

# The life-world of persons with schizophrenia. A panoramic view

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## Summary

The profound transformation of the life-world of persons with schizophrenia involves changes in the ontological framework of experience and has serious consequences for how such persons live their life as embodied persons and how they understand the existence of other people. Drawing on classical as well as contemporary psychopathological accounts, we systematically and succinctly describe the basic features of these changes. Lived time, space, body, selfhood and otherness are used as the principal descriptors of this transformation. We offer a reconstruction of the life-world of persons with schizophrenia that discloses their primordial in esse, their basic sense of being in the world. We argue that detailed knowledge of these deep ontological changes is fundamental for the understanding of the schizophrenic style of experience and action as well as

for making sense of the symptoms of schizophrenia. From our reconstruction, it emerges that the phenomenon of fragmentation is a candidate common denominator of the schizophrenic experience. Fragmentation appears a basic feature of lived time, as well as space, body and selfhood. The loss of a coherent Gestalt of experience seems to run through the manifold of schizophrenic abnormal phenomena, also affecting the related self-world and inter esse. This suggests the crisis of the synthetic function of consciousness, that is, of the temporal unity of consciousness, could be at the basis of characteristic of “disarticulation”, distinctive of the schizophrenic world.

## Key words

Body • Other • Phenomenology • Schizophrenia • Self • Space • Time

*Two strategies were here locked in combat, two integral positions, two sets of logical consistency. But Moosbrugger had the less favourable position; even a much cleverer man could not have expressed the strange, shadowy reasonings of his mind. They rose directly out of the confused isolation of his life, and while all other lives exist in hundreds ways – perceived the same way by those who led them and by all others, who confirm them – his true life existed only for him. It was a vapour, always losing and changing shape. He might, of course, have asked his judges whether their lives were essentially different. But he thought no such things. Standing before the court, everything that had happened so naturally in sequence was now senselessly jumbled inside him.*  
R. Musil, *The man without qualities*, pp. 76-7.

## Introduction

Schizophrenia is a complex condition that defies simple description. In addition to the symptoms identified by the DSM <sup>2</sup>, abnormal phenomena that affect people with schizophrenia include other important though more

subtle changes in their subjective experiences<sup>1-3-10</sup>. This paper examines these anomalous experiences, addressing changes of schizophrenic subjectivity, and aims to reconstruct the life-world inhabited by people with schizophrenia.

Life-world, in Edmund Husserl’s sense <sup>11</sup>, is the original domain, the obvious and unquestioned foundation both of all types of everyday acting and thinking and of all scientific theorising and philosophising. In its concrete manifestations, it exists as the “realm of immediate evidence”. The variant of life-world phenomenology developed by Alfred Schutz <sup>6</sup> on the basis of ideas derived from Husserl is today without question one of the most important background theories of qualitative research. The main objective of research in this field is to reconstruct the formal structures of the life-world <sup>6-11</sup>, that is, to provide a formal description of invariable basic structures of experience, action and the constitution of meaning.

Although the majority of people are situated within a shared life-world, there are several other frameworks of experience – for example, fantasy worlds, dream world and “psychopathological worlds” <sup>6</sup>. Abnormal mental phenomena are the expression of a modification of the ontologi-

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cal framework within which experience is generated. The overall change in the ontological framework of experience transpires through the single symptoms, but the specificity of the core is only graspable at a more comprehensive structural level<sup>5 12-14</sup>. The experience of time, space, body, self and others, and their modifications, are indexes of the patient's basic structures of subjectivity within which each single abnormal experience is situated<sup>15</sup>.

Recent phenomenological research on schizophrenia has addressed this issue by adopting the concept of pheno-phenotype<sup>14</sup>. This concept is a supportive tool for the phenomenological dissection of psychopathological disorders. It aims to describe phenomena as they are experienced by patients so that the features of a pathological condition emerge, while preserving their peculiar feel, meaning and value for the patient. The utility of the concept of pheno-phenotype is to produce a systematic description of subtle and often undescribed changes in the patient's subjective experience and to reconstruct the ontological framework within which they are generated. The aim is to improve our knowledge about psychopathological phenotypes in order to enlarge our awareness of the life-world people affected with mental disorders live in, understand their behaviour and experiences, refine diagnostic criteria and establish homogenous categories for neurobiological research.

