "youngest" 42 minutes old, the "oldest" 72 hours old) are able to imitate facial expressions[13], thanks to an inner capability very similar to the Merleau-Pontian corporeal schema which creates a bridge between interiority and exteriority.

Without the intervention of simulations or inferential capabilities, the subject is able to perceive the other's corporeal movements as *expressive and intentional* starting from the first year of life, and can immediately understand the other as an *agent,* and not as an object or Cartesian mind.

According to Merleau-Ponty, there are no epistemological functions exclusively committed to the understanding of other minds: the subject intuitively understands the rage in the other's gestures or facial expressions. To quote Gallagher: «Such perceptions give the infant, by the end of the first year of life, a non-mentalistic, perceptually based *embodied understanding* of the intentions and dispositions of other persons» [Gallagher 2008, 540]. The body appears to be the place of the emergence of (shared) meaning.[14] In the case of an intersubjective encounter, intercorporeality, therefore, is that pre-reflective intertwining of lived and living bodies that mutually resonate with one another without requiring inferential capacities. It is that mutual bodily synchrony that allows two subjects to experience subjective and objective qualities through their lived bodies.

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[13] Recent studies (Oostenbroek *et al.* [2016]) claim that there is no significant excess of matching reactions in newborns. Nonetheless, as noted by Fuchs [2018, 178] «even if it turns out that imitation is not an innate capacity, but develops in the course of mutual exchanges and matching reactions during the first weeks, it still functions as a major component of primary intersubjectivity».

[14] The pre-reflective, bodily intentionality is not the only condition, but we need to take into account other elements: in fact, in the tradition of philosophical anthropology, eccentric positionalism (reflexivity, cf. Plessner [1975]) or the reduction of instincts [Gehlen 1988] are further aspects that have a role in the arising of subjectivity's intentional openness.

3.2. Interaffectivity

According to the phenomenological approach, a central concept of being in touch with the world and with oneself is affectivity. We should not conceive of affects as enclosed phenomena exclusively linked to our interiority. On the contrary, our affective life is the means by which the world is disclosed to us, together with those "affective affordances" that we intuitively grasp in our everyday life. According to Goldie [2002] feelings are *bodily* (we feel from the inside of our body) and *towards* (they usually have an object). For example, I feel fear because of the lion, I feel joy in meeting my friends etc. In face to face encounters, we can observe the circularity of this dual characterization: in fact, we work with two subjective cycles of affective intentionality that influence each other and allow the subjects to experience the kinetics and intensity of the other's emotions through their own bodily kinesthesia and sensations [Fuchs 2016]. This kind of resonance «conveys an intuitive understanding of others' emotions in our engagement with them» [Fuchs 2016, 195]. In other words, emotions are not only felt from the inside, but also displayed in our expressions and gestures.[15]

As described by Fuchs and Koch [2014], *interaffectivity* is the very intertwinement of two cycles of embodied affectivity, continuously modifying each partner's affordances and bodily resonance. This resonance does not imply simulated processes and it is something prior to high forms of cognition, such as imagination and inferential processes. It represents the very first form of the immediate, pre-reflective attunement that ties us with others. This is evident in childhood psychology, and in the famous description of primary intersubjectivity [Trevarthen 1979] that seems to represent the first kind of intersubjective engagement: described as the level of perception beginning from birth, when the baby sees the actions and movements of others and begins to imitate them. This kind of pre-reflective openness seems to be the very first form of intersubjectivity, which allows for the arising of an intuitive and empathic understanding. Already at this initial stage, it appears that the

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[15] This reminds of Frankl's example of the rage, which entails both subjective inner states and an object to which it is directed. Furthermore, usually emotions like rage involve specific corporeal gestures and expressions.

subject is not only affectively bound to the other in a resonant, cyclic and dynamic relationship, but also inextricably linked and influenced by the other's corporeality, showcased by the fact that since birth she *is* a body that expresses herself and is bound to the other's embodied subjectivities in a reciprocal exchange. *The subject is not a body that feels, but a body that feels with and because of the other.*

3.3. Intercorporeality and Interaffectivity in AS: Frankl's view revisited

At this point, we can claim that being in "a good contact with others" is not a matter of mind-reading,[16] but mostly of being bodily engaged in a meaningful, affective relationship. In my view, AS registers a loss of bodily resonance (intercorporeality) and emotional resonance (interaffectivity), elements that are linked to one another and that can be considered as the phenomenological conceptual twins of affective contact and affective language.

We have described how, according to Frankl, affect is composed of a physical component and an intentionally communicative representation. In my view, these components correspond to intercorporeality and interaffectivity, elements that are usually mutually linked in a chiasmatic relationship. Usually, intercorporeality and interaffectivity allow the subject to be involved in a chiasmatic, resonant and affective relationship with the other, a relationship that in AS shows the deepest impairment. In other words, the lack of affective language[17] (intercorporeality) does not allow for the presence of affective contact (interaffectivity), while the word language is preserved. We can therefore claim that *AS can talk, but not communicate*.[18]

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[16] This is in opposition to the view of Baron-Cohen, according to which Asperger's subjects are «mindblind», because they lack a theory of mind, that is the ability to read others' intentions and mental states. In my view, we can indeed argue that the autism spectrum disorder is characterized by a «bodyblindness», or «interbodyblindness», that is, a disorder of the corporeal and intercorporeal self (see Bizzari [2018]).

[17] I believe that the word "language" is not really suitable for describing what Frankl had in mind: maybe, the word "attunement" is more correct.

[18] Baron Cohen describes the case of Andrew, an Asperger subject who «cannot understand or participate in the things that other people seem to do easily. Things

If intercorporeality and interaffectivity are compromised or simply do not spontaneously arise, other higher forms of social engagement will show impairments. I am referring here to those kinds of shared emotions (such as empathy and collective emotions) which are characterized by an intuitive attunement with others, an attunement that is genuinely affective and does not entail cognitive abilities. This could be the reason why AS subjects are able to deal with certain joint, instrumental activities, but are not able to "tune into" the world of being engaged in collective, empathic interactions.

