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THE PHENOMENOLOGY OF SOCIAL IMPAIRMENTS

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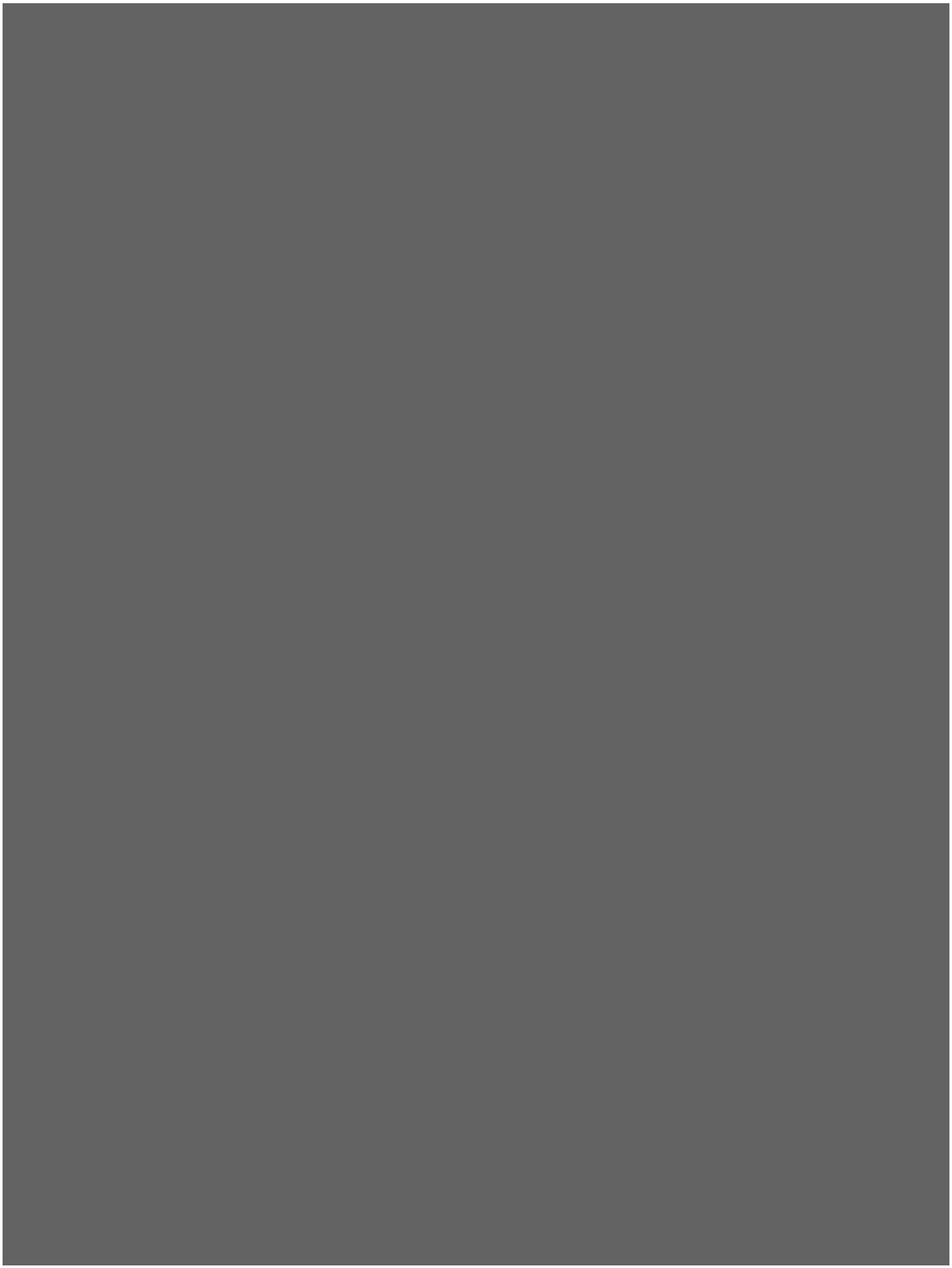

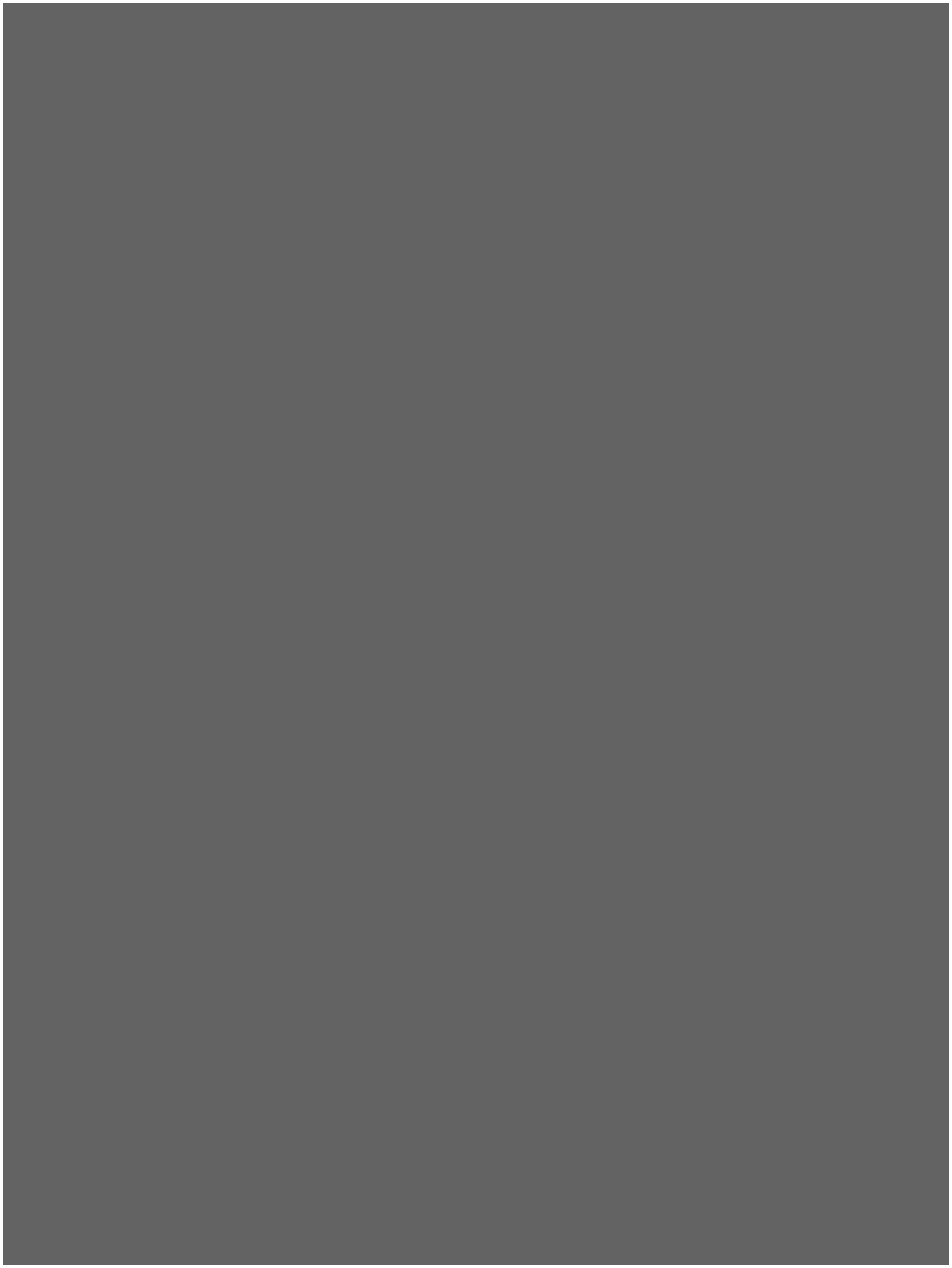

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INTRODUCTION. PHENOMENOLOGY OF SOCIAL IMPAIRMENTS: TOWARDS NEW RESEARCH PATHS[1]

1 The editors want to thank the interdisciplinary research group "Phenomenological Psychopathology and Psychotherapy", and the DAAD (German Academic Exchange Service) that funded the workshop held in July 2019 in Heidelberg, where the majority of the authors had the opportunity to meet and actively engage in an interdisciplinary discussion about social impairments. We also want to thank Francesca Forlè and Sarah Songhorian for their precious help in the editing process. Valeria Bizzari also want to thank the Research Foundation Flanders (FWO) for the financial support (project 3H200042).

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INTRODUCTION

Authentic human life is the open-ended dialogue. Life by its very nature is dialogic. To live means to participate in dialogue: to ask questions, to head, to respond, to agree, and so forth. In this dialogue a person participates wholly and throughout his whole life: with his eyes, lips, hands, soul, spirit, with his whole body and deeds. He invests his entire self in discourse, and this discourse enters into the dialogic fabric of human life, into the world symposium. (Bahktin, 1984, p. 283).

One of the key features of mental disorders is undoubtedly the fact that the suffering subject experiences a deep social impairment that impacts the way the world and others appear to her. In fact, as Fuchs (2010) suggests, a mental illness is always a disturbance of the patient's experiential relation to others. This can occur at different levels of embodiment, inter-corporeality, inter-affectivity and symbolic intersubjectivity. Nowadays, the close relationship between mental disorders and impaired sociality is reflected from a growing body of research (see, for instance, Salice & Henriksen, 2015; Fuchs, 2015; Stanghellini, 2004; De Jaegher, 2013). Ample evidence indicates that discrepancies in establishing intersubjective engagements in subjects with mental pathologies involve loss of social capacities and predispositions, such as joint attention and collective intentionality. The loss of these specific properties of human intersubjectivity impairs the capacity to cooperate with others and prevents the subjects from attaining crucial social affordances. Nonetheless, whether the individual's capacity to engage with others involves primary social-perceptual anomalies or amounts to difficulties in participating in communal activities, it seems that these shortages stem from a fundamental disturbance at a subjective and intersubjective level.

In this special issue we address these topics from a phenomenological perspective. In fact, a phenomenological approach is able to shed light on the *experiential* features of human sociality, such as empathy, 'we'-relationships and emotional sharing, and helps to facilitate a systematic exploration of various subjective and intersubjective experiential anomalies. The different case studies in this issue show how our relational and chiasmatic link with the world undergoes deep disruptions in every kind of psychopathologies: despite of the fact that the manifestations are different for each of them, we can indeed claim that a subject who is living anomalous experiences will always find herself somehow detached from the other and the world.

This is explicit in autism spectrum disorder (ASD), where the social sphere represents the dimension that registers the deepest disruptions. In fact, autism is usually described as a disorder which involves problems in social interactions, communication, and social

imagination (APA, 2013). Furthermore, we can observe abnormalities in perception along with sensorial and motor deficits. Nonetheless, the contemporary literature about this disorder oscillates between neural, behavioral and cognitive explanations. All of them seem to undervalue the complexity and the role of sociality in our life: usually relying on a definition of intersubjectivity which is quite restricted to neural or behavioral models, these explanations seem to be insufficient in accounting for the variety of social issues that are at stake in autism. The papers included in this special issue represent good alternatives for understanding and explaining this disorder.

Joel Krueger, in his paper, integrates Tetsurō Watsuji's phenomenology of *aidagara* ("betweenness", a notion according to which our relational dynamics generate from basic forms of our *embodied selfhood)* and Sarah Ahmed's critical phenomenology of "disorientation". Putting into dialogue these two different perspectives, he focuses on a specific aspect of autism which is usually not considered: space. As living beings, we qualitatively inhabit space and we align ourselves to others, co-constructing shared environments. Nonetheless, we can find ourselves *disoriented,* for instance, if we do not feel at home in a particular space, or if we feel bodily out of sync with, or affectively unsettled.
In this view, autism can be described as an experience of disorientation, or de-synchronization with the shared world: we can also claim that autistic bodies are autonomous ones (Grohmann, 2017). While the critical phenomenological perspective puts pressure on the idea that social impairments in ASD are exclusively (or even primarily) neurocognitive deficits that can be addressed by focusing on cognitive factors internal to the autistic person, Krueger's aim is therefore to argue that the structure and character of some neurotypical spaces may play a regulative role in shaping aspects of at least some of the social impairments autistic people exhibit. The peculiar "embodied style" of autistic people can in fact be sensitive to the context. In other words, the "bodily disorientation" can also be influenced by neurotypical spaces that are not set up to accommodate non-neurotypical styles of being in the world. Of course, this assumption also entails hypothetical therapeutic outcomes: music therapy, for instance, or other relational interventions that aim at strengthening the sensorimotor attunement between the subject and the social environment, seem to be consistent with this spatial perspective.

The limits of the common assumptions about autism are also emphasized in *Rizzo and Rock's* paper, where the authors challenge the idea according to which people with autism lack empathy. They introduce a specific theory – the Intense World Theory (IWT) – and substantiate it through the phenomenological analysis of empathy as an experienced phenomenon. According to IWT, autistics are characterized by hyper-emotionality and therefore their detachment is not the sign of a disrupted empathy, but a strategy to face a world of overwhelming stimuli. Characterizing observable behaviors of autistic persons as the result of being hyper-emotional instead of hypo-emotional, as being *overminded* and not 'mindblinded', IWT supports the grounded counter argument according to which autistic subjects are hyper-empathetic and oversensitive to the world's stimuli. This hypersensitivity is present both at a neurobiological and an experiential level. In the first case, we can observe what the authors called "a hyper-functioning brain", where the neural microcircuits are characterized by hyper-reactivity and hyper-plasticity. This implies three cognitive consequences: i) hyper-attention, ii) hyper-perception, iii) hyper-memory and iv) hyper-emotionality. As claimed by Thomas Fuchs in *Ecology of the Brain* (2018), there is a circular interaction between the organic and the experiential dimension. In a similar manner, the authors describe how the neurobiological hyper-development influences and is influenced by

an hyper-reactive emotional and experiential life. In particular, for what concerns empathy, which is usually considered the most impaired dimension in autistic subjects, the authors claim that the emotional aspects of autism are not a disorder of empathy, but are caused by an *oversensitivity* and resulting affective withdrawal.
Therefore, what is often perceived as deficits in attending social signals, feeling emotions and taking others' perspective might be the result of emotions too intensely felt and not some form of deficiency. In order to support their thesis, the authors use first person reports and describe what it means to live with autism. Furthermore, phenomenology reveals its centrality by accounting for the complexity of the empathic understanding. In this way, IWT seems to be more complete and we can also hypothesize therapies aimed at reducing or moderating the *intensity* of an autistic person's environment, and pay attention to the stimuli that can be overwhelming for her.

A social detachment is experienced in depression as well. While, usually, this lack is described in terms of an "hyperembodiment" (Fuchs, 2013; Stanghellini, 2006) or a "chrematization" of the body (Doerr-Zegers *et al.*, 2017) that works as a *barrier* between the subject and the social world, *Lucy Osler* argues that the depressed individual's body is *saturated* with experiences of lethargy, tiredness, heaviness, sadness and hopelessness to such an extent that the subject is not capable of being bodily connected to others. More specifically, she suggests that depression does not involve a complete social impairment but a specific disorder of affective forms of sociality. According to this view, there is a *change* in the structure of interpersonal experience: in particular, depression seems to be an intense bodily experience that leaves the body saturated, thus disrupting affective ways of feeling connected to and together with others. The sense of isolation is always present, but there is still a perception of others and eventually of their happiness. Accordingly, some form of interpersonal experience seem to be preserved, even though a very basic one: the depressed patient perceives the other in a visual and auditory way but not *affectively*. The author links this interpersonal change with a problem of saturation: the bodily feelings that usually allow the subject to resonate with others can be overwhelmed to such an extent that she is insensitive to them. Thus, the depressed body is still a feeling body but it is so full with intense feelings that it is affectively cut adrift from others – leaving the depressed individual a cold social observer, rather than a bodily engaged, connected social participant.

To understand similar nuances is especially important in overcoming the stigma that too often surrounds people who suffer from psychopathologies and who are not spontaneously attuned with the social environment. *Philipp Schmidt*, in his paper, takes into account a specific mechanism which is usually associated to Borderline Personality Disorder's behavior: manipulation. The author invites us to go beyond the common assumptions and see how manipulative behavior can assume different functions in people with BPD: it can be conceived as an "explorative tool", a compensatory strategy aimed at getting in touch with others; but it can also assume an *epistemological* function directed at eliciting strong and clear feelings that the person with BPD uses to cope with the social situation. Influencing other people can also have a *regulatory* function (I provoke in the other an overwhelming emotion similar to mines) that can be seen as a *communicative* strategy as well. This also has a *restructuring* value: provoking reactions in others or nudging them into certain directions may convey a sense of co-authoring a situation, a sense of not being completely passive to the course of the world. On the other hand, manipulative behaviors triggering conflict can sometimes be the only way to *liberate* oneself from relationships and their commitments when feeling claustrophobic. Accordingly, we should assume an empathic and not-judgmental attitude towards people

with BPD and, rather than focusing on the question whether a certain behavior qualifies as manipulative or not, we should ask what – *experientially* speaking – underlies it.

The relevance of phenomenology does not only concern the understanding of different shades of sociality that, as we have seen, can be impaired in various and complex manners, but also the focus on the life-world of the subjects, even in those cases where the intersubjective deficit is not the core of the pathology. This is the case of dementia, faced by *Erik Norman-Dwiza* in his paper: while this pathology seems to affect mainly language, memory and orientation, focusing on the lived experiences of the patients allows to understand that the social dimension is disrupted as well. Accordingly, dementia can be understood not only as a neurodegenerative *disease* of the brain but also as a psycho- and socio-degenerative *illness.* The paper also focusses on the central notion of lived body (*Leib*): drawing on Husserl's thought, the author shows the fundamental relationship between spoken language and bodily orientation, a relationship which in dementia shows profound disconnections. The disturbances in integrating contextual information can also affect the intra-personal and inter-personal constitution of meaning: in this sense, jumps in space and time or the confusion between living and deceased persons can be read as compensatory strategies aimed at giving sense to the surrounding social reality. To recognize these attempts of reconnecting the self to the social world suggests at least two strategies: a *situation-specific* one, aimed at examining the communicative resources present in face-to-face situations; a *context-specific* one, that investigates whether the *habitus* can soften the disruption of contextual knowledge by making it accessible as a resource of meaning. It is evident here how the subject and the world are linked to one another in a chiasmatic and *circular* way. Accordingly, as we cannot separate the brain from the mind, nor the person from the world, we cannot make an explicit distinction between neural and psychic disruptions.

This circularity is explicit also in *Francesca Brencio et al.'s* work, which takes into account a pathology that has never been analyzed from a phenomenological lens: epilepsy. By using qualitative interviews, the authors show how disturbances in the dynamical coupling and coordination among agents may contribute to psychopathological phenomena, and to changes in intersubjectivity and social perception, causing comorbidities such as anxiety and depression. In particular, the interviews shed lights on specific features that reveal how the relationship between the subject, the other and the world is lived through by persons with epilepsy. These features comprise: (1) different levels of awareness of seizures and disruptions in verbal communication; (2) fear of sudden loss of bodily control and alteration of the sense of belonging to the world; (3) social anxiety and stigmatization process.
Far from being merely a neuropsychiatric condition, epilepsy seems to be a pathology where the lived experience of the suffering subject plays a central role in shaping her relation with the social world. We cannot consider it only in presence of a seizure: there is a continuous change in the bodily states of the subject, and a dynamic interplay between embodiment, atmospheres, emotions and psychological comorbidities is a hallmark of this condition.

A similar continuous tension between the self and the external world can be found in schizophrenia: here the social detachment is even stronger and it is considered the main pathogenic nucleus of this condition. The practical immersion of the self in the world normally mediated by the body is impaired or lost, while the subject experiences abnormal bodily experiences. *Cecilia Esposito and Giuseppe Salerno* describe this state by drawing upon a specific phenomenologist: Max Scheler. In their view, the social impairment present in schizophrenia is described as the inability to resonate with unipathic affectivity. Accordingly, fragmentation

of the *Leibschema*, valueception impairment, and the lack of vital impulse are alterations of this basic bodily experience from which all relational impairments originate. This attention on the bodily dimension calls for a shift in the clinical practice as well: the authors emphasize how Scheler's thought is consistent with this "embodied trend". In particular, the idea of the *Leibschema* fragmentation as the nucleus of the corporal Self alteration in schizophrenia appears to be confirmed with a better understanding of body psychotherapy. Furthermore, the different streams of body psychotherapy in schizophrenia appear to converge on the *Leibschema* fragmentation. The relational focus of this kind of therapies, the attention on the "here and now", and the direct relationship between the patient and the clinician are all elements that should be taken into account if we want to restore the attunement with the social world that the schizophrenic patient has lost.

Embodied interactions in schizophrenia are analyzed by *Leonardo Zapata-Fonseca, Lily Martin and Thomas Fuchs* through the Perceptual Crossing Experiment (PCE): this approach studies real-time embodied exchanges in such a way that the involved individuals feel engaged and take an *interactor* rather than a passive observer role. In particular, PCE seems to capture interbodily resonance (IR), by means of a two-person empirical setup that isolates the interactive aspect of the detection of sensorimotor contingencies and responsive patterns that dynamically change depending on the own active exploration of an environment. The participants can interact (and, for instance, help each other) through their avatars and they can also encounter various objects. The circular and embodied interaction between the self, the other and the environment is therefore at the center of attention also in this paper: in fact, because of the immersion in a shared environment, the subject's body is detected by another participant, and at the same time, her body allows her to be embedded and actively present. The spontaneous interconnection between impressive and expressive features is analyzed as well, by finding phenomenological correlates to the quality of movements, individual performances, sensorimotor matching etc. This allows to observe how the interactive resonance is disrupted in schizophrenia, where the loss of sensorimotor coherence and the problems in performances are synonymous with a weakened bodily sense of self, or a "disembodiment".

The emphasis on the pre-reflective and corporeal features of our selfhood guide the entire enquiry introduced in the last paper, where *Valeria Bizzari and Carlo Guareschi* focus in particular on the role of embodiment and intercorporeality and, by means of a phenomenologically informed interview, analyze how they work in psychopathologies. More specifically, the authors do not only introduce the interview, but through it they also assess the efficacy of music therapy. In fact, the aim of music therapy is not to train cognitive or (exclusively) motor abilities, but to elicit interaction and attunement among the involved agents. Accordingly, the participants are not focused on the right execution of the collective performance but on the naked act of "doing something together". The results of the interviews, which were conducted with people diagnosed with schizophrenia and depression reveal that the pre-reflective bodily experience is prior to and necessary for more complex and inferential levels of social interaction. Accordingly, a phenomenological account of the self as embodied and temporally developing opens up new therapeutic directions that can strengthen the bodily and temporal attitude of those who fell out of interpersonal synchrony.

We can conclude that "one cannot be a self on one's own". By applying a phenomenological approach to the analysis of psychopathologies, the contributions included in our special issue shed light on the fact that our self is essentially dynamic and interpersonal, and is equipped with an implicit relational knowing of how to interact with others that in mental disorders,

although through different manifestations, shows a profound disruption. Phenomenology seems to be suitable for understanding and explaining these anomalous experiences for multiple reasons: it provides us with *conceptual tools* that allow to observe the complexity of sociality and accordingly, to overcome the stigma that too often surrounds mental disorders; it offers *qualitative tools* (like the phenomenological interview or the Perceptual Crossing Experiment) able to analyze the subjectivity of the patient in depth; and it is helpful in developing *therapeutic directions* aimed at strengthening the bodily engagement between the subject and the social world.

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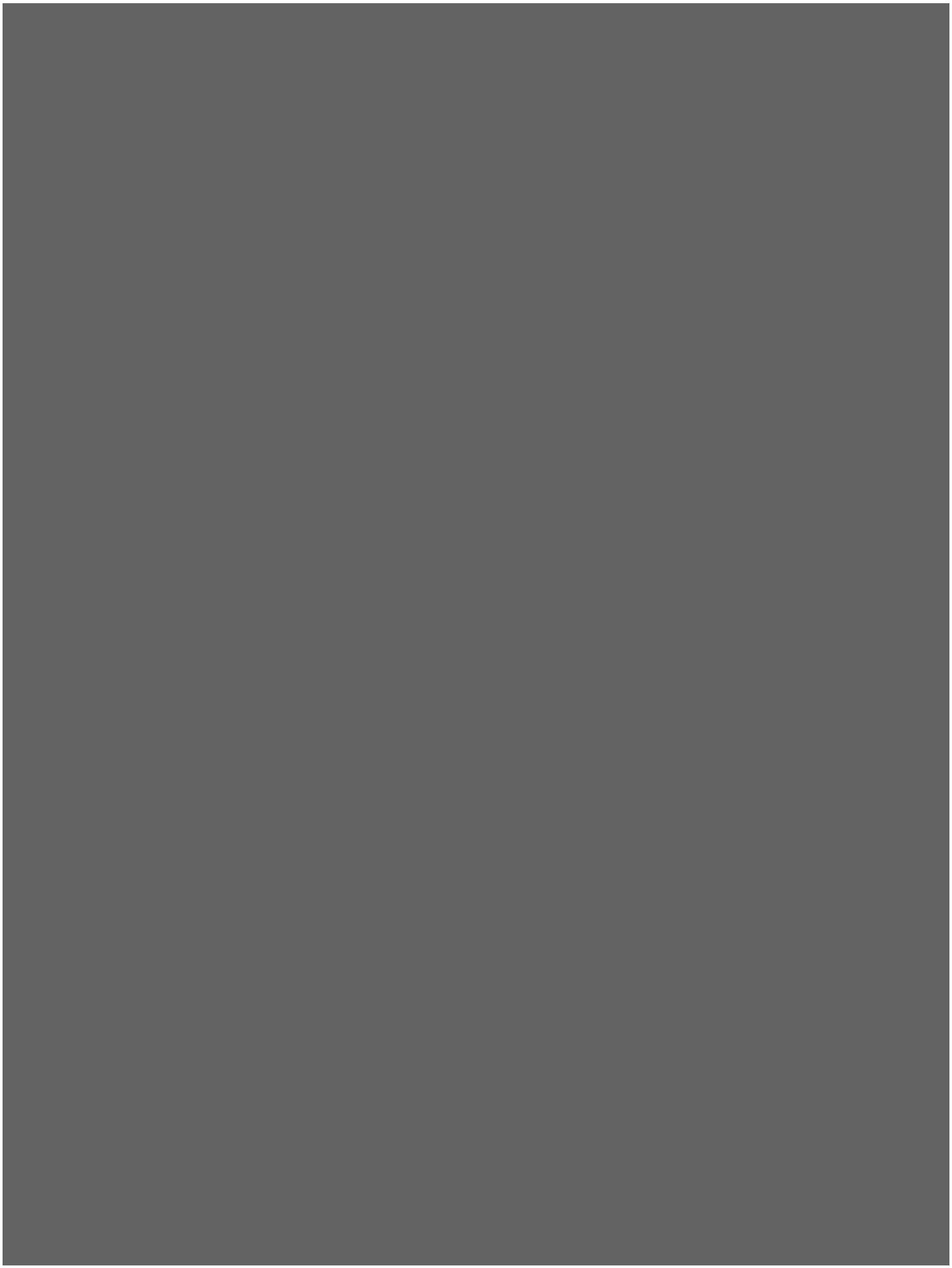

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FINDING (AND LOSING) ONE'S WAY: AUTISM, SOCIAL IMPAIRMENTS, AND THE POLITICS OF SPACE[1]

abstract

I use critical phenomenological resources in Tetsurō Watsuji and Sarah Ahmed to explore the spatial origin of some social impairments in Autistic Spectrum Disorder (ASD). I argue that a critical phenomenological perspective puts pressure on the idea that social impairments in ASD are exclusively (or even primarily) neurocognitive deficits that can be addressed by focusing on cognitive factors internal to the autistic person – for example, training them to adopt a more neurotypical approach to social cognition. Instead, I argue that the structure and character of some neurotypical spaces may play a regulative role in shaping aspects of at least some of the social impairments autistic people exhibit when they inhabit these spaces. I also briefly consider some possible therapeutic applications of this critical phenomenological approach.

keywords

critical phenomenology; autism; Tetsurō Watsuji; Sarah Ahmed; space

1 I am grateful for the reviewers' comments on an earlier version of this paper. Their feedback was extremely helpful in developing the main argument. I am also thankful for the feedback I received when discussing this paper with the "Culture and Cognition" reading group at the University of Exeter. As always, my colleagues provided many useful suggestions that prompted me to think about these issues in new ways. Finally, I would like to thank Valeria Bizzari, Oren Bader, and Thomas Fuchs for their efforts in organizing this special issue and the workshop that preceded it.

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1. Introduction

Characterizations of intentionality, temporality, embodiment, subjectivity, and intersubjectivity by phenomenologists like Husserl, Heidegger, and Merleau-Ponty are routinely used to clarify experiential disturbances found in psychiatric conditions like schizophrenia, severe depression, and anorexia nervosa. However, more contemporary concepts and debates within *critical* phenomenology – which incorporate insights from feminist theorists, critical race theorists, queer theorists, decolonial, and indigenous scholars to challenge classical phenomenology's privileging of transcendental subjectivity over transcendental intersubjectivity (see Guenther, 2013; Salamon, 2018; Weiss, Salamon & Murphy, 2019) – appear much less frequently.[1] Even rarer are references to non-western phenomenologists like the Japanese thinker Tetsurō Watsuji.[2]

Here, I have two main objectives. First, I bring critical and non-western phenomenology into constructive dialogue. I explore possible ways to integrate Tetsurō Watsuji's phenomenology of *aidagara* ("betweenness") and Sarah Ahmed's phenomenology of "disorientation". Second, I apply this work to social impairments in autism. Social impairments in autism are often characterized as a kind of *epistemic* disorientation: a Theory of Mind deficit that impedes the individual's ability to attribute mental states to others, use these attributions to interpret and predict others' behavior, and grasp norm-governed rules regulating conduct in social spaces (Baron-Cohen, 1995). Drawing on Watsuji and Ahmed, I put pressure on this neuro-cognitive perspective. I argue that many social impairments arise from a more fundamental *bodily* disorientation: a felt sense of being bodily and affectively out-of-sync with neurotypical spaces not set up to accommodate non-neurotypical styles of being in the world. I consider some consequences of this relational approach for thinking about the nature of social impairments in autism and conclude with possible therapeutic applications.

2. Watsuji, "betweenness", and the dynamics of social space

I begin with an exposition of Watsuji's core notion of "betweenness" (*aidagara*). Watsuji was an extremely prolific writer. However, few of his books are translated into English. One of them

1 While these concepts and debates in critical phenomenology have yet to migrate to phenomenological psychopathology, there are nevertheless rich discussions in other related areas that make use of them – for example, critical phenomenological approaches to disability (Diedrich, 2001; Abrams, 2020; Valentine, 2020) and illness (Carel, 2016; Lajoie, 2019; Toombs, 1987).

2 Bin Kimura's work on schizophrenia is one exception, although most of his work is not translated into English. See Krueger, 2019, 2020.

is *Rinrigaku* ("Ethics") (1937/1996), arguably his most important book. It is here that Watsuji develops his phenomenology of *aidagara*, or "betweenness". For Watsuji, "betweenness" captures experiential and relational dynamics that generate basic forms of embodied selfhood (McCarthy, 2011). Most of what he writes about ethics, social ontology, and the self emerges from this notion (Shields, 2009).

Aidagara is a common Japanese term referring to relationships between people: being a sibling, citizen, teacher, taxi driver, or tax advisor. However, in choosing this term, Watsuji has a more nuanced phenomenological focus in mind. For him, *aidagara* is an ontological category of human being. It is, therefore, not reducible to the ontic relationships of everyday life (e.g., being a sibling, taxi driver, etc.) (Johnson, 2019, p. 84). While *aidagara* can include these ontic relationships – we cannot exist without taking up some of them – it instead captures a more fundamental sense in which the very *being* of the subject is bound up with the network of relationships and spaces it shares with others (Krueger, 2019; McCarthy, 2011).[3]

More precisely, "betweenness" for Watsuji captures the interrelation between *subjectivity*, *intersubjectivity*, and *space*. As embodied and situated subjects, human reality is organized by dimensions and intensities of spatiality. We are like other things in the world insofar as we take up space. We have physical bodies that can bump into things and sit on flat surfaces. However, we are not simply *in* space the way that tables, rocks, and trees are. We *live* it.

We inhabit space in a qualitative way. Consider, for example, the felt difference between a stranger pressing into our personal space in a crowded elevator versus a romantic partner or close friend; what it's like to walk into a party and suddenly realize you don't know anyone; or the ominous character our favorite park takes on when the sun goes down, the park empties, and night closes in.

For Watsuji, lived space "is not so much the essential quality of a physical body as it is the manner in which the subject operates" (Watsuji, 1996, pp. 170-171). The space of betweenness is tied to our *agency* ("the manner in which the subject operates"). Moreover, since the manner in which the subject operates is always shaped by practices and spaces it inherits from others, the space of betweenness is an *intersubjective* space. Watsuji's phenomenology of betweenness is, therefore, concerned with investigating the character and embodied dynamics of this spatiality and its constitutive relation with subjectivity and intersubjectivity. This focus leads Watsuji to assert that the spatiality of betweenness "is not the same as space in the world of nature"; rather, it is "the betweenness itself of subjective human beings" (ibid., pp. 156-157).

We will explore case studies of betweenness in more detail below. For now, we can note that for Watsuji, the spatiality of human betweenness takes many forms and degrees of intensity: from tactile and kinaesthetic intimacies of infant-caregiver interactions or sexual intercourse, to more expansive forms of betweenness within large groups (professional communities, political communities, or religious organizations). It can even include different ways technologies organize flows of information, communication, and transportation that enable possibilities for social connection. This emphasis on the qualitative character of space is what Watsuji has in mind when he says that betweenness is "the manner in which multiple subjects are related to one another. It is not a uniform extendedness, but a dialectical one, in which relations such as "far and near, wide and narrow" are mutually transformed into one another. In a word, it is the betweenness itself of subjective human beings" (Watsuji, 1996, p. 157).

The "dialectical" character of betweenness indicates that it is not something fixed or found pre-given in the world. Rather, it is a way of sharing spaces with others that is actively

3 Watsuji's formulation of "betweenness" is also deeply influenced by Buddhist characterizations of the empty nature of all things, including the self. See Johnson (2016) and McCarthy (2011).

constructed. By deliberately organizing spaces that comprise our shared world, we determine what we *do* with the space of betweenness, that is, how we connect with others in and through it.[4] We structure our spaces in ways that both support and limit possibilities for movement, action, connection, and expression. We do so by establishing relations such as "far and near, wide and narrow" *within* those spaces. For instance, think about differences in the forms of betweenness possible in a lecture hall, night shelter, sporting arena, mosque, online video chat, hospital, queer club, or military barracks – or, relatedly, the way these same spaces may be experienced by individuals from different cultural backgrounds, say, or a person with a chronic illness, multiple sclerosis, or visual impairments.

Crucially for what follows, spaces of betweenness in this way function as "forms of alignment" that bring bodies in line with others (Ahmed, 2006, p. 15). By directing bodies in some ways more than others, they determine what is both possible and, importantly, *permissible* when finding one's way in the world. For Watsuji, then, it is not enough to think of space as something we simply find ourselves in due to our physical embodiment. It is something we play an active role in co-creating and sustaining – and we do so *with others*.

For our purposes, the key take-away point is this: Watsuji's phenomenology of betweenness shows us that there is a sense in which our bodies (i.e., how we experience them, what we do with them) *take shape in the spaces around them*. These forms of betweenness open up possibilities for, and impose limitations on, the bodies that inhabit them. They do so by bringing bodies in line with one another. And this alignment, in turn, determines both what is possible and permissible for bodies as they find their way in the world. The shared spaces of betweenness in this way have normative dimensions. They are co-constructed. Accordingly, they take shape around the values, practices, and preferences of those who inhabit them. In light of these normative dimensions, some bodies feel more at home in – or are *allowed* to feel more at home in – our shared spaces than are others. This idea productively connects with Sarah Ahmed's phenomenology of "disorientation", which I turn to now.

3.Ahmed, disorientations, and losing one's way

As Watsuji's phenomenology of betweenness highlights, everyday life – whether at work, home, or play – involves negotiating shared spaces. We spend our days "finding our way", as Ahmed (2006) puts it, through different forms of betweenness. The deeply social character of everyday spaces is so close to us that it is easy to overlook. However, there are occasions when we become acutely aware of it – often when we lose access to it. In other words, we often become aware of the social character of space when, as we try to find our way, we become *disoriented*.

The disorientation I have in mind here involves more than just getting lost because one lacks the relevant information needed to find one's way. It involves a *felt sense* that one is no longer finding one's way. A central part of its phenomenal character involves not feeling at home in a particular space, or relatedly, feeling bodily out of sync with, or affectively unsettled within or impeded by, wherever one happens to be. I discuss a number of examples in more detail below. For now, we can simply note that this experience can arise from feeling that the people we share space with are somehow indifferent, unfriendly, or hostile to us; or, that the space itself is set up in ways that are not designed to accommodate or be responsive to our specific values, interests, and needs. The important point for what follows is that this felt loss of at-home-ness is an experiential cue that one is no longer finding one's way.[5]

4 Of course, what we do with the spaces we inhabit, that is, how we actively organize them to connect with (or exclude) others, involves, among other things, issues of power and privilege. More on this below.

5 A reviewer objects that this felt loss of at-home-ness is better described as an experience of radical *alienation*, an

Disorientations can develop in different ways and vary in their scope and intensity. This is because they are not unusual or rare experiences. Rather, they are common and deeply relatable (Harbin, 2016, p. xiv).[6] Most people at some point in their lives experience profound grief, a major injury or illness, a crisis of faith, divorce, or some other kind of experience that shifts how they understand themselves and the world more generally. These major life experiences can be deeply disorienting; as we go through them, we may not always have a clear sense of how to find our way. However, not all the disorientation experiences we have necessarily involve the pronounced *bodily-affective* and *spatial* disruptions I am here particularly concerned with.