## Lived time

The schizophrenic pheno-phenotype is characterised by subjective experiences such as those concerning the way these patients experience time<sup>1 7 9 13 16-31</sup>. Classic phenomenological studies provide several, and sometimes inconsistent, descriptions of time experience in people with schizophrenia. Minkowski<sup>19</sup> suggested that people with schizophrenia experience time as altered in its flow and fluidity, frozen, immobilised, blocked, without "élan vital". Also, their time experience is characterised by the loss of the immediate attunement with the present situation<sup>20 16 18</sup>. People with schizophrenia have also been considered affected by the spatialisation of time experience: time is felt as divided in juxtaposed elements that the schizophrenic person doesn't weld and gather<sup>19</sup>. Persons with schizophrenia were also described as living in an elusive, eternal and pregnant "now", called the *ante festum*, in which what is most important is always about to happen<sup>17 21 22 32</sup>. Especially in early schizophrenia, time is suspended: it is a paradoxical mixture of immobility and protention, a knot of stillness and frenzy, stop and incipient moment<sup>13</sup>. Temporal fragmentation has been considered as a generative disturbance in schizophrenia. Major schizophrenic symptoms such as thought disorder, thought insertion, hallucinations, or passivity experiences have been regarded as manifesting a disturbance of the

constitutive synthesis of time consciousness<sup>27</sup>. There is a breakdown of time *Gestalt*: with the fracturing of the time flow, we observe an itemisation of now-moments in consciousness<sup>13</sup>. With the collapse of the temporal continuity, each "moment" in a person's stream of consciousness will be experienced as detached from the previous one and from the following, as well as extraneous to one's sense of selfhood<sup>13 27</sup>.

In schizophrenia, compared to mood disorders, the collapse of the very vector-like nature of the present moment (understood as James's "specious present" or the Husserlian "now") can occur; as a result, rather than merely experiencing time flow as slowing (melancholia) or accelerating (mania), life itself can turn into a series of stills as time turns wholly strange and unpredictable. Unlike in melancholia, in which the crisis of life-drive that projects into the future leaves the person dominated by the past, futility and fatigue; in schizophrenia, temporality loses all organisation and meaning<sup>9</sup>.

As a way to lend some coherence to these studies, we suggest that abnormal time experience in people with schizophrenia can be characterised as follows (patients' quotes from unpublished database) (Table I):

1. Disarticulation of Time Experience  
Patients live the temporal plot as disarticulated. It includes the following sub-categories:
  - 1.1 Disruption of time flow: patients may experience a collection of disarticulated snapshots rather than as a coherent series of actions and events. Typical sentence: "The world like a series of photographs".
  - 1.2 Déjà vu/Vecu: patients experience places, people, etc. as already lived; this presupposes a disarticulation between past and present. Typical sentence: "When I heard news I felt I had heard it before".
  - 1.3 Premonitions about oneself: patients live the present as the anticipation of their future, as a forewarning of something that concerns them, e.g. they have a feeling that something is going to happen to them or that they or the others are going to do something. Typical sentence: "I have premonition of what is going to happen to myself".
  - 1.4 Premonitions about the external world: patients live the present as the anticipation of their future, as a presentiment about external world, (e.g. they experience that something is going to happen in the external world). Typical sentences: "*Something going on, as if some drama is unfolding*".
2. Disturbed Experience of Time Speed  
Patients live time speed as disturbed. They can live time as decelerated (longer, slower, fixed, frozen), accelerated, or both decelerated and accelerated. Typical sentences are: "*I felt I was moving normally and*

**TABLE I.**  
Lived time in people with schizophrenia.

| Subjective experiences                  |   |
|---|---|
| Category                                | Description category/ subcategory   |
| 1. Disarticulation of Time Experience   | 1.1 Disruption of time flowing:<br>A collection of disarticulated snapshots rather than a coherent series of actions and events ( <i>"World like a series of photographs"</i> ).<br>1.2 Déjà vu/Vecu:<br>Places, people, etc. are already lived; this presupposes a disarticulation between past and present ( <i>"When I heard news I felt I had heard it before"</i> ).<br>1.3 Premonitions about oneself:<br>Present is the anticipation or forewarning of something in the future concerning the patient ( <i>"I have premonition of what is going to happen to myself"</i> ).<br>1.4 Premonitions about the external world:<br>Present as the anticipation or presentiment about external world ( <i>"Something going on, as if some drama unfolding"</i> ). |
| 2. Disturbed Experience of Time Speed   | Time speed is anomalous - decelerated, accelerated, or both decelerated and accelerated ( <i>"I felt I was moving normally and everyone was moving slowly"</i> , <i>"Time went by very quickly"</i> , <i>"Mouth movement and speech of other out of synchronizing: one faster and the other slower"</i> ).  |
| 3. Discrepancies about Time Experiences | Time "different" as compared to previous or commonsense experience of time; lost regarding common temporal references ( <i>"Time is somewhat changed"</i> , <i>"Time isn't supposed to be the way it was. I don't know in what way. I have to think it"</i> ).  |

*everyone was moving slowly"*; *Time went by very quickly"*; *"Mouth movement and speech of other out of synchronizing: one faster and the other slower"*.

