

A phenomenological approach to psychopathologies: schizophrenia and autism as intersubjective diseases.

For many years, the debate about empathy and intersubjective understanding has been ruled by *Simulation Theories* and *Theory Theories*, approaches according to which our intersubjective understanding could be reduced to an internal simulation (in the first case) or to an inferential and merely mental process in the latter case.

In contrast to both of these tendencies—drawing on phenomenological thought, and also on Wittgenstein's contribution to the subject of intersubjectivity— many thinkers (Gallagher, Zahavi, Fuchs, De Jaegher, Di Paolo) instead offer an *interactionist theory*, which considers the interpersonal exchange between two subjects as necessarily incorporated. The main thesis of this approach is that there is a bodily sense of self, through which the subject can obtain a direct perception of otherness, an otherness which is described, in turn, as embodied and embedded or as a "living body" inevitably entangled with the world, with which it maintains a dynamic relationship of reciprocity.

This is consistent with Phenomenology: in fact, the body assumes a fundamental cognitive function, and it is considered the true core of perceptual activity, the medium that allows the subject to establish contact with the world and with the alter ego.

Without the intervention of simulations or conceptual skills, the subject is therefore able to perceive expressive and deliberate bodily movements starting from the first year of life and immediately understand the other as an agent, and not as an object or a Cartesian mind (Gallagher, Scholl, Tremoulet).

From this perspective, intersubjective perception could be defined as an interactive—and not merely cognitive—process: accordingly, in my encounter with the other, I am not not a mere observer, but “I am responding in an embodied way” (Gallagher 2008). In this context, social cognition becomes synonymous with social interaction, a process in which the body’s movements and expressions and context play a key role: the idea behind this approach is that our intersubjectivity is essentially a direct bodily mechanism, not only during childhood but also into adulthood, and that we employ mind reading only in exceptional cases.

It is clearer now that a representational account of cognition is not sufficient to explain our mental life (Gallagher, Lakoff and Johnson): to quote Gallagher, it is necessary to make cognition “even more embodied” (Gallagher 2013, but also Thompson and Varela 2001), considering perception as a

bodily inter-action with others. In fact, either Theory Theory or Simulation Theory are characterized by the following gaps:

- *Missing Experience*: the role of experience is undervalued in favor of propositional attitudes and neural models. On the contrary, recent studies have shown that from childhood on our neural system is constantly being modified by social interaction and is constantly evolving;
- *Missing Interaction*: both the ST and TT consider social interaction a specialized skill which can be placed in the mind or brain of the individual. By contrast, a phenomenological perspective (I mean, for example, the face-to-face encounter described by Schutz), focuses on the intentional opening between two agents, and not on a relationship exclusively;
- *Missing Embodiment*: the role of corporeality, that, except for the mere neural simulation process, is not taken into account by either of the two theories, which seem, instead, to postulate that the intersubjective encounter is simply a disembodied relationship between two Cartesian agents.

2. DISTURBANCES OF INTERSUBJECTIVITY

Before analyzing specific pathologies of intersubjectivity (such as schizophrenia and autism) in depth, it is worthwhile to describe the phenomenon of intersubjectivity itself, in order to make it easier to understand its disruptions. From a phenomenological perspective, it is possible to affirm that intersubjectivity could involve different intertwined levels:

- *Co-subjectivity*, that is the implicit reference to alterity, which is postulated in the perceptual experience: when the subject perceives an object, the absent profiles are co-intentioned *as if* they would be perceived from another perspective, another “here-and-now”. This kind of intersubjectivity precedes the effective encounter with the other and could be defined as an “a priori” of the individual structure;
- *The effective face-to-face encounter*, which allows for the analogical argument and the apperceptive transposition. After this encounter, the subject is destabilized because he understands he is just one monad, one orientation center among others and not the only one. Furthermore, the world becomes objective, since it is conceived as something existing independently of the subject;
- *The anonymous community*, which we can also define as “sensus communis” and which involves norms, values and shared cultural issues. In other words, this level of intersubjectivity is a sense of belonging to a community or a group that transcends the individual while permeating every moment of his life.

It seems clear how intersubjectivity is not a mere encounter with another individual, but involves different experiences, whose primary ground is the capability to communicate and to conceive other subjects completely different from ourselves.

From a genetic perspective, we could affirm that a disturbance of co-subjectivity involves problems at other levels too, through an “avalanche effect” which is more or less serious according to the pathology.

In this context, my thesis is that intersubjectivity is grounded in corporeality, which seems to be “the phenomenal ground of syncretic sociability, pathetic identification, or, in a word, intersubjectivity.”¹

SCHIZOPHRENIA

We can practically observe the result of this embodied perspective in the analyses of certain psychoses, especially those that involve an intersubjective alienation: as a matter of fact, losing our corporeal and pre-reflective sense of self involves a disturbance in the understanding of others and, accordingly, a disruption of our so-called *common sense*, which usually provides an automatic comprehension of everyday situations connecting self and world through a basic familiarity and habituality.