For example, if I lose my religious faith, I may experience a feeling of disorientation as I gradually leave behind the familiarity of my former life and adjust to new ways of interpreting the world and my place in it. This is, at least in part, a kind of *epistemic* disorientation; it involves a significant shift in some of my core beliefs (e.g., about whether God exists; the authority of religious texts; the ultimate point of life, etc.). While this shift may impact my behavior (e.g., I no longer go to church each Sunday; deny myself certain things out of religious fidelity; or interpret specific events as part of God's plan, etc.), this kind of epistemic disorientation nevertheless need not involve the rich bodily-affective feeling that I am somehow now *out-of-sync with* or *not at home in* the spaces I inhabit and the people I interact with.

Of course, it *could* involve this feeling, or something close to it. I might be aware of this feeling if, say, I visit my former place of worship or socialize with religious friends. Many kinds of epistemic disorientations probably do involve some sort of bodily and affective component. Experiences are complex and minds are essentially embodied. However, there nevertheless seem to be occasions where epistemic and bodily-affective dimensions of disorientation experiences can come apart in interesting ways.[7] As I discuss in more detail below, certain kinds of bodies may experience the feeling of being profoundly bodily disoriented and impeded by the world without necessarily experiencing the co-occurrence of a similarly intense epistemic disorientation.

In sum, the point is simply to draw a rough distinction between the possibility of a kind of *epistemic* disorientation (which is interesting in its own right) and a phenomenologically richer *bodily-affective* disorientation with a distinctive spatial structure and character. This latter kind of disorientation – again, what I'm referring to as a *bodily* disorientation – is my focus here. Moreover, as I read it, this bodily focus aligns with Ahmed's rendering of "disorientation", which helpfully draws our attention to political dimensions of betweenness Watsuji doesn't

experience of being cut off from space in a way that makes us confront its anonymous and non-social character. Such experiences may indeed occur. But that's not what I mean by "disorientation". I also don't think it captures Ahmed's use of the term or the phenomenon I consider below. The experience of disorientation I'm interested in is *constitutively* social. It arises precisely because individuals recognize that they inhabit a shared (i.e., social) world that is nevertheless somehow bodily inaccessible to them in a way that is not the case for others. This felt loss of access to various social resources – resources that are, once more, available to others – is an essential part of its character. More on this in what follows. I'm grateful to the reviewer for raising this worry.

6 See Harbin (2016) for important work on the moral significance of disorientation experiences.

7 Liat Ben-Moshe (2018, p. 2) points to discussions in activist circles about the connection between knowledge of injustice and action. Activists note that individuals can experience a kind of epistemic disorientation – e.g., they can acquire world-changing knowledge about the racist, gendered, racial capitalist, and ableist "carceral logics" driving mass incarceration and the prison-industrial complex – that may profoundly shift how they think about notions of justice, fairness, and equality. However, this epistemic disorientation may not be accompanied by a significant bodily-affective disorientation or drive to political action. See also Calme (2020) for a similar discussion of epistemic disorientation, race, and "white fragility".

consider.[8] I turn to a more focused phenomenological consideration of Ahmed on the politics of bodily disorientations now.

3.1. Ahmed and the politics of bodily disorientations

By "bodily-affective", I am referring to the fundamental way we experience our body and its capacities for movement, expression, and action (i.e., our felt sense of agency). Phenomenologists often describe these experiences as a "pre-reflective" form of bodily self-awareness (Colombetti, 2014). This simply means that our body is implicitly present as we perceive and act on the world, dynamically shaping both what we experience and how we experience it. As we move through the world and do things, we don't explicitly attend to our body or plan each movement. We simply *live through* our bodies onto the world by responding to what the environment affords. As Ahmed (drawing on Merleau-Ponty) observes, "the body is habitual insofar as it 'trails behind' in the performing of action, insofar as it does not pose 'a problem' or an obstacle to the action, or is not 'stressed' by 'what' the action encounters... the habitual body does not get in the way of an action: it is *behind the action*" (Ahmed, 2007, p. 156). Our pre-reflective, bodily-affective experience in this way anchors us in the forms of betweenness we inhabit.[9]

As Ahmed repeatedly emphasizes, the character of our pre-reflective bodily experience is bound up with space. For example, if I am forced to work in a colleague's office for the day while mine is being repainted, I may experience a kind of bodily disorientation. The furniture, layout, height and hardness of the chair, the pictures and art, stains on the carpet, smells and sounds from the office next door are all somehow *different*. I experience them as unfamiliar; they are not the sorts of things I habitually encounter within the self-curated contours of my own workspace. Accordingly, for that day I may feel mildly disoriented (even if only in a low-level way), slightly irritated, and relatively unproductive. My body struggles to extend into and take shape within the contours of that space.

Of course, this is a very mild – and indeed, very privileged – experience of disorientation. Nevertheless, bodily disorientation can, in other contexts, be much more intense and have significant practical and political consequences. Critical phenomenologists draw our attention to powerful connections between bodily disorientation and the politics of social space – that is, the profound, and potentially devastating, consequences of ensuring that certain kinds of bodies (e.g., non-white bodies, queer bodies) are not allowed to comfortably find their way (e.g., Fanon, 1986; Ahmed, 2006, 2007; Yancy, 2016). Certain spaces are often configured to deliberately constrain these bodies and disturb them at a pre-reflective level.

Ahmed tells us that "[f]or bodies that are not extended by the skin of the social, bodily movement is not so easy" (Ahmed, 2007, p. 161). In support of this claim, she develops a phenomenology of "being stopped". Black activism, Ahmed notes, draws our attention to the many ways that policing involves a "differential economy of stopping". Some bodies – mainly non-white bodies – are stopped by the police more than others. They are impeded from freely

8 To be fair, Watsuji does have much to say about political ethics and agency. For example, he extends his critique of moral individualism to a sociopolitical and global level (Sevilla, 2017). Nevertheless, Ahmed focuses on themes like institutional exclusion, embodiment, gender, and race that go beyond Watsuji's analysis.

9 Phenomenologists observe that we also experience our bodies as objects, too. We think about our bodies, reflect on and take up emotional attitudes toward them, and become aware of different ways that others perceive, evaluate, and respond to our bodies as objects of *their* experience (Gallagher, 2005). Discussions of how certain kinds of bodies (e.g., queer bodies, non-white bodies, aging bodies, "crip" bodies, etc.) are objectified and "othered" via socio-political structures of the lifeworld are important parts of critical phenomenology. However, I here instead follow Ahmed, Fanon, and thinkers like Iris Marion Young (1980) to consider ways these socio-political structures reach down into and shape fundamental forms of bodily experience "from the inside", including our felt capacities for movement, action, and expression.

finding their way: e.g., being pulled over while driving, or harassed while trying to enter their home. But being stopped occurs in other (i.e., non-policing) contexts, too, such as when non-white bodies are bombarded with racist images or memes in online spaces, or passed over for a job despite having equivalent or better qualifications than a white candidate.

This stopping doesn't just place practical constraints on stopped bodies by depriving them of access to certain things and spaces (although it does). It also has significant phenomenological consequences: it induces a perpetual *bodily disorientation*, a disturbance of that stopped body at a pre-reflective level. This is because the persistent threat of being stopped isn't an abstract or ephemeral thing. It endures. It is materially encoded within different contexts of betweenness designed to unsettle and disorient certain bodies. A stark example is the proliferation of "Whites Only" and "Colored" signs once found above drinking fountains, waiting rooms, toilets, restaurants, and swimming pools across the American landscape well into the 20th century.[10]

This persistent materialized threat leaves its traces on stopped bodies (Ahmed, 2007, p. 158). These traces are present not only when stopped bodies inhabit acutely threatening spaces but also when they move on to other spaces, too. This is because, as Fanon observes, stopped bodies are perpetually "surrounded by an atmosphere of certain uncertainty" (Fanon, 1986, p. 83). Can I use this toilet? Why did that police car slow down as it drove by? Why are the diners at the next table staring at me? Why is this security guard following me as I shop?

For both Fanon and Ahmed, no space is entirely free from the threat of being stopped. As Ahmed emphasizes, the threatening character of these spaces means that "[t]hose who get stopped are *moved in a different way*" as they find their way through the world (Ahmed, 2006, p. 162); they are never allowed to fully extend and take shape within everyday contexts of betweenness.

Ahmed says that her Muslim name similarly disrupts her bodily experience. It *slows her down* as she finds her way through the world. This is because her body is continually marked as "could be Muslim", which is immediately translated into "could be terrorist". As a result, "[h]aving been singled out in the line, at the borders, we become defensive; we assume a defensive posture, as we 'wait' for the line of racism, to take our rights of passage away" (ibid., p. 163). Ahmed's non-white body is brought into line with other non-white bodies also marked with "terrorist" names. In being singled out and made to wait, government authorities make clear that to be a non-white body in the west "is to be not extended by the spaces you inhabit" (ibid., p. 163). Rather, it is to be made to feel continually out-of-sync with – disoriented by and within – those spaces and the atmosphere of certain uncertainty that pervades them.

In this way, Ahmed's phenomenology of disorientation can enrich Watsuji's phenomenology of betweenness. Watsuji highlights the qualitative and co-constructed character of our shared spaces and their connection with our experience of embodiment and agency. However, Ahmed goes beyond Watsuji in drawing out the *politics* of betweenness by analyzing ways that certain bodies are made to feel disoriented by the structure and character of the different contexts of betweenness they inhabit. Equipped with this critical phenomenological framework, we can now turn to a consideration of betweenness, bodily disorientation, and social impairments in autism.

4. Autism, embodiment, and finding one's way

How does all this relate to autism? Simply put, *autistic bodies are often stopped bodies*. They are not allowed to fully extend into and take shape within the spaces they inhabit – forms

10 Despite popular assumptions to the contrary, these signs were not confined to the South – and some could still be found through the 1970s (Abel, 2010).

of betweenness organized primarily around the form of neurotypical bodies. As a result, autistic persons often experience a kind of pre-reflective bodily disorientation within these spaces which can, in turn, inform and intensify some of their social difficulties. This claim has significance for understanding the nature of social impairments in autism as well as potential intervention strategies.[11]

4.1 Social impairments and epistemic disorientations in autism

Autistic spectrum disorder (ASD) spans a range of impairments. These impairments are wide-ranging and vary from one individual to the next. However, they tend to cluster around a diagnostic triad of social, communicative, and imaginative difficulties (Frith, 2003). Autistic people tend to show a preference for order, predictability, and routine; they can become preoccupied with specific subjects, activities, and idiosyncratic habits. They also struggle to communicate with others, become attuned to their emotions and intentions, and flexibly adapt to changing social environments (Bader, 2020).

The still-dominant way of thinking about impaired social cognition and the autistic mind is the neuro-cognitive perspective (Chapman, 2019, p. 422). According to this perspective, autistic differences can be explained by neurocognitive differences found in all autistic individuals. These differences are said to cluster around a central trait: a diminished capacity for empathy, or *mentalizing*, when compared to neurotypicals (Baron-Cohen, 1995). Autistic persons struggle to find their way in the social world because they struggle to cognize the existence of other minds. This empathy deficit leads to difficulties interpreting and predicting others' behavior, and smoothly integrating with the shared practices that make up everyday life.

Note that for this neuro-cognitive perspective, social impairments in autism flow from a kind of epistemic disorientation. Again, autistic people struggle settling into neurotypical spaces because they lack the cognitive capacities and understanding of other minds (i.e., Theory of Mind) needed to become attuned to others' intentions and behavior. Neurocognitive therapeutic interventions were developed precisely to address this epistemic disorientation. These strategies – with names like "mind-reading" training, "picture-in-the-head teaching", and "thought-bubble training" – are tailored specifically to help individuals develop and refine their mentalizing capacities.

Before proceeding further, let me be clear: I am not suggesting that these programs are without value. Many autistic people find them helpful. Moreover, it may be that some kind of epistemic disorientation is an important part of many autistic persons' struggles to feel anchored in neurotypical spaces. I am instead arguing that we should adopt a more holistic and multidimensional approach to social impairments in autism. This is because adopting an exclusively neurocognitive perspective downplays, or even overlooks altogether, the way *embodied*, *interactive*, *relational*, and *developmental* processes are partly constitutive of autistic styles of thinking, expressing, and sharing emotions and experiences (Bizzari, 2018; De Jaegher, 2013; Schilbach, 2016; Krueger & Maiese, 2018; Roberts, Glackin & Krueger, 2019). Looking at the role bodily (and not just epistemic) disorientations play in ASD social impairments can help make the importance of some of these processes clearer.

A useful way to think about a more holistic alternative is to see ASD as a form of life (Chapman, 2019). Forms of life are, as I use the idea here, forms of betweenness. To see ASD as a form of life is to pay particular attention to unique styles of embodiment that are distinctive of ASD (Krueger, 2021). There is now growing sensitivity to the ways autistic persons use their

11 I here follow the terminological preferences of neurodiversity proponents who, by endorsing identity-first language ("autistic persons") instead of person-first language ("individuals with autism"), deliberately stress the connection between cognitive styles and selfhood (Pellicano and Stears, 2011).

bodies to find their way – that is, move through the world, express emotions, and respond to the people, things, and spaces around them (Doan & Fenton, 2013). These embodied (or sensorimotor) approaches to ASD move away from an excessive focus on neurocognitive traits and explanations. Instead, they refocus on distinctive ways autistic persons pre-reflectively experience and live through their bodies as they use their bodily agency to organize sensory information and negotiate shared spaces (Donnellan, Hill & Leary, 2012). However, as Watsuji and Ahmed remind us, bodies don't merely inhabit space. They *create* it. Moreover, the spaces they create are often embedded within encompassing spaces that *other* bodies have created. A critical phenomenological approach therefore brings to light the ways co-created spaces within ASD forms of life – spaces that are not necessarily set up by people with ASD – can disorient such bodies but also, potentially, disclose possibilities for more inclusiveness, connection, and understanding.

4.2 Bodily disorientations in autism and losing one's way

Neurocognitive perspectives say little about bodily experience in ASD. However, looking at the role of the body is crucial for understanding how autistic people find their way. From an external neurotypical perspective, ASD styles of embodiment may initially seem unusual or strange. The timing and flow of their movements can appear odd or contextually inappropriate. For example, people with ASD may have an unusual gait or posture, and exhibit movements, tics, and habits (e.g., rocking, hand-flapping, spinning, exaggerated gestures, etc.) that are off-putting for neurotypicals. They may repeatedly shrug, squint, pout or rock back and forth; repeatedly touch a particular object; turn away when someone tries to engage with them; maintain an unusual or inert posture; appear "stuck" in indecisive movements for an uncomfortably long period of time; have trouble imitating actions; or require explicit prompts to perform an action.

Distinct styles of embodiment in ASD aren't simply apparent from a third-person, external vantage point, however. First-person reports suggest that people with autism pre-reflectively experience their body *from the inside* in ways that depart from neurotypical experience, too. The character of these anomalous bodily experiences contributes to their distinctive behavior, which in turn leads to difficulties fitting into the world of neurotypicals.

For example, reports indicate that people with autism often experience difficulties controlling, executing, and combining movements – from fine motor control, grip planning, and anticipatory movements, to more complex action-sequences like gesturing, reaching for a book, dancing, or negotiating a crowded hallway (Eigsti, 2013). Sometimes this feeling results not just from objective, measurable coordination difficulties but also from a *felt* sense of diminished agency and bodily control. This feeling seems connected to the sense that one's body has a mind of its own, particularly when stressed or overstimulated: "I had an automatic urge to touch my body – rub my thighs or my stomach and chest" (Robledo, Donnellan & Strandt-Conroy, 2012, p. 6). At other times, however, individuals with ASD report diminished proprioceptive and kinaesthetic awareness of limb position and spatial orientation (Blanche *et al.*, 2012). Difficulty locating one's body in space can lead to challenges when it comes to smoothly interacting with the environment. In order to cope, some individuals seek sustained deep pressure or joint compression to regain a felt sense of bodily integrity (Leary & Donnellan, 2012, p. 60). Strategies include lying on the floor under a mattress or sofa cushions, jumping on the floor or bed, wearing multiple layers of clothing, banging fists on hard surfaces, or sitting in a plush recliner, bathtub, or swimming pool in order to have the experience of being touched all over.

For our purposes, the important point is this: these anomalous bodily experiences lead some people with ASD to feel as though their styles of embodiment do not smoothly integrate with neurotypical spaces and the patterns of interaction comprising these spaces. Some of the

causal factors responsible for these anomalous bodily experiences likely reside within the neurophysiology of the individual. However, a significant portion of these factors appear to be *social*: individuals have the experience of being "stopped" by structures and norm-governed character of neurotypical spaces. Accordingly, this sense of being stopped informs and intensifies aspects of their pre-reflective bodily disorientation within these spaces.

To see how so, we can let people with ASD describe their own experiences of being stopped, and the bodily disorientations that ensues.[12] For example, one individual says 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 further, that although she is aware that her bodily style differs from those of neurotypicals, she remains unsure of *how* it differs, exactly (Robledo, Donnellan & Strandt-Conroy, 2012, p. 6). Another person says that she will easily "lose the rhythm" required to perform sequences of action requiring two or more movements, and that "[e]verything has to be thought out" in advance (ibid., p. 6), which gives her movements an excessively stiff and unnatural quality. This felt disconnection both from her own body, along with a sense that she is rhythmically out-of-sync with the neurotypical spaces she inhabits – and judged negatively because of this – leads to frustration and a deepened sense of bodily disorientation: "I have been endlessly criticized about how different I looked, criticized about all kinds of tiny differences in my behavior...No one ever tried to really understand what it was like to be me..." (ibid., p. 6). For people with ASD, moving through neurotypical spaces is often characterized by an atmosphere of certain uncertainty: a perpetual anticipation that one is about to be negatively impacted or judged for not settling into the bodily dynamics of these spaces in a comfortably familiar (i.e., neurotypical) way.

These reports – and many more like them (see Leary & Donnellan, 2012) – suggest that autistic bodies struggle to extend themselves into spaces organized around the form, and *norms*, of neurotypical spaces. Forms of engagement, expression, and sharing acceptable within ASD forms of life are often actively discouraged and negatively evaluated within neurotypical spaces. This felt resistance limits bodily possibilities for people with ASD when they inhabit these spaces and contributes to the feeling of being bodily stopped. This resistance might be acutely felt when negotiating the material structure of different neurotypical spaces such as a noisy, brightly lit lecture hall, restaurant, or retail space that negatively impacts an individual's auditory and visual hypersensitivity. But it can also be felt within the interpersonal spaces of everyday social interactions, too.

A striking example of how ASD styles of embodiment shape contexts of betweenness is found by looking at delayed responses in conversation. Donnellan and colleagues found that twelve young adolescents with minimal verbal skills, all of whom were labelled developmentally disabled or autistic, could offer competent conversational responses – but only, on average, after fourteen seconds of silence (Leary & Donnellan, 2012, p. 57). Most neurotypicals would find this slower-paced rhythm awkward. It would alter the character of that social space in an unfamiliar way (i.e., for neurotypicals), and they would probably either quickly change the subject or leave the conversation altogether.

Consider another example: when someone is asked a question like "Do I look good in this shirt?".[13] An autistic person might see this question as fact-seeking and give an honest and direct answer ("No, you do not."). However, sensitive attunement to the broader context in which it is asked might reveal that the asker is instead seeking affirmation ("Sure, you look

12 Chapman (2019) observes that first-person reports of autistic people are often left out of philosophical and psychological discussions of autism (p. 426).

13 This example is taken from Chapman (2019, p. 430).

great!"), or at least honest but gentle critical feedback ("Hmm, not bad, but perhaps we can find a more flattering color."). So, a direct and honest answer from an autistic person might be met with confusion, a hurt reaction, and lead to conflict – all of which they may find puzzling and disorienting and discourage them from future engagements.

Importantly, this lack of attunement cuts both ways. As McGeer notes, people with ASD may be "blind to our minds, but so too are we blind to theirs" (Mcgeer, 2009, p. 524; see also Krueger & Maiese, 2018). Seeing how so helps to further highlight the spatial origin of some social impairments in ASD. For example, in autistic spaces, it is relatively normal – and acceptable – for autistics to avoid eye contact when speaking to someone. Within neurotypical spaces, however, people who do this are often wrongly judged to be deceptive or dishonest. Similarly, neurotypicals may find rhythmic patterns of "self-stimulation" (or "self-stims") – hand-flapping, finger-snapping, tapping objects, repetitive vocalizations, or rocking back and forth, etc. – socially off-putting, and view them as meaningless behavior. Indeed, treatment programs (often developed with little input from autistic people) have traditionally tried to suppress or eliminate them (Azrin, Kaplan & Foxx, 1973). Yet, for many autistic people, self-stims are effective ways to manage incoming sensory information. They may use them to refocus and self-regulate when information threatens to be overwhelming (hypersensitivity), or when they require heightened arousal in order to access further information (hyposensitivity). In short, for many autistic people, self-stims are *embodied strategies for finding one's way*. While people with ASD may be actively discouraged from bodily extending themselves via these strategies within neurotypical spaces, they nevertheless have the freedom to do so within autistic spaces where their meaning and salience is recognized. Observations such as these help to explain why the Internet has played such an important role in providing spaces for autistic people to develop online forms of life governed by distinctively autistic norms, vocabularies, and styles of expression (Hacking, 2009).[14]

The takeaway lesson from examples like these, I suggest, is that many so-called social impairments in ASD are *context sensitive*. They do not arise when people with ASD inhabit autistic spaces – again, spaces where these bodily practices are viewed as acceptable practices for finding one's way. As one autistic person tells us: "If I socialize with other Aspergians of pretty much my own functionality, then all of the so-called social impairments simply don't exist...we share the same operating systems, so there are no impairments" (Cornish, 2008, 158). Reports like these are supported by studies indicating that high-functioning autistic people – despite anxiety and difficulties interacting with non-autistic people – find their interactions with other autistic persons efficient and pleasurable (Schilbach, 2016; see also Komeda *et al.*, 2015). Again, the latter are governed by ASD-friendly norms, expectations, and interactive possibilities that allow them to bodily extend into those spaces in a way they cannot when they inhabit many neurotypical spaces.

5. Final thoughts

I have drawn upon critical phenomenological resources in Tetsurō Watsuji and Sarah Ahmed to explore the bodily and spatial origin of some social impairments in ASD. This critical phenomenological perspective puts pressure on the idea that social impairments in ASD are exclusively (or even primarily) neurocognitive deficits that can be addressed by focusing on cognitive factors internal to the autistic person – for example, training them to adopt a more neurotypical approach to social cognition. An important takeaway is that the structure and

14 See Osler (forthcoming) for a phenomenological discussion of how the lived body can enter online spaces and be empathically available to others within those spaces.

character of some neurotypical spaces may play a regulative role in shaping aspects of at least some of the social impairments and disorientation experiences autistic people have when they inhabit these spaces.

Adopting a relational approach to ASD has potential therapeutic significance. Again, such an approach highlights the way orthodox neurocognitive approaches (1) overlook the role embodied, interactive, and spatial features play in shaping characteristic impairments; and (2) presuppose that social difficulties in ASD consist of a failure to conform to normative expectations of neurotypical people, without acknowledging or offering resources to address the two-way nature of these impairments. Relational intervention strategies should be tailored to address these shortcomings.

To better connect with autistic people, neurotypicals should move beyond attempts to "fix" the heads of single individuals and instead consider ways of adjusting and recalibrating material and normative features of the social world. These strategies can include constructing more inclusive ASD-friendly spaces that consider how things like colors, lights, textures, sounds, and smells may negatively impact ASD styles of embodiment and sensory processing, and potentially impede their ability to find their way. It may involve social skills training not just for autistic persons but also neurotypicals – for example, sensitizing the latter to characteristic ASD patterns of interaction (e.g., delayed conversational response) in order to become more flexible and responsive to such differences. Finally, it may also involve exploring alternative forms of therapeutic interventions, such as music therapy – a form of therapy that, for several reasons, seems particularly well-suited to positively impacting various forms of communicative, social-emotional, and motor development in children and adults with ASD (Srinivasan & Bhat, 2013; see also Krueger & Maiese, 2018, pp. 29-32). Critical phenomenological resources from philosophers like Watsuji and Ahmed provide important conceptual resources for thinking through some of these spatial possibilities.

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AUTISTICS AS EMPATHIC SUBJECTS. PHENOMENOLOGY AND INTENSE WORLD THEORY

abstract

Despite the belief that autism is an empathy disorder, autistics declare their ability to empathize. To explore this experiential vision, we present the alternative explanation for social impairments in autism offered by the Intense World Theory (IWT) and substantiate it through the phenomenological analysis of empathy as an experienced phenomenon. According to IWT, autistics are characterized by hyper-emotionality and therefore their detachment is not the sign of a disrupted empathy, but a strategy to face a world of overwhelming stimuli. Taking the phenomenological account of empathy as a tendency to minimize the emotional and conceptual space dividing embodied and conscious subjects, our purpose is to explain that although autistics seem to expand this space, they may still be considered empathetic.

keywords

autism, empathy, phenomenology, intense world theory

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> *A description of individuals with AS that includes 'deficits in empathy' as a central characteristic carries with it several moral implications and may even lead to adverse social consequences* (Rogers *et al.*, 2007, p. 714).

This statement may be applied to all types of autism, as it is often considered a 'disorder of empathy'.
Instead of defining autistics in terms of being primarily characterized by a lack of empathy, Intense World Theory (IWT) describes their observable behaviors as a response to the perceived intensity of the world.
In comparison to the other theories, IWT seems to capture the subjective truth of autistic world most adequately so far (Hansen, 2019), since a substantial number of autistics claim that it does justice to their perspective; they would be not only able to emotionally empathize, but also to do it in an overwhelmingly way (Jack, 2020). In short, IWT reflects their profound experience of emotions:

> I will not be tired to repeat that the autistic world is not made by silence and coldness, of a lack of emotions and stimuli: it is the contrary. It is an internal rich world, extremely stimulant and even too much stimulated; it is a world of quick thoughts and strong emotions, too intense to be handled.[1]

Therefore, although the IWT is not yet backed up sufficiently by scientific evidence, the impact it had on the autistic community by bringing to the fore the experiential self-account of autistics renders it significant, at least from the perspective of phenomenology.
In this paper we take a phenomenological stance highlighting the experience of autistics as a fundamental cornerstone for understanding autism. Our purpose lies on the phenomenologically described effects of autism as they are experienced by autistics and their families, thus on a view of autism that does not immediately render it a syndrome, but a phenomenon to describe before being scientifically classified. In order to offer a balanced view, we will present IWT and a phenomenological definition of empathy illustrating then a

1 Our translation of: "*Non mi stancherò mai di ripetere che il mondo autistico non è fatto di silenzio e gelo, di mancanza di emozioni e stimoli: è il contrario. È un mondo interiore ricco, estremamente stimolante e anche troppo stimolato; un mondo di pensieri veloci ed emozioni forti, troppo intense da poter essere gestite*" (Acanfora, 2018).

general description from a neurobiological perspective. These will be used to fully understand empathy in the context of IWT by providing a philosophical perspective that could help develop a more robust version of IWT for further study.

1. Autism 'Intense World' syndrome

Autism is defined as a neurodevelopmental condition, a description indicating a dysfunction in the regular development and/or growth of the brain (E. L. Casanova & M. F. Casanova, 2019, p. 17), and one of its most peculiar factors is the continual deficit in social communication and social interaction (American Psychiatric Association, 2013).
The vision of autistics as "blind to the boisterous, complicated, emotionally loaded give-and-take of human interaction" (https://iancommunity.org/cs/autism/impairments_in_social_interaction) with the tendency to inhabit an impenetrable inner world is not recognized by autistics themselves (Silberman, 2015, pp. 331-332) and people that know them more intimately.
Characterizing observable behaviors of autistics as the result of being hyper-emotional instead of hypo-emotional, as being *overminded* and not 'mindblinded', IWT supports the experientially grounded counter argument and explains why many mothers would consider their autistic child to be the most empathetic among their children (Szalavitz, 2013).
Despite many first person reports to this effect, in scientific literature the term 'autism' is still often used to signify a deficit in empathy.

Presupposing such a deficit in scientific literature necessitates an explanation as to the root of this deficit. We will present one of the most widespread of these accounts to give the reader an idea of the general treatment of autism as a deficit. A popular answer as to the roots and causes of autistic behavior is the claim that autistics might not have a Theory of Mind (ToM), i.e. the ability to recognize foreign mental states and to attribute mental states to herself/himself (Premack & Woodruff, 1978, p. 515).
In 1985 it was argued for this position in the article 'Does the Autistic Child have a 'Theory of Mind?' (Baron-Cohen *et al.*, 1985) and in 1990 the term 'Mindblindness' was coined to characterize the deficit in the development of ToM in autistics (Baron-Cohen, 1990).

This line of thinking is often grounded in the amygdala theory of autism. The purported reason underpinning the inability to attribute mental states to others would be the lack of activation of the amygdala, that was observed when autistics were asked to infer mental states of a subject from their eye expression in experimental settings (Baron-Cohen *et al.*, 2000). In short, the amygdala theory holds that there is an abnormality in an autistic amygdala, which was then correlated to a diminished ability for social interaction, for intersubjective capacity and empathy.
One central difficulty with ToM in this context is its reduction of 'empathy' to the cognitive dimension and thus the exclusion of emotional empathy.[2] Due to this presupposition many studies focused on cognitive empathy alone in examining empathy in autism, without considering emotional empathy (Rogers *et al.*, 2007). Since "the two different kinds of empathy are combined in one English word [...] this idea that autistic people 'lack empathy' has taken hold" (Szalavitz, 2013).

2 In the empathizing–systemizing theory, ToM has been revised to include the affective aspect of empathy. Autism was investigated in the light of empathy (cognitive and affective) and the ability to systemize. As result, autistics seem to have an aptitude for the second, while keeping a below average in the affective empathy (Baron-Cohen, 2009).

However, there is a significant difference between cognitive empathy that is a 'mental perspective taking', i.e. putting one's self in another's shoes, and emotional empathy which instead indicates "the vicarious sharing of emotion" (Smith, 2006, p. 3). If research is done based on a multidimensional measure of empathy (IRI), then while autistic subjects scored lower control of cognitive empathy, they score the same result of neurotypical people in control of emotional empathy (Rogers *et al.*, 2007, p. 713). This evidence sheds light on how emotions could be the key to understand empathy in autism.

2. Intense world Theory

In contrast to the traditional amygdala theory IWT posits a hyper-activity of the amygdala. The theory "is experimentally based on direct neuronal recordings and behavioral testing on rat offspring exposed prenatally to a single dose (500 mg/kg) of VPA" (valproic acid) and on the "re-examination and re-interpretation of previous studies on human autism in the light of these experimental results from the animal model" (K. Markram & H. Markram, 2010, pp. 2-3). According to the IWT, as a consequence of a hyper-functioning brain the neural microcircuits in autistics are characterized by hyper-reactivity and hyper-plasticity.[3] Their behavior patterns thus would be a result of the "hyper-functional local neural microcircuits" that become autonomous too easily, "leading to runaway information processing, over-specialization in tasks and a hyper-preference syndrome" (K. Markram & H. Markram, 2010, p. 2). Therefore, the authors conclude, autistics are characterized by an exaggerated input processing.

Coping with this form of hyper-functioning could present as an intense experience of the world that appears invasive. The resulting pain and distress could clarify why autistics prefer to distance themselves from too much chaotic or intense input: "autistic people may, therefore, neither at all be mind-blind nor lack empathy for others, but be hyper-aware of selected fragments of the mind, which may be so intense that they avoid eye contact, withdraw from social interactions and stop communicating" (H. Markram *et al.*, 2007, p. 87).

The term 'hyper-functioning brain' as used by the authors to characterize these traits mainly implies three cognitive consequences: i) hyper-attention, ii) hyper-perception, iii) hyper-memory and a fourth consequence related to the emotional dimension, iv) hyper-emotionality. It is the last point that our study will focus on.

Through the concept of i) 'hyper-attention' Markram explains the phenomenon that it is problematic to direct autistics' attention. However, they posit that this is not the result of a cognitive deficit, instead it is a "form of exaggerated self-engrossment with internally on-going processes [that] could perhaps also explain the apparent deficit in theory of mind so often reported in autism" (K. Markram & H. Markram, 2010, p. 10).

The term ii) 'hyper-perception' characterizes the reasons for the detail-focused processing in autism.

According to Weak Central Coherence Account (WCC) autistics tend to have a piecemeal perception instead of accounting for the global processing. This inclination is no longer taken

3 While traditional investigations tended to lead to partial explanations as to causes and symptoms of the different types of autism, IWT attempts to bring to the fore the common denominator for the whole spectrum also providing a unifying theory for the neurobiological and affective-cognitive foundations of autism (K. Markram & H. Markram, 2010).

as a deficit, rather as a superiority in local perception (Happé & Frith, 2006).[4] IWT and WWC posit different reasons to illustrate this characteristic; in fact, IWT implies that the cause of better performance in perceive fragments may come "from autonomous hyper-functional neocortical columns that are more difficult to control and orchestrate by both top-down and stimulus entrainment by bottom-up mechanisms, rather than a deficit in top-down pathways or mechanisms" (K. Markram & H. Markram, 2010, p. 11). Although the different explanations for the same phenomenon presented by IWT and WCC, the results are the same: a better detail-focused perception (K. Markram & H. Markram, 2010, p. 11).

The iii) 'hyper-memory' component is considered the result of the hyper-perception and hyper-attention. Hyper-memory on the low-level sensory as well as basic cognitive areas may be the cause of the over-specialisation occurring during early childhood development. Therefore, autistics may not only miss the possibility to acquire higher cognitive abilities, but they also could become 'stuck' to their memories: "quick and almost arbitrary association building based on enhanced perception of sensory features paired with excessive internal emotions – positive or negative – may rapidly lock the person down into behavioral routines" (K. Markram & H. Markram, 2010, p. 13).[5]

Hyper-emotionality, finally, may cause social avoidance. Whereas traditional amygdala theory presupposes a stunted or less active amygdala in autistics, there are several studies that describe the autistic amygdala as hyper-reactive.[6] Thus, autistics could possess the ability to create an adequate ToM to identify other mental state and to emotionally empathize, because what is often considered an absence of social interaction may be not caused by inability to process social and emotional signals, but by the degree of intensity involved in everyday engagements with the world that would that result in fear and anxiety. Therefore, social avoidance would be a coping strategy (K. Markram & H. Markram, 2010).

After having introduced this alternative view on autistics and their experiential and emotional depth, in what follows we will be looking at the nature of empathy as an intersubjective mode of being from the perspective of phenomenology and neurobiology before trying to give a concise definition. These results will be applied to the question whether autistics are able to empathize.

3. Empathy

Since 'Empathy' is a buzzword "there are almost as many definitions of *empathy* as there are researchers in the field" (Singer & Lamm, 2009, p. 82). Instead of comparing the different views on 'empathy' as they are proposed from various scientific fields, we will begin with a philosophical meta-interpretation and here more precisely a phenomenological account. The philosophical method of phenomenology is a powerful tool to understand the way we think, understand, and interpret ourselves and the world around us, by investigating actual experience instead of interpretations of experience. We want to apply the results of the phenomenological method to deepen the understanding of intersubjectivity and empathy, and the interrelation between these moments to substantiate IWT.

4 Even the Enhanced Perceptual Functioning Theory recognizes in autism "a superiority per se of low-level perceptual operation" (Mottron *et al.*, 2006, p. 29).

5 IWT proposes a deeper research on the fear memory that could offer a further explanation about the social elusion (K. Markram & H. Markram, 2010, pp. 13-14).

6 See K. Markram & H. Markram, 2010, p. 14.

In what follows we will present two phenomenological descriptions of empathy, namely by Edmund Husserl,[7] the founder of phenomenology, who introduced the issue of empathy as grounded in bodily intersubjectivity and of his student Edith Stein, who focused on understanding empathy in more detail and depth. This introduction will focus on the essential aspects only and disregard much detail to provide a general overview that can be used to substantiate IWT.[8]

According to Husserl the nature of human beings is best understood if we consider our essentially dual nature. We are both embodied and conscious beings, our subjectivity presupposes a living, functioning body and this objective bodily existence is present to each and every human being through their self-awareness of their own body as an object belonging to the physical world. We would neither be subjective, self-aware beings nor objectively existing beings without the body, but is only our conscious nature that lets us uncover this truth. It is this dual nature of embodied conscious human existence that is at the root of both intersubjectivity and empathy.

This dimension of intersubjectivity is usually discussed in connection to 'empathy' (*Einfühlung*). While much of Husserl's work concerning intersubjectivity was focused on the constitution of intersubjective reality,[9] he did also investigate the dimension of the relation of subjects, of the relation of the I and the Other. He did so most famously in the fifth Cartesian meditation.

As we argued in the beginning for Husserl any subjective-objective being (i.e. any subject and any Other) is an embodied being: the experience of an Other is the experience of an embodied other. The reason why I can experience the Other as Other and not as an object rests on this embodied nature of the self. I can experience my body as an object while inhabiting it as a subject, for example when I hold my own hand. In this case I experience a feeling that is reminiscent of holing the Other's hand while at the same time experiencing my own hand being held.

In order to understand this structure of feeling the Other better Husserl introduces a complex analysis of empathy, that involves forms of mirroring, paring and analogizing. This complex interaction allows us to connect our own experience of ourselves as subjective-objective with our perception of the other as a bodily object that has subjective experience and thus be given the Other as an Other and not just as an object. This does not mean that the Other is fully given or fully accessible to me, the phenomenon of the Other is necessarily an experience of a subject that escapes full understanding. If it did not the experience would cease to be of an Other and become an experience of one's own subjectivity.