3. Discrepancies about Time Experiences  
 Patients live time "differently" compared to their previous or common sense experience of time, or they feel themselves lost regarding the common temporal references. Typical sentences: *"Time is somewhat changed"*; *"Time isn't supposed to be the way it was. I don't know in what way. I have to think about it"*.

## Lived space

Jaspers already mentioned space (and time) as a primary and omnipresent element in the sense world of human beings<sup>33</sup>. Classic phenomenological studies have explored lived space in people with schizophrenia<sup>9 13 14 32-49</sup>. Lived space represents "the totality of the space that a person pre-reflectively "lives" and experiences". Under normal conditions, lived space is "not homogeneous, but centred on the person and his body, characterised by qualities such as vicinity or distance, wideness or narrowness, connection or separation, attainability or unattainability"<sup>38</sup>. Callieri<sup>39</sup> talked about the *habitability* of space, that is the space where you can stay in and deploy your own activities. The same phenomenon is addressed by Willi's *ecological niche*<sup>40</sup>.

In schizophrenia, lived space is no longer a space of possibility whose extension represents the degree that one feels able to "reach" things in the world<sup>9</sup>. Rather, lived space in schizophrenia is a kind of *espace figé*, defined by Callieri et al.<sup>41</sup> in analogy with the time described by Le Guen. In this kind of space, things may not appear meaningfully related to one's own body<sup>42</sup>. People with schizophrenia may find themselves living in a strange and uncanny space, at times dull, at times as an infinity plane, in the boundlessness, or in a space where objects are fragmented, flat<sup>9</sup>. Patients try to describe these quasi-ineffable experiences using generic terms as "unreal", "inscrutable", "fake", "meaningless", and define their condition as characterised by "disorientation", "bewilderment", "incertitude", "awe" and so on<sup>13</sup>.

An attempt to classify disorders of lived space in schizophrenia groups these into three main categories (Table II):

1. Loss of perspectival properties  
 One key feature of lived space in schizophrenia is its growing homogeneous, two-dimensional characteristics, losing its perspectival quality<sup>43-47</sup>. Space appears as a rarefied atmosphere, shaded or fuzzy, or an extension with blinding light. It seems that patients lose their sense of having any subjective centre at all, a point of view, or orientation. It may involve an ineffable feeling of being surrounded by unknown territories. Also, the background of lived space can

**TABLE II.**  
Lived space in people with schizophrenia.

| Subjective experiences                        |  |
|---|--|
| Category                                      | Description category/ subcategory  |
| 1. Loss of perspectival properties            | Space is a rarefied atmosphere, or an extension with blinding light. Patients lose their sense of having any subjective point of view, or orientation. Ineffable feeling of being surrounded by unknown territories ( <i>"There is only the space between things; things are there in a fashion but not so clear"</i> , <i>"I felt spaceless"</i> ).   |
| 2. Itemization                                | Space is a disarticulated collection of unrelated items, or decontextualized details ( <i>"In the silence and immensity, each object was cut off by a knife, detached in the emptiness, in the boundlessness, spaced off from other things"</i> , <i>"I am overwhelmed by too much detail - too much detail in objects"</i> ).   |
| 3. Alteration of spatial properties of things | Various types of anomalous experiences: alteration of dimensions and shape of objects, e.g., macropsia, micropsia and dysmegalopsia, objects fragmented, flat, or unrelated. ( <i>"For a while it seemed big and open, then too close to me"</i> , <i>"My perception of the world seemed to sharpen the sense of the strangeness of things"</i> , <i>"The air was between things, but the things themselves were not there"</i> ). |

be experienced as coming into the foreground as lived space loses its perspectival quality and paradoxically becomes an unfathomed flatness<sup>13</sup>. This uncanny experience of flatness is taken by the patient as an intimation and a warning: what appears is mere surface, façade, exteriority – a mask hiding a baffling profundity. Typical sentence: *"There is only the space between things; things are there in a fashion but not so clear"*, *"I felt spaceless"*.