According to the *Diagnostic Manual Disorder*, social dysfunction is a typical feature of schizophrenia, which is added to positive symptoms (hallucinations, delusions and mental disorders), the negatives (apathy, marginalization, lack of energy and alogia, or reduced cognitive abilities) and the disorganization of expressiveness (inconsistency) and behavior (catatonia).

It seems clear that a similar approach to the understanding of the psychosis is insufficient to explain the complexity of subjectivity.

For this reason, a phenomenological perspective could be helpful in order to go deep in the “structure of behavior” and to enlighten those pre-reflective and latent features that a mere scientific analysis will never get to comprehend and explain.

From a phenomenological point of view, it is interesting to notice that we can trace three levels of Self:

- a minimal Self, or ipseity, thanks to which I am aware that this is my experience;

¹ M. C. Dillon, *Merleau-Ponty's Ontology*, Northwestern University Press, Evanston, IL 1997.

- a more explicit consciousness of Self as invariant subject of actions and thoughts (level that presupposes the minimal Self too);
- the narrative or Social Self (my habits, life style, and so on).

Then, the main thesis i am going to hypothesize in this paper is that *the loss of the corporeal Self (first stage)necessarily involves a loss in the sphere of common sense. (last stage).*

A disembodiment of Self implies the loss of self-awareness, but also the loss of social attunement: others become mere insignificant machines, and the world is perceived as an impersonal game regulated by impersonal rules. There is a shift from the first person perspective, typical of a living subject, to a third person approach through which the subject is completely detached from the world.

In this view, our perception and our “being in the world” are usually permeated by a bodily sense of Self. In schizophrenic subjects, we can register a progressive alienation from their own bodily feelings,

and, accordingly, the impossibility of discerning the Self and the Alterity.

The disembodiment of the Self is often the culprit of the loss of perceptual and cognitive capacities and of intersubjective understanding. Accordingly, the subject is not able to give sense to the shared world or to use her/his “common sense”. In fact, our lived body could be considered the core of our tacit and pre-reflective understanding of the environment that “operates in every action and interaction with others without requiring explicit and thematic attention”.²

It seems more clear now that, in a schizophrenic subject, these feelings are lost or disrupted. Thus, a disturbance of embodiment may be defined as a disturbance of the sense of Self and of its functions. The subject often argues that he/she feels alienated with respect to the world and that he/she has lost contact with reality. In fact, in the disruption of Self we can register disruptions in several personal dimensions:

- cognitive sphere: the detachment from reality and from the corporeal subjective dimension involves the loss of meanings and the depersonalization of consciousness;
- emotional life: the subject has difficulties in feeling and often claims that he is no longer able to feel;
- ontology: Patients often describe not only a detachment from intersubjectivity, but also a detachment from their own Selves;
- ethics: losing subjective awareness and common sense allows the subject to assume bizarre ethical

² T. Fuchs, J. Schlimme, *Embodiment and psychopathology: a phenomenological perspective*, in *Current Opinion in Psychiatry* 2009 22, p. 571.

positions. There is a sort of split between “canonic” values and norms and the schizophrenic axiological world.

The result is a withdrawal from reality that involves not only a sort of “discordance” between the schizophrenic world and intersubjective understanding, but also a detachment from general reality, an inability to immerse in the world and, accordingly, the “destruction” of consciousness. In order to explain this lack of common sense, we need a phenomenological and holistic approach.

As a matter of fact, although the symptoms of schizophrenia could be divided into several descriptive “levels”(first signs, specific symptoms, gestaltic aspects, structures of subjectivity and general existential orientation), the loss of this pre-reflective common knowledge and of a corporeal sense of self could be registered in each of these categories³. The patients suffering from these symptoms register a disembodiment, a mechanization of the body, a *Leib* that turns into a mere *Körper* and that is cut off from the intersubjective attunement.

A phenomenological analysis seems to be useful to the scientific approach in order to clarify how a similar tacit bodily structure of the Self is lost and how this structure is lost in schizophrenia and other psychiatric disorders. As a matter of fact, phenomenological notions such as *Leib*, motor intentionality or bodily schema are useful in underlining the automatic, bodily and pre-reflective dimension necessary for the definition of subjective awareness and for intersubjective agreement on objective reality.

AUTISM

Another pathology that I have taken into account in order to clarify and support the existence of this prereflective and corporeal Self, and its role in intersubjectivity, is autism, a social pathology par excellence.

Also in this case, Simulation Theory and Theory Theory are insufficient to explain the complexity of this disease.

According to TT, autism is caused by a lack of a theory of mind, that is, the inability to confer mental states to others. The main problem with this hypothesis is that it is unable to explain the other symptoms of autism (such as repetitive actions, specific interests and so on) and that it does not emphasize the importance of emotion, an element that, from our perspective, is very important

³ For a more comprehensive explanation, see J. Parnas, *A Disappearing Heritage: The Clinical Core of Schizophrenia*, in *Schizophrenia Bulletin* vol. 37 no. 6 pp. 1121- 1130, 2011.

indeed. Furthermore, we cannot reduce autism to a mere lack of cognitive abilities, since many autistic subjects (even the subject I have personally met and interviewed) do have a theory of mind. According to ST, autism seems to be a behavioral disease. In fact, according to Baron-Cohen, one of the main authors to support this thesis, human activity could be divided into two macro-species: empathizing and systematizing. In this view, autistic subjects have difficulty empathizing, while their systematizing capabilities are hyper-developed. While TT and ST are not able to explain autism, a phenomenological perspective seems to be suitable to this task. In fact, intersubjectivity could not be reduce either to a mere cognitive process or to a mere simulation mechanism. We also need to take other elements into account, such as context. Husserl, Scheler and Merleau-Ponty have underlined the importance of the pre-reflective and pre-logical experience, as well as the centrality of living corporeity in the face-to-face encounter.