> Thus, although Husserl would argue that we do experience the Other, this does not imply that the Other is reduced to a mere intentional object. On the contrary, we are dealing with a subject-subject relation insofar as the Other is exactly experienced in

7 We will cite Husserl from the Husserliana (HUA) in the following format: volume/page.

8 For a more detailed account that also discusses Scheler and Schutz consider part II of Zahavi, 2014.

9 Without introducing the complexities involved in thinking intersubjectivity from a phenomenological perspective, suffice it to say that according to Husserl perception gives what is intersubjectively accessible, so what exists for everyone and not just for me. (Hua 9/431; 14/289, 390) What is given in perception is furthermore given as shared with a community of subjects (i.e., not as private). Intersubjectivity thus is a lynchpin for our understanding of truth and objective givenness and goes far beyond the relation between two subjects and the kind of intersubjectivity we are interested in. In the present investigation our interest in intersubjectivity is focused on the relation, understanding and interaction between two subjects, we thus exclude considerations referred to the more general constitution of objectivity and truth, also relevant when investigating intersubjectivity as such.

> its subjective inaccessibility. It is essential to the phenomenological description of the subject-subject relation that it involves an asymmetry. There is a difference between the experiencing subject and the experienced subject. But this asymmetry is a part of any correct description of intersubjectivity. (Zahavi, 2013, p. 114)

However, the experiencing subject and the Other are fundamentally correlated through empathy and therefore Husserl can argue that this complex empathic structure is not simply an analogical inference (Hua 1/141; 13/338-339) between two unrelated subjects, on the contrary it describes a direct empathic experience.
It is this direct givenness of the Other through empathy that Stein focuses on in much of her work. She defines Empathy as the experience of feeling the Other's feelings. Fundamentally empathy is the act of feeling oneself into another's experience ("*sich einfühlen*"). Her work focuses on demonstrating that empathy is a unique form of perception. Even if I as the perceiver am not given the emotion that is intuited through empathy directly, i.e. I do not 'feel' the pain that I perceive in empathy, there is nonetheless a form of feeling pain involved. Stein discusses the example of meeting a friend and seeing that he is in pain. Whatever the basis of this feeling is (his look, his behaviour or similar) is not at stake in her account, what is relevant is the structure underlying this process – this is the heart of empathy.
Let us begin by letting Stein herself speak:

> When it [the other's emotion] suddenly appears before me it faces me as an object (for instance, the sadness I 'read' in the other's face). But when I inquire into its implied tendencies (when I try to bring the other's mood to clear givenness to myself), the experience is no longer an object for me, but has pulled me into it. I am now no longer turned towards the experience, but instead I am turned towards the object of the experience. I am at the subject of the original experience, at the subject's place, and only after having fulfilled a clarification of the experience does it appear to me as an object again. (Stein, 2008, pp. 18-19)

Stein begins by describing that in empathy there is a givenness of pain, while I do not have a direct perception of the pain. Empathy, in contrast to other perceptions, involves a going beyond simple perception or givenness, because the intentional object, in this case the other's pain, is not directly given, the content is not '*leibhaftig*' present. There is no element of my experience that I could point to and say this is the object of my empathic pain perception. In this empathy is more akin to imagination or memory than to sense perception.
Still, watching someone burn their hand does cause a reaction and a sensation of being pained in me, it pulls me in as Stein puts it, but it is a reaction that is different from the feeling of me burning my own hand. This feeling-in (*Einfühlung*) is not simply a form of sense perception. Thus, empathy is also connected to sense perception in that its object is disclosed through the senses that present or give an object, just that the object of empathy is not a straightforward spatio-temporal object, but (in this case) it is the felt experiences of the other. These felt experiences are not given like spatio-temporal objects, instead they are appresented (co-given) in the perception of the other's pained expression, or what I take to be a pained expression:

> Stein's point is that the empathy experience is non-original in a way that is similar to the act of remembrance, but with the important difference that the content of the experience has never been bodily present to me but is present as such only to the other person that I am empathizing with. The term Stein will use to distinguish this special

> form of non-originality, which is peculiar to empathy, is 'con-original' ('*Konoriginarität*'). (Svanaeus, 2018, p. 744)

At first we experience empathy like any other phenomenon or object, something appears. What renders empathy unique is the fact that it pulls me into the other's experience. The distance between the experiencer and the Other's emotion that is experienced is reduced without being eliminated, the empathizer and the empathee are connected or related in the act of empathy – they share an emotional experience. This feeling of experiencing someone else's experience is fundamentally relational and connects the perceptual and imaginative feelings on the part of the empathic subject (empathizer) and the expressed feelings of the (empathee) quite directly. This relational nature necessitates a complex and subtle understanding of the nature of empathy and presupposes a direct connectedness of a very specific kind:

> Stein takes empathy to be a three-step process in which the experience of the other person (the empathee) (1) emerges to the empathizer as an experience had by the empathee, the empathizer then (2) follows the experience of the empathee through, in order to (3) return to a more comprehensive understanding of the meaning of the experience had by the empathee. (Svenaeus, 2018, p. 742)

This complex interaction of these levels of actualization ('*Vollzugsstufen*') according to Stein is only possible due to the attunement between these feelings. There are furthermore two interrelated regions ('*Schichten*') of empathy, namely sensual and emotional empathy (with the latter presupposing the former), that can be distinguished. However, we do not intend to present all these complex investigations of steps and levels in this context, but to indicate how intricate the act of empathy is if looked at from a phenomenological perspective.

From a phenomenological perspective, empathy is the complex intersubjective act of 'feeling into the experience of the other', that moves across the traditional boundaries of inner and outer, of self and other. 'Feeling into' not only means to i) experience the other as a conscious subject (instead of an object), but also to ii) directly perceive the other's experiences and their actions as expressions of this interiority. This experience-based account of empathy is 'feeling into' is to be distinguished from 'feeling for' and 'feeling with', both more traditional and science based conceptualizations of empathy.

It is quite clear that 'feeling for' can be captured by terms like 'compassion', 'sympathy' and 'concern'. These terms indicate that observer's emotions are felt for (and not with) the other person (Singer & Lamm, 2009, p. 84). Thus compassion, sympathy and concern constitute, like empathy itself, an alteration caused by perceived or assumed emotions in others, however, without any implication of sharing this emotion as is presupposed in the standard understanding of emotional empathy (feeling with).

'Feeling with', or 'putting oneself in the other's shoes' is the most common understanding of empathy, but this account maintains the clear distinction between self and other, an emphasis that is quite common in more quantitative and scientific approaches to empathy. Here a clear separation between the self and the other is presupposed, while phenomenology discovers a deeper dimension to empathy, namely a clear intentional connection, a feeling into the Other. This 'feeling into the Other' implies a shift that is not quite captured by the traditional difference between 'feeling for' and 'feeling with' that is often referenced in other accounts of empathy. Feeling into the other goes farther than feeling with the other, it implies a

transcendence of the boundary of you and I, a shared intentionality, a direct givenness of the other's feelings, without however creating a fusion between the subjects.

Furthermore, the bulk of scientific literature on empathy often presupposes or implies the distinction between cognitive and emotional empathy (compare Bloom, 2016). Phenomenologists would contend that both rely on a more fundamental empathy that they derive from.

> According to phenomenologists, including Max Scheler, Edmund Husserl, and Edith Stein, the most basic form of empathy acquaints you – in the most direct and immediate manner possible – with another's experiential life. Importantly, on this account empathy is not about me having the same mental state as the other, but about me being experientially acquainted with an experience that is not my own. (Fernandez & Zahavi, 2020)

'Feeling into' is a more fundamental experience than cognitive or emotional empathy traditionally account for. 'Feeling into' does imply to directly experience another's affective state, but without necessarily having to share that same feeling.
In perceiving someone's fear it is certainly possible that the empathizer does share the fear, but that is not necessary in the act of empathically experiencing the other's fear.
In feeling into the empathizer puts himself into the position of the empathee, insofar as the empathee is present to the empathizer as a bodily subject with a lived experience and not a simple object. Thus, when we are involved in using our cognitive faculties to put ourselves in someone else's shoes or are feeling with someone else, we are exhibiting abilities that are closely related to empathy as understood by phenomenologists. But only focusing on these more complex, and in a sense derivative aspect alone does not give us the ability to fully understand empathy yet as it is conceived by phenomenologists. Only all aspects and levels together can constitute a genuine understanding of empathy.

From a scientific perspective empathy is usually accounted through two interrelated processes, one is bottom up, one top down. A mirroring of self in the other constitutes the bottom-up process, while a self/other difference awareness[10] at perspective-taking process constitutes the top-down process. The explanations of the bottom-up process involve references to mirror neurons (Jankowiak-Siuda *et al.*, 2011), that are activated either in case of a firsthand action and when the action is observed in another subject (Gallese *et al.*, 1996). The aspect of perceiving emotion as an external phenomenon is addressed as 'top-down processes'. These are situated on the level of cognitive perspective-taking, a position that implies a form of distance taking, and is the mechanism that allows for any constitution of a ToM.
These two processes are considered to be combined in such a way that the top-down mechanism limits the emotions shared in an automatic way (bottom-up). This automatic sharing of emotions could cause an emotional chaos, with a potential dissolution of the distinction between the self and the other, if it was not regulated by the top-down mechanism (Jankowiak-Siuda *et al.*, 2011). Moreover, through executive functions, top-down regulation not only adjusts the lower level but also adds flexibility liberating the subject from the dependence

10 Apparently in autism the brain shows a lack in those aeras that respond to self-information (Lombardo *et al.*, 2010, p. 620). This study could support a lack in ToM which may be explained not only as an "inability to understand other's people different belief" (Baron-Cohen, 1995, p. 71) but also as the missed inference of self-mental state.

on external input (Singer & Lamm, 2009, p. 89). Therefore, the automatic reflection of the self into the other is considered to be balanced by the awareness of the difference occurring between them: these are two different but intertwined processes.
Both the bottom-up and the top-down stages are essential for the empathic process, the third stage Stein describes the integration of these results to derive a more complex understanding of the empathee's perspective is however not considered.

While the dual account of empathy provides a clearer and more easily quantifiable picture, than the phenomenological account does, it fails to consider some of the more intricate dimensions of con-originality and the phenomenon of minimizing distance as a bodily subject and not just a disembodied mind through empathy as described by Stein. We propose that is this co-experiencing as embodied subjects, that is not merely a cognitive state but also embodied, creates further pressure on a hyper-emotional brain which in turn could lead to a rejection of empathic interaction in autistics.[11]

4. Conclusion

Although IWT is still far from an exhaustive explanation of how hyper-functioning brain in autistics works, it may be a starting point for an alternative way to conceptualize the emotional aspects of autism as not a disorder of empathy, but as an oversensitivity. Therefore, what is often perceived as deficits in attending social signals, feel emotions and take other perspective might be the result of emotions intensely felt and not some form of deficiency.

As a method, phenomenology investigates the phenomenon as it is given. In our case it means to explore empathy from the perspective of the subject involved in the empathic act of intersubjectivity: "[...] we are very experienced at intersubjectivity, just by virtue of our being so involved in it from the beginning of life, each in our own ways and also in many ways we share with others" (De Jaegher *et al.*, 2016, p. 492). Indeed, describing empathy without the inclusion of direct experience of autistics and subjects close to them could hinder our understanding of autism and jeopardize the possibility to see autistics as intersubjective subjects.

Phenomenology offers also theoretical instruments to characterize the phenomenon of empathy as a 'feeling into' the other by converging cognitive and emotional elements. Empathizing is the act by which I and You disregards the borders in favor of a shared intentionality encountering each other in an experience that Stein defines con-original. Empathy then is a like an emotional shared space that I and You as embodied and conscious subjects tend to minimize while maintaining a separate identity. This 'movement' through which the empathizer is pulled into the empathee's experience is generated by an intentional connection and represents the intrinsic nature of empathy in the phenomenological account.

Taking these results from phenomenology, it turns out that the question is not whether autistics are empathetic, but whether their difficulty to endure such a minimization of the space between self and the Other, caused by hyper-emotionality, is the root of the stipulated inability to empathize. IWT suggests that keeping distance would be a strategy to decrease

11 According to Fuchs (2015) autistics would seem more inclined to understand the other via inference from other mental states to compensate a disrupted embodied interaction that comes prior to the implementation of ToM. Also, Gallese (2006) argues that in Asperger syndrome there is a dysfunction of the embodied simulation caused by malfunctioning in mirror neurons.

the degree of the intensity. We also add that this strategy would be especially applied in the embodied relation: if inference of other mental states represents a more detach way to engage with another 'self', the embodiment experience of the Other requires a superior degree of emotions.

Using phenomenological concepts and IWT we could say that the amount of distance someone is comfortable with is a reaction to the intensity of the feeling required in the Other-relation. Expanding distance is not a sign of a disrupted empathy, rather a different manner to empathize which still includes con-givenness, but excludes elements of cognitive aspects of empathy and potentially of 'feeling with'. However, as phenomenology suggests, even when the distance is minimized there is always a gap between the self and the Other. Combined this way, phenomenology and IWT offer a vision of autistics as empathetic individuals who however prefer not to minimize the space dividing their self from the Other; what makes the empathy authentic is not the full reduction of the relational space, but the intentionality toward the Other.

Should such a phenomenologically enriched IWT hold, that would imply a need to develop different forms of therapy where autistics would be no longer exposed to overwhelming stimuli, but gently introduced to them: "early intervention to reduce or moderate the *intensity* of an autistic child's environment might allow their talents to be protected while their autism-related disabilities are mitigated or, possibly, avoided" (Szalavitz, 2013). Moreover, showing that autism is not an empathy illness, but an over emotional way to engage with the Other, could affect how we see autistics and how we behave with them.

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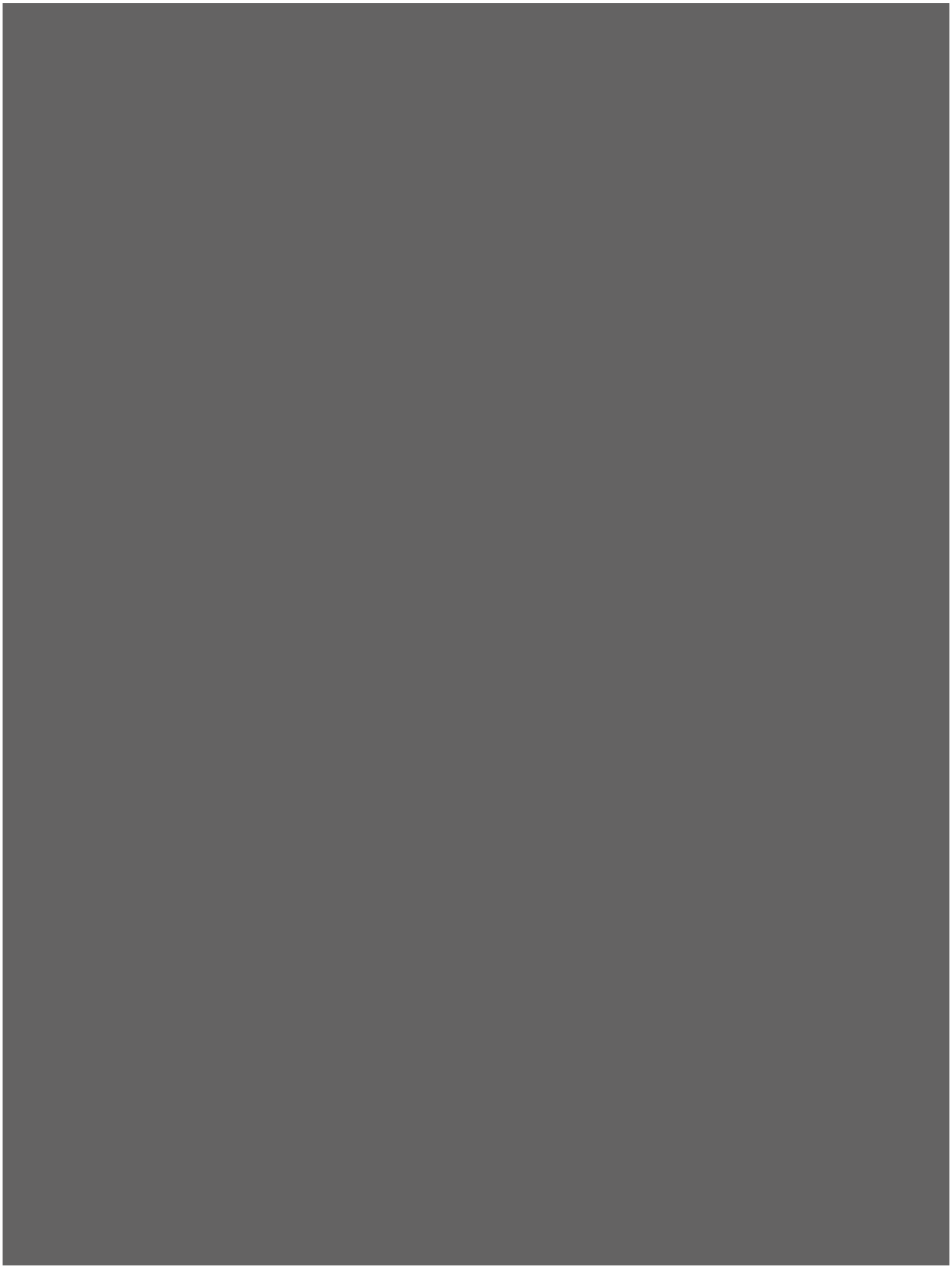

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BODILY SATURATION AND SOCIAL DISCONNECTEDNESS IN DEPRESSION[1]

abstract

Individuals suffering from depression consistently report experiencing a lack of connectedness with others. David Karp (2017), in his memoir and study of depression, has gone so far to describe depression as "an illness of isolation, a disease of disconnectedness" (p. 73). It has become common, in phenomenological circles, to attribute this social impairment to the depressed individual experiencing their body as corporealized, *acting as a* barrier *between them and the world around them (Fuchs, 2005, 2016). In this paper, I offer an alternative view of the experience of social disconnectedness in depression, suggesting that rather than necessarily experiencing their body as* object*-like, the depressed individual's bodily is* saturated *with experiences of lethargy, tiredness, heaviness, sadness, hopelessness and so on, to the exclusion of being able to bodily connect to others. I suggest that depression does not involve a complete social impairment but a specific impairment of affective forms of interpersonal experience.*

keywords

depression, phenomenological psychopathology, social impairment, bodily saturation, interaffectivity, self-harm

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Introduction

While depression is often associated with feeling deadened or flat, depression is a bodily intense experience. As the DSM-V highlights, depression is characterized, *inter alia*, by *feelings* of lethargy, tiredness, heaviness, sadness, guilt and/or hopelessness. It also notes that depression can "cause significant distress or impairment in social, occupational, or other important areas of functioning" (APA, 2013, p. 163). Although the DSM makes explicit reference to experiential disruptions in depression, its descriptions of them are only "cursory" (Ratcliffe, 2014, p. 5). In particular, while the DSM briefly refers to an impairment in social functioning in depression, it does not expand upon *how* interpersonal relations are altered in depression, nor *which* ones are affected. This is surprising given that most first-person descriptions of depression put much emphasis on feelings of isolation and disconnection from others. For example, David Karp (2017) in his book *Speaking of Sadness,* which records both his own and others' lived experience of depression, notes that "the most insistent theme" (p. 73) that arises is the affect depression has on relations with other people; going so far as to describe depression as "an illness of isolation, a disease of disconnectedness" (ibid.).

Many working in phenomenological psychopathology, however, have put the interpersonal impact of depression front and centre (e.g. Fuchs, 2005, 2013; Ratcliffe, 2014; Ratcliffe & Stephan, 2014; Wehrle, 2019). Ratcliffe, in his book *Feelings of Depression* (2014), devotes a whole chapter to detailing how a central feature of depressive experience is a change in the structure of interpersonal experience. He describes how feelings of isolation, estrangement, distance from the world and from other people frequently crop up in descriptions of depression: "The person is cut off from the world and, most importantly, from habitual forms of interaction with other people" (Ratcliffe, 2014, p. 31). He claims that there is an erosion of "certain kinds of interpersonal relation" in depression (ibid., p. 202). Ratcliffe is not alone in this diagnosis. Fuchs, for instance, argues that an individual's intercorporeality and interaffectivity with others is impacted by depression. Fuchs (2013) describes how the individual with depression loses their ability to be affected by others, that the depressive body "acts as a barrier" (p. 223) to being moved by the world and other people.

This emphasis on social impairment in depression prompts us to ask *how* this loss of connectedness with others is experienced in depression. In this paper, I introduce the notion of 'bodily saturation' as a way to unpack why and how depression disrupts the embodied subject's affective relation with others. There has been increasing recognition in phenomenology that we are *affective* beings (e.g. Colombetti, 2014; Fuchs & Koch, 2014; Maiese, 2018a); that we do not just look upon the world coldly but are moved by the world, experience

the world through our *feeling* bodies. However, while the role of our bodies as an affective medium is emphasized, what goes unremarked is that while we are feeling beings, we do not have an infinite capacity for feeling. The term 'bodily saturation' is intended to capture situations where we are, so to speak, affectively 'full'. When this occurs, one is rendered less sensitive, or even insensitive, to other affective, bodily experiences. I argue that depression is a bodily intense experience that leaves the body saturated, thus disrupting affective ways of feeling connected to and together with others.

1. A disease of disconnectedness

It is generally acknowledged that depression is an affective disorder. Descriptions of depression commonly refer to persistent feelings of depressed mood, anxiety, despondency, worthlessness, guilt, isolation and hopelessness. The DSM states that at least one of the symptoms of depression is either:

i) depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, hopeless) or observation made by others; or
ii) markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.

Alongside this, the DSM specifies that an individual must experience at least 4 of the following additional symptoms:

i) significant weight loss when not dieting or weight gain or decrease or increase in appetite nearly every day;
ii) insomnia or hypersomnia nearly every day;
iii) restlessness or lethargy;
iv) fatigue or loss of energy nearly every day;
v) feelings of worthlessness or excessive or inappropriate guilt;
vi) diminished ability to think or concentrate, or indecisiveness; or
vii) recurrent thoughts of death or suicide.

(APA, 2013, p. 163)

While depression is often associated with feeling deadened or flat, depression is a bodily intense experience. As the DSM-V highlights, depression is characterized by *feelings* of lethargy, tiredness, heaviness, sadness, guilt, and/or hopelessness. Even feelings of emptiness are not neutral states but involve an acute "felt awareness of absence" (Roberts, 2019, p. 188). As I argue below, we might be better doing away with characterizing depression as involving an affective flattening and instead talk about depression involving specific forms of affective intensity or heightening which excludes other feelings or ways of affectively engaging with the world. Moreover, the DMS-V notes that depression can "cause significant distress or impairment in social, occupational, or other important areas of functioning" (APA, 2013, p. 163). How, though, does depression impact one's social experience? What kinds of social encounters are impaired?

Over the last decade, there has been increased interest in how phenomenology can be used to analyse various disturbances found in depression, including discussions of disturbances of temporality (e.g. Fuchs, 2013; Maiese, 2018b; Ratcliffe, 2015), personal identity (e.g. Svenaeus, 2013), bodily feelings (e.g. Fuchs & Schlimme, 2009; Fuchs, 2013) and emotional experience (e.g. Slaby, 2014; Stephan *et al.*, 2014).[1] There has also been increased interest in

1 It is worth noting that phenomenological psychopathology has, traditionally, drawn upon work from classical phenomenology and contemporary phenomenologists working in a, by-an-large, traditional phenomenological arena. However, with the rise of neo-phenomenology, critical phenomenology, and post-phenomenology, it should be recognised that new varieties of phenomenological psychopathology may also arise. For instance, neo-phenomenological psychopathology (drawing on the work of, say: Schmitz, 2019; Slaby, 2020; and Griffero, 2017a),

phenomenological psychopathology in how depression involves impairments to one's social experiences (e.g. Fuchs, 2005, 2013; Ratcliffe, 2014; Ratcliffe & Stephan, 2014; Wehrle, 2019). I want to follow this trend and present a phenomenological assessment of bodily feeling and loss of social connectedness in depression.

First-person descriptions of depression almost uniformly highlight feelings of isolation and disconnection from others as central to the disorder (e.g. Karp, 2017; Plath, 1963; Styron, 2010; Wurtzel, 1994). Sylvia Plath (1963) describes how, when watching others interact, the depressed individual experiences a veil between themselves and the others, a distinctive experience of being cut off. While depressed individuals can shut themselves away (and many often do), this isolation or disconnection is not primarily about a physical distance between the depressed individual and others. Indeed, the sense of disconnectedness seems to be most painful when the depressed individual is around others, is not physically alone, but feels isolated nonetheless: "During all this I felt deeply alone. Everyone else seemed to be moving through their days peacefully, laughing and having fun...*Their very presence seemed to magnify my sense of isolation*" (Karp, 2017, p. 59, my emphasis). Depression, then, is characterized by feelings of isolation, disconnection, and loneliness even when the depressed individual is not by themself.

Interestingly, what this description from Karp highlights is that not *all* interpersonal experience is diminished in depression. One is not thrown into an entirely solipsistic world, where there are no others at all. Others still feature in experience and depressed individuals do not seem to lose their ability to understand others entirely. Indeed, in order to capture the experience of depressed individuals as missing out, as being cut off from others, some interpersonal experience must still be intact; for the depressed individual to experience being cut off from another and their happiness, they must be able to *perceive* the other and their happiness to some extent in the first place. Some forms of interpersonal experience and social understanding, then, are preserved; namely, a visual and perhaps auditory form of direct social perception or empathy (Krueger & Overgaard, 2012), whereby they are still able to see or hear the expressive behaviour of others. What depressed individuals seem to experience is, specifically, a diminished sense of *connectedness* to others. I suggest that we conceive of this sense of connectedness to others in *affective* terms. This will allow us to not only say that there is social impairment in depression but provide a more fine-tuned analysis of what *forms* of social relation are impacted in depression; thus, adding to the aforementioned works that highlight social disruption as a key characteristic of depression in more general terms. In order to unpack this, we must turn to how we not only encounter the other in *visual* or *auditory* terms but how we *feel* the other, through our feeling bodies.

2. *Feeling* the other

The phenomenology of sociality highlights numerous forms of interpersonal experience that are *affective* in nature. The phenomenological notion of empathy, which claims that we can directly perceive at least some aspects of the other's experience through their expressive bodies, predominately discusses how we *visually* perceive the other's experience (e.g. Krueger & Overgaard, 2012; Overgaard, 2019; Zahavi, 2014). However, there is growing recognition that empathy is not restricted to *visual* perception but that we can also empathetically perceive the other through other sensory modalities (Osler, 2021a). Relevant for our purposes is the idea that we not only empathetically *see* someone's experience, say in their clenched fists and

critical phenomenology psychopathology (drawing on the work of, say: Ahmed, 2014; Ortega, 2016; Lugones, 1987; and Al-Saji, 2010 (some initial work has been done in this vein, e.g. Lajoie, 2019; Krueger, 2021; Osler & Krueger, forthcoming)) and post-phenomenological psychopathology (drawing on, say, the work of Idhe, 2008).

scowl, but can empathetically *feel* the other (e.g. Colombetti, 2014; Fuchs, 2016; Svenaeus, 2016, 2018). Drawing on thinkers such as Edith Stein (1989) and Maurice Merleau-Ponty (2012), the role of the *feeling* body in our empathetic grasp of others is highlighted (sometimes described as *sensual empathy* (e.g. Svenaeus, 2018). Thus, I might not only see the other's anger but *feel* their anger "pouring" out of them (Stein, 1989, p. 54). This is not to suggest that when I feel your anger pouring out of you this is because you have made me feel angry, indeed I might be afraid of or amused by your anger. Rather, that your anger is given to me *affectively*, I feel *your* anger without mistaking it for my own emotional reaction.

Fuchs, in particular, has developed Merleau-Ponty's notion of *intercorporeality* to discuss how our empathetic perception is rooted in our *bodily awareness of* and *interconnection with* others. He emphasizes that we do not coldly look upon others but experience a "mutual bodily resonance in social encounters" (Fuchs, 2013, p. 222; also see: Fuchs, 2016; Fuchs & De Jaegher, 2009). Through our bodies we express and connect with others through patterns of imitation, co-ordination, bodily expression, and bodily feeling. As such, we do not merely gaze upon others but find ourselves bodily present with and bodily affected by others and vice versa. This "intercorporeal affection" is highlighted as our fundamental way of being with others and feeling ourselves connected to others, as an important "pre-reflective attunement to others" (Fuchs, 2013, p. 225). Where Fuchs (2013, 2016) and Merleau-Ponty (2012) refer to this as *intercorporeality*, the phenomenologist Watsuji pre-emptively describes this felt interconnectedness and interrelatedness with others as "betweenness" (Watsuji, 1996; see: Krueger, 2020; Osler & Krueger, 2021).

Work done on shared emotions also emphasizes the role affectivity has in experiencing oneself as *together* with others. Shared emotions refer to instances where we experience an emotion not just as an *I* but as a *We*. This is not intended to simply refer to two or more individuals who happen to be having the same kind of emotion simultaneously but to individuals experiencing an emotion that they experience *together*. Scheler (2017, p. 9) famously describes two parents sharing their grief over the loss of their child. Influenced by the work of Walther (1923), many now argue that when sharing an emotion with another, part of the 'glue' that joins people in a shared emotion is a felt sense of *togetherness* (e.g. Osler, 2020; León and Zahavi, 2016; Szanto, 2017). Walther argues that togetherness as a *We* is experienced as something bodily and affective. As such, an experience of shared grief is not only bodily felt in terms of *feeling* grief but involves an affective sense of experiencing that grief *together with another*. If one were not able to affectively experience this sense of togetherness, one would not be able to share emotions with others.

We might also refer to notions such as *emotional contagion* (e.g. Hatfield *et al.*, 2011; Scheler, 2017),[2] by which emotions and other affective states are said to pass between embodied individuals, and *sympathy*, where we do not only understand another's experience but feel *for* them (e.g. Scheler, 2017, p. 12), as other examples of interpersonal encounters that involve an *affective*, bodily felt dimension. Additionally, we might also think of the way we experience the atmosphere of grief that emanates from people mourning at a funeral, as well as feeling the authority of that atmosphere as demanding us to still our own joyfulness, as a more holistic form of interpersonal affective experience (Schmitz, 2019; also see Griffero, 2014).

What these examples serve to illustrate is that many of our interpersonal experiences are rooted in our bodily experience of others – in feelings of connectedness, being interpersonally

2 For a critique of the notion of emotional contagion, see: Ahmed, 2014.

moved and affected, of feelings of belonging, togetherness, and inclusion.[3] What underpins these various forms of interpersonal experience is not simply being physically present with other people but an affective grasping of the other.[4] As Fuchs (2013, p. 223) puts it, in these interpersonal encounters our body acts as a "sounding board" through which we engage with others.

What is also interesting about these bodily experiences of the *other*, is that these encounters often *move* us or prompt us to undergo a *change* in emotion or mood. For instance, when I feel your anger through my body, this might lead me to *feeling afraid* myself; sharing an emotion with another can intensify or prolong an emotional experience; being infected by your happiness can lift my mood; feeling excited about your happiness can shift my current emotion; experiencing an atmosphere of grief might prompt me to mute my own happiness. As such, not only are these examples of affective interpersonal experience, but they are often ways in which my emotion or mood is altered or even regulated by others (Krueger, 2015).

It is these affective forms of interpersonal experience that I suggest are inhibited in depression. What I argue is that in depression our bodily feelings of, say, tiredness, lethargy, hopelessness, and so on, are bodily intense experiences and preclude or inhibit one's ability to be affectively sensitive to others, resulting in a sense of disconnectedness from others. I suggest we understand this as a temporally-extended and chronic experience of 'bodily saturation'. Cashing depression out in these terms, I think, helps does justice to the felt dimension of depression which typically goes overlooked in favour of discussions of depression as involving an affective flattening or diminishment.

3. Bodily saturation

As highlighted above, phenomenology emphasizes that as embodied, feeling subjects, much (if not all) of our engagement with the world is *affective* (Colombetti, 2014). It is through our bodies that we are moved, that things draw us in, affect us, and it is our feeling bodies that allow us to experience others in affective ways. These approaches highlight that our bodies are not simply material objects in the world but are through which we have a world. It is through our feeling bodies that we are "affectively involved" with the world: "the conscious subject's constantly being affected by and involved with what goes on – an involvement both realised and mediated by corporeal feelings that in turn make manifest (disclose) goings-on in the environment" (Schmitz *et al.*, 2011, p. 243). Importantly, bodily feelings are not tacked on to more cognitive ways of assessing the world, nor do bodily feelings simply reveal our bodies to us. Rather, our bodily feelings disclose the world to us in an affective manner; they have a certain bi-directionality to them, whereby a feeling involves a feeling of one's body (e.g. a feeling of uplift in one's body) that is also directed towards to world (e.g. one's best friend). As such, bodily feelings can be intentional and their intentional object is not restricted to the subject's bodily state (Ratcliffe, 2008, p. 78; also see: Slaby, 2008). Using the neo-phenomenological lexicon, we can talk of how we are in continual embodied or corporeal communication with the world and others (Griffero, 2017b; Schmitz, 2019).[5]

However, what has not gone explored is that while we are feeling beings, we do not have an *infinite* capacity for feeling – we cannot feel all things at all times. I want to introduce a notion that I call 'bodily saturation'. This term is intended to capture situations where we are, so to

3 It should be noted that these forms of interpersonal relations presuppose that we encounter the other as another embodied subject in the first place and that we are not dealing with cases of social invisibility (Jardine, 2020).

4 For an argument that this affective grasping of the other can happen even when we are not physically together, see: Osler, 2020.

5 Thank you to the reviewer who encouraged me to also situate my account in reference to neo-phenomenological work.

speak, affectively 'full'. When this occurs, one is rendered less sensitive, or even insensitive, to other affective, bodily experiences. When one has a sudden experience of pain, for example, it can be experienced so intensely that we seem to *only* experience that pain. If the pain continues, it does so at the expense of feeling much else. When, for example, I have an ongoing headache, I feel a kind of distance from the world around me, it no longer solicits my attention in the way it normally does, it does not draw me in. My affective engagement with the world seems to have been muted by this other bodily intense feeling. This can be thought of as akin to a loud noise drowning out all other noises or a flash of bright light taking over one's visual field.

That pain has this saturating effect is well-supported by cases of self-harm. Self-harm is defined by Brown & Kimball (2013, p. 1) as "the intentional harming of one's body in order to reduce emotional pain and cope with overwhelming emotions". One might ask why the infliction of bodily harm brings about a reduction in 'emotional pain'. One suggestion is that physical pain, in these cases, distracts the individual from their emotional pain. However, I think a better formulation of this is to say that the physical pain *blocks out* one's capacity to feel the emotional pain. If we think of the body as a glass that only has so much room for feeling, then the pain can be thought of as filling us up to the top, no longer leaving room for any other feelings. On the 'distraction model' there is the impression that we can be in emotional pain or distress while not feeling it in moments of distraction. The 'bodily saturation' formulation avoids the potential oxymoron of unfelt feelings, opting for the idea that when we are in intense physical pain, we no longer have the capacity to feel anything else.[6]

My suggestion is that this bodily saturation can happen at the level of affectivity more broadly, that we can be overwhelmed or filled up by a particularly intense feeling (or feelings) which renders us insensitive to other feelings at that moment, including the kind of bodily feeling that I have argued is part of our felt experience of others. As such, bodily saturation does not only occur in cases of bodily sensation (such as pain). We can also be saturated by emotional experiences. Think of cases where one feels very anxious about something, like an upcoming presentation. Concern about whether your material makes sense, worries about whether someone might spot a problem in your account, or ask you a question about a philosopher you know next to nothing about, fear that you might forget what you were going to say – this anxiety can be so all-consuming that you no longer feel hungry (despite not having eaten yet), no longer feel affectively drawn in by the beautiful scenery on the walk to the conference, are left untouched by someone excitedly telling you about their upcoming birthday dinner that you are invited to.

The examples I have given so far are of a *particular* sensation, feeling or emotion that overwhelms someone. However, it is also possible for an accumulation of felt experiences to oversaturate me (rather than a single, intense feeling). Take, for instance, being in the middle of a food market with a friend. There is a cacophony of affective experiences going on, the smell of baked goods drawing me in, my friend's exciting news that she has had an article published, my slight anxiety about being hemmed in by many people, the banging noises of trucks, people shouting and so on. There is no one single intense affective experience here,

6 A parallel example of this might be anorexia nervosa. When an individual with anorexia starves themself, they subject themselves to a near constant experience of hunger. This is a visceral experience that they might inflict upon themself as a way of diminishing their experience of other feelings, such as stress, anxiety or bodily upheaval such as puberty, that are outside their control (Osler, 2021b; Krueger & Osler, 2020).

rather a wide and rich array of them. This can, in some cases, be sensorily *too* much and prohibit my bodily awareness of anything further.[7]

Now this is not to say that our bodies are all the same 'size'. Schmitz (2019, p. 100) highlights that how and to what extent we become affectively involved with the world, how affectively sensitive we are, changes from person to person, as well as being impacted by one's own personal history. In a similar vein, then, it should be recognized that we do not all get bodily saturated by the same 'amount' of feeling, our thresholds might be different. Different individuals might have a greater capacity to feel a multitude of things at the same time or to feel an intense emotion without experiencing a desensitization to other affective experiences. Indeed, an individual may have different bodily capacities at different times in their life, in different situations, and so on. Nor is this to imply that bodily saturation only occurs in cases of negative sensations or emotions. We can, for instance, have our 'bodily bandwidth' used up with positive feelings and sensations; think of an experience of intense joy that leaves us desensitized to other feelings (e.g. episodes of mania: Bowden, 2013; Fuchs, 2015) or intense pleasurable experiences like when one orgasms. Moreover, while I have used pain in self-harm as an example of how individuals use bodily saturation as a way of blocking out negative feelings such as stress or anxiety, it is conceivable that bodily saturation can be sought out in and of itself. For example, individuals who enjoy pain as part of their sexual practice might enjoy the sensation of being bodily saturated, being entirely in a particular moment and a particular feeling, that need not be related to a desire to force out other (negative) feelings. Acknowledging all this, the point stands that no individual is capable of an infinite array of feelings at any one time.