## 2. Itemisation

Another typical feature is the fragmentation of space *Gestalt* reducing the ensemble of a living situation to a mere collection of itemised details. Space is reduced to a disarticulated collection of unrelated items, or decontextualized details. Typical sentences: *"In the silence and immensity, each object was cut off by a knife, detached in the emptiness, in the boundlessness, spaced off from other things"*; *"I am overwhelmed by too much detail - too much detail in objects"*.

## 3. Alteration of spatial properties of things

Often anomalies in lived space are described by patients, rather than as anomalies of space itself, as anomalies of the way *things* appear in space. This category includes various types of anomalous experiences, such as alteration of dimensions and shape of objects, e.g. macropsia, micropsia and dysmegalopsia, objects fragmented, flat, or unrelated. Typical sentences: *"For a while it seemed big and open, then too close to me"*; *"My perception of the world seemed to sharpen the sense of the strangeness of*

*things"*; *"The air was between things, but the things themselves were not there"*.

## Lived body

Phenomenology considers the lived body (i.e. the often implicit experience one has of his own body) as one the most important dimensions of self-experience and the most primitive form of self-awareness<sup>50 51</sup>. Empirical research shows that patients with schizophrenia frequently present many different kinds of abnormal bodily sensations in the course of their illness, including somatic delusions<sup>52</sup>, coenaesthesias<sup>53-58</sup>, disturbance of pain perception<sup>59-62</sup>, out-of-body experiences<sup>63 64</sup>, dysmorphophobia<sup>65-71</sup>, body disintegration<sup>72</sup> and self-injury or self-mutilation<sup>73-77</sup>. Most characteristic are ongoing bodily feelings of disintegration/violation and "thingness/mechanisation". These include experiences of instability of bodily boundaries, including externalisation of parts of the body that normally are within the bodily boundaries as well as internalisation of objects that normally occupy the external space. In addition, fragmentation of bodily construction and changes of body appearance seem to be typical of schizophrenia. Other typical phenomena are "morbid objectivisation" and devitalisation<sup>13 48 78-83</sup>. In mainstream clinical scales<sup>34 58 75 84-86</sup>, abnormal bodily experiences are often listed in the domain of positive symptoms, including somatic delusion, bodily hallucinations and disorders of ego-boundaries, blurring their specific characteristics and properties. To overcome this problem, ad hoc symptom checklists were designed to assess experiential anomalies in people with schizophrenia that may be considered as subtle and sub- or pre-psychotic disorders (BSABS<sup>34</sup> and EASE<sup>72</sup>). These

**TABLE III.**  
Lived body in people with schizophrenia.

| Subjective experiences       |  |
|------------------------------|--|
| Category                     | Description category/ subcategory  |
| 1. Dynamization              | 1.1 Dynamization of bodily boundaries:<br>Perplexing experience of strange, uncommon forces or objects violating from outside the boundaries of the body ( <i>"Areas of body where forces enter"</i> ).<br>1.2 Dynamization of bodily construction:<br>Perplexing phenomena of unusual, strange movements or forces acting inside one's body; bodily components are moving away from their usual position ( <i>"Mouth was where hair should be"</i> ).<br>1.3 Externalization:<br>Bodily components, vital energies or biological activities are projected beyond one's somatic boundaries ( <i>"Vagina half outside"</i> ). |
| 2. Morbid Objectivation      | Bodily parts or functions that are typically in the tacit background are explicitly experienced. Increased degree of "thingness" in the body. Parts of oneself are spatialised. The body is experienced as devoid of life or substituted by some kind of mechanism ( <i>"I felt programmed like a robot"</i> ).  |
| 3. Dysmorphic-like Phenomena | 3.1 Dysmorphic phenomena:<br>Puzzling phenomena of an ongoing change/destructuring in parts of one's body, especially its form/appearance, or in the body as a whole ( <i>"My nose is changing"</i> ).<br>3.2 Dysmorphophobia:<br>Bodily form/appearance experienced as ugly, or having some physical defect although it appears to others within normal limits ( <i>"Bust bigger and bones smaller"</i> ).  |
| 4. Pain-like Phenomena       | Paroxysms or persistent unpleasant/painful and "strange" bodily feelings not substantiated by any medical evaluation ( <i>"Pains and feelings of being cut up in various parts of body"</i> ).   |

interviews contain distinct sub-scales for abnormal bodily experiences, but the issue of their sensibility and specificity is still debated.