This is also coherent with developmental psychology, for example with Greenspan's affective diathesis hypothesis. In *The Growth of the Mind*, he claims that *emotional interactions influence intelligence* [Greenspan 1997]. According to his theory, affective interactions emerge earlier than the sensorimotor schemes postulated by Piaget [1962], and they are used to understand and conceptualize our experiences in the world. Furthermore, even abstract thinking appears to be based on reflections about these personal affective experiences. This would mean that emotional and pre-reflective abilities are responsible for helping the child to go from simple interests in the world to social problem-solving, from sub-personal to symbolic knowledge. In particular, emotional interactions are considered responsible both for early social, cognitive and linguistic capacities, as well as for higher level intellectual and social skills.

The importance given to the emotional and bodily interactions for the development of higher social skills in neurotypical children finally leads to the question: *Can we build a new affective language in AS subjects?*

According to Frankl, in some autistic patients (those provided with the higher cognitive abilities whom today we call Asperger's or high functioning subjects) we can observe the presence of alternative

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that are so ordinary to other people, such as reading their faces, knowing what to say next in a conversation, knowing how to comfort someone…He had this *sense of being a Martian* ever since school days, when he could see other children playing games in the playground that didn't have clear rules. *He had no idea how they knew what to do.* He still talks *at* people rather than *to* them. Whilst Andrew can do maths, or memorize facts, or understand the laws of chemistry or physics effortlessly, he cannot fathom *the unspoken rules of human interaction*» [Baron-Cohen 2008, 9-10].

and artificial "pseudo-affective" languages that allow them to establish meaningful relationships, at least with their relatives or those who take care of them. Once again, I think that phenomenology and developmental psychology can offer interesting tools for eliciting new kinds of pseudo-affective relationships and for making Asperger's subjects able *to communicate,* and not simply talk, to others, or at least, to their closest people.

In 1998, Greenspan and Wieder developed a particular kind of therapy, called the "D.I.R. model" (Developmental, Individual difference, Relationship-based model), aimed at the treatment of autistic patients, who lack emotional and (in case of low functioning autism) cognitive skills [Greenspan & Wieder 1998].

We can summarize the D.I.R. model as follows:

- *Developmental:* The basic level which needs be acknowledged by therapists. It involves understanding the developmental capacities (that are essential for spontaneous and empathic relationships) of the subject. This includes helping children develop the capacity to attend and remain calm and regulated, engage and affect basic gestures, engage in shared social problem-solving and intentional behavior involving a continuous flow of interactions in a row, and use ideas to communicate needs and think and play creatively;
- *Individual differences*: The D.I.R. model emphasizes the fact that each child has unique biologically-based mannerisms to internalize, regulate and use to respond to the environment and sensations. In fact, within the autism spectrum disorder some children are hyper sensitive to sound, others are less reactive to touch and so on;
- *Relationship-based:* This stage involves the learning relationships with caregivers and therapists, and, like phenomenology, sheds light on the intersubjective nature of the subject.

The authors argue that, in order to help people affected by autistic spectrum disorder, the therapist should try to develop their *practical and emotional* understanding of the world. At the center of their model is

the so-called "*floortime*": a spontaneous interaction between the autistic child and the adult, which is helpful for the improvement of motor and social skills.[19]

Like phenomenology, and like Frankl's account, the D.I.R. hypothesis emphasizes the centrality of *intentionality* (the openness of the subject towards the world), *reciprocity*[20] (the fact that the subject constitutes herself in an intersubjective manner) and *emotions* (our engagement towards the world is emotionally and axiologically characterized). It is undoubtable that this proposal tends to strengthen the interaffective skills of the subjects, nonetheless, it does not take into account intercorporeality, the true core of affective contact. For these reasons, I would like to modify this *interaffective* approach by creating an *intercorporeal* proposal that also emphasizes the emotional components. I do this by maintaining all of the original elements and adding the emphasis on embodiment. In this approach, the D.I.R. model becomes the D.I.R.E. model [Bizzari 2019], a therapeutic approach that also takes Embodiment into account: adding a role for Embodiment makes it possible to enlarge the therapy by focusing more specifically on strengthening and recovering the kinesthetic, corporeal self, and consequently, the intercorporeal engagement with others.

The affective language might therefore be replaced by a contact that simulates and thus induces the missing affects, and this can be elicited by activities such as the floortime, dance therapies and those practices that consider the subjects as a kinesthetic, intersubjective, pre-reflective entity.

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[19] Another examples of "relational, affective therapies" can be music therapy: a joint activity where the subjects can change and improve his self/other awareness, and, in particular, the link between proprioception and intersubjective understanding. It has been noticed that music therapy is efficacious for autism, and is able to create some moments of collective engagement. This has nothing to do with the performance (nor with the cognitive capacities), on the contrary, we can affirm that it is all about "failing together".

[20] We can note the similarities with phenomenology: the uniqueness of the individual and the corporeal pre-reflective attunement towards the world are the central features of both of the accounts. The corporeal subjects is linked to the world in a unique kinesthetic manner: for this reason, a good therapeutic approach cannot consist in a generalized program, but in specific, individual-based training.

4. Conclusions

In this paper, I tried to offer an alternative account of Asperger's syndrome. In contrast to the main important tendencies, which consider Asperger's core a brain disruption or a deficit in mentalizing, I claimed that Asperger's difficulties lie in their pre-reflective domain, especially within their intercorporeal and interaffective ability to tune in with the other. In the first part I described a lesser known account of autism, that of Georg Frankl. In the second part I depicted some conceptual parallels between Frankl's characterizations of autistic affective contact, and the phenomenological account of intercorporeality and interaffectivity.

By focusing on pre-reflective, emotional components, rather than on the neural correlations of intersubjective perception, we can begin an inquiry towards more promising paths. Taking into account both the fact that the subject is essentially a psychophysical organism, a living body, and the fact that she is ontologically intersubjective, a phenomenological analysis is suitable not only to explain intersubjective disorders, but also to find possible directions for their treatments, such as the *Development, Individual difference, Relationship-based and Embodied model*.

The combination between Frankl's perspective and the phenomenological accuracy in describing our intersubjective life opens up concrete directions to transform his idea of "pseudo-affective language" into a therapeutic direction that might allow those subjects who are not provided with an innate, automatic engagement with others to find alternative ways to communicate.