Starting from these notions, Gallagher has proposed an *interaction theory*, a vision of intersubjectivity as a multi-layered experience that could be divided into *primary and secondary intersubjectivity*.

In the case of primary intersubjectivity, we refer to that innate ability to relate to others which is expressed at the level of perception starting from birth, when the baby sees the actions and movements of others and begins to imitate them. With this in mind, the process would seem to resolve itself within the intersubjective direct encounters with the other, and in particular with his living body: bodily expressions and gestures seem fundamental in the development of the understanding of otherness. These interactions involve the ability to distinguish between the self and others and the proprioceptive sense of one's own body, as well as the ability to discern between animate and inanimate beings. Having a theory of mind is therefore not contemplated, nor does it appear useful at this early stage. The other is perceived as an intentional agent that uses our own expressive language.

This innate capacity allows the infant to interpret—perceptively, not theoretically—the body movements of the other: Baron-Cohen has called this capacity *intentionality detector*. In phenomenological terms, we could say that this kind of intentionality is the pre-reflective and bodily intentionality that enables us to be ontologically open to the world. Within this characterization, it is possible to trace another feature singled out by Baron-Cohen: the *eye-detection detector*, which is the ability to follow the gaze of others and consider it significant.

As argued by Scheler, our initial perception of otherness is not rational; rather, it implies cognition of body expression and sensory-motor capacities. Integrating the Schelerian theory with

observations provided by developmental psychology, we could very well argue that bodily and motor elements allow the subject to establish an initial connection with otherness. In this context, corporeality plays a fundamental role: not only do we see the rage in expressions and movements of others, but it is as if we personally feel the rage with our own body.

The passage from sharing to understanding others' perspectives, according to studies by Melzoff and Moore, is gradual and stabilizes around the age of four or five: in other words, our perception of the other is not confined to the primary intersubjectivity. As early as the age of one year, in fact, that we can observe the transition from simple face-to-face meeting to what Baron-Cohen has described as a *mechanism of joint attention*: the subject learns to understand the meaning of things, going from dyadic to triadic relations (or intersubjective situations involving the use of objects). This "level" of intersubjectivity goes beyond the mere encounter with otherness, and it implies imaginative and inferential capacities.

This passage from one to another kind of interpersonality is defined *secondary intersubjectivity*. At the end of a complete and comprehensive description of the intersubjective process, it seems so obvious that neither a reduction in mental or abstract mechanisms, nor a mere focus on context, is possible: rather, primary and secondary intersubjectivity seem to be two phases of a single process which includes both sensory-motor experiences and contextual and pragmatic abilities. This complexity is also evident in the arise of autistic disorder, a disease that seems to affect not only the cognitive abilities of the subject, but also the so-called *praktognosia* (i.e. the capability to relate to the world in a practical sense and not purely theoretically). Following a phenomenological perspective, and keeping in mind what it means to have an intersubjective relation according to this approach, the autistic disorder seems to be a disorder that affects the social skills of the subject as early as the co-subjectivity, eroding inferential capabilities and especially his embodied interaffectivity. The deficits of the autistic patient can, in fact, be identified starting from primary intersubjectivity: very often, you can observe disturbances in sensory-motor integration, gestalt perception and imitative capacities. As a result, secondary intersubjectivity, which involves the development of higher cognitive abilities, will find great difficulties.

To summarize, also in this pathology we can also point out different and interrelated disrupted dimensions:

- A neurobiological disturbance;
- An intersubjective deficit (starting from the "first level" of intersubjectivity, and, accordingly, in the higher level of social understanding);
- A lack of motor ability.

My thesis is that, as well as in schizophrenia, all of these dimensions could be synonymous with a disruption of the bodily (and intersubjective) sense of Self, in other words, of our *lived body*.

To summarize, a phenomenological analysis has allowed me to conclude that:

- Our Self is corporeal;
- Our intersubjectivity does not depend on mentalization or simulation, but on pre-reflective (and corporeal) elements.

For these reasons, I suggest a therapy focused on the fortification of intercorporeality and of bodily awareness: I call this approach D.I.R.E., with an explicit link to the D.I.R. model proposed by Stanley Greenspan and Serena Wieder in 1997 for the treatment of autistic patients. The idea is that the treatment should be focused on Development, Individual difference and should be Relationship-based. I will argue the importance of Embodiment too, in order to strengthen the sense of (essentially intersubjective) Self that in autism (and schizophrenia) is lost.