4. The depressed body

How, though, does the notion of bodily saturation inform our understanding of the experience of social disconnectedness in depression? What I suggest is that rather than conceiving of depression as a case where individuals experience a flattening or deadening of affect, that we focus on and recognise the bodily feelings that characterize depression, such as feelings of tiredness, heaviness, fatigue, and hopelessness and even felt experiences of emptiness, listlessness, and absence. By recognising how intense such feelings can be, we can see how this picture fits with the notion of bodily saturation, whereby the depressed body is flooded with bodily feelings such as tiredness and fatigue that, in turn, diminish one's ability to enter into or be moved by other affective experiences that are bodily felt. If we accept that many of our interpersonal encounters are bodily felt, then the saturation that a depressed individual experiences inhibits their ability to also experience affective forms of social relation.

Just as when I am in so much pain I am not sensitive to someone bumping into my elbow on the street, so when my body is saturated with, say, the lethargy of depression, I am no longer affectively sensitive to or moved by the happiness of another. I might still *see* that they are happy but no longer *feel* their happiness radiating from them, do not feel sympathy for the other, do not find their happiness contagious, cannot enter into a shared happiness together with them. For all these forms of social encounter involve being bodily sensitive and receptive to the other, to being moved by the other or feeling a sense of connectedness and togetherness with them. The depressed body, already saturated with other bodily feelings, is unable to enter into these affective styles of sociality; it does not have the affective bandwidth available that is needed for these interpersonal encounters. Thus, the depressed body is still a feeling

7 Those familiar with autistic spectrum disorder (ASD) might seem some similarities between this experience of a situation being sensorily and affective overwhelming and common reports of those with ASD as finding the world sensorily intense. Applying the notion of bodily saturation to ASD may, then, also be fruitful.

body but it is so full with on-going bodily intense feelings that it is affectively cut adrift from others -leaving the depressed individual a cold social observer, rather than a bodily engaged, connected social participant.

In contrast to short-lived experiences of bodily saturation, such as the case of stubbing one's toe or having a headache, the depressed body is chronically saturated by certain negative feelings. The depressed body undergoes a temporally-extended form of saturation, that impacts one's ability to access other forms of affective experience not just for moments but for prolonged periods of time. We might, then, think of depression as involving a chronic, on-going bodily saturation that can significantly impair an individual's affective social relations. What might be particularly pernicious about depression is that the sorts of social relations that are curtailed are the very kinds of social experience that lead to us being *moved*, to experiences that can bring about a *change* or *shift* in our emotions and moods. As such, when one is rendered bodily insensitive to experiences of sharing emotions, being upregulated by others' affective states, and so on, we can be left in a situation where we become *stuck* with these negative and isolating bodily experiences. By acknowledging this, we can go some way to accounting for how depression can progress, leading to a downward spiral of feeling that one cannot escape one's depression.

Importantly, by employing the notion of bodily saturation, we are able to specifically account for why certain forms of social relations are impaired in depression (e.g. those which are affective), while preserving other forms of social understanding that remain in place (e.g. the ability to grasp that others are happy and are easily engaging with one another and the world). This, then, allows us to provide a more fine-grained account of social impairment in depression. It also, importantly, enables a distinction to be drawn between the kinds of social impairment that characterize a disorder such as major depression disorder and other disorders such as catatonia. In catatonia, individuals appear to experience a complete breakdown in one's bodily receptivity to others and the world (Takaoka & Takata, 2007), rather than the partial impairment I suggest depression typically involves.

Note that while my account of depression as involving bodily saturation has certain commonalities with Fuchs' discussion of the breakdown of social relations in depression (Fuchs, 2005, 2016) it has a key difference. Like Fuchs, I claim that one's ability to experience others in a bodily and affective manner is diminished in depression. Moreover, I root this claim in the idea that depression involves a *change* in the way that one experiences one's body, particularly in terms of experiencing one's body as 'closed' to affective styles of interpersonal relation. However, unlike Fuchs, I do not want to characterise the depressed body as a *corporealized* body. According to Fuchs, in depression, the individual primarily experiences their body as object-like. He suggests that in depression "the materiality, density, and weight [of the body], otherwise suspended and unnoticed in everyday performance, now come to the fore and are felt painfully" (2005, p. 99). The body is experienced as a burdensome object, inhibiting one's ability to smoothly engage with the world as a lived body and, importantly for our purposes, inhibiting one's bodily sensitivity to others.

My concern with this approach is that while the depressed body is often overwhelmed by experiences of, say, fatigue and tiredness, this fatigue and tiredness need not only be experienced as foregrounded in our experience, nor solely in terms of experiencing the body as object-like (though this is not to say that it cannot be experienced in this way). As Sartre (2005) highlights in his description of tiredness, our tiredness can be revealed to us in the way that the tired body discloses the world to us: for instance, in the way that I experience the words on the page I am reading as blurred, finding it difficult to concentrate on specific tasks. The body is not the object of the tiredness here, rather it is a *lived tiredness* that shows up in the way that the world is disclosed to the subject.

When we talk of the body as the medium through which we have a world, that discloses the world to us, we should be careful not to imply that this is a neutral or unfeeling medium. While we often see descriptions of the body as transparent (Fuchs, 2005, p. 25) or absent (Leder, 1990, p. 10) when we are engaging with the world smoothly, this can mask the way in which our feeling bodies *shape* the way in which we experience the world. As Ratcliffe (2008) highlights, our bodies do not disclose the world in a uniform manner; our emotions, moods and feelings can *colour* the way we experience the world. When I am joyful, the world is experienced as full of exciting possibilities; when I am tired, the world can be experienced as dull and lifeless. Feelings of tiredness, then, do not have to foreground the body as object but still impact the way in which the world and others are disclosed to us.

This is to say that in depression feelings of tiredness, fatigue, and hopelessness can be intensely felt in the way that the world is disclosed as not interesting, beyond one's reach, as difficult or burdensome. These, though, are still felt experiences *of the world*, not just felt experiences of one's body as an object. Feelings that characterize depression, then, do not need to render the depressed individual corporealized *per se*. Rather, the depressed body feels these negative bodily feelings in such an intense manner that it no longer has the capacity to be affectively sensitive to or moved in other ways. The *saturated* body is not simply closed, is not a complete barrier to the world, and does not necessarily have to have the body itself as its intentional object. Instead, it is closed to specific forms of affective experience, leaving the individual with a limited range of affective options, a limited way in which the world and other people are experienced.

Importantly, this helps us capture cases of individuals who have lived with depression for a long time, where feelings of depressed mood become habitualized. When this way of being in the world just becomes 'the way things are', we do not see the depressed individual as totally trapped inside a corporealized body. Many people are still able to go about their lives, do their jobs, even hold down stable relationships. One might suppose that if the depressed individual predominantly experienced their body as corporealized, this would be a difficult feat to pull off. I suggest that if we adopt a bodily saturation model, we are able to capture how the depressed individual still experiences the world and even others in it in some ways; yet are left peculiarly disconnected from those around them. In short, then, I pose the notion of bodily saturation as an *alternative* way of conceiving of the depressed body that accounts for experience of being disconnected or unable to be moved by others, that I think provides a richer picture of the depressed individual and their world.

Conclusion

In this paper, I have developed the notion of 'bodily saturation' as a way of unpacking how depressed individuals experience a sense of disconnectedness from others. While we are feeling bodies, we do not have infinite capacity for feeling and can become saturated with our affective experiences. When this occurs, we are rendered insensitive to other affective or feeling experiences. Depression, I have argued, is an intensely felt affective disorder. I suggest that the intense feelings characteristic of depression leave individuals insensitive to 'feeling the other', thus impairing certain social encounters and interactions, as well as their social understanding. This, though, does not mean that the depressed individual primarily experiences their body as the object of their experience. Rather, the saturated body in depression is rendered insensitive to certain forms of affective experience, including a raft of affective social experiences such as sensual empathy, shared emotions and other shared experiences, intercorporeality, interaffectivity, interpersonal atmospheres, emotional contagion, and sympathy. All these affective forms of interpersonal experience are ones which connect our embodied selves with others in terms of how we *feel* the other as present, *feel* the other's feelings, *feel* sympathy for others, or *feel* together with others. When these

interpersonal experiences are impaired, an individual is left with a peculiar sense of isolation. Using the notion of bodily saturation, we can move towards a more fine-grained picture of depression and social impairment. Whereby we can elucidate *how* the depressed body is affectively cut off from others and *which forms* of interpersonal experiences might be compromised by this. Moreover, while I have developed the notion of bodily saturation in the context of self-harm and depression, I think it could be fruitfully applied to other disorders (such as anorexia nervosa and autistic spectrum disorder), as well as to positive experiences of bodily saturation such as orgasm and BDSM practices. With increased recognition that we are affective, feeling bodies, greater attention can now be turned to the limit cases of our affective experiences.

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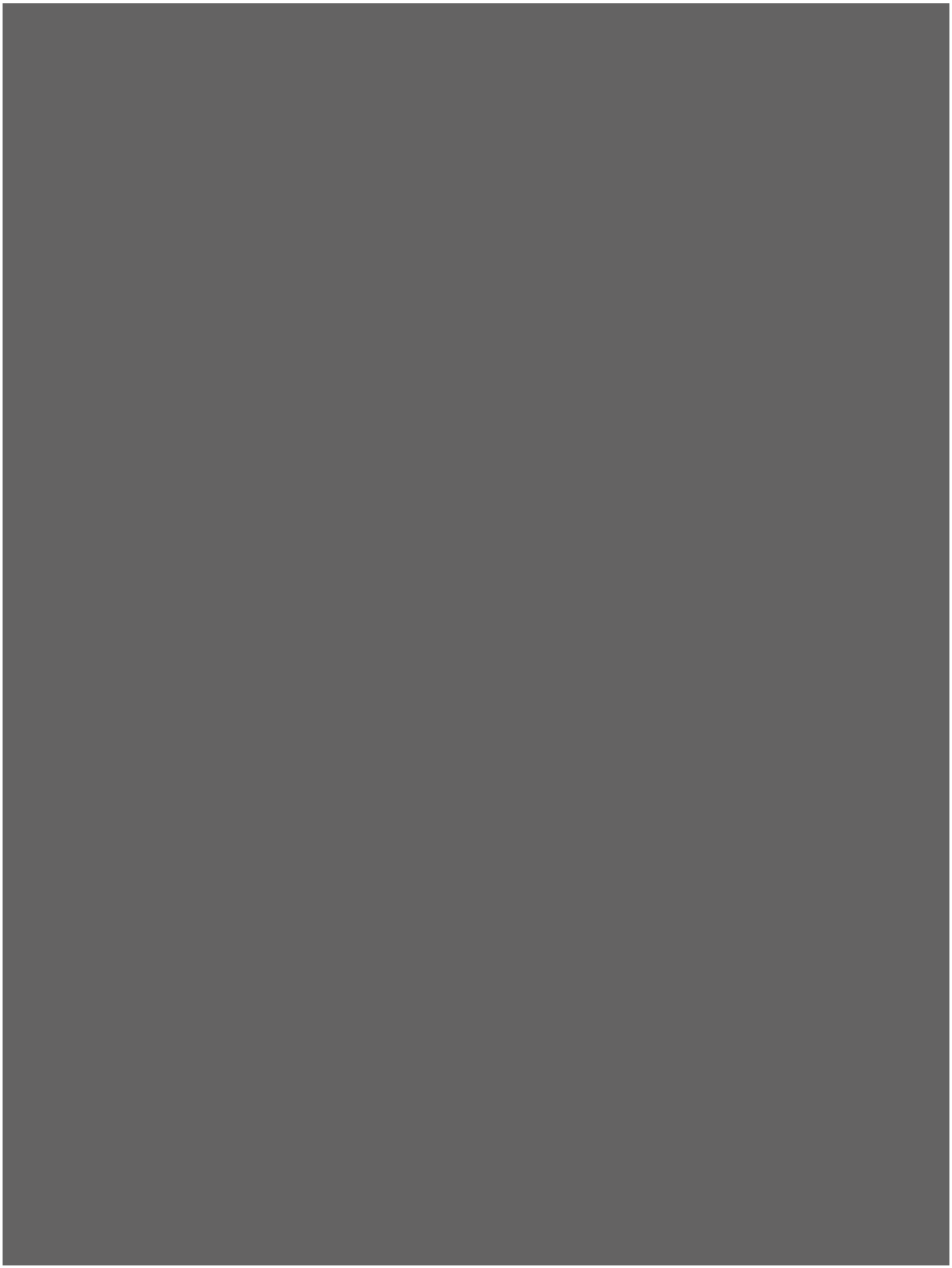

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CROSSING THE LINES: MANIPULATION, SOCIAL IMPAIRMENT, AND A CHALLENGING EMOTIONAL LIFE[1]

abstract

Manipulation or manipulative behavior, which is widespread in many life contexts and interpersonal relationships, is mostly associated with a negative connotation. Often considered roughly a form of control over others that cannot be equated with coercion or argumentation, manipulation is an umbrella term for strategies that serve to make another person (or oneself) experience x or do y or induce certain situations and interpersonal constellations. Frequently, the use of manipulative strategies is deemed to result from egoistic or even hostile motives. Such an appraisal has a major impact on the stigma patients with Borderline Personality Disorder (BPD) are confronted with, given that many of their behaviors are often interpreted as manipulative. In the past decade or so, however, researchers and clinicians have pointed out that what is generally identified as manipulation in persons with BPD needs to be seen through the lens of their lifeworld in order to facilitate an empathetic and more positive attitude towards these individuals. In this paper, I discuss the different functions manipulation may have for persons with BPD and argue that instead of seeing it as a clear expression of malevolence or belligerence, a heightened disposition to manipulations should be considered as both the fruit and seed of a painful and isolating social impairment.

keywords

manipulation, interaffectivity, emotion regulation, social impairment, borderline personality disorder

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1. Introduction

In 1994, when the new DSM-IV was launched, borderline personality disorder (BPD) received a new definition that no longer included manipulation as a diagnostic criterion. Instead of manipulation, which was part of the definition in the DSM-III, the emphasis is now on 'frantic efforts to avoid abandonment'. Although manipulation has ceased to be a recognized symptom of BPD, persons with this disorder are still often perceived as using manipulative strategies to ensure that their needs are met. This becomes evident from even cursory online research on the diagnosis. Many webpages and blogs associate manipulation with BPD, although some attempt to refute a *myth* that persons with BPD are manipulative. That myth is still prevalent in the health care system. As studies show, health care professionals often perceive patients with BPD as manipulative, resulting in stigma, experiences of discrimination, and ultimately deficient therapy and medical treatment (Nehls, 1999; McGrath & Dowling, 2012; Veysey, 2014). Patients with a BPD diagnosis often confronted a less empathic attitude on the part of their health care providers compared to patients with other mental health conditions, as has been known of for quite some time (Gallup *et al.*, 1989).

How should we interpret the persistence of the view that persons with BPD can tend to be manipulative? Is it the case that the more traditional view that BPD involves manipulative tendencies has still not been overcome, resulting in the wrong understanding of behaviors that are not meant to be manipulative at all and are best understood as maladaptive regulatory strategies? Or is it the case that persons with BPD indeed show manipulative tendencies?

I argue that formulating the issue like that might not take us much further. Focusing on the label of manipulation and the issue of whether it applies to the behaviors found in people with BPD might distract us from what is much more important: an understanding of what conditions underlie behaviors that are often deemed manipulative. Conceptual issues, of course, should not be ignored, but whether these behaviors are rightfully labelled as manipulative or not is, in my view, secondary. For, whether or not they are perceived as manipulative, such behaviors present challenges for people dealing with patients with BPD. More to the point, they are expressive of painful experiences and the specific needs of persons exhibiting them.

The aim of the paper, accordingly, is to identify the different aspects that are constitutive of the existential condition of persons with BPD and that motivate manipulative behavior. Understanding the behaviors often deemed as manipulative by describing the lifeworld of persons with BPD will lay bare the fundamental social impairment that is typical for them and hopefully will lay the groundwork for a more empathetic attitude towards persons suffering

from this condition. A better and deeper understanding of the existential condition of a person with BPD will help decrease the stress associated with getting drawn into and exposed to the relational styles found in persons with BPD. That is, my aim is not simply to explain the existential condition behind manipulative behavior. While clinicians typically understand their patients' behavior, they sometimes lack an empathetic attitude toward persons with BPD. The idea, thus, is that a specific understanding is needed that makes it easier for health care professionals to face the interpersonal challenges that are prevalent in the therapy of persons with BPD. What is needed for this, I propose, is a de-escalation of what is typically labelled manipulative behavior.

Section 2 discusses the vagueness of the concept of manipulation, the potential of manipulation to cause stigma, and my suggestion for dealing with classificatory aspects of the behaviors in question. Section 3 presents some typical aspects of BPD and how they might be said to trigger manipulative tendencies and the different functions manipulation can have for persons with BPD. Section 4 shows how the discussions of manipulative behaviors and their functions in BPD tell us something about the social impairment that is part of the condition.

2. Conceptual and phenomenological fuzziness

What is manipulation? If one tries to pin down what exactly the essence of manipulation is or which specific behaviors constitute manipulation, one is confronted with the challenge that literally any behavior can be interpreted as manipulation depending on the context. Telling another person that one likes *x* or dislikes *y* is, considered superficially, simply an expressive statement about one's attitude that in itself bears no aspect of manipulation. However, if I tell another person that I like *x* or dislike *y* in order to make them see me in a certain light, it becomes more plausible that such a statement can be an act of manipulation. Given that there are no concrete paradigmatic cases of manipulation, only a formal definition seems possible. Noggles (2020), for instance, emphasizes that manipulation is often perceived as "a form of influence that is neither coercion nor rational persuasion". However, as he also points out, that leaves open whether all forms of influence that lie between coercion and rational persuasion qualify as manipulation. Although this question is not yet settled, the definition gives a rough idea of what manipulation is generally about.

What is much clearer, however, is the negative connotations associated with the concept of manipulation. The *Cambridge Online Dictionary* defines it as "controlling someone or something to your own advantage, often unfairly or dishonestly". Some authors take manipulation to be morally wrong because it undermines the manipulated person's autonomy and treats them as an object (Noggles, 2020). After all, the manipulated person is somehow brought into a certain situation – often without realizing or against their will – in which the manipulator has already determined the possible reactions. It is evident that globally attributing the feature of manipulativity to a psychiatric diagnosis such as BPD may cause stigma and prejudice. This is potentially counterproductive in therapy and potentially isolating for the person with BPD and thus is ultimately unhelpful.

There is also the question of whether ascribing manipulativity to persons with BPD is accurate to begin with. The question is further complicated by the fact that there is no clear accepted definition of manipulation. Because manipulation is a somewhat vague concept that is highly dependent on context, there is the risk that many behaviors of persons with BPD are seen in light of the prejudice that they be manipulative. That in turn might engender a biased interpretation of the interaction styles persons with BPD exhibit.

Nancy Potter, a well-known critic of the manipulation label in BPD, argues that this is precisely what happens. She sees two problems with the use of the concept of manipulation in BPD. First, the label includes "everything from bullying, intimidation, physical violence, building special relationships, conning and lying [to] using deception for personal gain without concern

for victims" (Potter, 2006, p. 105). Second, there is a "mismatch [...] between the meaning of the term in everyday settings and in clinical settings" (Potter, 2006, p. 106). Behaviors in everyday life such as lying or creating divisions are often not deemed to be manipulative, whereas in the clinical setting they are. That, however, has not stopped physicians and therapists from using manipulation when dealing with their patients.

Interestingly, even when manipulation was "the latest linguistic fad in the clinical description of psychiatric patients" (Hamilton *et al.*, 1986, p. 189), there was an awareness of a double standard: "Only patients are called manipulative[...] . Intimidation, or guilt induction to force a clinging or argumentative patient out of an emergency room [...] seldom is seen as manipulative" (Hamilton *et al.*, 1986, p. 190). Another problem is that manipulative behavior is typically conceived of as *intended* to be manipulative. However, that is seldom the case in BPD, as the eminent authority Marsha Linehan (2009) emphasizes.

In order to describe what they referred to as "the manipulative personality", some scholars have differentiated between the attempt to "induce others to care for them" and to influence others from the benefit of a "feeling of exhilaration at having put something over on the other person if the deception is successful" (Bursten, 1972, p. 319). Evidently, not all people who engage in manipulative acts do so because they find pleasure in manipulation qua manipulation. Similarly, not every manipulative act is intended or even recognized as such by the one who uses a manipulative strategy. But whether a manipulative act is intentional or not, the person who is affected by it will likely develop feelings of being made to experience *x* or do *y* that are accompanied by anger. Crucially, "[a] central aspect of such feelings of anger and entrapment is the attribution of choice and responsibility to the patient" (Potter, 2006, p. 110). That might also explain why some see the label "manipulative [...] as a rough synonym for 'we don't like you'" (Hamilton *et al.*, 1986, p. 193). But as Potter (2006, p. 109) rightfully points out, *feeling* coerced and manipulated doesn't necessarily mean one has been *intentionally* manipulated by the other person. Finally, another important aspect needs to be mentioned. Talking about someone being manipulative is too vague in a different sense, for without further qualification, it is not clear whether the speaker is referring to a *trait* that describes a person's character or whether they are referring only to the person's concrete behavior.

Where does this leave us regarding the applicability of the term 'manipulative' in the description of persons with BPD? The fact that stigma is attached to it, the fact that it is not clearly defined, and the fact that clinicians use it in biased ways that have negative consequences clearly speak against any broad application of the term to persons with a BPD-diagnosis. Considering 'manipulative' to be a character trait of persons with BPD seems like an overgeneralizing and mostly inaccurate description. Yet, as Potter (2006, p. 109) emphasizes, "BPD patients do tend to push people's buttons" and exhibit "behavior that is indirect and covert". How is it possible to address related phenomena without further contributing to stigmatization? It is certainly important for those dealing with BPD patients to refrain from stereotypical judgment about the character or behavior of someone with a BPD diagnosis. But simply avoiding the term 'manipulative' might not be enough to prevent stigma. One study showed that the label of "being difficult" – a potential substitute for 'manipulative' – was also associated with negative attitudes towards those diagnosed with BPD (Sulzer, 2015). Other studies suggest that stigma associated with BPD encompasses more than the view that BPD is associated with manipulativity (McGrath & Dowling, 2012). Even when a person diagnosed with BPD shows what can be legitimately called manipulative behavior, there is no reason why they should qualify for less empathy or care from health care providers. Admittedly, feeling manipulated by someone is challenging and manipulative behavior generally elicits negative reactions. However, these challenges and reactions can be mitigated if there is more understanding of why persons exhibit behaviors that might qualify as manipulative.

Understanding the existential condition and a person's individual style of experiencing the world that generates such behaviors will foster a more empathetic attitude towards someone exhibiting these behaviors. Instead of focusing on the question of whether a certain behavior qualifies as manipulative or not, it is more important is to ask what experiences underlie them. In what follows, I describe the aspects of the lifeworld of BPD patients that might motivate manipulative behavior.

The notion of manipulation I employ in doing so is broad and accepts that manipulative behaviors exist on a continuum. Manipulation can be intentional in that a person is aware of their attempt to make someone else do *x* or experience *y*. However, that fact that a person may not be fully self-aware that their attempt will have such an effect doesn't necessarily mean that it is non-intentional. A person might, upon retrospection, come to see that their desire and attempt to make someone else do *x* or experience *y* qualifies as manipulation. They might not approve of their manipulative behavior and they might have chosen an alternative behavior had they been fully aware of the fact that they were being manipulative. Moreover, manipulation is not a homogeneous phenomenon and the extent to which it is harmful or blameworthy depends on the context. If it is true that all people engage in behaviors at times that are typically deemed acceptable and yet could be defined as manipulative, then instead of associating manipulative behavior with a taboo, it is advisable to differentiate between different types of manipulative behavior, bearing in mind that they all in one way or another include the attempt to influence another person in an indirect way. While many of the behaviors BPD patients exhibit might be challenging and even be rightfully labelled manipulative (as is the case of the behaviors of many people who do not have a clinical diagnosis), many of them do not deserve the alarm that is connected to the word 'manipulative'. This becomes more evident when we consider the different functions manipulation can serve for a person in the context of the existential condition BPD presents.

3. Functions of manipulation

Describing the possible functions of manipulation not only illuminates the motivations behind manipulative behaviors, it also helps us see the kind of existential condition in which they appear to be the right way to handle a situation. Understanding manipulation in this way also contributes to our understanding of BPD as an existential condition. Stanghellini (2014) argues that manipulative behavior is "explorative", "a kind of touching" (p. 12), "a way to get in touch" (p. 13) with another person rather than "a strategy to control or persuade the others" (p. 13). He describes the case of one of his patients:

During the therapy sessions she sits restlessly, remains silent and answers my questions in a provocative way. During one of the following sessions she will explain that she needed to test my interest in her, if I really cared about her, and my intention and capacity to understand her in her moody days. (Stanghellini, 2014, p. 13)

The "meaning" of such a manipulative behavior, he emphasizes, is "to establish some sort of contact with the others and explore their behavior" (Stanghellini, 2014, p. 13). This strikes me as an accurate description. However, 'getting into contact' can serve different purposes, which must be kept separate from each other conceptually and phenomenologically. Moreover, manipulative behavior is not always about establishing contact. Sometimes it is about restructuring an existing connection, or even about breaking free from it when it becomes uncomfortable.

a) Epistemological function

The first aspect Stanghellini highlights is the epistemological role manipulation can play. Persons with BPD often have difficulty distinguishing, recognizing, and labelling emotional feelings – their own or those of others. While persons with these difficulties are aware of emotional feelings both in themselves and others, they cannot identify them. Alexithymia

and lack of empathetic skills amount to a significant diminishment in affective understanding of oneself and others (New *et al.*, 2012). Provoking clearer behavioral responses in others through certain verbal or behavioral actions may help a person with BPD better grasp what others are feeling and thinking (Wastell & Booth, 2003). The conflicts that may ensue can also evoke stronger and thus clearer feelings in the manipulator, thereby providing a better understanding for the manipulator of themself. Manipulation in this sense can be understood in terms of testing, probing, exploring, determining – that is, finding answers.

b) Regulatory function

One central challenge in the lives of persons with BPD is regulating their emotions. As they struggle with controlling their own emotional feelings, they often exhibit an external locus of control (Hope *et al.*, 2018). That is, while they feel that they are unable to control their emotions directly, they develop a sense that control can only be attained by *managing* a situation instead of determining how they *feel* about a situation. Thus, for a person with BPD, influencing the experience and behavior of others with manipulative actions can seem like the only way to do something about a situation and how they feel about it. Feelings of insecurity that may emerge in the encounter with a loved one, for instance, may trigger an attempt to provoke similar feelings of insecurity in the loved one in order to relativize their own discomfort. Witnessing insecurity in the other person can help the person with BPD overcome anxiety, nervousness, or inferiority issues by normalizing their own emotional feelings or by passing them on to the other person.

Inducing certain experiences in the other person may also serve the purpose of having the other person deal with corresponding emotions of the person with BPD. This kind of extended, interpersonal emotion regulation has been described as "containing" and as part of an interpersonally oriented psychotherapy (Finlay, 2016, Ch. 5).

c) Purposes of communication

Difficulties with affective self-understanding, empathetic processes, and regulation emotions amount to a BPD-typical style of affective experience or as a disorder of interaffectivity (Schmidt, 2020, 2021). It consists of an inhibition of emotional exchanges with other people in which a person feels understood by others. Failing to sufficiently understand one's own and others' emotions significantly undermines the possibility of affectively synchronizing and harmonizing with other people such that the feelings of all people involved are integrated in a shared emotional state. In successful emotional exchanges, all persons involved communicate their feelings and perhaps gain some understanding of another person. In this case, people usually are aware of their own feelings vis-à-vis those of others whereby the emotional exchange stabilizes or may change, to some degree, one's own emotional stance towards a situation. Conveying a sense of how one feels in mood, affect, or emotion to others may also help one feel understood (which can have also a regulatory effect). Where this is not possible or only rarely possible due to BPD-typical styles of affective experience, emotional communication is characterized by specific styles. One aspect of this style is a heightened affective empathy and emotional contagion that is often prevalent in persons with BPD (Niedtfeld, 2017). Instead of affective synchronization, emotional exchange is shaped by affective assimilation in that emotions of others often flood one's own affective horizon. Another aspect of such a style concerns the reverse direction of assimilation, or conveying a sense of how one feels to others by making *them* feel a comparable emotion. In this sense, manipulation can also serve the purpose of communicating one's own feeling. Corresponding manipulative behaviors can be seen as the inverse of emotional contagion and are motivated by a structural context in which sharing an emotion means the assimilation of feeling.

d) Purposes of connection

Difficulties in emotional exchange can make it hard for persons to feel connected with other people. Failures in affective synchronization and the conflicts that may result often leave persons with BPD feeling lonely and detached from others (Liebke *et al.*, 2017), even when they are in relationships. The associated fears of loss, which are typical for persons with BPD, may add to severe mental pain (Tossani, 2013; Fertuck *et al.*, 2016). Manipulative behaviors that provoke attention from and often conflict with relevant others can be seen as attempts to overcome feelings of disconnection. Although small skirmishes and even bigger conflicts are stressful and intense, they at least provide a certain form of connection with others. Being in a conflict that involves arguing and discussing (among other things) means begin actively and often jointly concerned about each other. Conflict generates or reactivates an existing intimacy. In fact, for some, conflict might be the only way to feel something approximating an emotional exchange and a shared affective field with two different poles of gravitation, as it were. Clashing with another person and being so emotionally involved while feeling the confrontation with the other provides at least something that resembles a minimal form of connection, even if the attachment is not secure.

e) Restructuring function

Fears of loss, longing for attachment, feeling dependent on others, or feeling overwhelmed by one's own emotional processes are aspects of the existential condition of BPD that add to a general sense of not being in control. The experience of the world is such that one finds oneself primarily exposed to situations that are perceived as having been structured and determined by external factors, notably other people. This motivates reactive attitudes and the desire to change situational constellations in a way that provides a sense of having a say in how things go. Changing the constellation of a situation may include reappraisal and more action-oriented attempts to sort things out with others in order to effect real change in the situation or in social relationships. When processes of reappraisal are hampered by intense affect and inter-affective processes are undermined, a person has to find alternative ways to restructure and renegotiate situations and social relationships. They also need to develop a sense that they are in control in order to feel more comfortable and 'at home' in a given situation. Sometimes manipulative behaviors can provide just that. Provoking reactions in another person or nudging them in certain directions may convey a sense of co-authoring a situation and the roles the different people involved have, a sense of not being completely passive in the flow of events.

f) Liberating function

I argued elsewhere (Schmidt, 2021) that disturbances of inter-affective processes in BPD can undermine the I-thou boundary. Fusion-like states are one possible mode of social relationships characterized by a fuzzy self-other distinction. They consist of an extreme form of connection to others in which most of the experience of the world is shaped by a perceived or imagined shared view of things involving mutual attention, commitment, and expectations of similar if not identical attitudes toward the world, orchestrated interests, and assimilated emotional processes. Perspectives are perceived or expected to be merged together. Frictions, different stances, and uncertainties are not tolerated. While often persons with BPD may feel that such a 'harmonious' mode of relationship is the ideal form of interpersonal connection, discomfort can ensue when it becomes real either because such a mode of relationship further undermines the autonomy and sense of self, which are already weakened for persons with BPD or because they might feel dominated by the other. For the person with BPD, manipulative behaviors that trigger conflict and generate reasons for leaving fusion-like states can sometimes seem to be the only way to liberate them from relationships and their commitments when they are feeling claustrophobic (Láng, 2015). Instead of aiming at connection, manipulation can be a way to disrupt a connection.

3. Functions of manipulation

I have suggested that we should differentiate between several functions of manipulative behavior that are relevant in BPD. However, this doesn't imply that these manipulative behaviors are exclusive to the context of BPD. Following Potter's assessment, I believe that behaviors that qualify as manipulation are widespread among all kinds of populations, including behaviors that are not considered to be pathological. Human behaviors and relationships are diverse. There are many ways to explore, regulate, and communicate moods, feelings, and emotions. And there are many ways to establish, restructure, or loosen connections with others. Even so, there are several reasons why one should consider manipulative behaviors in the context of BPD in light of a social impairment. While this reattaches a connotation of pathology to manipulation in persons with BPD, there is a difference between linking BPD and manipulative behavior conceptually as it has been done in the past and looking at manipulative behaviors in the context of BPD and the way that social impairment associated with BPD informs such behavior. The former is the source of a detrimental stigma, while the latter may help diminish prejudice and lead to an increase in more empathetic attitude towards those with a diagnosis of BPD and who show behavior that qualifies as manipulative. Considering manipulative behavior in BPD in light of a social impairment makes clear that a proactive empathetic attitude towards BPD patients is needed in order for them to heal and to experience interpersonal connection in a way they can enjoy.
A first reason to see a link between social impairment and manipulative behavior concerns the socio-affective aspects of BPD lifeworlds. One might ask: Why are many behaviors of persons with BPD often deemed manipulative? I have rejected the arguments that persons with BPD have a manipulative personality and that manipulativity is an essential part of BPD. Instead, manipulative behavior is often expressive of the existential condition persons with BPD find themselves in. That doesn't mean that manipulative styles in dealing with issues are intrinsic or essential to such an existential condition. What it does mean is that the existential condition of BPD is such that manipulative behavior often appears to be the only option left for reacting to and changing situations they deeply care about. Manipulative behaviors, in this sense, are motivated responses to an existential condition and are not the condition itself. What are the conditions that may drive a person in their manipulative behavior? In BPD, these conditions are a lack of affective self-understanding, difficulties with regulating one's own emotions, and an impeded interaffectivity that makes it incredibly difficult for the person to feel connected with other people. The way affective experiences are structured and organized in BPD, thus, presents a significant social impairment. Manipulative behaviors are *reactions to* this social impairment.
There is a second reason to discuss manipulative behaviors in BPD in light of a social impairment. Given that they are often some kind of last resort for handling significant situations – that is, lengths to which persons with BPD feel and often are pushed by a situation – the idea that people deliberatively pick manipulative behaviors in order to see their goals accomplished is significantly undermined. Persons with BPD do not *choose* manipulation. It mostly happens to them. The way they experience their own emotions in a given situation involving significant others pushes them to resort to manipulative activities. Typically, in critical situations they are driven by impulse and do not compare different strategies before they act. Linehan has argued that the fact that behavior of BPD patients is usually direct and unfiltered challenges the idea that they intentionally manipulate others (Linehan, 1993, p. 17). In her view, the fact that certain behaviors have specific functions doesn't mean they are intentional: "Function does not prove intention." (Linehan, 1993, p. 17) I agree that the fact that a behavior can be described in terms of a certain function doesn't prove that the person intended exactly that purpose. My point in describing the different functions above was to show that the same behavior could serve different purposes and so be based on quite distinct

intentions. Crucially, what matters is that typically in critical situations, persons with BPD are not fully aware of what exactly their intentions were in doing *x* or saying *y* given that they have difficulties in recognizing their own emotions and thus the motivations that underlie their actions. In this sense, manipulative behaviors can be considered to be nonintentional. Yet, retrospective reflection may lay bare that a person admittedly did want to elicit an effect such that a person would do *x* or experience *y*. In retrospect, the person with BPD can recognize that their behavior was manipulative even though they did not mean it as such and were not aware of that motive when they were engaging in the behavior (cf. Manne, 2014).
I speculate that many of the behaviors of BPD patients that are defined as manipulative are of this kind. That is, the behaviors are not intended to be manipulative behaviors but they are intended to make another person do *x* or experience *y*. Instead of denying that these behaviors can be manipulative, I suggest that persons with BPD deserve an extra portion of credit. An empathetic attitude towards them would involve accepting and acknowledging that they are sometimes blind to the manipulative character of their behavior, as a result of the social impairment implied in their style of affective processing. How can you know you have been trying to manipulate if you are still struggling with finding out how you and others feel? The disorder of interaffectivity and the phenomena involved are a pervasive social impairment that affects deliberation and social practices. Those who interact with BPD patients, notably therapists, should take that into account when they assess their patients' behavior, regardless of whether it can be categorized as manipulative or not.
A third reason to consider manipulative behavior in terms of a social impairment concerns the effects it has on the lives of persons with BPD. Manipulative behaviors do not emanate from existential conditions and then evaporate into the air, as it were. They have an effect on others and, ultimately, on the person with BPD. They are also *reactions of* the BPD condition in that they perpetuate the existential condition that motivates manipulative behaviors in the first place. Often, the conflicts resulting from behaviors others perceive as manipulative and malignant do not improve the lives of persons with BPD. In fact, they often make them worse. Relationships become disrupted or corrupted, which engenders more feelings of disconnection, frustration, and mostly pain. While manipulative behaviors may help a person with BPD feel that their desires are being met for brief episodes, in the long run, such behaviors typically deprive them of the basic human need for social connection and attachment. In a sense, then, having a tendency towards behaviors that are perceived as manipulative is a social impairment. The challenging emotional life of those with BPD is challenging for others too. What those with BPD need is for others to accept the challenge, to overcome the social impairment that the structure of BPD emotional processing inflicts upon them, to stick around. That is possible only if one looks through attempts at manipulation, as it were, by focusing on the existential condition that lies behind those attempts and the needs expressed in them. The descriptions of the different functions manipulative behaviors can have that I provided in this paper may provide a helpful scheme for approaching those with BPD. They may not only explain why they relate to others in the way they do, they might also help the people they interact with to empathize with them more and make better contact with them. In the most cases, after all, that is the goal of manipulative behavior in BPD.