In a recent study,<sup>82</sup> we identified four categories of abnormal bodily phenomena (see Table III):

#### 1. Dynamisation

This category refers to the way patients experience their bodily boundaries and construction. Dynamisation includes 3 Subcategories:

- 1.1 Dynamisation of bodily boundaries. Patients report the perplexing experience of strange, uncommon forces or objects violating from outside the boundaries of the body. A typical sentence is: *"Areas of body where forces enter"*.
- 1.2 Dynamisation of bodily construction. Patients report perplexing phenomena of unusual, strange movements or forces acting inside one's body; bodily components are also experienced as moving away from their usual position, shifting around the usual spatial relationships. A typical sentence is: *"Mouth was where hair should be"*.
- 1.3 Externalisation. Bodily components, vital energies or biological activities are experienced as projected be-

yond one's somatic boundaries. A typical sentence is: *"Vagina half outside"*.

#### 2. Morbid Objectivation

This category refers to the way persons experience the vitality and workings of their body. Patients explicitly perceive bodily parts or functions that are typically in the tacit background of experience. There is an increased degree of "thingness" in the body. Parts of oneself are spatialised, as if they were not part of the living body. Also, the body is experienced as devoid of life or substituted by some kind of mechanism. A typical sentence is: *"I felt programmed like a robot"*.

#### 3. Dysmorphic-like Phenomena

This category refers to the way patients experience and represent the external form and appearance of their body. This category includes 2 subcategories:

- 3.1 Dysmorphic Phenomena. This includes puzzling phenomena of an on-going change/destructuring in parts of one's body, especially its form/appearance, or in the body as a whole; the experience may involve the entire organism, or components. A typical sentence is: *"My nose is changing"*.

3.2 Dismorphophobia. Patients are puzzled about the form/appearance of their body because they experience it as ugly, or having some physical defect (especially asymmetry or change in proportion), although they appear to others within normal limits. A typical sentence is: *“Bust bigger and bones smaller”*.

4. Pain-like Phenomena

This is a residual category that may also include phenomena that are not specific to schizophrenia. The core phenomenon in this category is that the patients report unpleasant/painful bodily feelings that are not substantiated by any medical evaluation; experiences may present themselves in the form of paroxysms or persistent sensations; they are characterised by feelings of strangeness. A typical sentence is: *“Pains and feelings of being cut up in various parts of the body”*.

**Self**

Classic phenomenological studies reveal that a disruption in the basic sense of being a self is a fundamental feature in schizophrenia<sup>5 9 32 72 87-109</sup>. Jaspers<sup>33</sup> defined self-awareness according to four formal characteristics: *self-activity*, *self-unity*, *self-identity* and *self-demarcation*. Scharfetter<sup>104</sup> added a fifth dimension, *self-vitality*. Recently, after several decades of neglect, the concept of “selfhood” assumed again relevance for understanding and diagnosis of schizophrenia spectrum disorders. Drawing on the French phenomenologist Michel Henry’s<sup>105</sup> concept of the basic sense of existing and the philosopher Michael Polanyi’s<sup>106</sup> notion of the “tacit dimension” – together with various ideas from Husserl<sup>107</sup> and Merleau-Ponty<sup>108</sup> – Parnas and Sass have interpreted schizophrenia as a disorder of the pre-reflexive self, i.e. a pervasive pertur-

bation of the core sense of self that is normally implicit in each act of awareness<sup>5 72 95</sup>.

These changes in the basic structures of consciousness are accompanied by an alteration of the very structure of the field of awareness, which leads to an emergent, particular way of experiencing that is infused by: (a) a change in the focus or salience with which objects and meanings emerge from the background context; (b) an altered conceptual “grip” or “hold” on the world; (c) a mutual amplification of the growing dissolution of the sense of existing as a subject with a more pronounced, disturbing and alienating self-scrutiny; (d) an increasing objectification and externalisation of normally tacit inner phenomena, with a morbid objectification of one’s own psychic life<sup>109</sup>. At the extreme of such progression the person might lose the naturally pre-given sense of coinciding with his own thoughts, sensations and actions and may feel that he is under the influence of some alien force or entity.