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Keywords

Abstract

In this paper, I argue that the real limitation of Asperger's subjects lies in intercorporeality and interaffectivity, that is, in the pre-reflective, intersubjective engagement with others. I begin by first drawing on the work of the psychiatrist Georg Frankl, and I describe this engagement in terms of "affective language" and "affec-

tive contact". In the second part of the paper I emphasize how Frankl's account can be coherent with a phenomenological perspective on sociality. In closing I propose a therapeutic technique aimed at strengthening the intercorporeal, affective abilities of the subjects.

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THE ITALIAN SCHOOL OF PHENOMENOLOGICAL PSYCHOPATHOLOGY: ROOTS, DEVELOPMENTS, CONTEMPORARY RELEVANCE

1. Introduction. Rari nantes in gurgite vasto

Our aim in this essay is to briefly explore the pathways, the personal history and the ideas of those who contributed to the foundation of the *Italian School of Phenomenological Psychopathology*. This school should be placed alongside other similar phenomenological schools that sprang up in Germany, France and Holland in the course of the 20th century. As a philosophical approach, Husserl's phenomenology reached Italy only in the 1920s thanks to Antonio Banfi's translations (1886-1957). This first phase was followed by a long silence that lasted until the 1960s, when Enzo Paci (1911-1976) edited the translation of Husserl's *Crisis of European Sciences* [Husserl 1972, original 1933; see also Scarantino 2018].

In the Italian psychiatric literature of the time, however, no mention was made of the fact that some German-speaking psychiatrists (such as Karl Jaspers and Ludwig Binswanger) had taken inspiration from philosophical phenomenology already at the turn of World War I. The only exception was the isolated work of Giovanni Enrico Morselli. If we take 1913 – the year of publication of Jaspers' *General Psychopathology* – as the beginning of the phenomenological approach in psychopathology,

we can say that its Italian reception was delayed by thirty years. This can be explained by at least three factors:

1. The philosophical debate between the two wars (1918-1940) was completely dominated by idealism and historicism, against which both phenomenology and existentialism had taken a critical stance.
2. Neuropsychiatric positivism did not consider concepts initially developed in the field of philosophy and only subsequently applied to the clinical context as scientifically valid.
3. The absence, in Italy, of a psychiatric tradition in the true sense of the word. Except for the work and the philanthropic ideas of Vincenzo Chiarugi in the 18th century, psychiatric assistance in Italy had as its primary objective – according to the 1904 law – the custody of mental patients entrusted to psychiatric hospitals. At the academic level, instead, mental illnesses were considered an epiphenomenon of the diseases of the nervous system.

The first studies dedicated to phenomenological psychopathology in Italy were written by Danilo Cargnello between 1947 and 1948. In the following decades, the development of territorial or community-based psychiatry (starting with the 1978 law No. 180), together with the absence of a strong psychiatric tradition analogous to that of France and Germany, created an atmosphere of conflict between a scientist-positivistic paradigm and a socio-political one. In this context, surprisingly, the original contribution of phenomenological psychopathology, despite its few adherents, consisted precisely in its ambiguous position between, on the one side, the clinical domain and, on the other, the transcendental dimension of philosophy. A new psychopathological 'science' could therefore emerge: engaged in a *search for meaning* within the clinical context, it interfaced with trends in cultural anthropology (as in the dialogue between Ernesto de Martino and Bruno Callieri) and ethnopsychiatry and, more recently, worked toward a definition of a phenomenologically-based psychotherapy.

In 1965, the journal *L'Évolution Psychiatrique*, founded and edited by Eugène Minkowski and Henri Ey, dedicated a special issue to

Italian psychiatry entitled *Hommage à la Psychiatrie Italienne* [Ey *et al.* 1965]. Among the contributors were Franco Basaglia, Adolfo Bovi, Bruno Callieri, Lorenzo Calvi, Franco Giberti and Guido Gozzano. The presence of Franco Basaglia among them testifies of the impact of the phenomenological perspective within the reformist and democratic renaissance promoted by the new Italian psychiatry. The typically phenomenological idea of «bracketing the illness» represented a clean break with a form of psychiatry that revolved around the ineluctability of a chronic evolution of schizophrenia. Only much later, in January 2011 another journal, *L'Art du Comprendre*, edited by Georges Charbonneau, devoted an entire issue to the 'Italian School' entitled *Délirer: analyse du Phénomène delirant* [Ballerini & Di Piazza 2011]. The contributors were Arnaldo Ballerini, Bruno Callieri, Lorenzo Calvi, Ludovico Cappellari, Riccardo Dalle Luche, Gilberto Di Petta, Clara Muscatello, Mario Rossi Monti, Paolo Scudellari and Giovanni Stanghellini.

These two dates – 1965 and 2012 – can be taken as symbolic benchmarks. This time span saw the development, in Italy, of a form of psychopathology that, starting with the work of a small group of 'pioneers', gradually turned into an accredited school of thought, thereby finding its own place among the bio-psycho-social epistemologies that characterized the second half of the 20th century. Laurent Feneyrou's introductory essay [Feneyrou 2016] to the French translation [Cargnello 2016] of Danilo Cargnello's *Alterità e alienità* («Alterity and Alienity») recognized the existence of an Italian School stratified across generations and with its own relevant literary production.

In its first phase, the Italian movement was engaged in the translation, introduction and dissemination of the phenomenological approach in psychiatry. Cargnello in his *Alterità e alienità* [2001, 1st ed. 1966] introduced the thought of Binswanger, Callieri that of Schneider (*Psicopatologia clinica* [2004, original 1954] – «Clinical Psychopathology»), Priori that of Jaspers (*Psicopatologia generale* [2009, 1st ed. 1964] – «General Psychopathology»), Ferro and Ballerini that of Blankenburg (*La perdita dell'evidenza naturale* [1998] – «The Loss of Natural Self-evidence»), Dalle Luche and Di Piazza that of Tatossian (*Fenomenologia delle psicosi* [2003] – «Phenomenology of Psychoses»), and Ballerini that of Kimura Bin (*Scritti di psicopatologia fenomenologica*

[2005] – «Essays in Phenomenological Psychopathology»).