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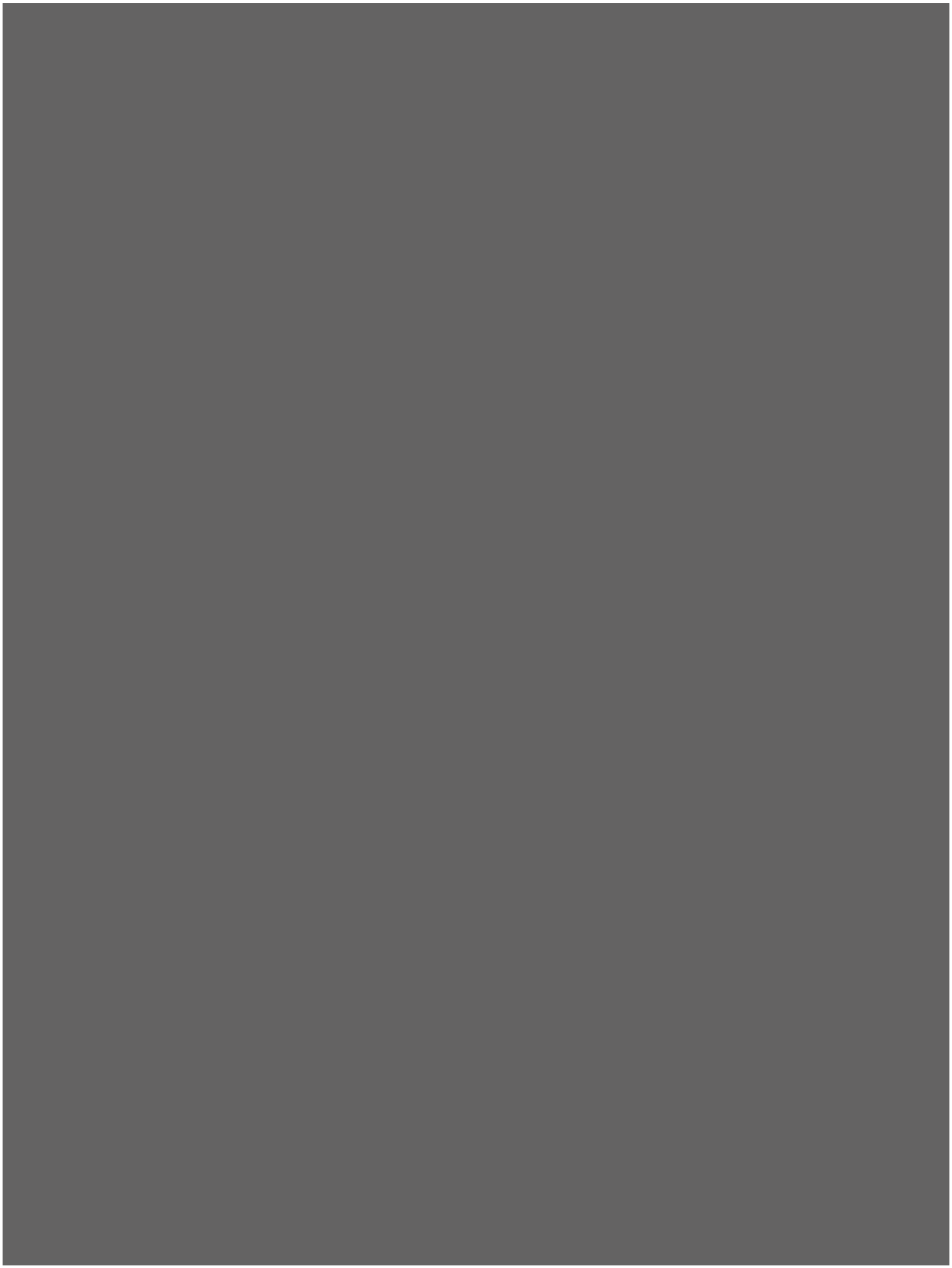

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DEMENTIA AS SOCIAL DISORDER – A LIFEWORLD ACCOUNT

abstract

Due to the severe impairments in intra- and interpersonal interaction and communication, dementia will be hypothesized as a social disorder. Despite the increasing societal relevance of dementia this aspect is surprisingly under-researched in phenomenological philosophy. First, the symptomatic disturbance of the dynamic relationship between orientation, language and memory in Alzheimer's Dementia (AD) is analyzed with the tools of a phenomenological psychopathology in terms of a lifeworld account. Due to the severe impairments of AD, two therapeutic strategies are discussed: first, the situation-specific *strategy, which examines communication resources in the here and now in the face-to-face situation; second, the* context-specific *strategy, which examines whether* habitūs *can soften the disruption of contextual knowledge by making it accessible as a resource of meaning that informs and thus orients the here and now. The guiding question of this enquiry is how AD changes the social experience in intra- and interpersonal terms.*

keywords

Alzheimer's dementia, phenomenology, psychopathology, trouble générateur, language, orientation, memory, indexicals, pointing, habitus

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1. Introduction: sociality as forgotten dimension of dementia?

More and more people are suffering from dementia – currently there are about 50 million people with dementia worldwide, 82 million estimated in 2030 and as many as 152 million in 2050 (WHO, 2018, p. 6). However, it is not only those affected who are experiencing these diseases, but also their families, friends, caregivers and doctors. Accordingly, dementia diseases can be seen as one of the central challenges of the present and the future, as they affect the whole of society both quantitatively and qualitatively by bringing not only modern medicine to its limits, but also the self-image of humankind by questioning our autonomy, dignity and reason. Against this backdrop, it seems understandable that the greatest concern for the future of Germans is to be "demented in old age and dependent on care" (zdfheute 2020, my translation) and at least comprehensible that Alzheimer's Disease (AD) has become a "much-feared stigmatizing label that carries with it a sentence of social death" (Kontos, 2012, p. 1), frequently accompanied by the story of the "'confused, helpless' A.D. sufferer" (Sabat & Harré, 1992, p. 457). This emotionally charged perspective is reflected in the social environment of those affected: In most cases, neither nursing homes and nursing staff nor relatives and friends are prepared for the specific needs of a person with dementia. Especially regarding the massive restrictions in communication and interaction, the concern of those affected is, with good reason, mainly directed towards social consequences like "the feeling of loss, the petty conflicts, the lost hopes, the family disputes, the anxieties and financial hardships" (Clegg quoted by Brockmeier, 2014, pp. 85f.). In this light it is convincing, that "depression, or anger, or embarrassment is not a symptom of AD in the same way that fever is a symptom of malaria, but is quite often an entirely appropriate reaction to the loss of this or that valued ability" (Sabat, 2021, p. 237). In other words, it is not only the disease itself, but also the reaction of both the person affected and the social environment to it that makes living with dementia so demanding. Obviously, the social environment can either support or prevent those affected from performing as the unique social selves they are (cf. Sabat & Harré, 1992). This is of great importance for society as a whole, because "the degree of independence and general well-being that persons diagnosed can maintain is directly related to the cost of care for those persons and the well-being of their care partner," as Sabat (2021, p. 232) concludes. In this light, it seems particularly alarming when Sabat (2009), considering the currently dominant naturalistic paradigm of dementia research, states that up until now "two very important considerations are virtually ignored: the inner life of the person diagnosed and the social situation in which the person lives" (p. xii). Thus, dementia is primarily understood as a neurodegenerative disease of the brain, which is reflected both in the world's most influential

classification systems (such as the *DSM-V* and *ICD-10*) and in internationally renowned research on guiding conceptual frameworks (e.g. Stern *et al.*, 2021, linking resilience to "cognitive reserve", "brain reserve", and "brain maintenance"). The present contribution takes a different path by aiming to explore both the inner life of the person and the social situation in which the person lives in their constitutive intertwining. To this purpose, I use the method of *Phenomenological Psychopathology* and apply it to AD, the most frequent form of dementia (WHO, 2018, p. 6).[1] This general perspective is specified in two ways: *Pathologically*, I investigate the complex intertwining of the threefold loss in AD, concerning *language*, *orientation* and *memory*. In this respect it is important to track the reverberations of this loss of communication and interaction for those affected within their social environment. *Phenomenologically*, I go 'back to the roots' and focus on the early theorem of the *Lifeworld* developed by Husserl in his *Ideas II* (1989, pp. 173-302; cf. Sommer, 1984), which was highly influential on thinkers like Heidegger, Merleau-Ponty, Ricœur, and Stein. This approach is sharpened in terms of *Structural Psychopathology* (Stanghellini, 2010, p. 319), in order "to understand the meaning of a given world of experiences and actions grasping the underlying characteristic modification that keeps the symptoms meaningfully interconnected". This holistic account has the advantage that it is not only *non-naturalistic*, since the lifeworld experience of a person is the starting point of the scientific investigation, but also *non-reductionistic*, since it focuses on the relationship of an "embodied, situated, and enactive" (Carel, 2016, p. 14) person with their feelings, thoughts and actions in a social world characterized by expressivity, culture and history (Husserl, 1989, pp. 173-302; this is why I prefer to speak of intra- and inter*personal* instead of intra- and inter*subjective* experience). Ultimately, this account enables us to perform a fundamental change of perspective – which has become apparent in interdisciplinary research in recent years (Brooker, 2008; Kitwood, 1997; Kontos, 2005; Kontos & Martin, 2013; Kruse, 2010; Sabat, 2018, 2021) – with at least *three* advantages: *Firstly*, dementia can be understood not only as a neurodegenerative *disease* of the brain but also as a psycho- and socio-degenerative *illness*, "the 'what is it like' qualitative dimension as it is experienced and made meaningful by the ill person" (Carel, 2016, p. 17).[2] *Secondly*, it focusses both the deficits, which are crucial from a diagnostic point of view, and the resources, which are crucial from a therapeutic point of view that is by its "nature much more linked to the subjective, the personal, and the social" (Carel, 2016, p. 16). Since the 'lived body'[3] is the structural interface between person and environment, it serves *thirdly* as an important antidote to one-sided conclusions, such as the revocation of personhood in late phases of dementia. All these aspects are appreciated by the lifeworld account, which is of particular importance in view of the lack of a phenomenological examination of dementia in general and AD in particular, although vital work has been done (Fuchs, 2012, 2018; Summa, 2011, 2014; Tewes, 2020).[4] In summary, our method is phenomenological, the guiding theorem is that of the lifeworld, the *Archimedean* point is the lived body and the application is AD. The main questions are how AD changes the social dimension of experience and what we can do as a 'caring society' to meet these changes with dignity and humanity.

1 On the general symptoms of AD cf. Tölle & Windgassen (2012, pp. 302-306).

2 In a second step, it is possible to relate the naturalistic investigation of the disease to the personalistic investigation of the illness, as *cum grano salis* demonstrated by Jaspers (1997) more than 100 years ago.

3 Husserl (1989) differentiates between the sensible 'Leib', translated as "Body" with a capital b, and the physical 'Körper', translated as lowercase b "body" (p. 240). For reasons of clarity, I will speak of 'lived body' for Leib and of 'body' for Körper.

4 Since all these contributions focus on the problem of selfhood and personal identity in dementia, which indicates an intricate discussion in its own right, I will discuss especially the question of selfhood only peripherally.

2. Between experience and expression: the intertwining of language, orientation, and memory

According to the self-understanding of the West, language is intimately linked to truth, reason and being human, and is of invaluable importance for our everyday interaction and communication: Whether it is the clarifying conversation with our loved ones, the good book at a late hour or the street sign that guides us home safely. Tragically, loss of speech is a central symptom in AD: According to Kempler (1991), it almost always occurs, mainly affects lexis, semantics and pragmatics, impairs both speech production and understanding, has no motor causes and can be almost complete in the late phase of the illness. Interestingly, a very special form of linguistic expressions, which guides our further considerations, has proven to be a powerful "deficit indicator" (Wendelstein & Felder, 2012): indexical expressions.

If we look at both speech comprehension and speech production, the following observation emerges: People with AD use pronouns (i.e. indexical expressions) to a significantly higher degree than their healthy peers, but they have a significantly lower ability to understand them; therefore, they benefit in conversation (unlike their healthy peers) when less informative pronouns are replaced by more informative nouns (Almor *et al.*, 1999). These deficits are also reported by Brydon (2005): "A real difficulty in speaking [i.e. conversing] is words like 'we', 'they', 'I', 'you', 'he' – when I have to work out who is doing that to whom" (p. 118f). And in line with this, Hydén and Nilsson (2015) have shown empirically that couples with one of the partners affected by AD were much less successful in referring to the long-term unity of their partnership using the pronoun 'we' than couples with neither partner affected by AD.

To interpret these observations, we can use the terminology provided by Bühler's *Theory of Language* (1990), according to which "situation and context are [...] the two sources that in every case contribute to the precise interpretation of utterances" (p. 149). In everyday conversation it is clear that both aspects constantly permeate each other: Thus the context with its "synsemantic field" represents a linguistically constituted knowledge resource that informs the situation with its "deictic field" (Bühler, 1990, p. 81). This in turn forms a sensually constituted knowledge resource that orientates us in the fundamental sense of the "Origo" (Bühler, 1990, p. 102), the "here-now-I system of subjective orientation" (Bühler, 1990, p. 149). This is exactly the junction where Bühler meets Husserl, who uses indexical expressions to indicate the 'central' function of our lived body for orientation in spatial, temporal and personal terms (a remarkably dense passage is § 1 of Husserl, 1973b). Indexical expressions thus not only reveal the fundamental relationship between spoken language and bodily orientation,[5] but in particular the structural modification of consciousness in AD.

In AD, the integration of contextual information of the *synsemantic* field into the *deictic* field seems to no longer succeed. This explains the deficits in understanding indexical expressions; after all, we need the *synsemantic* field to understand their concrete meaning. According to Husserl (2001), indexical expressions are "essentially subjective [...] expressions," which are distinguished by the orientation of their "actual meaning to the occasion, the speaker and the situation" (pp. A80f.). Therefore, a 'we' can either mean a temporary unit, which differs in size (me and my interlocutor vs. a larger group) or a longer lasting unit, like a couple. At the same time, indexical expressions have the social function of positioning us and our interlocutors: "Positioning [...] is the discursive process whereby selves are located in conversations as observably and subjectively coherent participants in jointly produced story lines" (Davies & Harré, 1990, p. 48; cf. Sabat & Harré, 1992). The deficits reported by Almor *et al.* (1999), Bryden (2005), and Hydén and Nilsson (2015) therefore have a huge potential for conflict, as a central

5 I have explained this idea in detail elsewhere (Dzwiza-Ohlsen, 2019).

instrument of the intra- and interpersonal constitution of identity is working worse and worse.

These considerations help to understand why and how this language deficit is closely related to two other central symptoms in AD, namely the memory and orientation deficit. On the one side, those affected experience significant performance deficits in working memory, which reduce not only the understanding of pronouns, because contextual information is less available during conversations (Almor *et al.*, 1999, pp. 211-220), but also makes everyday life considerably more complicated. On the other side, those affected can no longer remember important events in their lives: during the loss of temporal orientation, a "time grid disorder" occurs (AMDP, 2018, p. 40, my translation). In other words, the bond that tightly links the sum of individual experiences to the grid of culturally shaped time measurement and makes our life appear as a narrative, loses its integrity (on the importance of 'speechless' narrativity in dementia see Brockmeier, 2014, pp. 77f.). "Consequently," Summa (2011) concludes, "the disturbance is based on the unavailability of explicit and reflected knowledge regarding the respective spatio-temporal and social content of a situation" (p. 164, my translation).[6]

Thus, although one could argue that in the course of AD a minimal situational orientation is preserved – via the "situational Body-memory" (Fuchs, 2018, p. 56, my translation) and a pre-reflective "perspectival ownership" (Zahavi, 2017, p. 194) in the sense of the 'I-here-now' displayed by the competent use of (first person) indexicals and gestures (Sabat & Harré, 1992, pp. 449-452) – those with AD find it increasingly difficult to mentally transcend their current situation and integrate contextual information such as addresses, dates, weekdays or names (Summa, 2014, pp. 481-483). These disturbances in integrating contextual information into the present situation in AD – measured by the widely used "Mini-Mental-State Examination"-Test (Tölle & Windgassen, 2012, pp. 305f.) – deeply affect the structural integrity of language, orientation, and memory and could therefore be interpreted as the "'trouble générateur'" of AD (Minkowsky quoted by Stanghellini, 2010, p. 321).

These insights into the structure of the illness can change our perspective and shed new light on frequently observed phenomena. I would like to illustrate this with three examples of intra- and interpersonal meaning-constitution: Firstly, the declining awareness of deficits on the part of those affected, as well as their inattentiveness to the perspective of their counterpart, can be interpreted as positioning deficits, which, especially in the absence of a diagnosis, are often misunderstood as a change of character. Secondly, the typical confusion of living and already deceased persons, which is accompanied by jumps in space and time, can be understood as attempts at orientation that are intended to create a consistent, familiar and thus also reassuring situation despite the lack of contextual knowledge in general, as well as an indication of the constitutional mechanism of social positioning in particular, as Sabat and Harré (1992) have impressively demonstrated. And thirdly, care support – whether it is done privately, professionally, in an ambulant or stationary setting – can be seen as a radical reorientation in terms of sociality, temporality and spatiality. Suddenly, others I might not have chosen as interaction partners help me to do something that I was previously able to do myself and at a place and time that I cannot necessarily decide myself. With this last example, we move almost naturally from the diagnostic perspective, which looks at deficits, to the therapeutic perspective, which considers resources. What can be done in a therapeutic sense

6 Elsewhere, I have interpreted these findings as a three-dimensional loss of orientation in social, temporal and spatial terms, which characterizes the pathological structure of AD (Dzwiza-Ohlsen, 2021). Even if the social dimension is foregrounded here, both the temporal and spatial dimension cannot be excluded. Furthermore, the concept of orientation could help shed light on the often-overlooked diversity of persons with dementia (cf. Kontos & Martin, 2013, p. 296) by addressing sexual, political or religious orientation.

when disorientation, speechlessness and forgetting become basic features of existence? When the natural self-evidence as a fundamental element of the lifeworld becomes fragile in its double-meaning of a 'familiarity with' (things, actions, people) and 'trust in' (oneself, others, the world)? (Fuchs, 2015, pp. 101-105)

3. The moment in the here and now: pointing in the face-to-face situation

If it were possible to identify alternative resources of communication, the often-failed interaction with those suffering with AD could be minimized and their frequently low quality of life maximized, but it could also be acknowledged that "their ability to understand and communicate is far more intact than they have been given credit for on the basis of standard neuropsychological assessments" (Sabat, 2009, p. xiv; cf. Sabat, 2021, pp. 236). To achieve this goal, two strategies might be suggested: First, a *situation-specific* strategy examines the communicative resources in the here and now in face-to-face situations. Second, a *context-specific* strategy investigates whether *habitūs* can soften the disruption of contextual knowledge by making it accessible as a resource of meaning that informs the here and now. Both strategies can be explored starting from Husserl's analysis of the *Spiritual World* (cf. Husserl, 1973a, pp. 62-111; 1989, pp. 173-302). Here, expression is considered in all its richness and can be either with or without the intention to communicate and is accordingly called "communicative" (1) or "non-communicative" (2); can be performed both "verbally" (3) and "non-verbally" (4); and can become "habitual" (5) in a variety of ways (Husserl, 1973a, p. 63, my translation). Expression is of fundamental constitutive relevance: Without expression there is no communication, without communication there is no sociality and without sociality there is no lifeworld at all (Husserl, 1989, pp. 186-197, 241-244).

Given the severe loss of verbal language in AD, non-verbal communication seems to be a promising resource. Persons with AD "can perceive everyday situations in an emotionally differentiated way and express their emotional state non-verbally, regardless of the stage of their illness" (Deutscher Ethikrat, 2012, p. 26, my translation). Facial expressions can help to make these emotions understandable, our gestures can support the understanding of verbal language in an "synsemantical" way (Bühler, 1990, p. 39; for dementia cf. Hydén, 2018, pp. 232-234), and the voice can influence general responsiveness – whereby the improvement in responsiveness is related to a reduction in negative behavior (Smith *et al.*, 2011, p. 259). This reveals the expressive body as the interface of embodied intersubjectivity and inter-affectivity which allows "empathy into persons" (Husserl, 1989, p. 244) despite the deficits of AD. These insights into the "importance of bodily-affective interaction" (Meyer, 2014, p. 108, my translation) are not just of particular interest for advanced dementia, but also for rethinking the concept of institutionalized care by contrasting surveillance, discipline and standardization with individual bodily rhythms (for eating, sleeping, toileting, bathing, etc.) and non-verbal bodily expressivity (mimic, gesture, intonation, etc.; cf. Kontos & Martin, 2013). As a result, this approach "shifts the focus of care from dysfunction and control to support of the intentional, meaningful, and even creative ways that persons with dementia can express themselves" by using arts (like music, painting, dancing, theatre etc.; Kontos & Martin, 2013, p. 294).

In the following, I will concentrate on the pointing function of non-verbal, bodily expression in face-to-face interactions (Stukenbrook, 2015). The idea is that the ability to point can be used in AD not only as a *deficit* indicator but also as a *resource* indicator. This thesis shall be clarified with regard to four unique characteristics of pointing: *Firstly*, pointing to the visible is a simple way of referring to something concrete that is around our body without having to use the *synsemantic* field of symbolic language. *Secondly*, pointing to the visible potentially involves the whole range of bodily expression in communication – it can be done through facial expression, gestures, posture, even through the timbre of our voice. Furthermore, it is crucial

for the entire system of language, because *thirdly*, we can refer to individuals, things and facts without knowing the proper names and nouns, in order to (re)learn them. And *fourthly*, pointing can provide an interpersonal synchronization of attention, enabling us "to direct our attention to the same objects together with a reference person (joint attention)" (Fuchs, 2008, p. 25, my translation). Pointing is thus the meeting point of embodied intersubjectivity and collective intentionality.

These four qualities of pointing could also be made fruitful for interaction and communication with persons with AD, who themselves make use of these qualities, as Sabat & Harré (1992, p. 452) have described. Instead of directly confronting your grandmother, who is in the middle stage of AD, with her birthday – which presupposes abstract concepts such as the calendar year or the 'narrative self' (Schechtman, 2011) – it would be much easier to start a conversation by pointing to the visible in the mode of 'I-here-now', in order to start from the initially intuitive face-to-face situation that Husserl describes as the "natural world of experience in the narrowest sense" (Husserl, 2008, p. 708, my translation). Thus, even the pointing reference to the 'bad weather out there' can be enough to synchronize intentionality and initiate potentially successful communication.

Finally, we can use the whole spectrum of bodily expression to improve our communication and thus signal to the other person that we understand (or: do not understand) them when they increasingly use vague expressions, filler words, "dense words" (i.e. indicating complex meaning lacking verbal explication, cf. Hydén, 2018, p. 234) or neologisms (Wendelstein & Felder, 2012, p. 152; van Neer & Braam, 2016, pp. 190f.; Meyer, 2014, pp. 104f.). On the basis of this synchronized intentionality – through which we thus share an "intersubjective horizon" in the sense of a "community of understanding" (Husserl, 2008, p. 710f., my translation) – it should be easier to explore the environment together, share the feelings and thoughts of the other and eat a birthday cake together – even if both parties do not necessarily know who's birthday it is at all.[7] This example shows what counts: That the need for communication is appreciated (Smith *et al.*, 2011, p. 259), thus keeping the open process of the social self-constitution going (Sabat & Harre, 1992) instead of clinging to the "fiction of competent adulthood" (Nussbaum, 2006, p. 318). If one modifies basic assumptions of communication – for example that "connections of meaning and thematic continuity" have to be constantly established on the basis of a "reference to shared knowledge" (Meyer, 2014, p. 104, p. 105, my translation) – then persons with dementia are available as communication and interaction partners.

One major challenge which is associated with these modifications is to preserve a reciprocal relationship of trust (see Fuchs, 2015, p. 104) and maintain the "communicative power" (Reichertz *et al.*, 2020, p. 219, my translation) of the other. With regard to the rich communicative and emotional resources another crucial task is to activate them on an individual and situation-specific level (cf. Berendonk & Stanek, 2010), i.e. "one must understand what has been and still is important to that person, how that person communicates, relates to others, reacts to adversity now and how he or she has done so in the past." (Sabat 2021, 233; for a socio-phenomenological perspective on 'situations of care' see Elsbernd 2000). If one considers the general asymmetry in communication and interaction in care for the elderly (Sachweh according to Döttlinger, 2018, p. 17), which is closely

7 The impressive example of an inter-bodily, almost non-verbal interaction – which could be interpreted in terms of a phenomenological therapy along the lines of responsivity (Waldenfels, 2019, pp. 290-310) and resonance (Fuchs, 2020, pp. 359-379) synchronizing rhythm and tempo – between Gladys Wilson, who suffers from AD, and her therapist Naomi Feil can be watched at https://www.youtube.com/watch?v=CrZXz10FcVM.

associated with malignant social interaction (cf. Sabat, 2021, 245f.), it seems urgent – besides a fundamental change in the political, economic, and institutional framework – to unlock all resources of communication and interaction to realize care as a dialogical relationship and thus to interact *with* each other instead of doing something *to* someone.

4. The past in the present: habitus, expression and personal identity

Habitualization is of prominent interest for the philosophical investigation of dementia: habitūs (pl.) can be understood as a sedimented history of our life made of our personal achievements. In this way they function as a kind of implicit context that shapes our being as a whole: They orient our lives and make it comprehensible why we feel, think and act the way we do (Casey, 2000, p. 149). In the sense of an implicit memory, habitūs operate as an important corrective in the one-sided debate about personal identity in dementia. By focusing on the reflective accessibility of one's own past through *declarative* memory – and its differentiation into *episodic* memory for the temporally structured chain of events, *semantic* memory for linguistically coded knowledge and *autobiographical* memory – persons with AD are all too hastily denied personal identity (Brockmeier, 2014, pp. 73-76; Fuchs, 2012, 2018; Tewes, 2020).

As Fuchs (2008) has emphasized, habitualizations can be differentiated in *procedural*, *situational* and *intercorporeal* terms and reactivated in specific ways to make autobiographical aspects (like a former profession) available that are not or no longer accessible to explicit memory (pp. 53-56).[8] For example, I learn from my early childhood on to use my lived body as the most familiar "organ of the will" (Husserl, 1989, p. 153), containing pre-reflective knowledge of the practical possibilities available to me by movement,[9] posture, and gesture in certain situations and social contexts based on individual skills (Husserl, 1989, § 38; Kontos, 2012, pp. 3f.;[10] Tewes, 2020, p. 383). The therapeutic potential of such an approach is obvious: Where reflective access to contextual knowledge is no longer possible, the activation of pre-reflective sources is indicated. Especially the case of *expressive* habitualization makes the complex intertwining of *intra*personal and *inter*personal constitution of identity visible.

Expressive habitūs can be seen as a resource that makes the individual person identifiable despite their deficits, since every person has "a way of walking, a way of dancing, a way of speaking" (Husserl, 1989, p. 240), referring to an "individual habitus" (Husserl, 1989, p. 295; on intonation cf. Kontos, 2012, p. 10; for an empirical investigation of gesture cf. Hydén, 2018, pp. 230-239). Words like 'character' or 'style' indicate individual-typical manners, in which, like an amalgam, the manifold affective, practical and intellectual achievements have been fused together throughout our history. When even Husserl (1989) speaks of style, this is not limited to the "style of life in affection and action" (p. 270); one may also think of the style of clothing (Twigg & Buse, 2013), hair or cosmetics, which allow us to not just identify but also draw conclusions about the respective personality of our counterpart. In this way, it is possible to understand why even persons with severe dementia recognize their loved ones and interact with them with pleasure, even if they cannot retrieve contextual information such as name, profession or age (Kontos, 2012, pp. 7-9).

The robust texture of this social bond becomes even more tangible when we consider that

8 A famous example of bodily habitualization through profession is the video of former ballerina Marta Cinta, who suffers from AD: https://www.youtube.com/watch?v=OT8AdwV0Vkw. For the example of painting see Kontos (2012, pp. 5-7).

9 It can only be pointed out here that movement is a central way of orientation, whose analysis is of particular relevance for the urge to move in persons with dementia (cf. Dzwiza-Ohlsen, 2021).

10 Notabene: Konto's approach, highly compatible with ours, combines Merleau-Ponty's remarks on the lived body with those of Bourdieu's concept of habitus.

expressive habitualization is not only personal, but always takes place interpersonally: Common interests give rise to shared practices, such as dance or football, which become entrenched in structures of "communal spirit" (Husserl, 1989, p. 190), as is the case with friendship, partnership or membership (Husserl, 1989, p. 200).[11] Interpersonal expressive habitualizations thus shape our thinking, feeling and acting and lead to the intersubjective synchronization of meanings, values, and processes constituting embodied and culturally embedded practices like "rituals and commemorations" (Tewes, 2020, p. 381). From a therapeutic point of view, it would be advisable to pay more attention to this kind of "social practice" (Kontos, 2012, p. 11) performed by interpersonal expressive habitūs. As the example of "musical expressivity" (Tewes, 2020, p. 382) shows, interpersonal expressive habitus have the power to (re)activate collective emotions, thus improving empathic interaction; and they have the power to strengthen, analogous to Husserl's "I-can" (1989, p. 253), our "fundamental self-confidence" (Fuchs, 2015, p. 103, my translation) in the sense of a cooperative 'We-can'.[12] Since expression is habitualized in the objects of daily use and in the living environment, familiar objects of daily use act as windows into the past, with which bodily, pre-reflective affects and practices can be reactivated: "The Object", as Husserl (1989) vividly puts it, "knocks at the door of consciousness [...], it attracts, and [...] wants to be taken up" (pp. 220f.).[13] The strength of such an approach becomes apparent when we consider that cultural familiarity with such things also leads to the habitualization of complex systems of rules, as can be found, for example, in dance or ball sports (Fuchs quoted by Tewes, 2020, pp. 382f.). Expressive habitualization allows those affected to transfer abstract knowledge into the here and now – an achievement that is typically only ascribed to declarative memory and must remain concealed from the "standard view of memory, identity, and autobiographical time" (Brockmeier, 2014, p. 74).

More than 100 years ago, Husserl (1973a; 1973b) described the lived body as the central interface between thing, space and intersubjectivity, which is why it is of fundamental importance for the entire being of a person (1989, p. 277). Therefore, it is of great therapeutic relevance in AD to activate the situational Body-memory, through which even persons with AD can orientate themselves in familiar surroundings (such as the home, a neighborhood or landscape) for a relatively long time and activate pre-reflective abilities and thus strengthen their self-confidence in an atmosphere of security and safety (cf. Fuchs, 2018, pp. 53-56). In particular, the possibilities of new technologies, such as virtual reality (VR), seem promising: Together with the *VR Studio Weltenweber* and the therapists of the *Helios Klinikum Hüls*, patients in the early stages of AD were able to reconstruct and virtually explore the environment of their childhood.[14] In this way, attention, memory and orientation were stimulated and even the social dimension of affectivity was activated through the participatory design.

5. Concluding remarks

If we improve in activating the resources of interaction and communication, unsuccessful interaction with those affected with AD could be minimized and low quality of life maximized. To achieve this, a fundamental change of perspective is of great importance – because AD does

11 For the possibility of co-habitualization with pets see Dzwiza, 2018.

12 Whether this interpersonal unit of action, which can also weaken and disable the person concerned (cf. Sabat & Harré, 1992, p. 456ff.), can be understood in the sense of Vygotsky's "Great-We" is discussed by Reichertz *et al.* (2020, pp. 233f.). Regarding possibility and reality of *personal assistance*, which strengthens social participation even before the need for care, see Klie (2019).

13 This idea can be found in the 'affordance theory' (Gibson, 1979), whose therapeutic relevance for dementia is obvious, but still requires comprehensive interpretation.

14 For an instructive video watch https://www.youtube.com/watch?v=h43HcYlnN6M.

not mean that the 'memory module' of a brain is defective, but that persons of our lifeworld struggle with the severe consequences of an illness. The lifeworld account is sensitive to precisely this circumstance, capturing the interaction of a bodily-oriented person with their socio-cultural environment. Finally, the immediate social environment's intimate contextual knowledge about the person affected – of family, friends, relatives, and therapists – is of crucial importance for the interpersonal constitution of meaning. Thus, non-verbal forms of expression in situation-specific terms and habitualized forms of expression in context-specific terms have been identified as an important resource, which becomes particularly valuable when linguistically and reflectively composed knowledge begins to disappear. Regarding the "social side of vulnerability" (Waldenfels, 2019, p. 306, my translation) there is an acute danger that those affected will become socially isolated and, consequently, dehumanized or depersonalized – whether indirectly through science and society or directly through nurses, doctors or even close friends and relatives (Sabat, 2009, p. xii; Kitwood, 1997). The lifeworld approach, which is surprisingly ill-researched, allows us to identify the *trouble générateur* in terms of structural phenomenology and to view AD not only as an irreversible and neurodegenerative disease to which those affected are fatefully exposed, but also as a psycho- and socio-degenerative illness for which we, as a society, bear responsibility. Or, in the words of René van Neer, who is suffering from AD: "One person alone cannot bear this", but "meeting another is of ecstatic value to me" (van Neer & Braam, 2016, p. 7, my translation).

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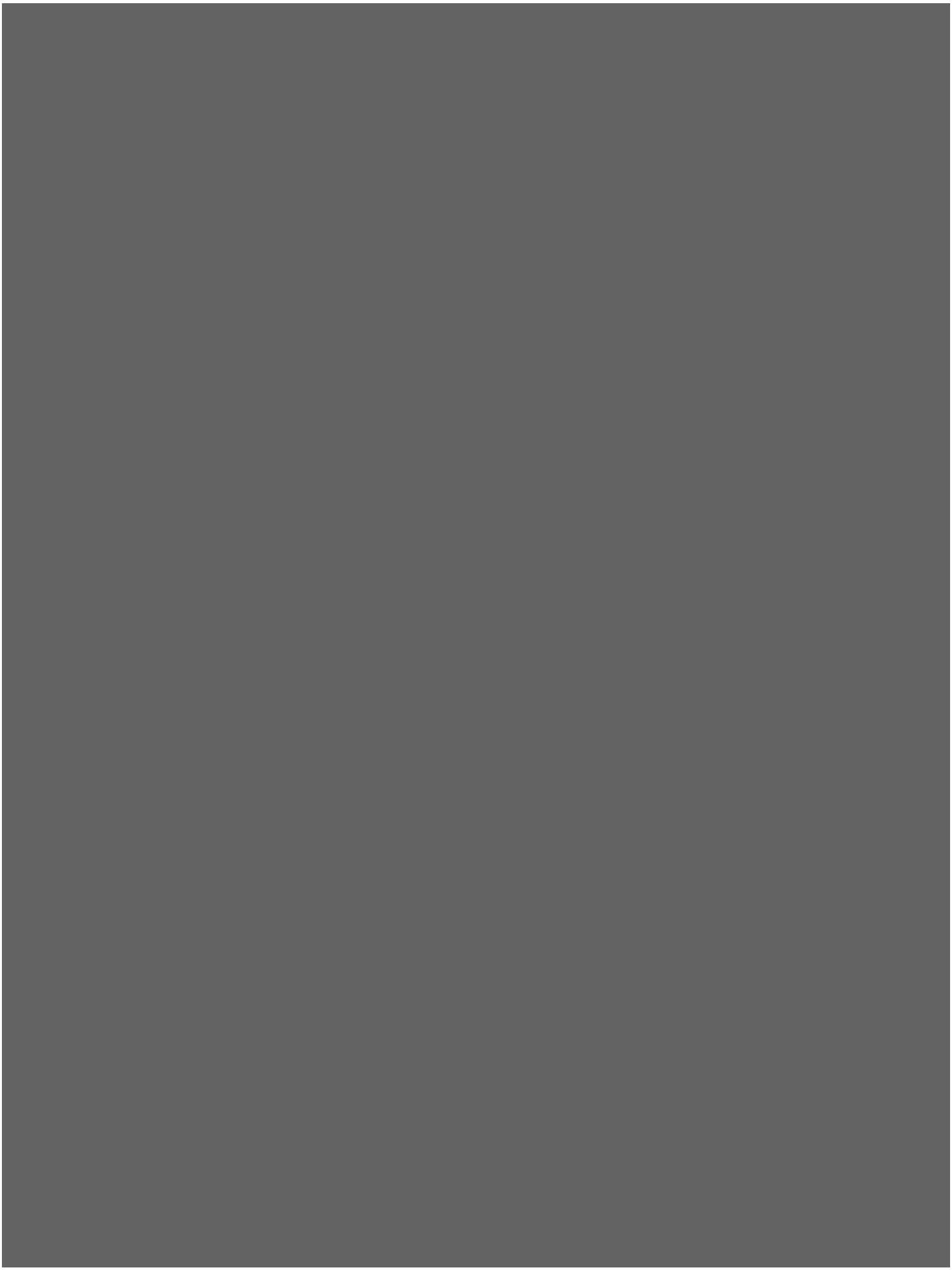

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INTERSUBJECTIVITY AND SOCIAL PERCEPTION IN EPILEPSY[1]

abstract

This paper defends the idea that alterations in social perception of people with epilepsy may be crucial in the development of co-morbidities, involving a circular and mutual relationship between the person and their social environment, between the self and the world. We aim at exploring the role of these processes in psychopathological phenomena in people with epilepsy. Through a phenomenological and enactive account of intersubjectivity and the model of circular causality, enriched with interviews conducted with people with epilepsy, we develop the hypothesis that the originary domain of a person's experience with epilepsy expands and modifies the fundamental interrogation of the sense of self. Furthermore, we observe how disturbances in the dynamical coupling and coordination among agents may contribute to psychopathological phenomena, and to changes in intersubjectivity and social perception.

keywords

intersubjectivity, embodiment, phenomenology, seizures, anxiety, depression

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"I often fall down into nothingness.
I must push my foot stealthily lest I should fall off the edge of the world into nothingness.
I have to bang my head against some hard door to call myself back to the body"
Virginia Woolf, The Waves

"It is like being in an ocean in the midst of this storm, all you automatically do is make moves to survive, you just think, 'survive, I've gotta survive', you don't see land, and then you see land, and then you're like, 'OK, I'll just float on this wave, I'll just go with this wave because it's gonna take me back'."
Description of a seizure by a person with epilepsy

1. Intersubjectivity and social perception

The issue of intersubjectivity is central both in the field of philosophy and in mental health sciences. In this essay we will use a phenomenological and enactive account of intersubjectivity to explain disturbances in social perception in people with epilepsy, and to show how the development of psychological co-morbidities may arise from an alteration of the relationship of the self with the world.