We may distinguish two main domains of self-disorders in schizophrenia (Table IV):

1. Diminished self-affection.

This refers to the breakdown of the crucial sense of self-sameness, of existing as a unified, unique and embodied subject of experience that is at one with oneself at any given moment. When this basic sense of self is disturbed, the person is inclined to experience a concomitant fading in the tacit, pre-verbal feeling of existing as a living and unified subject of awareness and a kind of exaggerated self-consciousness (hyper-reflexivity, see below). Self-affection provides to subjective experience the sense (pre-reflexive) of being the owners (mineness) and initiators (agency) of our own thoughts, behaviours and emotions. Experiences of intra-psychic and somato-psy-

**TABLE IV.**  
Self-experience in people with schizophrenia.

| Subjective experiences       |  |
|------------------------------|--|
| Category                     | Description category/ subcategory  |
| 1. Diminished self-affection | Breakdown of the crucial sense of self-sameness, of existing as a unified, unique and embodied subject of experience that is at one with oneself at any given moment. A concomitant fading in the tacit, pre-verbal feeling of existing as a living and unified subject of awareness and a kind of exaggerated self-consciousness (hyper-reflexivity, see below) ( <i>“I feel my self dislocated from its normal position”, “I do not feel my Self anymore”</i> ). |
| 2. Hyperreflexivity          | Tendency toward focal awareness of aspects of consciousness and the body that would normally be experienced in a tacit or immediate manner. It may occur in an “operative”, automatic, or non-volitional fashion ( <i>“I had to think about what to think”, “I can feel my thoughts as they come out of my mind”</i> ).  |

chic depersonalisation emerge as the split between parts of one's self. Typical sentences: *"I feel my self dislocated from its normal position"*, *"I do not feel my self anymore"*.

## 2. Hyperreflexivity.

Diminished self-affection is associated with a complementary tendency toward focal awareness of aspects of consciousness and the body that would normally be experienced in a tacit or immediate manner. Hyperreflexivity may occur in an "operative", automatic, or non-volitional fashion<sup>103</sup>. It emphasises the capacity of the self to split into a subject and an object of experiences and implies, e.g. the perceptualisation of inner speech or thought. Typical sentences: *"I had to think about what to think"*, *"I can feel my thoughts as they come out of my mind"*.

## Other persons

A core feature in schizophrenia is the difficulty to enter into contact with other persons<sup>10 20 32 50 79 83 89 95 98 100 110-122</sup>. Schizophrenic autism reflects the fundamental constitutional fragility of selfhood, that is, its fundamental incompleteness, which results in problematic relations, meetings and confrontations with others<sup>50</sup>. Modern phenomenological accounts of autism mainly draw on Minkowski's<sup>20</sup> and Blankenburg's ideas<sup>110</sup>. Minkowski assumed that schizophrenic autism is a loss of vital contact with reality, including morbid rationalism and the so-called "antithetic attitude". Vital contact with reality provides a latent awareness of reality "making us adjust and modify our behaviour in a contextually relevant manner but without distorting our overall goals, standards and identity"<sup>111</sup>. Over the years, phenomenological psychopathology has never ceased deploying the concept of autism as an organiser of the meaning of the conditions of existence that go under the name of schizophrenia<sup>32 79 112-117</sup>. In brief, from the angle of clinical phenomenology, autism implies a disturbance of attunement, i.e. of the ability to perceive the existence of others and to see their mental structure as similar to one's own; make emotional contact and establish mutual relationships; intuitively understand the manifestations of mental life of other persons, and communicate with others using the shared meaning structures in a context-relevant manner<sup>115 118</sup>. The phenomenon of schizophrenic autism is characterised by the progressive removal of other individuals from the category of living-conscious beings, up to a mechanical objectivisation of the Other and an impersonal and algorithmic conception of social life<sup>83 119</sup>. Autism implies a fracture in social life, which is therefore compromised in the ability to recognise others as individuals endowed with complex and interrelated mental states (emotions,

thoughts, feelings of affection which influence one another), and in the possibility to understand other people by means of pre-reflective and non-propositional attunement with the expressions of their mental life and by means of a keyboard of shared symbols and experiences. It is possible to identify five distinctive categories that characterize the world of schizophrenic autism<sup>120</sup> (Table V):

### 1. Hypo-attunement

This is the immediate feeling of reduced attunement, i.e. emotional contact and detachment from other persons, and the pervasive feeling of inexplicability incomprehensibility of people's behaviours and social situations. It includes:

#### 1.1 Immediate Feeling of Distance Detachment or Lack of Resonance

The immediate feeling of distance and detachment, a sense of barrier between oneself and the other. Typical sentence: *"I always felt as if I belonged to another race"*.