In November 1994, the *Italian Society for Psychopathology* was established in Florence under the honorary presidency of Bruno Callieri and the direction of Arnaldo Ballerini.[1] The journal *Comprendre*, founded in 1988 and edited by Lorenzo Calvi, was adopted as its official organ: the Italian School had emerged from its initial 'clandestine' phase, so to speak. In 2001, the Society organized its first *Residential Course in Phenomenological Psychopathology*, held annually until 2003 in Pistoia, and from 2003 until today, in Figline Valdarno. The Course, now in its eighteenth edition, was directed until 2015 by Arnaldo Ballerini and is currently coordinated by Gilberto Di Petta and Giampaolo Di Piazza: classes meet for a total of seven weekends over a semester.

Starting from 2010, some members of the Society's board have been engaged in the promotion of the *School of Phenomenological-Dynamic Psychotherapy*. Based in Florence, approved in 2015 by the Ministry of Education, University and Research (MIUR), the School is thereby legally authorized to confer the title of «psychotherapist». In addition to a four-year course in phenomenological-dynamic psychotherapy directed by Giovanni Stanghellini, a *Basic Course in Phenomenological Psychopathology* is organized annually in Florence as to stress the founding importance of psychopathology for a phenomenologically oriented psychotherapy. In the meantime, the *Italian Society for Psychopathology* – still under the presidency of Arnaldo Ballerini – was renamed *Italian Society for Phenomenological Psychopathology*. Since the passing of Ballerini in 2015, Gilberto Di Petta has been its president.

2. Geographical and conceptual maps

Until 1994, Italian phenomenological psychopathology developed thanks to small groups of psychiatrists or, better, to single mentors with few or no disciples at all. Italian psychopathologists, kept at the mar-

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[1] The founding members were Arnaldo Ballerini, Andrea Carlo Ballerini, Lorenzo Calvi, Giuliano Del Pistoia, Giovanni Gozzetti, Mario Rossi Monti and Giovanni Stanghellini.

gins of academic teaching [Rossi Monti & Cangiotti 2012], have often been accused of using an esoteric, elitist and clinically unsubstantiated language. Also, they have not done much to share, transmit and disseminate their worldview. The establishment, in 1994, of the *Italian Society for Psychopathology* marked a significant trend reversal due to the professional and human contribution of Arnaldo Ballerini: thanks to him, an atmosphere characterized by an exasperated «narcissism of small differences» and an insistence on incompatibilities was replaced by one of mutual exchange of ideas.

In its dialogue with major representatives of the European schools of phenomenological psychopathology (Wolfgang Blankenburg, Georges Charbonneau, John Cutting, Gisela Gross, Gerd Huber, Joachim Klosterkötter, Karl Kraus, Georges Lanteri-Laura, Eugéne Minkowski, Michael Musalek, Jean Naudin, Josef Parnas, and Kurt Schneider), the Italian School has distinguished itself for a number of peculiarities, which will be illustrated here through a geographic and conceptual map. This will allow to see how different groups and approaches, within the phenomenological movement in psychopathology, have gradually overlapped or merged.

2.1. The Lombard group[2]

The godfather of the Lombard group – or rather of all Italian phenomenological psychopathology – was Danilo Cargnello (1911-1998). For a long time, Cargnello, a distinguished psychiatrist and psychopathologist, was considered the most authoritative candidate to the first Italian professorship of Psychiatry, which, however, went to Carlo Lorenzo Cazzullo [Rossi Monti & Cangiotti 2012]. Cargnello was head of the Psychiatric Hospital of Vicenza, Teramo, Sondrio and, at the end of his career, Brescia (1963). Perfectly fluent in German, Cargnello took on the task of introducing the thought of Ludwig Binswanger in Italy. *Alterity and alienity* – his most important work – was published in 1966 (a second expanded edition appeared in 1977 [Cargnello 2010a]): it still remains the only comprehensive attempt to present the thought of Bins-

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wanger as outlined in his *Grundformen* [1942]. In 1984 he published *Il caso Ernst Wagner* (Cargnello [2002, 1st ed. 1984] – «The case Ernst Wagner»), in which he drew on the studies of the great German psychopathologist Ernst Kretschmer and devoted a complete series of essays to Binswanger's conception of schizophrenia.[3]

Lorenzo Calvi (1930-2017) was the only student of Cargnello, with whom he worked very closely in Sondrio for five years. After graduating in Medicine at the State University of Milan (1954), where he also attended Cesare Musatti's lectures, Calvi used to hang about the lively scene of the Catholic University and attend the lectures held at the «Laboratory of Psychology» by Father Gemelli and other eminent figures of the time, such as Ferdinando Barison, Enrico G. Morselli and Cargnello himself. In 1958, Cargnello offered him a position at the psychiatric hospital in Sondrio. Based there, where he was habilitated to teach Clinical of Nervous and Mental Diseases (1964) and Psychiatry (1969), Calvi did not abandon the Milanese philosophical school. In Milan, Enzo Paci was leading a group of students – still very well-known today – who, together with their mentor, would give historical contributions to the Italian phenomenological tradition (among others: Giovanni Piana, Carlo Sini, Salvatore Veca, Pier Aldo Rovatti and Stefano Zecchi). Calvi studied extensively the lived experience of phobia and innovatively employed the concept of *epoch*é as a way to access the lifeworld (*Lebenswelt*) of neurotic subjects suffering from phobias. His famous 1963 work on the construction of the phobic object as a phenomenological exercise[4] followed an essay and some presentations held abroad together with Cargnello; very significantly, it also predated Wolfgang Blankenburg's insight into the importance of phenomenological *epoch*é as a window on the lifeworld of the *de-mundanized* patient [1998, original 1971].

Due to his professional experience as a neurologist and his extensive dealing with so-called neurotic cases, Calvi is the Italian psychopathologist who has been most engaged in clarifying the phenomenolog-

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[3] Now collected in Cargnello 2010b.

[4] Published in the first issue of *Psichiatria Generale e dell'Età Evolutiva* in 1963 (a journal founded and edited by Ferdinando Barison) and later reprinted in two parts in Calvi 2005; 2007. See also Calvi 2013 and Calvi & Colavero in press.

ical structure of the lifeworld of phobic, obsessive and hypochondriac subjects. In 1988 he founded the journal *Comprendre. Archive International pour l'Anthropologie et la Psychopathologie Phénoménologiques* with the ambition to bring together fellow European psychopathologists. In 1994 he contributed to the establishment of the *Italian Society for Phenomenological Psychopathology*. Paolo Colavero, deputy editor in chief of *Comprendre*, is currently editing a posthumous collection of some of his unpublished essays.

