Abstract: The profound and characteristic modification of schizophrenic existence is a typical kind of depersonalization (the living body becomes a functioning body, a thing-like mechanism in which mental phenomena take place as if they happened in an outer space) and a special kind of derealization (the interpersonal scene becomes a stage on which the patient feels unable to make sense of what the others are doing). I argue that schizophrenic depersonalization/derealization is based on a disorder of common sense epitomized by the hendiadys “deanimated body”—the experience of feeling distant and lifeless—and “disembodied spirit”—the sharp awareness of observing that appears separated from the experience of existing. This basic disturbance is sometimes experienced by persons with schizophrenia, some other times it may pass un-experienced, and can be rescued via phenomenological analysis. This basic disturbance is typical of persons with schizophrenia in the sense that it contributes to a clear-cut differentiation—better than surface signs and symptoms—between schizophrenia and other forms of psychotic existence.

Keywords: common sense, phenomenology, schizophrenia, structure, trouble générateur

The Phenomenological Psychopathology of Schizophrenia: A Quick Overview

I am very grateful to Richard Mullen for his review. He is a good interpreter of my views on phenomenological psychopathology and on schizophrenia that, quoting and expanding his paper, I could sum up as follows:

1. Phenomenological psychopathology is not only the simple synonym for the cataloguing and study of mental symptomatology; rather, it is an effort at the heart of any attempt to understand individuals and types of human existence.
2. We can understand the type of existence of persons with schizophrenia, but in order to do so we must grasp the profound and hard-to-describe disturbance characterizing their way of experiencing things.
and their agency. We must pay closer attention to those parts of the life-world of persons with schizophrenia that have been neglected, like disorders of self-experience or their value-structure, because of their elusive qualities, with attention instead being directed at florid symptoms like delusions and hallucinations.

3. The profound and characteristic modification of schizophrenic existence or being in the world is a typical kind of depersonalization and derealization. Schizophrenic persons undergo a special kind of depersonalization: the living body becomes a functioning body, a thing-like mechanism in which feelings, perceptions and actions take place as if they happened in an outer space. They also endure a special kind of derealization and de-socialization: the interpersonal scene becomes an empty stage on which the main actor is unaware of the plot, out of touch from the role he is acting, and unable to make sense of what the others are doing.

4. Individuals with schizophrenia experience the world in ways profoundly different to the majority. Typical schizophrenic depersonalization/derealization consists in a disorder of common sense epitomized by the hendiadys “deanimated body”—the experience of feeling distant and lifeless—and “disembodied spirit”—the sharp awareness of observing that appears separated from the experience of existing.

To these points, accurately made by Mullen, I could add the following:

1. This basic disturbance is sometimes experienced by persons with schizophrenia, some other times it may pass un-experienced, but it is manifest in the way they perceive themselves and the world, and in the way they act.

2. This basic disturbance is typical of persons with schizophrenia in the sense that it contributes to a clear-cut differentiation—better than surface signs and symptoms—between schizophrenia and other forms of psychotic existence (such as manic-depressive disorder), Asperger’s syndrome, or personality disorders.

In this response, I would like to comment once more on the aims and scope of phenomenological psychopathology, and especially on its use of ‘profundity’—a concept that may need further clarification.

**Surface and Deep Phenomena**

Eugène Minkowski (1927) was perhaps the first to make this point clearly: a psychopathological syndrome is the expression of a profound and characteristic modification of the human personality in its entirety. Grasping this profound and characteristic modification is to grasp the intimate transformation of subjectivity underlying the manifold of phenomena of a given psychopathological syndrome. This deep metamorphosis confers to abnormal psychic phenomena their structural unity—it is the kernel of “organized living unity” of abnormal psychic phenomena.

Thus, phenomenological psychopathology brings to light “deeper” phenomena compared to the “surface symptoms” on which contemporary nosography is based. These “deeper” phenomena—as Kendler recently noted—are considered much more informative than “surface” ones (Kendler 2008, 7–8).

Phenomenological psychopathology assumes that the group of phenomena of a given (pathological) existence (or pathological type of existence) is a meaningful whole, i.e., a *structure*. These phenomena intimately interpenetrate each other; thus, the “syndrome does not rely on a purely empirical or more or less contingent coexistence of isolated symptoms” (Minkowski 1995, 95). In the light of phenomenological psychopathology, a syndrome is a coherent way of being in the world.