#### 1.2 Immediate Feeling of Incomprehensibility of Other People and Social Situations

The lack of intuitive "grip" on social situations. Typical sentence: *"I simply cannot grasp what others do"*.

#### 1.3 Ego-Syntonic Feelings of Radical Uniqueness and Exceptionality

The exaltation of one's feelings of radical uniqueness and exceptionality. It seems to be grounded in anomalous sensations, feelings of disconnectedness from commonly shared reality. Typical sentence: *"I've always thought to be radically different from all other people, perhaps an alien. It depends on all my strange thoughts which surprised me"*.

### 2. Invasiveness

This is the feeling of being oppressed and invaded by the others, from without. It includes:

#### 2.1 Immediate Feeling of Hostility or Oppression: the experience to be somewhat invaded, flooded by the external world or by the other people, or to be somehow in a passive, dangerously exposed position. Typical statement: *"I feel driven by the human flood. It is a feeling of danger, as if I were invaded"*.

#### 2.2 Immediate Feeling of Lack of Self-Other Boundaries: immediate feeling of being somehow "too open or transparent", to be physically invaded or penetrated by other people's gestures, speech, actions, or glances. Typical statement: *"I feel people entering inside me"*.

#### 2.3 Hyper-Empathic Experiences: the inability to take distance from other people determined by immediate feelings of merging with other persons, direct mindreading of others, fusional, or mimetic experience. Typical sentence: *"I feel the mental states of others and I can no longer find myself"*.

**TABLE VI.**  
Experiences of others in people with schizophrenia.

| Subjective experiences                   |  |
|--|--|
| Category                                 | Description category/ subcategory  |
| 1. Hypo-attunement                       | <p>1.1 Immediate Feeling of Distance or Lack of Resonance:<br/>A sense of barrier between oneself and the other (<i>"I always felt as if I belonged to another race"</i>).</p> <p>1.2 Immediate feeling of incomprehensibility of other people and social situations:<br/>Lack of intuitive "grip" on social situations (<i>"I simply cannot grasp what the others do"</i>).</p> <p>1.3 Ego-Syntonic Feelings of Radical Uniqueness and Exceptionality:<br/>Exalted feelings of radical distinctiveness grounded on anomalous sensations of disconnectedness (<i>"I've always thought to be radically different from all other people, perhaps an alien. It depended on all my strange thoughts that surprised me"</i>).</p> |
| 2. Invasiveness                          | <p>2.1 Immediate Feeling of Hostility or Oppression:<br/>Feeling of being in a passive, dangerously exposed position (<i>"I feel driven by the human flood. It is a feeling of danger, as if I were invaded"</i>).</p> <p>2.2 Immediate Feeling of Lack of Self-Other Boundaries:<br/>Feeling of being physically invaded or penetrated by other people's gestures, speech, actions, or glances (<i>"I feel people entering inside me"</i>).</p> <p>2.3 Hyper-Empathic Experiences:<br/>Feelings of merging with other persons, direct mindreading of others, fusional or mimetic experiences (<i>"I feel the mental states of others and I can no longer find myself"</i>).</p>   |
| 3. Cenesthopathic/Emotional Flooding     | <p>3.1 Emotional Paroxysms:<br/>Feeling of being overloaded by distressing emotions when in front of others (<i>"When people get too close to me I feel a tension in my muscles"</i>).</p> <p>3.2 Coenesthetic paroxysms:<br/>Feeling of being oppressed by uncanny bodily sensations evoked by interpersonal contacts (<i>"When I look someone straight in the eyes I feel strange vibrations inside"</i>).</p>   |
| 4. Algorithmic Conception of Sociality   | <p>4.1 Observational (ethological) attitude:<br/>Attempt to make sense of the others' mental states through empirical observations in everyday life transactions, or "scientific" analysis of the workings of "intelligent" mechanisms (<i>"I study people. I want to understand how they are inside"</i>).</p> <p>4.2 Algorithmic conception of sociality:<br/>Development of an explicit personal method to take part in social transactions (<i>"I studied a system to intervene at the right moment in conversations"</i>).</p>  |
| 5. Antithetic Attitude towards Sociality | <p>5.1 Antagonomia:<br/>Independence as the most important value. Conventional knowledge and emotional attunement are dangerous sources of loss of individuation (<i>"What I detest more is being persuaded by others"</i>).</p> <p>5.2 Abstract idealization of sociality:<br/>Engagement with "real" persons is replaced by utopian interest in abstract humanitarian values (<i>"I love Mankind, but I detest humans"</i>).</p> <p>5.3 Idionomia:<br/>Exalted existential standpoint not allowing integration with the other's point of view or with common sense. (<i>"I must test the reality of reality", "Through suffering, from God I will have the power over the planet"</i>).</p>                                |