2.2. The Venetian group[5]

The Venetian group formed around the charismatic figure of Ferdinando Barison (1906-1995). Head of the Psychiatric Hospital «dei Colli» (Padua), medical officer in Crete during the Second World War, he was later head of the Psychiatric Hospital of Padua from 1947 to 1971. In the 1950s, drawing from his deep awareness of the importance of the environment for psychiatric patients, he wrote a manual for psychiatric nurses (*Vademecum dell'infermiere* – «A Nurse's Handbook»). In the same years, he devoted part of his activity to the community, first by opening a number of clinics and later by following the example of the French Sector Psychiatry (as Ballerini did in Tuscany). In this sense, Barison aimed at an improvement and humanization of psychiatric hospitals (opening of the wards, staff training, meetings with the patients, etc.), not at their total closure as proposed in those years by his Venetian colleague Basaglia, whose ideas Barison always regarded with a certain skepticism. In 1963, he founded the journal *Psichiatria Generale e dell'Età Evolutiva* («General and Developmental Psychiatry»)*,* which for many years provided a space for discussion and debate and was a vehicle for the dissemination of French and German psychopathology in Italy. Around him gravitated Giovanni Gozzetti, Pier Enrico Turci, Giorgio Maria Ferlini (1934-2017), Lodovico Patarnello, Paolo Roveroni and Lodovico Cappellari.

Giovanni Gozzetti (1933-2013) graduated in Bologna in 1958, spe-

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[5] We would like to thank Dr. Ludovico Cappellari and Dr. Paolo Colavero for their contribution to this paragraph.

cialized in Clinical of Nervous and Mental Diseases in 1962 (still in Bologna) and was habilitated to teach Psychiatry in 1971. Head of the psychiatric ward in Verona and later in Padua (1971-1978 and from 1978 to 1992 in the *Ospedale Civile Clinicizzato*), he was editor-in-chief of the journal founded by his mentor Barison. Gozzetti (1998) was a pioneer in promoting an encounter between phenomenology and psychoanalysis and developed a close relationship with other important figures who had preceded him on this path, such as Gaetano Benedetti in Basel and Salomon Resnik in Paris. His most famous book, *La tristezza vitale* (Gozzetti [2008, 1st ed. 1996] – «The Vital Sadness»), remains a fundamental point of reference for those who approach the study and treatment of melancholy.

Pier Enrico Turci has always been particularly receptive toward developments in the field of philosophy of mind. Recently, he has published, together with Carlo Umiltà, an essay entitled *Breve viaggio in spazio, tempo e soggettività* (Turci & Umiltà [2017] – «A Brief Exploration of Space, Time and Subjectivity»), which is evidence of this interest. Lodovico Cappellari, who directed for many years the Department of Mental Health of the Veneto region, has translated the methodological approach of phenomenological psychopathology into an effective and advanced psychiatric practice. Particularly active in the context of the Venetian branch of the Italian Society of Psychiatry, Cappellari has done much to promote and disseminate the phenomenological approach within the mental health services. Currently, this work is being carried on by a student of Gozzetti and Cappellari, Leonardo Meneghetti, who is committed to preserve the relationship between phenomenological psychopathology and clinical practice within the services.

Maria Armezzani [2002], Ludovico Patarnello, and Giorgio Maria Ferlini, also thanks to a fruitful dialogue with Resnik and Benedetti, have kept the phenomenological tradition within the university alive. In 2003, Ferlini established a post-graduate specialization school in phenomenological-psychoanalytic psychotherapy (*Aretusa Institute*), which was open until his death in 2017.

2.3. The Piedmontese group

Giovanni Enrico Morselli (1924-1973), head of the Novara Psychiatric

Hospital, mentor of both Eugenio Borgna and Filippo Ferro, established important international ties with figures such as Karl Jaspers, Abraham Meyerson, Bénédict Morel, Henri Ellenberger, Juan Lopez Ibor, Manfred Bleuler, Robert Volmat, Jean Bobon, Henry Ey and Eugéne Minkowski. He became convinced that in the mentally ill person – alongside or perhaps thanks to psychotic disintegration – creative mechanisms develop connected more to the individual than the illness – as if the psychopathological condition gave rise to a different form of existence, a kind of «new life». In this sense, Morselli's *Caso Elena, o Sulla dissociazione mentale* («The Elena Case, or On Mental Dissociation»), published in 1930 in the *Rivista Sperimentale di Freniatria*[6] is emblematic. Mention should be made also of his paper on the experience of self-intoxication with mescaline, which he presented at the Neurology Congress in London in 1935.

At the beginning of his career, Eugenio Borgna focused on clinical examination of psychoses and favored an epistemological-hermeneutic approach. Later, he produced a series of pathobiographies such as those on Rainer Maria Rilke, Antonia Pozzi, Georg Trakl and other twentieth-century personalities whose life had been particularly tragic. Filippo Maria Ferro, currently honorary president of the *Italian Society for Phenomenological Psychopathology*, established himself as a historian of psychiatry and as an art historian, thereby becoming particularly skilled in tracing evolutional similarities between psychopathological conditions and historical forms of artistic expression. Working at the intersection of phenomenology and psychoanalysis, Ferro has taught psychiatry at the University of Chieti for many years.

2.4. Tuscany and the Florence school

Tuscany proved a particularly fertile ground for the growth of a psycho-pathological tradition. In addition to Arnaldo Ballerini and his first students Mario Rossi Monti and Giovanni Stanghellini, we must mention Enzo Agresti, Giampaolo Di Piazza, Luciano del Pistoia (a student of Georges Lanteri Laura), Riccardo Dalle Luche and Massimo Ballerini.

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[6] Later republished as a volume. See Morselli 1995.

Fellow travellers were also Andrea Carlo Ballerini and Giuliano Casu. However, the first core of the school originated around Arnaldo Ballerini (1928-2015). Later on, this group would rightly earn the name of «Florentine School», and would lead to the establishment, in 1994, of the *Italian Society for Psychopathology*. It is hard, however, to trace back in time the very 'foundation' of the school. From a legal point of view, there is no doubt that the Society was established in the Florentine study of notary Mario Piccinini on November 3rd, 1994. Around that table sat Arnaldo Ballerini, Andrea Carlo Ballerini, Lorenzo Calvi, Luciano Del Pistoia, Giovanni Gozzetti, Mario Rossi Monti and Giovanni Stanghellini. This is what is written in the official documents.