The scope of phenomenological psychopathology is neither just to unfold the phenomena that are present in the experiential field of a given person, nor to select symptoms in view of a nosographical diagnosis. These are the tasks of descriptive and clinical psychopathologies, respectively (Stanghellini 2009). Rather, it aims to recovery the *meaning* of a given world of experiences and actions grasping the underlying characteristic modification that keeps these phenomena meaningfully interconnected.

To grasp the internal organization of this world, the clinician must suspend any prejudice concerning the referential dimension of the patient’s discourse—for example, he must bracket any question concerning the truthfulness or correspondence to reality of the patient’s self-reports—and treat it as a wholly self-encoded entity which he attempts to decipher as a structured totality.

Phenomenological thinking argues for a “third way,” in between “surface” assessment as
performed by descriptive and clinical psychopathologies, and the kind of “profundity” explored by “depth” psychologies. Phenomenological psychopathology has a concept of ‘profundity’ in its own right, different from, for example, the psychodynamic and the cognitive “unconscious.”

**Schizophrenia as Disorder of Common Sense**

The studies in my book build on and extend on research that contributed to establish a model of schizophrenia based on a disorder of pre-reflexive self-awareness. This model is now getting an increasing consensus from psychopathologists and philosophers, and also empirical validation. I have revisited this model in the light of the concept of common sense. This is the kind of phenomenological “profundity” I have explored—to me the core of the schizophrenic type of existence.

Schizophrenia has long been considered as a disorder of common sense. There are two main interpretations of this: (i) Schizophrenia is a disorder of coenesthesia, an impairment of the functional symphony in which all the single sensations are synthesized; and (ii) schizophrenia is an impairment of practical knowledge, a disorder to appreciate the rules of the human game.

The first interpretation focuses on coenesthesia—the *carréfour* of all senses which is the basis for self-consciousness including the feeling of agency and of ownership. The second focuses on the schizophrenic person’s difficulty to share with the others the axioms of everyday life. This latter interpretation is twofold: on the one hand, a lack of sensus communis is emphasized, i.e., of the propositional knowledge consisting in a set of rules of inference shared by the members of a social group through which its members conceptualize objects, situations, and the other persons’ behaviors. On the other hand, the schizophrenic dyssociality is considered a disorder of pre-reflexive attunement, i.e., of a kind of non-propositional skill consisting in the ability to perceive the existence of others as similar to one’s own, make emotional contact with them, and intuitively access their mental life.

Is there a common root for this manifold experience of depersonalization/derealization? Is the feeling of disconnectedness that takes place in the realm of the experience of oneself somehow related to the experience of disconnectedness taking place in the intersubjective scene? Does the crisis of the self-experience and that of the social self share a common conceptual organizer? These questions are of capital importance if we want to understand schizophrenia not as a contingent agglomeration of disconnected symptoms, but as a unitary psychopathological condition organized around the self-disorder/autism complex.

A disorder of common sense—I have argued—is the “spatializing-temporalizing vortex” (Merleau-Ponty 1964) that imbues all the things that a person with schizophrenia experiences, including himself. It is the existential pivot that makes the appearance of the world possible as it appears to a person with schizophrenia. It is the deep architecture of his disembodied and deanimated type of existence.

**Phenomenological Psychopathology as an Empirical Science**

A last, methodological remark. The schizophrenic person’s own experience is the main source of information to rescue this type of existence (as any kind of existence, indeed), faithfully reproduce it, and make sense of it. This is the kind of *empiricism* that characterizes the phenomenological approach to psychopathology. As a pathology of the psyche, schizophrenia constitutes an experienced condition and a family of behaviors, feelings, and conscious contents, the peculiar significance of which emerges within a personal history and a sociocultural context. From this perspective, a pathology is in itself a way of experiencing life. Such a kind of pathology is, therefore, completely on view only because of what has been called “the
personal level of analysis” (Hornsby 2000). Only at this level, indeed, the real correlates of a psychopathological condition can be understood in their peculiar feel, meaning and value for the subjects affected by them (Stanghellini 2007; Stanghellini and Ballerini 2008). This is the kind of objectivity that is needed in the study of mental pathology. Obviously, this is not to deny the causal relevance of functional sub-agencies of our brain or of the dynamic unconscious: this simply amounts to the refusal of a definition of mental disorders which is completely based at a sub-personal and consciousness-free level. There obviously are objectively knowable regularities concerning lesions, functional alterations, or unconscious mechanisms that are causally relevant for our mental health, but the comprehension of the pathological significance of a psychic state (that is its meaning in a personal life) also requires a kind of analysis which exceeds the range of any kind of naturalistic approach (Gabbani and Stanghellini 2008).

REFERENCES