3. Cenesthopathic/Emotional Flooding

This is the feeling of being oppressed and submerged from within by paroxysms of one's emotions and bodily sensations evoked by interpersonal contacts. It includes:

3.1 Emotional Paroxysms: feeling overloaded by one's

distressing emotions in form of paroxysms when in front of others. Typical sentence: *"When people get too close to me I feel tension in my muscles"*.

3.2 Coenesthetic Paroxysms: feelings of being oppressed by uncanny and incomprehensible bodily sensations evoked by interpersonal contacts. Typical statement:



*“When I look someone straight in the eyes I feel strange vibrations inside”.*

#### 4. Algorithmic Conception of Sociality

This is a conceptual, analytic, hyper-cognitive, hyper-rationalist, hyper-reflective stance toward sociality and the adoption of a “mathematisable” conceptualisation of interpersonal transactions in everyday life. Its main features are:

- 4.1 Observational (ethological) attitude: the attempt to make sense of the mental states of others that lie behind their behaviour through empirical observations of other people in everyday life transactions, or from the “scientific” analysis of the workings of “intelligent” mechanisms. Typical statement: *“I study people. I am curious. I want to understand how they are inside”.*
  - 4.2 Algorithmic Conception of Sociality: the observational attitude provides the basis for developing an explicit personal method or algorithm to take part in social transactions. Typical statement: *“I have studied a system to intervene at the right moment in conversations”.*
- #### 5. Antithetic Attitude towards Sociality
- Antithetic attitude toward sociality is the value-structure or existential orientation of persons with schizophrenia. It is comprehensive of:
- 5.1 Antagonomia: the feeling to be vulnerable to the influx coming from the external world and claim one’s independence as the most important value. Conventional (common sense) assumptions, social-shared knowledge, common ways of thinking and behaving and immediate (empathic) relationships and emotional attunement are evaluated as dangerous sources of loss of individuation. Typical statement: *“What I detest more is being persuaded by others”.*
  - 5.2 Abstract Idealisation: replacing the engagement with “real” persons by a marked utopian interest in mankind or abstract humanitarian values. Typical statement: *“I love Mankind, but I detest humans”.*
  - 5.3 Idionomia: a kind of exalted existential standpoint that does not allow integration or compromise with the other’s point of view or with common sense. Idionomia is comprehensive of metaphysical concerns (they are sceptical about the face value of phenomena) and charismatic concerns (they are convinced that they have a mission to accomplish). Typical statements: *“I must test the reality of reality”, “Through suffering, from God I will have the power over the planet”.*

## Conclusions

The profound transformation of the life-world of persons with schizophrenia involves changes in the ontological framework of experience, and has serious consequences

for how such persons live their life as embodied persons and how they understand the existence of other people. Drawing on classical as well as contemporary psychopathological accounts, we systematically, although succinctly, described the basic features of these changes. Lived time, space, body and selfhood and otherness are used as the principal descriptors of this transformation. We offer a reconstruction of the life-world of persons with schizophrenia that discloses their primordial *in esse*, their basic sense of being in the world. We argue that a detailed knowledge of these deep ontological changes is fundamental for our understanding of the schizophrenic style of experience and action as well as for making sense of the symptoms of schizophrenia.

A mental disorder is not a simple association of symptoms, but a coherent way of being in the world in which the phenomena intimately interpenetrate each other in a meaningful whole, i.e. a structure. From our reconstruction of the schizophrenic life-world, it emerges that the phenomenon of fragmentation is a candidate common denominator of schizophrenic experience. Fragmentation appears a basic feature of lived time, as well as space (itemisation), body (dynamisation and morbid objectivation) and selfhood (diminished self-affection). The loss of a coherent Gestalt of experience seems to run through the manifold of schizophrenic abnormal phenomena, also affecting self-world relatedness and *inter-esse* (hypoattunement). This suggests that the crisis of the synthetic function of consciousness, that is, of the temporal unity of consciousness, could be at the basis of the characteristic “disarticulation”, distinctive of the schizophrenic world.

### Conflict of interest

None.

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