In reality, the birth of the society was preceded – like every other birth – by a series of events and by a long 'labor', which originated in Arnaldo Ballerini's desire to revolutionize the so-called 'culture' of mental institutions and innovate the working practice of psychiatric services in Tuscany. Following the death of his mentor, Ballerini left the Clinic of Nervous and Mental Diseases at the University of Bologna – where he was training as a neurosurgeon – and was suddenly thrown into the tough reality of the Florentine mental hospital. There, he was tragically struck by the shallowness of the local psychiatric culture. He used to tell the following episode: «When I mentioned to a colleague the possibility that a patient had internal schizophrenic experiences, he appeared perplexed and told me that schizophrenic subjects do not have internal experiences».

Alongside an in-depth and almost obsessive study of Karl Jaspers' *General Psychopathology* and Kurt Schneider's *Clinical Psychopathology*, Ballerini pursued a strong interest in the ways in which psychopathological culture can translate into a psychiatric practice aware of the patient's lived experience. Inspired by the principles of French Sector Psychiatry, he developed a first model of territorial or community-based psychiatry in the Valdarno region, thereby combining the rich tradition of phenomenological psychopathology with the practical needs of clinical management of very complex cases. Thanks to this tireless work – and also to the insatiable curiosity with which he explored territories not strictly related to psychopathology – phenomenological psychopathology was able to escape the cul-de-sac in which

it had been long trapped: admired and idealized, on the one side, for the depth of its insights, it was often downplayed, on the other, as the useless diversion of an elitist group of psychiatrists fascinated by philosophical questions scarcely relevant to clinical practice. Ballerini's lifelong dedication, instead, created a shared space where the majority of Italian psychopathologists could finally recognize themselves, debate and, when necessary, argue and disagree.

Mario Rossi Monti and Giovanni Stanghellini are Ballerini's two main students. Trained in both psychopathology and psychoanalysis under the *Italian Psychoanalytic Society* (SPI) Rossi Monti's standpoint reflects the history of the complicated relationship between phenomenological psychopathology and psychoanalysis. He shares this approach with Antonello Correale, psychiatrist and psychoanalyst, who has always been familiar with serious pathologies and psychiatric institutions [Correale 1991; 2001; Correale & Berti Ceroni, 1998; Correale, Cangiotti, Zoppi 2010] and has integrated the psychoanalytic perspective with that of phenomenological psychopathology. Giovanni Stanghellini has established extensive ties with the English-speaking world, particularly with Oxford, and has played a mediating role between the analytic and the continental approaches in the field of psychopathology.

Stanghellini, who has worked with Josef Parnas in Copenhagen and with Thomas Fuchs in Heidelberg, has founded with Bill Fulford (Oxford) the *International Network of Psychiatry and Philosophy*. Currently, he is the editor (together with Bill Fulford, Katherine Morris and John Sadler) of a series entitled *International Perspectives in Philosophy and Psychiatry*, published by Oxford University Press. Both Rossi Monti and Stanghellini, after working in community-based psychiatry, have reached the academia, obtaining a professorship respectively of Clinical Psychology (University of Urbino) and Dynamic Psychology (University of Chieti). This way, they can make a substantial contribution to the transmission of psychopathological knowledge in the training of clinical psychologists and psychotherapists.

2.5. The Emilia-Romagna group[7]

Carlo Gentili, head of the Psychiatric Clinic of the University of Bologna, was one of the few Italian professors of psychiatry to contribute to the field of phenomenological psychopathology, as well as to develop an integrated working model compatible with both university and community-based psychiatry. Clara Muscatello carried on Gentili's work in the Bologna clinic. Today, this tradition is kept alive by Paolo Scudellari, professor of Psychiatry at the University of Bologna, a student of Muscatello, with whom he has published important contributions, particularly on the subject of narcissism, paranoia and hypochondria.

Carlo Maggini, who was head of the Psychiatric Clinic of the University of Parma, always relied in his work on the principles of classical psychopathology. Riccardo Dalle Luche, a student of Maggini, introduced the Bonn Scale for the Assessment of Basic Symptoms (BSABS) in Italy, according to the original model developed by Huber and Gross at the Bonn School. He has dealt with cinema and psychiatry and has written pathographies of historical characters, artists and personalities now part of the collective imagination (Adolf Hitler, Frida Kalo, Marylin Monroe).

Paolo Verri, a psychiatrist and psychopathologist from Ferrara, was a student of Antonio Slavich (a longtime collaborator of Basaglia). From Modena, where he headed the local section of Democratic Psychiatry, Slavich invited him to come to Ferrara, where he took part to the dismantlement of the mental hospital. There, he also headed for many years various mental health departments. Matteo Rossi, a new generation psychopathologist who did his training between Figline and Florence, has focused on the psychopathology of adolescence.

2.6. Rome

Bruno Callieri (1923-2012) – undoubtedly the main protagonist of Italian psychiatry and psychopathology during the second half of the twentieth century – graduated in Rome in 1948. Trained with Mario Gozzano in

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[7] We wish to thank Dr. Paolo Colavero for his contribution to this paragraph.

the field of neurology, thanks to his knowledge of German he pursued an in-depth study of Jaspers' and Schneider's works on psychopathology. He abandoned neurology and quickly became the main point of reference for phenomenological psychopathology in Italy. In those years he developed his studies on *Wahnstimmung* (delusional mood) and on *Weltuntergangserlebnis* (the schizophrenic experience of the end of the world), which gained him international reputation [Callieri 1982]. His dream of a professorship in Psychiatry, however, faded quickly. His interests did not coincide with those cultivated within academic circles; in fact, he was often encouraged to abandon his field of study if he really wanted to obtain an academic position.