For a long time, intersubjectivity has been understood in a representationalist sense, grounded on the assumption that people act according to a representation (a model or a theory). According to this view, the access to feelings, thoughts or mental states of others is possible through the inference of external bodily behaviours. This position seemed to be supported by early studies on mirror neurons, for example, which endorsed a third-person paradigm of social cognition as a passive observation of others' behaviour. According to these findings, the brain appeared to be modelled upon an inner process, mainly characterised by inferential or simulative models. This tendency to rely on brain to explain social cognition and social perception reduces intersubjectivity to an inferential or projective process encapsulated in the brain, overlooking interactions between the individual and their environment. On this basis, disorders of intersubjectivity have been attributed to a dysfunction of Theory of Mind modules in the brain (Baron-Cohen, 1995; Bora *et al.*, 2009). More recent findings, however, have shown that mirror neurons contribute to social perception on a relatively low level, and that they acquire their properties through sensorimotor learning and interaction with the environment (see for review Heyes & Catmur, 2021).

These more recent findings are potentially reconcilable with a phenomenological and enactive account of intersubjectivity, which claims that intersubjectivity is a result of a complex series of interactional processes, including bodily resonance, affect attunement,

coordination of gestures, facial and vocal expression and others (Fuchs & De Jaegher, 2009). This interpretation of intersubjectivity is anchored in Husserl's meditation (Husserl, 1973a, 1973b, 1973c). For him intersubjectivity shows the exchange of thoughts and feelings, both conscious and unconscious, between two subjects. Subjectivity gains its full relation to itself and to the world in intersubjectivity, and this latter only exists and develops in the mutual interrelationship between subjects that are related to the world, conceived as a common and public field of experience, a shared world. The possibility of sociality as such presupposes a certain intersubjectivity, and this may happen only through the body. For Husserl the body is the link to one's insertion or being-in-the-world: the body is conceived as *Nullpunkt* (zero point) from which the perceived world is organised (Husserl, 1989). Everything is oriented in relation to the lived body (*Leib*), which is central in the localisation of kinaesthetic and tactile sensations. According to Husserl, the self-understanding is accessible only via another subject's perception of my body, and through an appropriation of this perspective I can adopt a reifying and abstractive view of my own body (Zahavi, 2003, pp. 104-105). The body, thus, is not only the link which allows to meet the other, but it is also what allows so-called open intersubjectivity: the body as the *condition of possibility* of each encounter.

Drawing on by Husserl's conception of the body, we refer to embodiment as an ongoing act, continuously shaped by our experiences, by the relationships and interactions with others, and the environment. Enactive intersubjectivity is based on a complex and rich constellation of assumptions, among which, i.e. that "social understanding is as much an interactional as an individual affair, that intersubjectivity relies heavily on embodiment in a rich sense of the word, that intentions are expressed in action and can be perceptible to others and are transformative and transformed in the process of interacting" (Fuchs & De Jaegher, 2009, p. 470). The bodily experiences of interacting are the foundation of understanding both each other and of understanding the world together, and the embodiment consents precisely our immediate apprehension of others (Merleau-Ponty, 1962; Fuchs & Schlimme, 2009; Jensen & Moran, 2013; Taipale, 2014). In other words, the immediate, enactive form of subjectivity and intersubjectivity are closely intertwined (Fuchs & De Jaegher, 2010; Gallagher, 2013; Hutto, 2013).

If we combine the phenomenological and enactive approach described above, intersubjectivity may be characterised by the embodied, interactive coordination of sense-making which proceeds through a mutual incorporation of processes in which the lived bodies involved form a common intercorporeality. From enactivist perspective, living beings do not act passively, as mere receptacles of information from the outside that is translated into internal representations; rather, individuals actively participate in the creation of meanings. This means that the brain does not receive an external world without the body participating in it: on the contrary, the external realm is the result of an interaction between the sense-making activity of an agent and the responses from its environment. This requires dynamical coupling and coordination among the agents. The frame within which this happens is that of a "mutual circulation between cognitive science and phenomenology in which subjectivity and experience play the vital role that they also have in the everyday doings of living, sentient, sense-making beings" (De Jaegher *et al.*, 2017, p. 494).

Understood as a circular process of relations between individual and environment, intersubjectivity may be considered as an ongoing process in which the person constantly influences the others by her actions, and vice versa. In the words of Merleau-Ponty, "the communication or comprehension of gestures comes about through the reciprocity of my intentions and the gestures of others, of my gestures and the intentions discernible in the conduct of other people. It is as if the other person's intentions inhabited my body and mine his" (Merleau-Ponty, 1962, p. 215). In this framework, the model of circular causality is central (Fuchs, 2017, 2018, 2020) and sheds light on how the individual and the environment work in

reciprocal and mutual relations. The circular causality modal works at two levels: on a vertical level, explaining relations within the organism; and on a horizontal level, explaining the interrelation between the subject and the environment. The brain as an organ of a living being in its environment, becomes a social organ of mediation, transformation, and modulation, embedded in the individual relationships with others and the surrounding world.
What happens when intersubjectivity is disrupted by psychopathological alterations? Contemporary psychiatric paradigms are mainly grounded on a brain-centred view: from this perspective, psychopathological phenomena are mainly and often regarded as brain dysfunctions. On the contrary, a phenomenological view conceives these phenomena as disturbances at different levels of intersubjectivity (Fuchs, 2015). The limited capacity of the person to interact and respond to the social environment may be at the origin of certain psychopathological experiences and may affect the ability to reach a shared understanding of the world. Phenomenological approaches to intersubjectivity and its disturbances start from the consideration of the pre-reflective embodied relationship that the self has with the world. As such, intersubjectivity is regarded as 'intercorporeality' (Merleau-Ponty, 1962).
In what follows, we further explore this theoretical framework of intersubjectivity, in which the body is central in people with epilepsy; we suggest that comorbidities, such as anxiety and depression, may arise from disturbances in the dynamical coupling and coordination between individuals, impacting both the pre-existing neurological condition and changes in social perceptions.

2. Epilepsy and intersubjectivity

Epilepsy is a common, highly stigmatised chronic neurological condition characterised an enduring predisposition to seizures and by the neurobiological, cognitive, psychological and social comorbidities and consequences of the condition (Fisher *et al.*, 2014, Keezer *et al.*, 2015). Worldwide, at least 50 million people have active epilepsy (GBD, 2016 Epilepsy Collaborators, 2019) (i.e. continuing seizures or on treatment). Epileptic seizures are caused by the sudden disruption of normal brain functioning due to excessive abnormal activity or hypersynchronous neuronal activity (Fisher *et al.*, 2014). Epilepsy is classified according to the underlying cause, for example "structural" (if associated with e.g. a brain tumour or scar tissue in the brain), "genetic", "metabolic" (if associated with e.g. mitochondrial disease), "infectious", or "immune" (Scheffer *et al.*, 2017). The category "unknown" includes as of yet unidentified genetic, metabolic and structural causes (Scheffer *et al.*, 2017). Most people associate epileptic seizures with "grand mal" or "tonic-clonic" seizures, in which the individual loses consciousness, falls to the ground, and their body shakes uncontrollably for several minutes, but seizures are very variable and can be much more subtle.[1] Importantly, the occurrence of seizures is unpredictable for most people. This means that even if seizures are infrequent (e.g. once a year), they still have a profound impact on daily life as there is always the *possibility* that a seizure may happen. In most countries, for example, people with epilepsy are allowed to hold a drivers' license or certain jobs only if they were seizure free for at least one year. Psychological comorbidities such as anxiety and depression occur in 20% respectively 23% of people with epilepsy (Scott *et al.*, 2017). One study in people with

1 Generalized seizures engage networks on both sides of the brain (Scheffer *et al.*, 2017). They can be subtle, such as in absence seizures, or very clear such as in generalized tonic-clonic seizures. "Focal", seizures originate at a certain location in one hemisphere. This type of seizure usually leads to brief (seconds to several minutes) alterations in awareness, perception, consciousness and/or behaviour, that are manifest to the individual and/or others (Scheffer *et al.*, 2017)

pharmacoresistant[2] epilepsy reported depression in >50%, which was linked to a significant reduction of quality of life (Boylan *et al.*, 2004).

To date the occurrence of these comorbidities is incompletely understood: hypotheses on biological factors such as low-grade brain inflammation or neurotransmitters have thus far not been fully confirmed. One study found a bidirectional relationship between depression and seizure frequency (Thapar *et al.*, 2005). Others found that depression, but not anxiety, predicts seizure frequency over time (Thapar *et al.*, 2009, Dehn *et al.*, 2017). A study from 2021 showed that mental health, but not seizure frequency, was linked to quality of life (Johnstone *et al.*, 2021). Another study showed that mental health and quality of life are linked to knowledge about the disease, attitude towards it, and perceived stigma (Yeni *et al.*, 2018).

We here develop the hypothesis that the sudden seizures with changes in bodily function (including perception, awareness and action) may lead to an alteration of intersubjectivity, which may induce self-stigmatization, social stigma and psychopathological phenomena. Psychopathology in people with epilepsy may occur both before and after the diagnosis: in the first case, they may worsen because of epilepsy, in the second they originate in the subjective and intersubjective space that is altered by the seizures or the *possibility* of seizures. Anxiety and depression act as a vehicle of disturbance in the dynamical coupling and coordination between individuals, undermining the possibility of the agents to react and take action. This is particularly evident in psychopathological phenomena in general, but may be more significant in pre-existing neurological conditions. In the case of epilepsy, anxiety and depression determine changes in social perceptions, both from the side of the person with epilepsy, and from the side of the social context which may not sufficiently understand the neurological condition to act adequately during a seizure, or take the condition into account when building interpersonal relationships. Disturbances in intersubjectivity and social perception are at the core of the development of many comorbidities, but they may be particularly crucial in the occurrence of comorbidities in epilepsy, and involve a circular and mutual relationship between the person and their social environment, the self and the world. The question "Who am I?", fundamental for each philosophical investigation and essential in the domain of mental health, becomes more urgent when it is accompanied by the question "Why does this happen to me?".

We explore these hypotheses using interviews with adults with pharmacoresistant epilepsy who participated in a randomized controlled trial assessing the effects of a group mindfulness and therapeutic education intervention on quality of life at the University hospital of Grenoble, France. Before and after the intervention study participants were invited to participate in semi-structured interviews, which consisted of open questions on different aspects of the subjective and intersubjective experience of epilepsy and the effect of the interventions. Interviews, lasting on average an hour, were conducted by phone, recorded and transcribed verbatim. This material consists of a total of ~10 hours of interviews recorded from eight individuals. The interview guidelines were developed to specifically investigate the effects of the interventions from the perspective of the interviewees. Sections of the interviews conducted before the randomization and intervention, however, included descriptions of the experience of self, others and environment.[3] Since the interviews were not

2 Pharmacoresistance indicates that despite pharmacotherapy with one or more types of anti-seizure medication, seizures continue to occur regularly. About 30% of people with epilepsy worldwide continue to have seizures despite taking anti-seizure medication.

3 The study protocol was approved by the local ethics committee (protocol number 2019-A00522-55, clinicaltrial.gov NCT04126369). Participants provided written informed consent prior to participation. The analysis of the interviews pertaining to the interventions in the randomized clinical trial will be published elsewhere.

conducted with these research questions in mind and only sections of the interviews were used, we chose not to do a full analysis. By exploring these sections from a phenomenological perspective, the aim of this paper is to highlight these and develop them from a theoretical phenomenological perspective to provide hypotheses based on phenomenological theory and these interview excerpts that can be further investigated in future studies.
Through repeatedly re-reading the sections of the transcripts in which interviewees talked about the experience of self, others and environment, and an iterative process of peer-debriefing in which we discussed these sections, we observed three emerging themes, which may be important in the origin and maintenance of psychopathological conditions in epilepsy: (1) different levels of awareness of seizures and disruptions in verbal communication; (2) fear of sudden loss of bodily control and alteration of the sense of belonging to the world; (3) social anxiety and stigmatization process. The three themes were present in the transcripts of all three interviewees. Below we describe each of these themes in more detail, supported by illustrative quotes from the interviewees. We chose the quotes based on their clarity and on how illustrative they were of the theme.[4]

3. Disruptions in verbal communication, bodily control and social anxiety

3.1. Different levels of awareness of seizures and disruptions in verbal communication

Seizures are experiences that often go beyond day-to-day vocabulary. For many, seizures are not remembered as such. People know that something happened, yet *what* exactly remains a mystery to them: "I can't tell you what happens, my family tells me or tries to film it, [...] I find myself either on the floor, or people look at me strangely, so I know that something happened but I have no idea what". The person realizes that something happened *because* others look at her strangely. The space of intersubjectivity is altered both because of the agent and the environment. From the outside, the seizure is experienced as an interruption of normal actions of the body, common space is no longer occupied by the body in a certain expected positions and movements, and this leads to the disruptions of atmospheres. From the inside, the seizure is a *sudden, unexpected* gap in a continuous experience.[5]
Other people are conscious during seizures, but still then the experience is hard to grasp, as one participant illustrates:

> It's a flash with the impression of reliving a dream [...] and then suddenly there is an electric shock; the electric shock is in different areas of my body. Generally, it starts from the head and spreads to different parts, from the arms to the chest. [...] Actually, it doesn't last very long, it must be two-three minutes. It happens so fast that I don't know how to say how I experience it [...] it's a bit frightening, because [...] it reminds me of bad memories in relation to dreams, which is a bit odd, afterwards I don't even remember which dream, it's a bit strange.

This person's comparison with dreams reveals three important elements:
(1) The nature of seizures as ungraspable.
(2) Seizures and dreams share a sudden alteration of atmospheric qualities, regarded as a pre-theoretic and pathic spaces that contribute to determine intersubjectivity.

4 For the purpose of publication, the quotes were translated from French into English by PRB, a French native speaker.

5 Some may say that sleep is also a gap in an otherwise continuous experience, yet sleep is not a sudden or unexpected transition like a seizure. In most cases, people put in place the conditions for sleep to occur, like retreating to a quiet place and finding a comfortable sleeping position. Obviously, narcolepsy is an exception as this is a condition in which sleep occurs unexpectedly. Sudden transitions are not exclusive to epilepsy, and also occur for example in cataplexy, dissociative (psychogenic non-epileptic seizures) and syncope.

(3) Seizure and dreams displace the subject from its attentive participation in the experience: he knows that something is happening to him but he does not have control over it. Different levels of awareness of seizure phenomena impact verbal communication in reporting such experiences: the ungraspable nature of these experiences is displayed by a lack of language. The recourse to metaphors help people in communicating not only the experience *per se*, but also how they felt with reference to what happened and how they feel with reference to what can happen again.
The loss of awareness of time and place seems to be a common feature in the reports of participants: seizures interrupt the flow of time, the continuity of actions and they fragment the perception of physical space in tiny frames. Recollecting them and putting them in sequence afterwards seems beneficial, when it is possible by talking to others about what happened. Some describe seizures like a wave which crashes into the body, revealing a radical emptiness which swallows the person; a wave that has the potential to drown the person and roll over every emotion, thought, and gesture.

3.2. Fear of sudden loss of bodily control and alteration of the sense of belonging to the world

Fear of seizures is common and often linked to the loss of bodily control that occurs during seizures, especially when the person is conscious during this loss of control. One person reported:

> I am always afraid that I will have a seizure, a seizure in which you lose consciousness, in which the body shakes - at the very least when the body shakes when you lose consciousness, that's fine with me, but not losing consciousness and your body shaking without being able to manage I don't like that, I don't like that at all.

This loss of control can be so extreme that it triggers existential anxiety, as another participant stated:

> The first seizure I had without losing consciousness, I said to myself "I'm going to die", because I didn't know what was happening to me, it was the first time, so you drool, it's not the drool you normally have, it's frothy drool that you can't hold in, your mouth is all twisted, I was saying to myself 'damn I'm going to die alone here on my sofa.'

Fear of seizures is strongly related to an alteration of the sense of agency: for people with epilepsy, at any given moment and without an apparent reason, the body may be completely out of control, showing the shift from the lived body (*Leib*) to the object body (*Körper*). Phenomenological accounts of embodiment (Moran, 2013; Legrand, 2010) show how the intertwinement between lived body and object body is always present in many of our bodily experiences. There is a tension between these two aspects which silently weaves through our daily life. When this is unbalanced, we observe how the body, primarily conceived as our main anchor to the world, shows its unstable foundation. As a consequence of this interruption of balanced tension, intersubjectivity is compromised: for some patients, the body may be regarded as a continuous threat to their experiences, as well as in the construction of relationships (personal and professional) and in the search of existential meaning for seizure phenomena.
The loss of bodily control displays the relationship between the body and the existential feelings, a kind of pre-theoretical structures of the experience of being-in-the-world. It is precisely when our ability to master the body is not possible anymore that the world may appear "unfamiliar, unreal, distant or close. It can be something that one feels apart from or at one with. One can feel in control of one's overall situation or overwhelmed by it. One can

feel like a participant in the world or like a detached, estranged observer staring at objects that do not feel quite "there" (Ratcliffe, 2008, p. 37). Existential feelings are basic structures for the constitution of social space, since "they constitute a sense of relatedness between self and world" (Ratcliffe, 2009, p. 180). The loss of bodily control interrupts the belonging to the world: when one's bodily disposition to the world is compromised, then also the orientation of the experiences – as well as thoughts, feelings, desires – is not embedded in a certain horizon of possibilities.

3.3. Social anxiety and stigmatization process

People with epilepsy often report how they feel anxious for loved ones, as witnesses of seizures: "Precisely we don't control [the seizures], and also seeing the people around us, the fear that they had for us and then and for them it's the same, it's not the kind of thing that we see regularly right". One of the main concerns is not only about how the seizures affect themselves, but also with how the seizures may affect others. Especially the first seizures are described as shocking events that impact the entire family. These are often medical emergencies in which the seizure may cause injuries and an ambulance is called. Several participants describe that their children witnessed the seizures and react in different ways; some refuse to speak about it, others become extremely careful and worried – leading almost to a role reversal. Within their families, people talk about the seizures to demystify them and reduce the anxiety for themselves and family members. Some people give their family members and close friends precise instructions on how to deal with seizures.

Social anxiety, experienced both in the context of close personal relationships and of social environment, impacts the self-understanding of people with epilepsy. Here it is possible to see two levels of anxiety: a personal one, related to the person's own experience of epilepsy; and a social one, related to the fear that others may have of the seizures. These two levels are in a mutual relationship: we hypothesise that a good ability to express one's own feelings and emotions, a family environment open to dialogue, a certain awareness of what epilepsy is and how one can be of help during the seizures, may reduce the mutual process of increasing anxiety: loved ones become less concerned and less worried, which means that the person with epilepsy, in turn, worries less about them.

This is connected to the issue of interiorization, stigmatization and self-stigmatization: while speaking to family, close friends or loved ones about epilepsy and seizures can reduce anxiety, speaking to more distant acquaintances or work colleagues is more difficult. Often, people with epilepsy do not disclose their condition. They have different reasons for this:

> it's a disability that can't be seen, so that's why at work, people don't understand [...]. I think that when it touches the brain, I have the impression that it's frightening for others; but for us too, but we live with it so we can grasp it, saying well I have all my mental faculties but I'm not sure that the others know that we have all our mental faculties [...]. As it affects the brain, there's immediately this ... between madness and ... well, you know what I mean... It's the brain; the brain allows you to think, so if it's affected, you're not completely clean.

This excerpt reveals two key points:

(1) epilepsy is an invisible condition, most of the time: it is only through the *possibility* that the seizures occur that it manifests itself. This is known only by the person, but to no-one from the outside.

(2) The common yet false belief of the link between madness and epilepsy: epilepsy is a

neuropsychiatric condition.[6] Negative stereotypes about this condition are so deep-seated in society that many people with epilepsy accept them, and hold the same or similar beliefs as the society that devaluates them. They have therefore often not felt empowered to change the situation, which in turn has enabled the stigmatization to remain pervasive and effective (Epilepsia, 2003).

As a social construction, stigma is always linked to certain values placed on social identities (Goffman, 1963). The relationship between public stigma, as the perception held by others that someone is socially undesirable, and self-stigma is harbinger of many elements: stigmatized people experience a decrease in self-esteem which often leads to depression. A pervasive sense of shame and embarrassment is often accompanied by a sense of guilt, which increases existential anxiety. Depression, social anxiety and a sense of shame limit social interactions, destabilize the construction of intersubjective space and affect the quality of life of people with epilepsy and their families. The circular process at the core of the interaction between the agent and the social environment seems to reduce the possibility of sociality and, as consequence, to disturb the interactive coordination of sense-making of the lived body, blocking the open intersubjectivity (Zahavi, 2001). The process of self-stigmatization offers some clues on what it means *to be a self* especially in relation to resilience against, and recovery from, stigmatization (Eriksson, 2019), involving many issues among which the psychological impact of stigma in the understanding of the self, the commitment to an existential project, the quest of finding meaning in life, and the possibility to share a collective intentionality (Zahavi, 2021). Among the many theories of the self, following the Husserlian legacy, we refer to selfhood in relation to the experiential self (Zahavi, 2009, 2014). What ultimately determines the *mineness* of experience is the way experiences are experienced: *how* they are originally given to me: "It is exactly the primary presence or first-personal givenness of a group of experiences which constitutes their myness, i.e., make them belong to a particular subject" (Zahavi, 2000, p. 64). *How* I distinguish my experiences from yours is grounded on the fact that experiences are necessarily *mine*, and as such depending on the original givenness. The mode of givenness of each experience is very different for each person, and for those who live with a neurological condition such as epilepsy this is even more radical, even if the self is supposed to remain the same because of the transcendence of the ego (Husserl, 1973a, p. 246). Under this regard, a phenomenological investigation of experiences of people living with epilepsy is capable of showing the peculiarity of the givenness of such experiences, and enrich the understanding of the minimal self and its relationship with the world, also in light of overcoming stigma and destroying boundaries.

4. Conclusions

This paper suggests that the perspective of people with epilepsy on their condition is central in understanding the dynamical coupling and coordination between themselves and their environment. Our exploration highlights how the originary domain of a person's experience with epilepsy expands the fundamental interrogation of the sense of self, conveyed through the body. In a paroxysmal condition like epilepsy, the disease is not there continuously, yet at

6 Epilepsy is a condition that has been viewed differently throughout time. The term "Epilepsy" is derived from the Greek verb *epilambanein* (επιλαμβάνειν), meaning to be seized, taken hold of, or attacked. The ancient Greeks ascribed epilepsy to divine interference, although Hippocrates recognized it as a brain disorder (Epilepsia, 2003). Still in some cultures, epilepsy is seen as a type of possession (Obeid *et al.*, 2012). Despite much progress in understanding epilepsy and improved therapeutic options, the condition remains stigmatized, also in western societies (Epilepsia, 2003). Few people in western societies believe in possessions or in divine causes of disease, yet the dominant positivistic and organicistic brain-centered view sometimes reduces beings to brains (Schwaab, 2010) and consequently, if something is wrong with the brain, something is wrong with the person.

all times the body has the *potential* to be subject to a seizure. These sudden and often violent changes in bodily experience may alter the sense of agency of people with epilepsy and their sense of belonging to a shared world. The interplay between embodiment, atmospheres, emotions and psychological comorbidities is a hallmark of this condition. The dynamic interpretation of the interrelation of self and world is revealed here as the origin of the change in social perception, in which self-stigmatization and social stigma result in (the worsening of) anxiety and depression.

This paper aims to contribute to a better understanding of psychopathological phenomena in people with epilepsy and to unveil the existential vulnerability linked to this condition. We nourish the hope that also in the domain of epileptology and neurology the value of the phenomenological method may be discovered and understood, and that first-person accounts may be used to better understand the ungraspable nature of seizure phenomena and psychopathological consequences of the condition. We hope that this will lay the foundations for further studies and proposals for novel therapeutic interventions for people with epilepsy, contributing to the reduction of stigma and prejudices surrounding this chronic condition.

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PSYCHOPATHOLOGY AND PSYCHOTHERAPY OF THE *LEIB* IN SCHIZOPHRENIA

abstract

Intersubjectivity impairment has been considered the main pathogenic nucleus of schizophrenia. Enriching this concept with references to Scheler's phenomenology, our hypothesis is that schizophrenic subjects are affected by a deeper impairment: the inability to resonate with unipathic affectivity. Fragmentation of the Leibschema*, valueception impairment, and the lack of vital impulse are, in our hypothesis, the original alterations of the schizophrenic bodily experience from which all relational impairments originate. Our proposal is, therefore, to enhance a psychotherapy that does not only focus on the verbal level, but endeavors to touch the patient's* Leib*, focusing on emotional sharing and on the development of a sense of cohesion of one's body as the starting point for accessing intersubjectivity.*

keywords

Scheler, Leibschema, schizophrenia, body psychotherapy

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1. Introduction

When we find ourselves interacting with a schizophrenic subject, we inevitably arrive at a sensation of incommunicability. The relationship is held in checkmate even before its verbal aspects begin, while in its preverbal declinations, body and emotions. Through the years, psychopathology has described this experience in various ways, from Jaspers' affirmation of schizophrenia's incomprehensibility to Rümke's *Praecox Gefühl*, and finally to Bleulerian autism (Bleuler, 1912; Rümke, 1941; Jaspers, 1997). Classical authors, but also contemporary reflections, also supported by neuroscientific data, have not stopped underlining how the pathogenic nucleus of the schizophrenic experience lies in its relationship with the Other, as the *primum movens* of a complex psychopathological constellation (Stanghellini *et al.*, 2017). In this sense, it was the phenomenological movement to first highlight the importance of schizophrenia's intersubjectivity dimension, analysing its limits and distortions (Stanghellini *et al.*, 2017). The traditional Husserlian concept of the relationship with alterity requires, nonetheless, developing deeper rootedness in our experience of the world, roots more established in the living body (*Leib*) (Husserl, 1962). From Scheler's phenomenology, we can obtain some fundamental coordinates to this end. Although the potential of his philosophy is not unknown to psychiatry, as Kurt Schneider's theory of depression demonstrates, little attention has been paid to the experience of schizophrenia (Schneider, 1959). It should certainly be noted that the experience of intersubjectivity, in the central position that phenomenology rightfully attributed it, is based on a deeper resonance – primarily corporal and affective – which unites every living organism in an expressive biosemiotic network (unipathic affectivity) (Scheler, 1954-1997; Cusinato, 2018b). Therefore, Scheler's unipathic affectivity is a form of emotional sharing that occurs at a pre-reflective level, in which the distinction between you and me is not yet established, and which overlaps the emotional contagion in some respects (Scheler, 1954-1997). Our hypothesis is that the capacity to resonate with the unipathic level of life, which finds the living body its vehicle of primary resonance, is altered in schizophrenia, leaving the individual incapable of integrating on a pre-reflexive communicative plane or of staying in communication with alterity (Stanghellini, 2016).

2. Proto-self and Leibschema in Scheler's phenomenology

In Schelerian theory, every living being has in common a unipathic affectivity that, through a unique expressive plane of life, allows vital resonance between living organisms (Scheler, 1954-1997; Stanghellini & Rosfort, 2010). Thus, every organism is not only in relationship with another organism, but also with the totality of the other organisms, under the form

of a pre-representative biosemiotic system of emotional sharing of life (Cusinato, 2018b). Every biological singularity is characterized, before the narrative self and the minimal self, by the presence of a proto-self, corresponding to the primordial capacity to resonate with the expressive environment in which we are immersed (Gallagher & Zahavi, 2008; Cusinato, 2018b).

The interaction of an organism with its environment, which takes into account both the primary motorial and expressive aspects, is in fact based on its pre-representative perception of the world as its site for value relevance (*Wertnehmung*) (Scheler, 1954-1997; Cusinato, 2018b). In this sense, the concept of value does not have to do with the common moralistic sense of the term, but is about the organism's capacity to pick up markings on the environmental level that are useful to its own development, and, consequently, to coordinate its interaction with the environment. The affective metabolism of environmental stimuli, which is rooted in valueception, thus allows the organism's positioning in the environment (Cusinato, 2018b). The accumulation of value markings enables expressive mapping of the context, which not only has the function to orient movement, but to anticipate the movement's potential and affordances through inferences and predictions (Gibson, 1979; Gallese & Sinigaglia, 2009). Scheler, following in Bergson's tracks, believed that perceiving is not so much synthesizing information derived from our senses as much as it is to select what information is relevant, which we use to identify ourselves and take a position in the world (Bergson, 1959; Scheler, 1954-1997).

This first form of the organism's identification, corresponding to the proto-self, comes precisely from the body's pre-reflexive conscience falling back on itself in the moment in which, moving around in the environment, it encounters some resistance interrupting its spontaneous behaviour (Cusinato, 2018b). The proto-self actually coincides, in Schelerian language, with the body schema (*Leibschema*), intended as the schema of the organism's motorial and expressive possibilities. This corporal map of the possibilities for interaction with the environment is strictly connected to valueception, and therefore does not represent a solipsistic system that is detached from reality but, on the contrary, a schema interacting with the world (Scheler, 1954-1997). The proto-self, a cornerstone on which the minimal self and narrative self are established, does not lose its relational nature as much as it falls into a world affectively saturated with meanings. Where the minimal self, following Henry's theory, represents auto-affection – that is, the immediate experience of oneself as affectivity – the proto-self represents a pre-experiential entity of resonance with the world (Henry, 1990; 2011; Scheler, 1954-1997). Although the theories of Scheler and Henry have some well-known consonances – as regards the theory of immanence, the originality of the pathetic experience, and the importance of affectivity – Henry believes the subject remains self-centered, while Scheler believes there is a participation in the affectivity of life that precedes any individual definition (Frère, 2007; Garrido-Maturano, 2015). This means that the personal singularity, far from an intimist withdrawing, is truly, in itself, an opening to the world. What makes resonation with unipathic affectivity and the expressive life plane possible is the vital impulse (*Lebensdrang*), which is inherent in every living organism (Scheler, 1954-1997).

Schelerian theory concerning the direct perception of Others' expressivity, taken by Gallagher & Zahavi and Fuchs, is very rooted in the concept of valueception and in living organisms' capacity to grasp their own reciprocal expressive state on a pre-representative level, simply for the fact of participating on the same biosemiotic network (Gallagher & Zahavi, 2008; Fuchs, 2017; Scheler, 1954-1997). Affective resonance thus implies a more profound syntonisation, which is at the beginning of every relational experience. In net contrast with the cognitivist theories, as a matter of fact, also with Gallese's embodied simulation theory, Schelerian phenomenology proposes a third way, in which the participation in shared life expressivity

precedes every acquisition on other people's minds (Gallese, 2009; 2014; Leslie, 1987; Gordon & Cruz, 2006; Stanghellini & Rosfort, 2013).
The picture of the emerging man from Scheler's phenomenology, which thus establishes its roots in biosemiotics, appears particularly capable of catching the essence of schizophrenia (Stanghellini & Rosfort, 2010; Ballerini & Di Petta, 2015). The incommunicability that emerges from contact with a schizophrenic patient – the difficulty to enter affective resonance, and the often-present sensation of speaking two different languages – are not only due to alterations on the levels of narrative self or minimal self, but even earlier with the proto-self's incapacity to stay in contact with the plane of shared life expression (Scheler, 1954-1997; Cusinato, 2018b). In particular, in light of Schelerian phenomenology, there seem to be three identifying marks of the schizophrenic *modus vivendi*: fragmentation of the *Leibschema*; valueception impairment; and lack of vital impulse. These structural characteristics of the schizophrenic existence increase its risk of losing contact with the shared world and retreating into an impenetrable autism (Ballerini, 2002).

3. The fragmentation of the Leibschema in schizophrenia

According to phenomenological psychopathology, the schizophrenic alteration is deeply rooted in bodily self. Current orientations have mainly seen the alteration of minimal self as the pivot of the transformation of the schizophrenic's being-in-the-world. This minimal self, which may be considered the nuclear sense of ipseity (Sass & Parnas, 2003; Zahavi, 2005), constitutes the original and pre-representative form of bodily awareness. From this perspective, schizophrenia implies a reduction of basic self-awareness (Fuchs & Schlimme, 2009), experienced as a feeling of a pervasive inner void or lack of presence (Raballo *et al.*, 2011).
Scheler's contribution shifts the existential distortion of schizophrenia even earlier, to the level of proto-self and *Leibschema*. Whilst the minimal self in fact corresponds to a sense of mineness – in other words, the first-person perspective of bodily experiences – *Leibschema* corresponds to a more primitive sense of cohesion. The living body's sense of cohesion precedes the sense of mineness, and it is what allows every living being to keep their relationship of structural coupling with the environment stable (Maturana & Varela, 1985). When a sense of cohesion is not achieved, or is lost, the *Leibschema* manifests fragmentation and incoherence. The organism thus becomes incapable of finding in its own *Leib* the centre of vital cohesion capable to hold together the body's driving structure (*Triebstruktur*) and to act as anticipatory schema of the experience. This is the case of the schizophrenic person, for which the body is a disconnected combination of sensations and perceptions that shatters the sense of cohesion and movements: the perception of one's own body does not become integrated in an organically unitary cohesion but carries out a combination of disconnected mechanical parts (Cusinato, 2018b). The body then becomes perceived as dispersed in the environment, not equipped with stable confines that differentiate it from the environment, but rather exposed to an intrusive world (Stanghellini, 2017).
The anticipatory schemas of experience are strictly linked to body memory (*Leibgedächtnis*): an implicit memory based on the habitual structure of the lived body (Fuchs, 2012; Fuchs, 2018 a-b) that allows possibilities of movement, action, and interaction, in the way of habits and affordances (Cusinato, 2009). The implicit inferential capacity derived from past experience is what allows our actions to not trip up all the time, but to flow with naturalness. Without a cohesive body schema, however, the schizophrenic person's body cannot trust the procedural aspect of body memory and must always verify situations as if for the first time, to the detriment of any familiarity with the world and things. Rather than "habits, flexible and embedded into the world, schizophrenic automatisms, on the contrary, attest to a disembodiment or mechanization of the body" (Fuchs, 2005, p. 332). This trouble with

body memory concerns not only the intercorporeal memory and the implicit relational style expressed in habitual posture of the body, but also the procedural memory with its sensorimotor and kinesthetic faculties (Fuchs, 2018).
The schizophrenic tendency to reflexively elaborate schemas that we normally operate on the pre-reflexive level, known as hyper-reflexivity, is a compensation for the deficit of interaction with the world present on the bodily experience level (Sass and Parnas, 2003). This effort is made necessary due to the *Leibschema*'s incapacity to organize a coherent anticipatory structure based on lived experience (Sass, 2017). In the article *Über Selbsttauschungen*, Scheler himself proposes a similar idea, underlining how the patient tends to shift attention from the intentional purpose to the conditions of the living body (Scheler, 1912). The schizophrenic person thus compensates his body's difficulty to orient in its environment and resonate with it, developing a hyper-reflexivity that focuses on singular movements. The action is broken down and fragmented into intermediate and partial purposes. The schizophrenic body therefore remains deprived of the fluidity of movement and familiarity with repetitive situations. This perspective, in many ways, comes close to that developed by Merleau-Ponty, according to whom psychopathological disorders may be seen as the fragmentation of living reality in many mechanical moments (Merleau-Ponty, 1962): the expressivity of the living body (*Leib*) then cedes its place to the mechanisation of the body-object (*Körper*) (Cusinato, 2018b).
The aforementioned difficulty to complete spontaneous gestures in an automatic way has to do with what is defined today as a process of disembodiment, which is the essential characteristic of schizophrenia (Stanghellini, 2009). Three types of disembodiment may be recognized: a disembodiment of the self, which involves a reduction of self-awareness and of contact with reality (Bizzarri, 2018); a disembodiment of action, which fragments its flow and involves "the loss of ready-to-hand meanings to be attached to things in the world" (Stanghellini, 2009, p. 58), leading to the condition defined "Morbid Objectivization" (Cutting, 1999); and, finally, a disembodiment of intersubjectivity, which leads to an attunement crisis between the schizophrenic world, others, and common sense. Through these three levels, disembodiment of the schizophrenic being reduces *Leib* to *Körper*.
As we will see ahead, in the case of schizophrenia, placing attention on the breaking of the *Leibschema's* sense of cohesion, in deference to Scheler, we find some important clinical implications that hint at the feasibility of a bodily oriented phenomenological psychotherapy. The fragmentation of *Leibschema* thus constitutes the *primum movens* of a series of cascading distortions of world experience, which have two further declinations: valueception impairment and lack of vital impulse.

4. The valueception impairment in schizophrenia

As we have already seen, valueception consists in the value perception of the environment, that on a pre-representative level directs our movement and our expressivity in its interaction with the world (Scheler, 1954-1997). In this sense, it is the source for the vital impulse's orientation, which originates in the living body (*Lebensdrang*).
In schizophrenia, we are looking at valueception impairment. Drawing from Schelerian studies, Cutting introduces a dichotomy between values conditioned by the vital impulse and spiritual values, and proposes a chiasmatic explanation of depression and schizophrenia in this sense (Cutting, 2009; Cutting, 2016). In particular, schizophrenia would be characterized by a sharpened capacity to pick up spiritual values, whilst being incapable of picking up vital values: a concept that Cutting associates with phenomenological reduction (Cutting, 2009; Cutting, 2018). The suspension of the *Lebensdrang* would therefore imply an incapacity to syntonise with the unipathic affectivity of living beings, facing a compensatory hypertrophy of spiritual values. In this regard, Cusinato firmly maintained that schizophrenia, like

depression, is not so much about managing to perceive only certain types of values, but rather a precursory alteration of the actual structure of valueception (Cusinato, 2018a). Valueception impairments must be seen as relating to the very structure of the embodied person: the valueception disorder is thus not primitive, but secondary to the personal singularity disorder that does not enter into resonance with the biosemiotics of the world. For this reason, in schizophrenic subjects, adhesion to abstract values does not progress towards an opening to the world (*Weltoffenheit*), but always to a closure towards it.

Because of the incapacity to interact with life biosemiotics, the schizophrenic subject fails to build his own corporal and value-related positioning in the world. The fragmentation of the *Leibschema* offers a distorted basis for interaction with the environment, even to the point of not allowing the subject to pick up biological values that have a vital relevance for him. Lacking the integration of *Leibschema*, and with that a stable corporal identity, the schizophrenic person enters into relation with the environment in a contradictory and chaotic manner, through an arrangement of feeling unanchored from the organism's vital centre and body memory.

The values are thus not intended as abstract principles, but as real embodied values. Environmental valueception guides movement and *vice versa*: *Leibschema* influences valueception and valueception subscribes to *Leibschema* (Cusinato, 2018b). In particular, repeated experiences form automatic and motor schemas efficient for the vital context of the organism. The living body practice, in its custom of pairing with the world, favours paths that become ever more stable and ever more capable of anticipating future experience through the body memory. Subscription to these privileged paths in *Leibschema* gives rise to the person's vital values, which thus become embodied values (Scheler, 1954-1997). In this way, the living body becomes a depository of the person's value system and implicitly orients it in the world. In a healthy condition embodied values may coexist even if they are contradictory, but they will still achieve an integration on the level of the *Leibschema*'s totality that does not let manifest the incoherence. In the schizophrenic subject, however, the fragmentation of the *Leibschema* results in an altered value perception and in contradictory relations between value units of its world. This produces disharmony and imbalance in the schizophrenic body. The schizophrenic person's value system thus acquires a twofold level of incoherence: first of all, incoherence with the exterior, standing in dissonance with the shared values of the community of belonging (Cutting, 2018b); and secondly, an internal incoherence, in the sense that two conflicting values can coexist at the same time without the subject being aware of their conflict.

As a consequence of valueception impairment, thus rooted in *Leibschema*, the schizophrenic person is incapable of indicating, either in a positive or negative way, certain aspects of life that rather require taking a clear position. Often this brings the schizophrenic subject to adopt contradictory behaviours, until reaching extreme psychopathological phenomena, such as perplexity or catatonia, which seem to be configured, really, as the impossibility to form an expressive or motor intentionality. Basing behaviour on embodied vital values that would bring it in two opposite directions, the schizophrenic person is indeed forced to inevitably assume a position of stagnation and perplexity.

5. The lack of the vital impulse in schizophrenia

We have seen how it is possible to re-evaluate disembodiment and syntonisation disorders in schizophrenia, beginning with the fragmentation of *Leibschema* and valueception impairment. We will now attempt to add the final screw to our psychopathological discourse: vital impulse, defined *Lebensdrang* in Schelerian terminology.

If it is true that the *Leib*'s pre-reflexive dimension is always oriented to an embodied axiological dimension, consistent in valueception and in the consequent motorial projection

according to *Leibschema*, there must be something that pushes the organism in the direction of movement and self-expression. In Scheler's thought, this drive is the vital impulse, which constitutes the superindividual life pressure on the individual. This impulse to live is what drives the organism to affirm its own existence and find direction for its own radius of vital relevance (ecological niche) (Cusinato, 2018b). The *Leib* is its inevitable point of individual departure, in view of every spatial and temporal orientation (Merleau-Ponty, 1962), from which vital energy spreads out in the environment. In Scheler's formulation, therefore, *Lebensdrang* is a sort of life pressure that imprints its own energy, starting with the *Leib*, and propels the individual to express his own embodied subjectivity (Scheler, 1954-1997).
Anyone who has handled schizophrenia cannot have not been struck by the tragic disharmony between positive symptoms, with their flourishing expansions and permeation of every aspect of psychic life, and the negative symptoms rather, of flattening and introversion. Beyond the various lapses described for the pathological schizophrenic, it appears anyway that the frankly psychotic *poussée* alternates with long periods of residual symptomatology, in which the schizophrenic subject appears simply to be shut down. This phenomenon of depleted vital charge is described in various ways: as a defensive libidinal withdrawal from the world or as a primary disinterestedness dictated by the incapacity to enter in relationship (Bleuler, 1912). It is not rare for this autistic nucleus, in its primary or secondary forms, to be considered the true crux of schizophrenia, of which all other symptoms would be manifestations (Ballerini, 2002). On the other hand, Tatossian and Minkowski already talked about "vital impulse block" in the context of schizophrenia (Minkowski, 1927; Tatossian, 2002).
In Scheler's view, the vital impulse is a type of anti-inertial force, really a force of life, which renders organisms as expressive beings. The three characteristics of the schizophrenic world-of-life that we have analysed until now thus arrive at convergence: the incapacity to participate with shared biosemiotics implies, on one hand, the need to rationally compensate this lack by falling back on hyper-reflexivity, and on the other hand, the absence of a set of rails capable of directing its perceptive experience, with consequent diffusion of the drive and predominance of fantasy over reality. The vital impulse, before collapsing and becoming depleted, would thus encounter a diffusion in which the sense conferred to the world at first would enlarge excessively, then diminishing into only one possible meaning, rigid and sclerosed: the delusional significance (Cusinato, 2018a; Stanghellini & Rosfort, 2013). The loss of vital impulse thus becomes incapable of entering in an expressive contact with the Other.

6. A body-oriented phenomenological approach to schizophrenia psychotherapy

As we have seen up until now, the disorder that generates schizophrenic pathology seems to be a form of disembodiment characterized by the fragmentation of *Leibschema*, the valueception disorder, and the lack of the vital impulse. This shifting of attention towards the alterations of living body, set in motion some time ago in the phenomenological field, necessitates an update to clinical practice. If what has been claimed heretofore is true, it is indeed evident that a merely verbal approach to a disorder so radically involving the *Leib* is insufficient for a structural modification of the schizophrenic being. As has been highlighted, as a matter of fact, in the case of schizophrenia, "taking the role of the body seriously not only allows for theoretical clarification, but could have practical implications as well" (Fuchs, 2005, p. 333). Our clinical hypothesis is that by adopting an approach that is oriented to the body, phenomenological psychotherapy of schizophrenia can find new stimuli and innovative directions in research.
Above all, it is worthwhile to point out how body psychotherapy's point of view on schizophrenia comes close to the Schelerian phenomenological view adopted. In particular, the idea of the *Leibschema* fragmentation as the nucleus of the corporal Self alteration in schizophrenia appears to be confirmed with a better understanding of body psychotherapy:

> The schizophrenic is a fragmented person. His speech is fragmented; his movements are awkward and uncoordinated; his actions are impulsive and very often incomplete; his body is tense in one place and flaccid in others; [...] He is split on every level. It is this fact – that everything about him is in pieces – that is his unitary theme. His core struggles desperately against disintegration and just as desperately tries to put the pieces back together. (Kurtz & Prestera, 1984, p. 6)

It is interesting to note the agreement between different streams of body psychotherapy on schizophrenia, which appear to actually converge on the *Leibschema* fragmentation. For example, Lowen observes that the corporal structure of schizophrenic nature does not communicate a sense of cohesion (Lowen, 1958). Also, for Reich, in the case of schizophrenia, the organismic unity of the body is divided into many separate fragments (Reich, 1948). In general, for bodily-oriented psychotherapists, the body of the schizophrenic person appears to have gone through a division that separates the head from the entire rest of the body. This block, defined "cervical armour" (Reich, 1948; Boadella & Liss, 1986), makes impossible for a schizophrenic person to be mindful of the flow of bodily experience. Body psychotherapy's holistic viewpoint associates these alterations of the corporal structure to the disorder of thought, claiming that the fragmentation of the body's energy flow is also expressed in processes of fragmentation of thought (Boadella & Liss, 1986).

This convergence of views between phenomenology inspired by Scheler and body psychotherapy within the field of schizophrenia seem to achieve a fertile contamination if, however, we are aware of at least two important paradigmatic differences. The first, on an epistemological level, concerns the distance between the mechanistic model with a positivistic foundation of the fathers of body psychotherapy, and the phenomenological model, constructivist and intersubjective. The second, instead, regards the body that body psychotherapy and phenomenology deal with, which in the former case is the *Körper*, the body-object that emerges, for example, when talking about "corporal structure," whilst in the case of phenomenology, however, it is always the *Leib*, the body-subject, the living body of the patient standing before us in flesh and blood (*Leibhaftig*). Although the latter is, in some way, considered in its clinical practice, the conceptual structure of body psychotherapy does not appear to us to be equipped with that fundamental distinction between *Leib* and *Körper*, which makes phenomenology of corporeity the choice place for comprehension of schizophrenic alterations.

Bearing in mind these important differences, we believe it is possible to utilize corporal interventions in the context of a phenomenological psychotherapy, making the encounter between the flesh of the therapist and that of the patient very much the fundamental motor of therapeutic change. In this sense, the body-to-body encounter can be facilitated by corporal work aimed at making the schizophrenic's presence become more rooted in his own living body. The therapist can propose grounding experiences, guided amplification of breathing or bounding (work on body boundaries), in order to stabilise a sense of security, lacking in a schizophrenic's relationship with his own body. Corporal work carried out in an erect position proves to be particularly important: the sense of embodiment may be improved through contact with the ground and assuming some stress positions. Breathing work helps to focus attention on the flow of bodily experiences (*Erlebnisstrom*), while bounding favours the differentiation of the bodily self in contrast with the surrounding environment. In this way, some of the typical interventions of body psychotherapy, which in the case of schizophrenia is concentrated on the stabilization of corporal identity, can be interpreted and practiced in a phenomenological psychotherapy context.

It is also possible, however, to advance in the opposite direction, making a phenomenological

reflection the point of departure for the construction of corporal interventions. In the case of the schizophrenic, for example, with the aim of improving integrative capacities of the *Leibschema*, it could be helpful to carry out movements of global coordination, which involve the whole body in gestures and expressive actions, like in the case of dance therapy or some martial arts (Fuchs & Rohricht, 2017). In this way, the body is driven to develop a synthetic cohesion between the different cenesthetic and proprioceptive flows, and to interact with the environment as a cohesive form. Instead, for a work on valueception impairment, top-down interventions may prove to be very useful in order to stimulate the person to assume a position towards experiences, relationships, lived life events, and artistic or musical tastes, but also more simple preferences about food and places. The deeper the level of valueception impairment, the more the schizophrenic person will be unable to connote lived experiences. In this case, apparently banal questions like "what do you prefer?" or "do you like this or that?" can place the subject in difficulty, stimulating him to take his own position, which is always in some way a positioning of the body in relation to the world. Finally, from a clinical point of view, the lack of vital impulse is undoubtedly the level of alteration of bodily Self on which it is most difficult to work. As a matter of fact, in this case, it is necessary to face, in a schizophrenic subject, the terror he has with his vitality in order to reawaken, as much as possible, the vital flow that runs through his body. Some exercises of amplification of breathing or bodily stress, if carried out as shared explorations in the protected context of the psychotherapeutic setting, can allow the patient to feel fear and anguish that are in him connected to his embodied existence. In the latter case, work on awareness and sharing of emerging emotional experiences becomes the central point of the therapeutic work.

These are only brief mentions of clinical possibilities for an integration of a phenomenological psychotherapy with a body-oriented approach, which puts Scheler's intuitions into practice in the field of treating schizophrenic people. In order to adhere to a phenomenological foundation, however, it is appropriate to highlight some important points for the psychotherapist.

In the first place, the focus of the psychotherapy should be radically relational, in the sense that every therapeutic effort should be aimed at building and maintaining potential dialogue with the patient (Stanghellini, 2016). In this sense, a body-oriented approach will particularly concentrate on the non-verbal level, attempting to emanate an atmosphere of safety and acknowledgment, in which the therapist acts from an immobile position and a vicarious structure. In all periods when the patient experiences moments of Self-fragmentation and dissolution, the therapist should appear available for contact, in such a way that his own presence becomes a stable point of reference to anchor to. If we think of the experience of the world dismantling, typical of some phases of the schizophrenic disorder (e.g. *Wahnstimmung*), it is clear how the affective involvement of the therapist is fundamental in making it possible to anchor to the relationship, serving as "dialogical prosthesis" for the patient (Stanghellini & Lysaker, 2007).

Secondly, psychotherapy with a schizophrenic person – particularly if phenomenologically oriented and centred on the body – should stay in the here and now: "The aim of the therapeutic process is to help the person with schizophrenia re-establish the 'intentional arc' that connects him or her with the present context" (Stanghellini & Lysaker, 2007, p. 174). In this sense, also therapeutic work involving the body should concentrate on emerging sensations in the context of the *I-You* relationship, moment after moment, supporting the patient in building a shared narration of the corporal, relational, and emotional events that occur inside the setting. Rather than concentrating only on a verbal reconstruction, nevertheless, a body-oriented approach allows working directly on the pre-reflexive and implicit level of the *I-You* relationship, in a continual attempt to focus on the position of the

patient and the therapist. Encouraging the expression of bodily sensations and feelings helps to rebuild, in the immediateness of a present and available *You*, the uninterrupted dialogue between the Self and alterity, and with it the sense of identity cohesiveness (Stanghellini *et al.*, 2012; Stanghellini, 2016). The therapist, taking a position of phenomenological *epochè*, should portray an open and tolerant attitude in every communication, verbal and nonverbal, as well as towards rebuttals, which are often fundamental to patients for building their sense of identity.

The *I-You* therapeutic relationship, placed not only on a narrative level but on the pre-verbal level of communication, should be able to avoid getting snagged in the net of hyper-reflexivity, and therefore able to touch the living flesh of the schizophrenic alteration. The experience of an authentic relationship of sharing, beyond educating the patient on listening and on his body's integration, would provide the basis for an experience of affective resonance. Both because schizophrenic autism is a disinterested closure to the other and because it is aimed at avoiding the loss of self, this experience of emotional life sharing, placed in the protected context of the therapeutic setting, represents a radical innovation in the schizophrenic experience. More precisely, it constitutes the experience of a contact that does not go up in flames, a testimony to the possibility for connection.

7. Conclusion

Enucleating from Schelerian phenomenology the concepts of *Leibschema*, valueception, and vital impulse, reciprocally intertwined in world experience, we have thus laid a basis for a comprehension of the schizophrenic desynchronization that is placed on the living body level, even ahead of the verbal level. In particular, as we have seen, schizophrenic *Leibschema* appears to be characterized by a radical lack of cohesion, which makes it impossible to relate to the world as a stable identity. Valueception impairment, caused by contradictory embodied values coexisting in the same body, hinders the schizophrenic person from orienting in his environment in a harmonious manner and taking his own position. Finally, the lack of vital impulse manifests as a loss of that drive of movement and expression, typical of life. Consequently, a proposal of body-oriented phenomenological psychotherapy, rooted in expressive emotional sharing with biosemiotics of life, represents to us a valid clinical indication for gaining access to the nuclear alteration of the schizophrenic being-in-the-world that.

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OPERATIONALIZING DISEMBODIED INTERACTION: THE PERCEPTUAL CROSSING EXPERIMENT IN SCHIZOPHRENIA RESEARCH[1]

abstract

Embodied and phenomenological approaches to neuropsychiatry have proven to be promising for assessing social cognition and its impairments. Second-person neuroscience has demonstrated that the dynamics of social interaction make a difference when it comes to how people understand each other. This article presents the Perceptual Crossing Experiment (PCE) as a paradigm for studying real-time dyadic embodied interactions in the context of schizophrenia. We draw on the phenomenological concept of interbodily resonance (IR) and show how the PCE can be used to accurately model and assess IR. We then turn to disembodied interaction in schizophrenia and finally propose the PCE as a translational tool for systematically assessing the hindered IR that individuals with schizophrenia suffer from. We offer an experimental approach to phenomenology which could be informative for the development of more embodied interventions aiming to remedy the profoundly disrupted social life that patients with schizophrenia live with.

keywords

social interaction, perceptual crossing, schizophrenia, (inter)bodily resonance, embodied interaction

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1. Introduction

In recent years, the field of neuropsychiatry has pointed out the necessity to adopt tools capable of evaluating the bodily, situated, and interpersonal aspects of psychopathology (Froese *et al.*, 2020; Fuchs & Schlimme, 2009; Schilbach *et al.*, 2013). Some researchers have proposed that many, if not all, mental disorders entail disturbances of the social dimension, shown as difficulties to communicate with others, to make sense of what others do, and to adapt to the dynamics of social interactions present in everyday life (Fuchs, 2010; Schilbach, 2016; Vogeley, 2018). This shift away from methodological individualism has also incorporated phenomenological evaluations, in which assessments of qualitative aspects of patients' sensorimotor experiences and social surroundings are required to get a better understanding of psychopathology (Fuchs, 2007, 2019; Krueger, 2020; Krueger & Aiken, 2016; Myin-Germeys *et al.*, 2009).

This so-called second-person account of psychopathology takes the interaction between engaged individuals as the main phenomenon of interest (Fuchs, 2015a, 2015b; Ratcliffe, 2015; Schilbach, 2016; Vogeley, 2018). The interpersonal space of patients gains uttermost relevance for the prevention, diagnosis, treatment, and prognosis of mental disorders (Fuchs, 2019; Myin-Germeys *et al.*, 2016). Granted that mental disorders cannot be fully understood without looking at the interactive engagement between people, then an empirical framework also considering the interpersonal level is required.

Embodied approaches to social cognition have developed diverse experimental set-ups to assess the interaction dynamics present in any social encounter. The aim is to study real-time embodied interactions in such a way that the involved individuals feel engaged and take an *interactor* rather than a passive observer role (Auvray & Rohde, 2012; Schilbach *et al.*, 2013). Accordingly, social interaction has been actively researched in real-time dyadic situations such as gaze cueing tasks, structured conversations, psychotherapy sessions, emotional expression workshops, body-oriented psychotherapy, and movement improvisation tasks (Abney *et al.*, 2014; Galbusera *et al.*, 2018; Galbusera *et al.*, 2019; Michael *et al.*, 2015; Ramseyer & Tschacher, 2014; Schilbach *et al.*, 2013).

Although constrained, a dyadic model of interaction is already complex enough to study real-life situations like mother-baby coupling or therapist-client encounters (Montague *et al.*, 2002; Ramseyer & Tschacher, 2011; Trevarthen & Aitken, 2001). A dyadic setup allows quantitative and systematic research on manifold behavioral patterns, elicited by an encounter between two interacting subjects. The dyad becomes the unit of analysis, allowing the assessment of both *intra-* and *inter*-individual aspects brought forth during social interactions.

In this work, we primarily present and refer to the Perceptual Crossing Experiment (PCE),

an empirical paradigm capable of assessing real-time dyadic interactions in a systematic and ecologically valid way (Auvray *et al.*, 2009; Froese *et al.*, 2014; Froese *et al.*, 2020; Hermans *et al.*, 2020; Zapata-Fonseca *et al.*, 2018). After a thorough description of the PCE, we draw on the phenomenological concept of interbodily resonance (IR) (Fuchs & Koch, 2014) and show how it can be captured accurately by the paradigm. Accordingly, we propose an operationalization of IR into observable and testable variables. Afterward, we offer a brief account of schizophrenia as a disorder of embodied interaction, in which the subjective experience of body, time, and environment is altered, and IR therefore profoundly hindered. Finally, we suggest the implementation of the PCE to study disembodied interaction in people with schizophrenia, aiming to build a bridge between the phenomenology of social impairments and the experimental study of embodied social interaction.

2. The Perceptual Crossing Experiment

The Perceptual Crossing Experiment (PCE) is a two-person empirical setup that isolates the interactive aspect of the detection of sensorimotor contingencies (SMC). These can be understood as the sensorimotor affordances and responsive patterns that dynamically change depending on the own active exploration of an environment (Buhrmann *et al.*, 2013; O'Regan & Noe, 2001). Given its dyadic character, the PCE has also been proposed as a tool for assessing self-other SMC, (soSMC), that is, "*the know-how of the regular ways in which changes in others' movements depend on changes in one's movements*" (Froese *et al.*, 2020, p. 1).

Moreover, and despite its minimalist character, the PCE has already been used to investigate various features of dyadic interactions in different groups of people, including adolescents and patients with high-functioning autism (Auvray *et al.*, 2009; Barone *et al.*, 2020; Deschamps *et al.*, 2016; Froese *et al.*, 2014; Froese *et al.*, 2020; Hermans *et al.*, 2020; Zapata-Fonseca *et al.*, 2018). For instance, it has been shown that people suffering from autism were able to solve the task, namely, they could accurately detect the social contingencies. However, when looking at the movement patterns, they showed a significant difference in comparison to the control individuals: they moved rather repetitive and restrictive, likely spending more time on searching than on interacting (Zapata-Fonseca *et al.*, 2019; Zapata-Fonseca *et al.*, 2018).

In the PCE, pairs of physically separated participants can only engage with each other via a haptic human-computer interface (HCI) that reduces their embodied interaction to a minimum of horizontal left to right movement and haptic feedback. Participants are seated at separate desks so that they cannot see each other; the mutual auditory perception is also avoided as they wear noise-canceling headphones (Figure 1A). The task of the game is to move horizontally (left-right) within the unidimensional space and to mark those moments, in which an encounter with the partner has presumably occurred. They are told to help each other to achieve the goal of finding the other and establish an interaction.

Through the technological mediation, both participants are embodied as minimal avatars on an invisible line that wraps around after 600 units of space. Within the space, there are also distracting objects, namely a static and a moving one (see Figure 1B). Participants are to interact as embedded and embodied avatars by using their own HCI:

- They can move a trackball that controls the displacement of their avatar within the shared invisible space.
- And they can feel a vibration in the hand for as long as their avatar overlaps any of the other objects, that is, whenever a *perceptual crossing* occurs.

As shown in Figure 1B, each participant can encounter different kinds of objects within the virtual communal space. In total, three types of objects can be crossed with:

- A static one that is fixed at an arbitrary location.
- The other person's avatar, and
- A moving object that *shadows* the other person's avatar but at a constant distance.

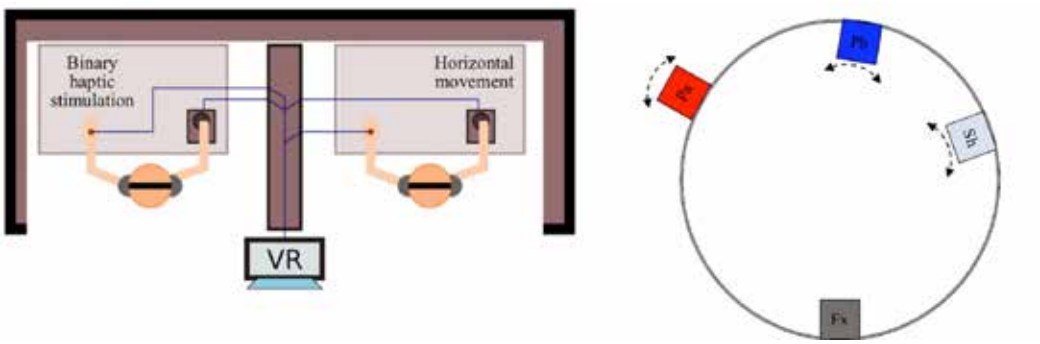

Figure 1. Perceptual Crossing Experiment. *(A) The physical setup: Participants interact exclusively via a Human-Computer Interface consisting of a trackball and a tactile stimulator (modified from Froese & Zapata-Fonseca, 2017). (B) The virtual setup: Participants are embodied as minimal avatars on an invisible one-dimensional circular space. Each participant can encounter three different objects: one located at a fixed position (dark grey square; Fx), another that corresponds to the participant's avatar (red or blue squares; Pa and Pb), and a shadow that moves exactly as the participant's avatar but at a constant distance of it (light gray square, Sh). For the sake of simplicity, (B) shows only the perspective of Pa.*

Only when both participants' avatars are crossing simultaneously, both participants are getting haptic feedback at the very same time.

Crucially, all three objects will elicit an on-off vibration if encountered. Figure 2 shows *perceptual crossings* that are to be distinguished only by the qualities they offer, *i.e.*, by their different possibilities for *(inter)*action, also known as affordances (Gibson, 1979). The static object would be at a certain point in space all the time, so it is inanimate: it does not move. On the contrary, the moving object is animate, but it is not reactive as it merely follows the other person's avatar at a constant distance; that is why this moving object is also called a shadow because even if it is crossed, the *owner* of such shadow will never feel any vibration, making

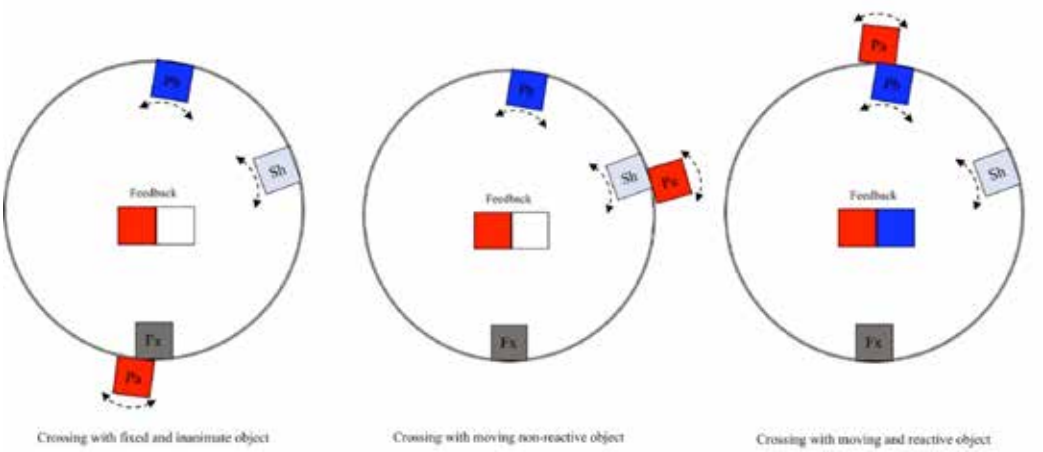

Figure 2. Different types of encounters in the Perceptual Crossing Experiment. *(A) and (B) are situations of one-directional coupling: Pa (red) interacts with two non-reactive objects, either inanimate (Fx) or animate (Sh); in this situations Pa (red) receives stimulation but Pb (blue) remains unaware of that and therefore no responsiveness to the former can be created. (C) shows a mutual encounter, defined as the overlap between participants' avatars (perceptual crossing); consequently, both Pa and Pb receive the tactile feedback simultaneously.*

reactivity impossible. So only the avatar of the other person can change its behavior and therefore be both animate and reactive according to the encountered contingencies.
The PCE as an experimental set-up fulfills various requirements needed to establish meaningful embodied interactions. Being affected by *crossings* (haptic sensation) triggers a bodily resonance at physiological and proprioceptive levels, for example, arousal and motor reflexes, as well as back and forth movements to *palpate* the different objects in the environment and finally be able to detect the presence of the other, which in turn influences the perception and evaluation of the affordances that are in the *landscape* (animate, inanimate, reactive and their combinations) and implies a corresponding action readiness at a behavioral level. Like in real life, the different affordances can only be detected through movement and by considering what those movements elicit: there is a need to move and create movements and therefore to establish a sensorimotor coupling between interactants.
Notice that the experience of the body, both as a physical object and as a lived subject, is fundamental for the PCE framework. Because of the immersion in a shared environment, the subject's body is detected by another participant, and at the same time, her body allows her to be embedded and actively present. The embodied subject can *palpate* and *be palpated*, so her actions are perceptions as well. It is only through such embodied duality that the interaction can be realized. Both recognizing one's own creation of movement patterns and detecting reactivity to them become crucial to succeed in the recognition of the presence of the other.
It is also necessary to develop a sensitivity to different sensorimotor patterns resulting from the ongoing interactions not only between participants but also with the distracting objects that are always present in the environment. Therefore, the interaction is co-constructed by the moving and the feeling of the two embodied subjects that are co-present both in time and space.
In sum, the PCE entails an active and bodily based interaction between two subjects, who are simultaneously engaged with the environment through dynamic sensorimotor couplings. Such description is fully compatible with that of IR as we will see in the next section.

3. Inter-bodily Resonance

Inter-bodily resonance (IR) consists of a dynamic intertwinement of *expressions* and *impressions* between two people (Fuchs & Koch, 2014). Both interpersonal and intrapersonal levels are described so that the internal and relational properties can be distinguished. Individuals are regarded as embodied subjects being actively engaged within the environment through dynamic sensorimotor cycles (see Figure 3, adapted from Fuchs & Koch (2014)). In enactive terms, they may be seen as brain-body-environment systems (Froese *et al.*, 2013) constantly changing their states and situated within a shared environment.
As shown in Figure 3, each subject experiences a relationship between perception and action, or *affection* and *e-motion*. If I can be affected, and literally *moved through my body* (intra-bodily resonance), then I am simultaneously capable to be reactive, showing emotional expressions, and making movements considering what the other embodied subject does (bodily feedback). Thus, a circular process unfolds over time, and participants become engaged interactors instead of detached observers (Fuchs & Koch, 2014).
In other words, IR comprises an ever-changing sensorimotor interpersonal system, in which one person's bodily activity (expression) turns into the other person's bodily perception (impression), and vice versa. Such interactive experience comprises the integration of time, the body, and the other:

- *Time* is captured by the fluctuating patterns of interaction within the environment and between embodied subjects. It is only through this dynamic character that cycles of sensorimotor patterns can unfold and become self-sustaining.
- The *Body* is depicted as a sensorimotor, resonant system that allows bodily expressions

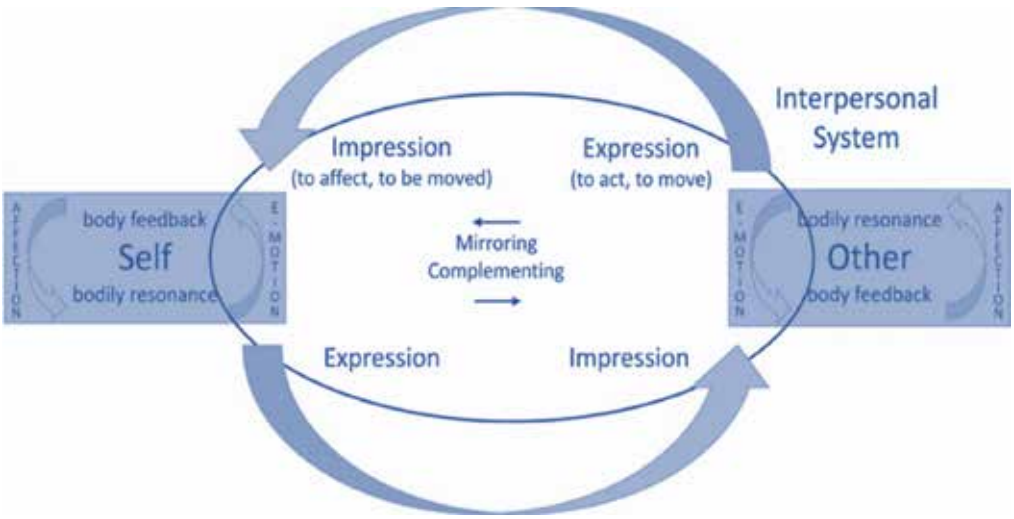

Figure 3. Illustration of the different components and interactive cycle of inter-bodily resonance. *Adapted from Fuchs & Koch (2014). Inter-bodily resonance is a dyadic interaction in real-time between two embodied subjects. Each individual is an intrapersonal system that through sensorimotor cycles is constantly related to itself and the environment.*

through movements, and bodily impressions leading to being affected and reactive. An action-perception loop is formed, in which to act is to perceive, and *vice versa* (Froese & Fuchs, 2012).

- The *Other* refers to the embodied subject with whom the interaction is taking place. A reciprocal intertwinement of bodily expressions and impressions allows the feeling of being connected (Fuchs, 2017). Even if the global perceptual field of each subject is a shared environment, a clear demarcation between *Self* and *Other* is always present.

IR thus comprises a fluctuating sensorimotor interpersonal system, in which embodied subjects can move and be moved. They can *express* themselves through *(e-)motions*, and at the same time get *impressions* from the other embodied subject, allowing bodily *affections* to arise (Fuchs & Koch, 2014). This time-dependent and shared situation permits a bidirectional communication, sustained by both intra-individual and dyadic sensorimotor cycles. The unit of analysis is shifted from the isolated individual to the dynamics and properties at the dyadic level.

3.1. Empirical definition of Inter-bodily resonance and its relation to the PCE

From a phenomenological point of view, the task of the PCE experiment includes the recognition of the other's presence within a shared space, in which participants are, through technological mediation, *literally connected* and can *feel each other*. They can enact meaningful sensorimotor loops, such as staying still after crossing with the other or moving back and forth to convey animacy. These allow them to eventually experience the presence of the other as a sense of embodied intersubjectivity.

Analogous to IR, we now present the integration of time, the body, and the other in the context of the PCE:

- *Time* is implied in the real-time interactions that evolve within and between trials. A flow of sensorimotor patterns that constitute the process of interaction, which will enable the finding and understanding between participants, is always present. Both individual and dyadic behaviors unfold over time.

- *The Body* with its movement is the means through which participants interact. The PCE interactions are based on hand movements and the corresponding vibrations such that a sensorimotor cycle enables the interaction. Only through regulation of this sensorimotor engagement, the required communicative and interactive patterns can be achieved.
- *The Other* must be recognized as such to succeed in the game. The technological mediation in the PCE allows participants to intermittently interact with each other and with the other objects. There is a shared world, in which dyadic coupling and mutual communication are possible.

During the PCE, participants have partial control of their perceptual field as they move. In a sense, the participants *are* their movements, and the co-regulation of their movements is the only way of succeeding at the task. The interactants can find each other through *to-and-fro* movements that increase the frequency of the vibrations that are being felt simultaneously by both (see Figure 2C). Eventually, this flexible and adaptive responsiveness indicates the presence of the other. The presence of one participant completes the perception that the other is (co-)creating to actually recognize her partner and therefore establish a complementary social interaction.

Thus, the PCE is a suitable tool for operationalizing IR as it focuses on the interactive process itself and can consider the co-constitution of mutual communication between embodied subjects whose sensorimotor loops are continuously being adapted, both at an intra- and interpersonal level. *Table 1* shows the defined variables measured by the PCE and their corresponding phenomenological terms.

Furthermore, the dynamics taking place during everyday dyadic encounters resemble what happens during interactions in the PCE (Froese & Zapata-Fonseca, 2017). Both in everyday social interactions and during the PCE there is a modulation of the interaction within the dyad. While being constrained by the respective perceptual field, the interaction does not occur between isolated individuals, for the other is always part of the field as well (Fuchs, 2019). Following this second-person methodology, we turn now to the case of schizophrenia as a disorder, in which impaired and disembodied interaction prevails. Schizophrenia can be considered as a social impairment when focusing on the diminished sense of interbodily resonance and on the difficulties that patients have when trying to make sense of the environment and interactions with other people.

4. Disembodied interaction in schizophrenia

According to phenomenological psychopathology, patients with schizophrenia show disturbances in their embodiment, that is, the otherwise fluid oscillation between the modes of the body-as-subject and the body-as-object is disrupted, if not lost (Fuchs, 2010). The related alterations include impaired awareness of oneself or one's own body, a discontinuity of action-perception cycles of everyday performance, and impairment of intercorporeality with other people (Fuchs & Röhricht, 2017; Sass & Parnas, 2003).

The weakened sense of bodily self is manifested as a loss of vital contact with oneself and reality (Minkowski, 1970), sometimes described by patients as being detached from others, "*surrounded by invisible walls*" and feeling foreign to the world (Fuchs & Röhricht, 2017, p. 130). Additionally, there is existential insecurity, in which the own body, the own self, and the environment feel unfamiliar, and *"things can no longer be taken for granted"* (Fuchs & Röhricht, 2017, p. 131).

Patients with schizophrenia also suffer from a loss of sensorimotor coherence. This means a disintegration of automatic, fluid performance: everyday activities such as gait or lacing the shoes may become impaired or fragmented, often requiring deliberate movements and hyperreflective attention like a *"Cartesian action of the mind on the body"*. An example was

Variable	**Definition**	**Phenomenological Correlate**
Movement profile	Quantitative (Zapata-Fonseca *et al.*, 2019): • Mean velocity • Variability of velocity (standard deviation) • Number of changes in direction Qualitative: • Self-report of the employed movements	Sense of bodily agency: Recognition of the own actions as such and acknowledgment of its effects on the environment. Motion flow: Integration of individual movements into meaningful behavior.
Individual performance	Quantitative (Froese *et al.*, 2020): • Number of correctly detected encounters (accuracy of clicks) • Perceptual Awareness Scale (PAS) Qualitative: • Self-report of the experience of the presence of the other	soSMC: Detection of the presence of the other, *i.e.*, the "*know-how of the regular ways in which changes in others' movements depend on changes in one's movements*" (Froese *et al.*, 2020, p. 1).
Learning effect	Quantitative (Froese *et al.*, 2020): • Changes in individual performance across trials (see variables above) Qualitative: • Self-report of the development of strategies	Transparency and degree of incorporation: Acquisition of a skill (dyadic interaction in the PCE) through sensorimotor mastery (Andrada, 2020). The focus of attention changes across trials. Initially, it is on how the device works. Afterward, it shifts towards the sensorimotor patterns and the interaction itself.
Interpersonal sensorimotor matching (dyadic)	Quantitative: (Hermans *et al.*, 2020; Kojima *et al.*, 2017; Zapata-Fonseca *et al.*, 2016) • Amount of seconds spent together • Adaptation of movement profiles • Self-designed rapport questionnaire Qualitative: • Self-report of collaborativeness	Embodied (inter)affectivity: *"two cycles of embodied affectivity become intertwined, thus continuously modifying each partner's affective affordances and resonance"*(Fuchs & Koch, 2014, p. 9).

Table 1. Measured variables with the PCE. *The qualitative variables are obtained by implementing a semi-structured interview after participants finish a round of 10 or more trials. soSMC: Self-other sensorimotor contingencies.*

described by a patient as *"I could not perform any movement without having to think about how would I do it"* (Fuchs & Röhricht, 2017, pp. 131,132; Sass & Parnas, 2003). A reduced capability to recognize familiar motor or sensory patterns ensues: single elements of the perceptual field stand out separately (Fuchs, 2019) and the *hypersalient* details become an overwhelming source of information that hinders tacit motor processes. As a result, the perception of the world is no longer transparent but opaque (Froese *et al.*, 2013), and reacting to it becomes increasingly difficult.