After the encounter with Ernesto De Martino, founding father of Italian cultural anthropology, Callieri's approach became increasingly anthropological. His participation in international events, such as the *2nd Congress of Psychiatry* in Zurich in 1957, where he went with Franco Basaglia, allowed him to meet with key representatives of psychiatric and psychopathological thought, such as Jung, Binswanger and Minkowski. In 1961 Callieri was in Heidelberg with Kurt Schneider, with whom he had established a long epistolary relationship since the Italian translation of Schneider's *Clinical Psychopathology*. In 1962, Callieri was the only Italian invited to contribute with an essay on *Wahnstimmung* to a collection of texts celebrating Schneider's seventy-fifth birthday [Callieri 1962]. Left out of the academy, Callieri headed the Guidonia Psychiatric Hospital until the beginning of the 1980s, after which he lived in 'splendid isolation' in his apartment in Via Nizza 59 in Rome. Many psychiatrists of different generations studied with Callieri. Gilberto Di Petta is undoubtedly the one who has most developed his ideas.

2.7. Naples[8]

Starting from the 1960s, Sergio Piro (1927-2009) played an important role in the battles that led to the closure of mental hospitals. In 1951 he graduated in Medicine and Surgery in Naples; he then specialized in

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[8] We wish to thank Dr. Giuseppe Ceparano for his contribution to this paragraph.

neuropsychiatry in Cagliari in 1956, with a thesis on the semantics of schizophrenic language [see Piro 1958; 1967]. A multifaceted personality, his interests ranged from music to anthropology, from psychopathology to psychology and phenomenology. Mostly remembered for his contribution to the movement that led to Law 180, Piro was head of the Materdomini Psychiatric Hospital, in the Municipality of Nocera Superiore, from 1959 to 1969. In 1965 he had a documentary shot for the first time entirely inside a psychiatric hospital, whose aim was to publicly denounce the conditions of hospitalization of the mentally ill. Embarked on a collision course with the mental institution he was heading, he was fired in 1969. From 1974 to 1975 he was head of the Leonardo Bianchi Psychiatric Hospital in Naples, and from 1975 to 1994 he headed the Frullone Psychiatric Hospital. Piro's contribution to phenomenological psychopathology stands out in his many texts and articles, where references to (among others) Binswanger, von Gebsattel, Heidegger, Husserl, Jaspers, Merleau-Ponty, Minkowski and Strauss abound. His continuous dialogue with authors such as Ballerini, Callieri, Calvi and Cargnello is also evident. His contributions are distributed along two main lines: the study of schizophrenia and the cultural training of psychiatric workers.

3. Lines of development of the Italian School

When Kraepelin, at the end of the 19th century, elaborated the notion of *Dementia praecox*, subsuming under it catatonia, hebephrenia and paranoia, he passed down to the 20th century all the tenets of nineteenth-century positivism: a chronic, progressive, irreversible disease leading to a deterioration similar to that of senile dementia, apart from its tragic early inception. In 1911, Eugen Bleuler, inspired from the French tradition and the emerging psychodynamic culture, broke with this paradigm, translating the notion of dementia into that of schizophrenia. However, even Bleuler's construct proved problematic because too elastic. Only Kurt Schneider, in the 1950s, was able to set precise psychopathological-clinical coordinates: the so-called *first-rank symptoms* (FRS). From that moment on, the notion of schizophrenia was destined to be split in two: the nosographic level would no longer coincide with the psychopathological one. From a nosographic point of view, Schneider's lesson

was incorporated into the DSM series and would survive to the present day.

The idea of schizophrenia as a disease was grounded on productive symptoms, incoherence or disorganization. Its conceptual construction in the context of anthropo-phenomenological psychopathology, instead, followed a different course: the nuclear schizophrenic disorder was progressively identified with autistic perplexity. In fact, when Minkowski and Binswanger elaborated their notion of schizophrenia, they did nothing but develop Bleuler's original intuition of its autistic character. However, while doing this, they shifted such notion – a very significant fact – from an ontic-psychological plane to an ontological-structural and transcendental one. Callieri's work on *Wahnstimmung*, begun in 1962, went precisely in this direction. From this point of view, his work certainly qualifies as the first major exploration undertaken by an Italian psychopathologist of the vast territory disclosed by European psychopathology. The landmarks of this journey can be identified as follows: Callieri's essay on *Wahnstimmung* in 1962; Blankenburg's study on Anne Rau in 1971; Ballerini's contribution on schizophrenic autism in 2002.

In 1962, as we know, Callieri published his work on *Wahnstimmung* in the Festschrift dedicated to Schneider [Callieri 1962]. In it, he completely re-interpreted the notion of *Wahnstimmung* in light of Husserlian phenomenology. From an experience of atmospheric disturbance almost mechanically preceding the delusional outbreak, *Wahnstimmung* became an experience of transcendental suspension in which one's intentionality no longer finds its object, and the signifier no longer finds its meaning. On closer inspection, Callieri's phenomenological re-interpretation of *Wahnstimmung* actually anticipated Blankenburg's insights. In retrospect, Callieri's *Wahnstimmung* appears, in fact, as a psychopathological experience of *epoché*. Rather than the first step undertaken by the phenomenologist, the *epoché* has become – in an evocative, but dramatic development – the *false* step of the schizophrenic.

It is clear that in this new conception of schizophrenia so-called productive symptoms become totally useless, because they tell us nothing – in psychopathological terms – about the profound structure of the disease. From a psychopathological standpoint, the presence or absence of delusions and hallucinations is not an indication of the presence or absence

of the disease. Some subjects are not delusional or do not hallucinate, but *are schizophrenic*; some are delusional and do hallucinate, but their schizophrenia is not due simply to these factors; finally, other subjects are delusional and hallucinate, but *this does not mean they are schizophrenic*. Together with some of the work of Giovanni Stanghellini, Arnaldo Ballerini's studies on autism, his strong reliance on Blankenburg, and his in-depth analysis of sub-apophenic schizophrenia as an essential factor in basal schizophrenic disorders illustrate how Italian psychopathological research focused on the transcendental modes of constitution of common sense as fundamental structure of everyday life and on its disruption in the schizophrenic world.

4. Perspectives on delusion[9]

For the Italian school of phenomenological psychopathology, delusion has always been a favorite object of phenomenological research: starting with Cargnello's studies on Binswanger, this focus characterized Callieri's studies on *Wahnstimmung* and, as we shall see, Mario Rossi Monti's *Forme del delirio e psicopatologia* [2008] («Forms of Delusion and Psychopathology»). In the decades covered so far, research on delusion increasingly expanded its range to include many of its forms: paranoid, schizophrenic, melancholic, borderline, and organic. However, not only the type, but also the concept of delusion has been investigated, especially as regards its different stages of emergence: from basic symptoms and prodromal gestation phases [Stanghellini 1992; Gross *et al.* 1992] to pre-psychotic perplexity [Callieri 1982; Di Petta 1999] to the most mature phases [Gozzetti *et al.* 1999; Rossi Monti & Stanghellini 1999], from the analysis of vulnerability [Stanghellini 1997] and premorbid personality in the light of Kretschmer's psychopathology [Kretschmer 2016, original 1918; Ballerini & Rossi Monti 1990] to the description of the fate awaiting the delusional person once the flames of his madness have turned into lukewarm ashes [Ballerini & Rossi Monti 1983] to the definition of schizophrenia as a disease of the ontological-metaphysical structure of the subject [Ballerini & Di Petta 2015].

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[9] We wish to thank Dr. Paolo Colavero for his contribution to this paragraph.

5. *The world of a drug addict*

Starting in 2004, Gilberto Di Petta began to explore the phenomeno-logical structure of the intoxicated conscience with *Il mondo tossico-mane: fenomenologia e psicopatologia* («The World of Drug Addiction: Phenomenology and Psychopathology»), followed in 2006 by *Gruppo-analisi dell'esserci* («Group Analysis of Existence»). In 2016, with *Le psicosi sintetiche* («Synthetic Psychoses»), edited with Danilo Tittarelli, he has attempted to identify the boundaries between endogenous and substance-induced psychotic experiences. Few authors within the phe-nomenological tradition have developed a real interest in the experien-ces triggered by the use of drugs. There are hints scattered here and there in the literature, but there is no comprehensive study. As for the lifeworld of the drug addict, Di Petta distinguishes a world of *fluctu-ating life*, where one's conscience is intoxicated by the substance; a lifeworld marked by *chemical hunger*, in which abstinence devours the subject and forces him to seek the substance; a *frozen* lifeworld, where the development of tolerance removes the patient from the enjoyment of life. One's sense of space, time, body, self and one's relationship with others change significantly in each of these lifeworlds.

From a psychopathological-clinical perspective, instead, Di Petta and Tittarelli have drawn on the work of Morselli, Cargnello and Callieri on experimental psychoses, arguing that substance-induced psychoses more often than not appear as a conglomerate of symptoms without a specific psychotic structure. As for the therapeutic approach, Di Petta has extended the *Dasein-analysis* model from a dual to a group setting, thereby developing a methodology that he has defined *Group-anal-ysis of existence* or *Dasein-analytic Group*. Starting from 1998, *Da-sein-group analysis* has been practiced in various clinical, institutional, experiential, educational and didactic contexts. This methodology has also been adopted in the training of phenomenological-dynamic psy-chotherapists, and a collaboration has been established with the Group Analysis Laboratory in Turin.

THE ITALIAN SCHOOL OF PHENOMENOLOGICAL PSYCHOPATHOLOGY

6. Psychotherapeutic perspectives

The *School of Phenomenological-Dynamic Psychotherapy*, approved by MIUR in 2015, has its roots in the tradition of European phenomenological psychopathology and takes shape thanks to the confluence of two important traditions, the phenomenological and the psychoanalytic one. The common ground for both is general and clinical psychopathology, whose knowledge is indispensable for any further therapeutic development. For phenomenological psychopathology, understanding is the necessary premise for the establishment of a therapeutic relationship. Mental pathology begins when the reciprocity of dialogue and understanding start to fail. However, mental pathology remains, even in its most extreme forms, something that can, and must, be approached. Given these premises, the School of Phenomenological-Dynamic Psychotherapy aims to train and provide therapists with a method (rather than a technique) of encounter: with the help of phenomenology, hermeneutics, ethics and dynamic psychopathology, the goal is to help the patient to become aware of his own vulnerability and thereby to understand and transform his posture toward the disorder afflicting him.

Thanks to the experience of clinical encounter between the subjectivity of the therapist and that of the patient, phenomenological-dynamic psychotherapy allows a collaborative construction of a new meaning. In this process, space, time, and corporeity undergo a metamorphosis, and an important change in the relationship with the world, oneself, and others is made possible. This transformation of subjectivity is experienced – in dual and group settings – through an intersubjective reconstruction of one's fundamental anthropological structures. Assigning shape and meaning to experiences is key to find one's position in the world and among others. If mental pathology can be seen as a crisis in one's dialogue with otherness, phenomenological-dynamic psychotherapy represents a *dialogue with a method*: its purpose is to reactivate the person's dialogue with himself and with other people after it has been disrupted by mental pathology.

As Binswager [1956] has written, «what we call psychotherapy is nothing more than a practice intended to ensure that the mentally ill person comes to 'see' the overall structure of human existence, his 'be-

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ing in the world', and to understand the moment when he got lost». The method, as formalized by Stanghellini, is that of PHD: Phenomenology, Hermeneutics, and Dynamics. Phenomenology focuses on lived experience and aims at unfolding in front of the subject *the sheet of his conscience*, so to speak, thereby allowing what is implicit to come to light [see Stanghellini 2016; Stanghellini & Mancini 2018]. Hermeneutics demands that the subject takes a position toward what is being unfolded. Each experience is the result of a (mostly implicit) self-interpretation. In particular, a symptom is a type of self-interpretation in which the patient reduces the experience of the encounter with otherness to a single meaning. Psycho-Dynamics places both the experience unfolded by Phenomenology and the position taken by Hermeneutics within a historical-narrative context. That is, it identifies the matrix of that experience. The goal is to help the patient to rethink himself and his psychopathological experience in light of a given past.

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Abstract

The purpose of this paper is the historical and conceptual reconstruction of the constitution of both the *Italian Society for Phenomenological Psychopathology* and the *School of Phenomenological-Dynamic Psychotherapy* considering phenomenological psychopathology as the essential basis of every therapeutic treatment. In this reconstruction we applied a geographical criterion to show how in different parts and in different moments of the story of psychiatry of our contry different authors developed an interest for the great heritage of knowledge of phenomenological psychopathology, with special regards to the clinical areas of delusion, psychosis, drug addiction, and serious personality disorders.

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