Of special relevance for the present work is the dysfunctional intercorporeality that manifests itself as a reduced interbodily resonance and a *"fundamental alienation of intersubjectivity"* (Fuchs & Röhricht, 2017, p. 133). Patients start to feel isolated and detached from the world, and one's own as well as the behavior of others come to be observed from a distant or third person point of view instead of being based on second-person embodied interactions. There is a severely disrupted *"basic sense of being-with-others in a shared life-world"* (Fuchs & Röhricht, 2017, p. 133; Sass & Parnas, 2003).
Such weakened embodied communication and lack of social resonance might be shown as impaired performance in detecting soSMC and difficulties for establishing an interpersonal matching during a real-time interaction (see Table 1 for details on the variables). Therefore, we propose the implementation of the PCE for schizophrenia research.

4.1. Disembodied interaction in the PCE

So far, we have argued that the PCE is an empirical set-up that enables us to quantify parts of the complex process of inter-bodily resonance. The PCE allows the assessment of social interaction including a sense of embodiment grounded in sensorimotor loops, as well as a sense of bodily agency in the form of responsiveness to the different affordances offered within a shared space. Both embodied subjects can initiate and control their own actions, while always remaining in contact with their bodies thanks to the human-computer interface (HCI) (Braun *et al.*, 2018; Tsakiris *et al.*, 2007). Additionally, the technologically mediated environment leads people to rely on the interaction itself from the very beginning of the trials, which corresponds to a second-person approach to psychopathology.
It is worth recalling the crucial role of bidirectional interactions and the adaptation to affordances in the PCE: they become the only way for efficiently distinguishing between the objects presented to the players. Once a trial begins, the environment turns into a dynamic one, in which different sensorimotor contingencies exist so that participants need to develop a perceptual knowledge about the available affordances for interaction and eventually reach an understanding of the sociality that is taking place.
In other words, the PCE relies on sensorimotor interactions that are influenced by adaptive coordination and imply time dependency, both at individual and dyadic levels of description. To be successful in the task, participants must make sense of each other and achieve a co-regulation between their patterns of movement. It is precisely this kind of adaptive behavior during real-time embodied interactions that is compromised in patients with schizophrenia.
To implement the PCE in the context of schizophrenia, it becomes crucial to operationalize disembodied interaction. Accordingly, we consider the following variable categories:
1) the sense of bodily agency (SBA), 2) the accuracy on detecting self-other sensorimotor contingencies (soSMC), and 3) interpersonal sensorimotor matching (ISM).

1) The SBA can be derived from the movement profile (MP) variable shown in Table 1. In the PCE it is possible to look at the active or passive character of the participants' movements (Kojima *et al.*, 2017). If a disturbance of agency is present, rather less and slow movement patterns would prevail (lower mean velocity and diminished variability of it – quantitative aspects of MP). If the individual is capable of initiating purposeful movements and acknowledges them as being created by herself (the qualitative aspect of MP), then it can be said that the agency is preserved.
2) The accuracy of detecting soSMC can be inferred from the amount of correctly assigned clicks and its subjective correlates (shown in Table 1 as individual performance). The animate and reactive object (the partner's avatar) is the only one capable of explicitly signalizing that one's own actions are indeed causing *impressions* and *expressions* in the partner. However, there might be a sense of ambiguity when crossing the static object because it is not the active movement (*expression*) that is causing the *impression*, but

rather a mere location in certain spatial coordinates (Di Paolo *et al.*, 2008). Therefore, accurate detection of soSMC requires not only sensitivity from a passive standpoint but also an active engagement to distinguish between reactive and non-reactive objects.

3) A diminished sensorimotor coupling (a proxy of sensorimotor coherence) might be observable as a predilection either for overstimulation (crossing with as many objects as possible) or for avoiding behavior (minimizing the activation of the haptic feedback). Additionally, a dysfunctional asymmetry between the MP of the dyad could be indicative of a lacking integration of sensorimotor loops measured by the dyadic variable ISM, mentioned in Table 1. The type of movements in terms of exploration or interaction, as well as the adaptive range of such movements (movement profile in Table 1), seem to be appropriate variables to propose potential socio-motor signatures that could resemble the disembodied interaction present in schizophrenia (Zapata-Fonseca *et al.*, 2019).

Importantly, these PCE variables should not be understood as having additive effects. That is, the disembodied interaction in schizophrenia can be manifested in different ways and at different levels. It is only through statistical hierarchical modeling, as suggested in Froese *et al.* (2020), that an integration of the variables and the respective interpretation is possible. Because the PCE focuses on the exploration of *prereflective* relational aspects of social interaction, *theorizing* or *mind-reading* are far from being useful for establishing a meaningful and embodied interaction. Given that people with schizophrenia frequently suffer from *hyperreflexivity*, it is expected that they might adopt such an observer's perspective. This detachment might also trigger difficulties for the other embodied subject involved in the interaction. For instance, a patient's behavioral movement might resemble static or animate nonreactive objects (the so-called shadows), which are characterized by absent responsiveness. As rather passive subjects, patients with schizophrenia might project a reduced vitality, hindering the detection of soSMC by the interactive partner. Furthermore, patients with schizophrenia might need more time and rounds to get familiar with the task in comparison with controls. For to successfully solve the task a certain level of intuitive behavior is required and it is precisely this implicit learning that is disrupted leading to hyperreflexivity.

As a complement to the discussed objective variables, a hybrid assessment of behavioral variables and phenomenological descriptions of the interaction is warranted. The inclusion of qualitative questionnaires about the interactants' experience of *being-with-the-other* has shown to be very useful already. For instance, an integrative analysis of both quantitative and qualitative variables of the PCE was recently conducted, and it was found that "*a clearer perception of the other was not associated with correctness of recognition as such, but with both participants correctly recognizing each other"* (Froese *et al.*, 2020, p. 1).

Finally, given the embodied foundation of the PCE, as well as its engaging and dynamic character, it is possible to research a learning effect through repeated sessions of embodied interactions (Froese *et al.*, 2020; Hermans *et al.*, 2020). Such property could provide insights on how training of minimal embodied dyadic interaction might eventually have a countereffect on or even change the disembodiment suffered by patients with schizophrenia, analogous to well-established body-related interventions (Daly & Gallagher, 2019; Hildebrandt *et al.*, 2016; Martin *et al.*, 2016; Mastrominico *et al.*, 2018). It has been acknowledged that *"intercorporeality may serve as a remedy for the disembodiment in schizophrenia"* (Fuchs & Röhricht, 2017, p. 138). This would be in line with the TESIS study, a randomized controlled trial of embodied group therapy in patients with schizophrenia and autism, which showed that shared body sensitivity training and interaction could improve in particular flat affect, but also other negative symptoms (Martin *et al.*, 2016).

5. Summary

In the present article, we endorsed an embodied and phenomenological approach to psychopathology: mental disorders are understood as different modes of *being-in-the-world*, instead of mere brain disorders (Fuchs, 2007). Thus, we have drawn special attention to the bodily actions and the social dimension of human beings. By considering schizophrenia as a disorder of embodied interaction, we aimed to build a bridge between embodied cognitive sciences and phenomenological psychopathology.

Accordingly, we presented the Perceptual Crossing Experiment (PCE) as a sound paradigm to systematically study dyadic embodied interactions in real-time. We then introduced the theoretical notion of inter-bodily resonance and aimed to operationalize it in terms of the PCE. Based on these theoretical and empirical concepts, we showed how the PCE can capture the subjective experience of one's own body, the temporal context, and the relation to the other. Because of the inherent complexity of sociality, a minimal embodied cognition setup like the PCE yields the opportunity to consider both the individual phenomenology and the multi-scale dynamics that occur between individuals in a manageable experiment.

Consequently, we proposed the implementation of the PCE to study schizophrenia, aiming at a better understanding of the difficulties that schizophrenic patients face every day in the interactions with others. Frequently they experience these interactions as a burden, leading them to withdraw from the social world. Already in 1911 Bleuler introduced the term schizophrenic autism defining it as a detachment from the outer world associated with a predominance of an inner life (Bleuler, 1958). More recently, schizophrenic autism has been defined as a "disturbance of the *prereflective selfworld relation*" (Henriksen *et al.*, 2010, p. 365). Given that the PCE evaluates the *prereflective* relational aspects of social interaction and the fact that it is indeed sensitive to the modes of interaction deployed by patients with autism, it renders then plausible to observe disruptions in the movement trajectories of patients with schizophrenia as well.

The goal of applying the PCE to the study of schizophrenia is to provide a more naturalistic assessment of the disorder in its social context, grounded on the crucial role of embodied interactions. Moreover, the PCE offers a temporal resolution to deal with processes happening at pre-reflective levels, otherwise elusive to quantitative research. This contribution is expected to provide both embodied cognitive sciences and phenomenological psychopathology with a valuable tool for an integrative assessment of schizophrenia and the disorder of intersubjectivity.

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(INTER)CORPOREALITY AND TEMPORALITY IN MUSIC THERAPY. A PHENOMENOLOGICAL STUDY[1]

abstract

What does it mean "playing music together"? Is this action guided by cognitive or pre-inferential skills? The aim of this paper is to unveil the different components that are implied in a collective action such as "playing music together". The idea which will be supported is that embodiment *and* temporality *are the main important structures that guide the subject. In the first part, we will emphasize the centrality of corporeality in the development of self-awareness and intercorporeal understanding. In particular, drawing on Merleau-Ponty's work, we will argue that the cognitive layer of our consciousness and the pre-inferential one are simply the product of our being embodied. Another central structure for the development of selfhood and intersubjectivity is* temporality*: as we will show, our selfhood and our attunement with the world can be also described in terms of rhythm, whereby implicit body memory allows for the sedimentation of habits, and synchrony, when my bodily and temporalized self is able to automatically tune in with others. In the second part, we will show how these components are at stake in an action like "playing music together": attending music therapy sessions with patients who suffer indeed from an (inter)corporeal detachment allowed us to observe the centrality of those components described in the first part of our work, that is, to show how pre-reflective features (such as implicit body memory, intercorporeality, rhythm and synchrony) are necessary for the development of higher social (and cognitive) abilities.In fact, first person reports collected through a qualitative interview applied to patients allow to support the priority of the pre-reflective, affective and (inter)bodily components over the reflective ones.*

keywords

intercorporeality, bodily selves, temporality, qualitative interview, music therapy

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1. From Corporeality To Intercorporeality

1.1. The Embodied Self

Although the philosophical landscape is not always in agreement about the presence of a "philosophy of the body" in Husserl,[1] the presence Maurice Merleau-Ponty's[2] theoretical knot of corporeality is doubtless.

In his thought, the body assumes a marked *ontological* value. In fact, the lived body, according to the French phenomenologist, is distinguished from all other things in the world thanks to precise features, which can be summarized as follows:

- It belongs to a first-person perspective, and, in turn, allows the individual to have a perspective of the world, being a specific "here and now";
- It forms a whole with the consciousness, which, despite the dominant philosophical traditions, then finds itself being essentially embodied;
- It is the means by which we stand out from others and from objects, and it can be said that it is thanks to the body that we affirm ourselves as unique individuals;
- It is in an intentional relationship with the world: the relationship between subject and world does not consist in mere mechanical relationships; rather, the subject, understood as a living body, moves towards what is different from him, through an ontological opening thanks to which we can say that the body has intentionality;
- It can be defined as an "I can", i.e. as a set of potentialities through which the subject perceives and enjoys its relationship with the world.

Being a living subject (a *Leib*) presupposes a body moving and orienting itself in space not just through one of its senses (such as touch or view), but with the totality of its being. This happens because each part of the body is involved in the other to form an integral and complex experience. Thanks to bodily schema (Gallagher, 1986), the subject can provide a significant structure not only to present and real situations, but also to those that are merely possible: it is for this reason that the self is not only bodily determined, but it seems to be an "I can". The body movement of the subject cannot be explained through causal and physiological reactions, or by the intentionality of the act, which is the representative activity of a pure I.[3]

1 For an in-depth discussion, see, for instance, Carman, 1999; Taipale, 2009; Trizio, 2012.

2 For reasons of space, we will focus only on Merleau-Ponty's contribution. Nonetheless, we are aware that an emphasis on the role of embodiment can be found not only in the phenomenological field (e.g. in Fuchs, 2009; Gallagher, 2005), but also within the cognitive sciences, which boast numerous enactive theories and which are increasingly moving towards the so-called 4E cognition (see: Thompson & Varela, 2001; Thompson, 2005).

3 Interestingly, these statements from Merleau-Ponty were subsequently used for empirical experiments designed by

Corporeal activity is a way of understanding that not only precedes rational thematizing, but is the ground for theoretical judgements: Merleau-Ponty aims to emphasize the ontological centrality of the body as antecedent to any representation, including the distinction between *res cogitans* and *res extensa*.

1.2.The Self and the Incorporation of a Tool

But to what extent does the body define the boundaries of the self ? Or, in other words, does our bodily self correspond to our biological body or is it something that can be extended beyond it?

We can observe how learning a new habit changes the corporeal schema, and accordingly, the self: "The body is our general means of having a world. Sometimes it restricts itself to gestures necessary for the conservation of life, and correlatively it posits a biological world around us. Sometimes, playing upon these first gestures and passing from their literal to their figurative sense, it brings forth a new core of signification through them – this is the case of new motor habits, such as dance. And finally, sometimes the signification aimed at cannot be reached by the natural means of the body. We must, then, construct an instrument, and the body projects a cultural world around itself" (Merleau-Ponty, 2012, pp. 147-148). The body is thus revealed as the means by which consciousness inhabits the world, and without which the subject could not exist: subjectivity and corporeality are thus configured as two elements that refer to each other, forming a single ontological entity.

This is clearly described in *Phenomenology of Perception* by the famous example of the blind man and his cane: "The blind man's cane has ceased to be an object for him, it is no longer perceived for itself; rather, the cane's furthest point is transformed into a sensitive zone, it increases the scope and the radius of the act of touching and has become analogous to a gaze" (Merleau-Ponty, 2012, p. 144). Our embodied existence comprises two main aspects: the habit body and the body at that moment. The latter refers to our immediate experience, in which the body plays a fundamental role but which, however, does not involve the totality of existence. It is, in fact, the habit body that takes on this value, being the persistent element at the basis of our personal existence and representing that structure thanks to which we are able to relate to the world and understand the potential it offers us.

At this point, it seems therefore conceivable and licit to extend the self through the incorporation of instruments: what matters for the purposes of defining the subject are not so much its merely biological characteristics, but rather the capacity that its habit body has to structure its experiences in a prereflective manner, through an intentionality constantly directed towards the world and the perception of its own potential for action (the Gibsonian *affordances*).

The phenomenological approach therefore implies that the mind cannot be separated from an actual involvement with the world, or, in other words, that the neurobiological layer (or the "pre-phenomenal" one) is inextricably linked to the "phenomenal", lived layer of consciousness.[4] From this perspective, then, body, cognition and consciousness constitute a whole, and learning a new habit (by incorporating, for example, an external tool) implies something other than a mere intellectual effort.

neuroscientists (for instance, Goodale & Milner, 1992) who have demonstrated the truth of the French philosopher's thesis. Analyzing clinical cases similar to that of Schneider, these scientists agreed that there is a sort of body awareness through which we act and by which we relate to objects: the reference to motor intentionality is explicit.

4 For the distinction between the pre-phenomenal, trans-phenomenal and phenomenal layers see Stanghellini, 2006, for the intertwinement between the brain and the lived consciousness see Fuchs, 2018.

1.3. Intercorporeality[5]

In *Phenomenology of Perception,* the intended perceptual structure of bodily experience leads Merleau-Ponty to consider perception as being in direct contact with the world and other subjects. In fact, the French phenomenologist conceives the body as a connective element between subject and world. Based on this assumption, the conception of other beings becomes problematic: it is necessary to understand the possibility of conceiving other beings as more than mere projections of ourselves. In order to overcome this problem of the correlation between two discrete entities (egos in this case), Merleau-Ponty firstly formulates a proper phenomenology of the body and then applies it to the idea of intercorporeality.
It is important to notice that he discusses the problem of other egos within the framework of child psychology and pedagogy at the beginning of the fifties (Merleau-Ponty, 2010). In considering how children develop the experience of the other, Merleau-Ponty criticizes the idea that we are merely inferring the existence of other egos through analogy – we are assuming the existence of otherness from our own existence.
It is not that I perceive my own body and its perceptual functions and then, in a second moment, I am attributing all these functions to others. Rather, all my senses are communicating as our body is communicating with other bodies in an "intentional encroachment".
To put it in other words, Merleau-Ponty is not analyzing how it is possible for a consciousness to consider another ego by analogy. Rather, Merleau-Ponty is stressing how consciousness of different individuals appear from this bodily – and intersubjective – structure named intercorporeality that relies on the idea of reversibility. For Merleau-Ponty, the reversibility of the body (its being a perceiving and a perceived body) "...overturns our idea of the thing and the world, and that results in an ontological rehabilitation of the sensible" (Merleau-Ponty, 1964, pp. 166-167). Body is not a mere thing, but in virtue of its reversibility, is a perceiving thing.
In order to obtain an operative intentionality, proper to our pre-reflective dimension of embodied subject, it is not sufficient to explain the role of bodily experience, but also to explicate the link between corporeality and the sensible aspects of the world. In order to integrate the sensible within the operative intentionality, Merleau-Ponty considers all the explorative aspects of the perceptive and bodily experience of things (the perceptive course). As Merleau-Ponty puts it: "...it is the transition that as a carnal subject I effect from one phase of movement to another" (Merleau-Ponty, 1964, p. 167). Perception has a correlative function because the correlation between perceiving subject and perceived things is mirrored in the perceptual experience that we have of other beings: We constitute ourselves through others and other things. Without the explorative function of perception, the experience of other beings would be impossible.

In this context, Merleau-Ponty introduces the idea of intercorporeality in connection with the problem of otherness; the body as a perceiving thing is prepared for 'understanding that there are other *animalia* and possibly other men' (Merleau-Ponty, 1964, p. 168). However, in virtue of the idea of a sensible interconnection between beings the experience of other beings should not be understood in terms of introjection or analogy but rather from an aesthesiological perspective. In considering this aesthesiological – and carnal – intersubjectivity, Merleau-Ponty formulates the idea of intercorporeality:

> The reason why I have evidence of the other man's being-there when I shake his hand is that his hand is substituted for my left hand, and my body annexes the body of another

5 This section in taken from Guareschi, 2018, where the concept of intercorporeality is extensively covered.

> person in that "sort of reflection" it is paradoxically the seat of. My two hands "coexist" or are "compresent" because they are only one single body's hand. The other person appears through an extension of that compresence; he and I are like organs of one single intercorporeality. (Merleau-Ponty, 1964, p. 168)[6]

We can describe therefore intercorporeality as the pre-reflective ground for the shared and intersubjective dimension.
Within this interconnected experience, it becomes possible for different beings to interact communicatively because intercorporeality guarantees an interconnection between the carnal relationship of bodies and the conscious and communicative activities of beings.

2. Temporality in corporeality and intercorporeality

Embodiment is linked to another fundamental structure: temporality. Their connection can be described in terms of a necessary and multilayered intertwining of the one with the other (Fuchs, 2020): we can claim that *not only the body is temporal, but also it constitutes time.*

2.1. Rhythm

The role of body and time is visible already in the development of self, that we can describe in terms of *rhythm* : a pattern of temporal intervals with specific and quantifiable relationships between them. In the development of the selfhood, rhythm plays a central function. We can argue that body and brain are rhythmically coordinated through the processes of interoception and proprioception (see also Fuchs, 2018) that result in a homeodynamic regulation and to a basic bodily sense of self.
Within this basic notion we can identify the following layers (Fuchs, 2020):

1) *Pre-reflective internal time consciousness,* which is primarily given by the *rhythmicity of the body* (for instance, the rhythm that we can observe in basic vital processes like heartbeat) and by *cyclical* drives and needs (conation) that guide subject's dispositions (also influencing his future). In the development of selfhood, rhythm plays a central function.
2) *Implicit body memory,* composed of sedimented capacities and habits that allow the subject to project himself in the world according to his own capabilities;
3) *Autobiographical, existential temporality*. At this level, the subject has a reflective awareness of himself. At this point, he owns not only a diachronic coherence of a basic bodily self but also a history, a qualitative identity: he recognizes himself as a specific, unique person whose individuality persists across time. In this perspective, the time is linear, and the subject is able to reflect upon his awareness as a whole and to recognize himself as a finite and vulnerable creature.

2.2. Synchrony

Like self-awareness, also *intercorporeal awareness* owns a temporal, embodied dimension, that can be described in terms of *synchrony* (or synchronized rhythm with an external being, see Fuchs, 2018) and corresponds to a sort of bodily alignment that, in phenomenological terms,

6 Flesh as correlation is intended as a system of articulation of different beings and things; these elements share the same thickness of the sensible in virtue of their bodily dimension. In using the expression "organs of one single intercorporeality", Merleau-Ponty is expressing the idea that this co-presence is literally carnal. The intercorporeality that characterizes this experiential situation does not imply a mere presence of different discrete entities, but rather an articulation of entities that share a general carnality. At this stage, we know that the flesh has a character of generality, all organic and inorganic objects and beings have a carnal presence. The idea of the flesh is the starting point for the phenomenological reflection, this carnality – in its intersubjective dimension – is what allows the constitution of the world and beings (human or animal).

we define as "intercorporeality". More specifically, concerning this intersubjective level, we have two manners of sharing temporal experiences:

- *Pre-reflective, implicit synchronization* with joint passive exposure (Searle, 1995), where we can register an emphasis on the protentional horizon (and improvised movements). Here we usually have a spontaneous coordination between individuals who have no plans to perform actions together.
- *Reflective, explicit synchronization* with a joint action plan (Tomasello, 2014), where the emphasis is on retentional horizon (habitualised movements). Here we can register a sort of rhythmic alignment, a *cooperation* that can be planned as voluntary: individuals share a goal and program their actions in order to achieve it (so they are provided with mutual predictability).

The capacity of the subject to move in the world and to be capable of being and acting with the others seems therefore to be a matter of an embodied and temporal *musicality* that characterizes each level of personal development.

The link between embodiment and temporality allows us to describe the self as *an embodied and temporally developing center of intentional life* (Heinämaa, forthcoming), a being provided with an internal and an external musicality. How to restore this kind of attitude in those subjectivities who suffer from a strong detachment from their own selves and the intersubjective engagement? In the next section, we will analyze these features (corporeality and intercorporeality, the link with external tools; implicit bodily memory; rhythm and synchrony) in a specific context: a collective action like "playing music together".

We underline the prereflective dimension of living shared experience, and we claim its meaningful role in music practice and therapy. The sensible layer of this intercorporeal experience seems in fact to enact two key features of music practice: rhythm and synchrony. Our aim is therefore to apply the concepts of embodied self and intercorporeality to music therapy, especially in the case of people who suffer mental disorders interact with each other. This case study will be helpful to argue for the centrality of pre-inferential and bodily features, and to emphasize the role played by embodiment and temporality in the development of selfhood and social understanding.

3. Corporeality and Intercorporeality at work: a Qualitative Study

3. 1. Background: Psychopathology and Music Therapy

We can practically observe the result of this embodied perspective in the analyses of certain psychopathologies, 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 (see also Bizzari, 2018). Movement-based therapies, dance therapies, and music therapy can be considered good ways to elicit and strengthen intercorporeal awareness, and accordingly, motor and cognitive skills. For instance, according to Pavlicevic, Ansdell, Proctor & Hickey (2009, cited in Dimitriadis & Smeijster, 2011), "...music therapy is a developmental, musical and interpersonal process which can contribute to the social and emotional integration of a person with ASD" (p. 109). Elefant, Gold & Wigram (2010) suggest that the process of musical improvisation, because of its association with non-verbal language, may help people with autism spectrum disorder to develop and improve their capacity for social interaction and communication skills. Musical improvisation, therefore, enables people with limited or non-verbal communication skills to interact and engage on a more emotional level. Furthermore, music therapy is helpful to create what Krueger called "we-space": "...an emotion-rich coordinative space dynamically structured via the ongoing engagement of social agents" (Krueger, 2011, p. 644).

The phenomenologically-informed interview we developed seems to shed light on the importance of *embodiment* and *temporality* and on the different roles they have in a complex

action like "playing music together". The specific method involved in the lab we attended is the Nardoff Robbins, which consists on a setting based on three moments:

a) matching: to tune in with the client's initial rhythm;

b) pacing: to let her/him improvise;

c) leading: to let her/him follow and freely participate at the joint musical performance.

Without any background in music theory or practice, attendants were actively involved in both duo and group performances during the same sessions. We participated actively, and the therapist recorded the sessions in order to use their audio tracks during the interviews.

3.2. A Qualitative Interview for the Analysis of Joint Actions

3.2.1. Target population

Our interview is directed to people affected by those mental disorders (such as schizophrenia, depression, autism spectrum disorder) which involve problems in corporeality and intercorporeality. We found it interesting to focus on people who actively attend music therapy labs since, in this case, we can also observe potential changes and improvements in self/other awareness, and, in particular, the link between self and intersubjective awareness. We interviewed 15 patients who suffer from different psychopathologies (10 schizophrenic and 5 depressed).

Nonetheless, the most important pathology we would like to take into account is schizophrenia – a disorder where the split between the self and the collectivity is dramatic. This disorder seems to be very suitable to our investigation, as it can involve subjects with a normal cognitive, representational activity, while they are severely impaired in domains like self-awareness and intersubjective understanding. The analysis of schizophrenia can thus be helpful in clarifying how these domains work and to what extent pre-reflective structures and reflective abilities are important and intertwined with one another.

Concerning our attention towards embodiment, schizophrenia can fruitfully illuminate the importance of our being a living body. In fact, in schizophrenia we can register a disruption of the embodied self, which implies the impairment of self-awareness, but also the loss of social attunement:[7] others become merely 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 detached from the world.

We also interviewed depressed patients: also in this case we are facing a pathology where we can observe a form of alienation from the interpersonal and intercorporeal world.

The depressed patient not only feels that nobody can understand them but is also unable to understand others. There is a break in the relational and intentional attunement with the world. Especially in melancholic depression, the body loses its fluidity, becoming heavy and solid, further inhibiting the realization of the subject's intentions. These disturbances of embodiment comprise different but intertwined dimensions (Doerr Zegers *et al.*, 2017):

1) *The embodied self.* The alteration of the subject's relationship with his own body;
2) *The embodied intentionality.* The alteration of the relationship of the subject with the world; in other words, the alteration of the patient's embodied affective intentionality.
3) *The embodied time.* The alteration of biological (and existential) rhythms.

Taking into account the phenomenological differences between these pathologies, the thesis we would like provide evidence for is: *a disruption of our pre-reflective, embodied structures may be responsible for the impairments of intersubjective skills.*

7 The phenomenon of social attunement implies the capacity to establish emotional and reciprocal relationships with others, and the ability to understand immediately and intuitively others' mental states as similar to one's own.

Our *inclusion criteria* are:

- Diagnosis: patients with psychosis (with a special attention to people affected by schizophrenia);
- Patient or legal tutor's consent;
- Minimum age: 18; maximum: 70;
- Sex: male/female;
- Patients participating in collective group of music therapy with continuity (users must have attended a minimum of two seats).

The *exclusion criteria* concern brain injuries, intellectual and developmental disabilities , and neurodegenerative disorders, which would inhibit the cognitive abilities of the subjects. More explicitly, we exclude patients with severe mental disabilities (for parameters see DSM V) since they would not be able to verbally communicate answers.

3.2.2. The test: Items and Scoring

Our test is a semi-structured[8] interview that, by stimulating the subject through music pieces and appropriate questions about the relationship between individual and group, tries to explore subjectivity in a relatively direct manner though examining subjects' experience of embodiment and temporality evidenced by their thoughts, feelings or beliefs.
We conduct the interviews in the environment where the subjects normally perform music therapy to provide a familiar environment where respondents feel at ease. To account for the general idea of the life world of the patient, and facilitate a gestaltic analysis of their experiences, we start with an interview about their social history. Then, we focus on the specific items we identified, which are at the center of our analysis. After answering the questions, the subject is elicited to motivate her/his answers, in a direct, semi-structured dialogue. Prioritizing reciprocity, it may happen that the subject drives our questions, as well as our questions be adapted to subject statements. More specifically, the test is designed to investigate the data experienced by the respondent during the practice of music therapy. Starting from pieces taken from songs used within the sessions (that we divided in improvised and non-improvised performances), we presented the patient with 4 different options that represented four main domains.
Then, we focused on the specific items we identified, and we elicited a semi-structured dialogue.
The scores are given through a range from 1 to 4 according to the different options, where 1 means a very low presence of the item at the center of the analysis, and 4 means an elevated presence of the same item. The user can choose according to his own impressions and feelings, and then we discuss their choice through a dialogue that facilitates reciprocity between the patient and the interviewer.

The main domains we take into account are:
A. Theme 1: *The Relationship between Corporeality and Intercorporeality;*
We have argued how being embodied allows not only for self-awareness, but also for the understanding of others: in this view, intercorporeality is a process based on the immediate

8 Our test is meant to follow the methodological and theoretical background of other phenomenological interviews, like the Examination of Anomalous Self Experience test (Parnas *et al.*, 2005) and the Examination of Anomalous World Experience (Sass *et al.*, 2017). The main important features of this kind of interviews, which we mean to take into account, are: to consider the centrality of *person's* situation; to speak freely and rarely interrupted, making the interview in a conversational mood and asking for open-ended questions; to try to find essential features of the experience (both in form and content); to suspend standard assumptions about time, space and causality; to use a second person perspective and to be genuinely interested in the answers of the patient (favoring an empathic understanding).

transfer of corporeal schema. In fact, kinesthetic sensations make us aware not only of our sensations and movements immediately and intuitively – in a sort of a primary self-consciousness – but seems also to be the ground for the understanding of alterity. The consequence being, that, if the embodied being of a subject is compromised, their self-consciousness and their capability of attunement with the other and the world will be lost or disrupted.

In this perspective, social and corporeal selves seem to share the same roots.[9] How can we therefore describe this relationship in an action like *"playing music together"*?

Intentional acts usually require that the agent knows what s/he is doing, i.e. a non-observational and non-inferential self-knowledge. Nonetheless, when describing group actions, the debate is divided between two main camps: Authors (like Ludwig, 2016; Miller, 2006) that claim that a groundless group self-knowledge does not exist, since the knowledge of what we are doing together hinges upon individual self-knowledge and observation. And authors who claim the existence of an immediate and non-inferential sense of togetherness (Schmid, 2009; Searle, 1995).

The first results of our interview align with the second camp and supports the existence of a "plural, pre-reflective self-awareness", that is "the participants' awareness of what it is they are doing together as their joint action, collectively" (Schmid, 2015, p. 66). In fact, the "playing together" does not happen by accident, but it is *felt* and *experienced* by the participants as a *unit:* "...knowledge in question [i.e., the knowledge at stake in joint actions] is plural pre-reflective and non-thematic self-awareness of what it is the participants are doing together" (Schmid, 2015, p. 51).

The patients, in fact, argue that the collective action fails if they do not feel as they are playing like *"a unit with the others, like a we",* or, on the contrary, they consider the execution well-done when they perform it as a *"we", "without thinking about it"*, since *"we are a group and playing is something that we do like a group, like a community"*, "*it's a group, a unity that is born and has its own life*", *"this song is our signal, it represents us".*[10]

In other words, our embodied and pre-reflective features seems to be prior and necessary to other, more complex level of social interaction.

B) Theme 2: The Relationship between the Subject and the Instrument;

In playing an instrument, the boundaries of our living body can be extended to the instrument itself, which becomes an active part of our experience: while I play my piano, for instance, I am not constantly aware of the boundaries between myself and the keyboard.

In our study, we tried to observe the relationship between the subject and the instrument, with the aim of focusing on self-awareness and the ability to project the personal affordances. The results mainly showed that schizophrenic patients are the most impaired and often suffer from abnormal bodily experiences that hinder the (inter)kinaesthetic sensations and the extension of the body into the instrument. Other patients (the depressed ones) have control on their actions and their instruments (*"It was like the instrument were part of my self"*) with main

9 When examining schizophrenia, the importance of a similar ground is very clear: the subject is affected by *kinesthetic disorders*. The senses are perceived as fragmented, and the subject experiences a disruption of self-awareness which is one of the main symptoms preceding the detachment of the self from intersubjective world. This sensorial coordination is disrupted in the schizophrenic experience, especially in the first stages of the pathology development: we can register abnormal bodily sensations which cause disorders in the intercorporeal attunement process at the base of intersubjectivity.

10 These are some reports we collected during the interview. We will use italics when we will refer to the collected reports.

impairments lying in collective awareness. Seemingly, even if they are both (schizophrenics and depressed) provided with cognitive skills and motor abilities which allow them to play the instrument, they are not able to automatically feel themselves as part of a "we", providing another cue that collective awareness does not lie on reflective stances and inferences but on pre-reflective and affective components.

C) Theme 3: Temporality.

3.1 Implicit Bodily Memory;

The phenomenological investigation about embodiment needs to take into account the notion of "embodied memory", which seems to be central for explaining and accounting for self-identity and intersubjective structures as well. Consciousness seems to be a "being-towards-the-world" through the medium of the body, which works in terms of operative, implicit, intentional patterns of interactions sedimented in the form of sensorimotor and affective schemes. We can thus affirm that there is a sort of implicit body memory that underlies our habits and skills. This tacit and non-deliberate ground of experience "...is intrinsic to the body, to its own ways of remembering: how we remember in and by and through the body" (Casey, 2000, p. 147). We can thus affirm that our body memory enables operative intentionality's functions, facilitating our performances and our *praktognosia* (i.e. the capability to relate to the world in a practical sense and not purely theoretically). The subject perceives and acts in the world not only through a *representational knowledge*, but also through an *embodied, kinaesthetic knowledge,* a process where corporeal memory plays a fundamental role (Koch, Fuchs & Summa, 2012). Music practice is a useful field of investigation for the analysis of both of these kinds of knowledge. Playing an instrument, or singing a specific song, requires both a representational knowledge (I need at least an overall knowledge of notes and tones, of the instrument's structure and functions, etc.) but also a non-representational, embodied knowledge, which, thanks to the corporeal memory, allows the player to perform a piece without reflecting on her/his movements (what Merleau-Ponty called "knowledge in our hands", cf. Merleau-Ponty, 1945/2012, p. 145; Polanyi called this a "tacit, implicit knowledge", cf. Polanyi, 1967). Rephrasing, in music practice we can observe how different sense modalities and bodily movements work together to form a holistic experience.

Within this context, we wanted to analyze the role of implicit bodily memory in collective music performances, in an effort to better understand how intercorporeal knowledge works. Collective music experience is dynamically shaped through a shared agency and a shared intentionality, structures that presuppose the presence of different living bodies related to one another. As noted by Salice, Høffding and Gallagher (2017), joint musical performances imply three main forms of interaction: motor resonance (individuals adapt their actions to the other agent's contribution automatically); an explicit coordination through bodily expressions; and interkinaesthetic affectivity (Behnke, 2008). According to our account of joint music action, another necessary form of interaction is *intercorporeal memory*, which works together with the very first level of bodily memory.

The result is a holistic experience where individual stances and collective ones are not separable, but instead form a collective experience that could be studied just from a Gestaltic approach. In the majority of the patients, especially those who suffer from schizophrenia, the embodied memory does not work, hindering the execution of performance goals and the collective experience.

3.2. Rhythm and Synchrony

In the philosophical debate regarding joint action (Bratman, 1993; Searle, 1995; Tuomela, 2013, among others), where the focus is usually on the higher levels of cognition such as the

processes of action planning, commitments, and goals, we can find the theory (Tollefsen and Dale, 2012) according to which there is an "alignment system". This system involves lower-level coordinative structures that help to implement higher-level goals. When individuals engage in a joint activity such as a conversation (for instance, the one between therapist and client) or joint problem solving, they become aligned at a variety of different levels which include: coordinated eye movements, similar speech patterns and *synchronized bodily movements.* Richardson and Dale (2005) have shown that *the better the alignment, the better the participants are understanding each other,* and they fulfill the shared goal of communicating with one another (Tollefsen & Dale, 2012, p. 393). In other words, the presence of an alignment system (where we can also include nonverbal synchrony) explains how we-intentions can be formed without prior planning and agreement.[11] Quantitative analysis (see Tschacher, 2020) and philosophical, qualitative studies seem to converge into a multi-layered account of interactive processes where lower levels components are necessary for higher level mechanisms (such as prediction and action).

This can explain why people who suffer from intersubjective disorders seem to register impairments at the level of synchronization with other individuals.

In fact, the results of our interview emphasize the difficulties patients experience and the struggle due to a felt self-other gap.[12] Both schizophrenic and depressed patients seem to register impairments in rhythm *and* synchrony: everybody claims "*I have many problems with rhythm" "Rhythm is a real struggle to me", "Keeping the rhythm it's unconceivable to me", "I try to synchronize with others but I cannot" "I fail in synchronizing".*[13]

Whereas the schizophrenic experiences an *ontological* disruption that affects them already at the very first stage of awareness and self, due to a fragmentation of her/his bodily awareness, which becomes exclusively centrifugal; the depressed patient is unable to tune in with others (synchrony) and their biological rhythms are altered because of a break in the embodied time and embodied intentionality; they lose their fluidity and become centripetal (see also Fuchs, 2005).

4. Conclusions

In the first part of this paper, we describe the idea of embodied self in its ontological value and we formulate the theoretical framework on phenomenological ground. This framework is our tool for the qualitative analysis of a case study: the experience of music therapy. The living body emerges as the fundamental element for our being-at-word, the living dimension of the bodily schema opens up to both the corporeal exploration of being and things and the temporal dimension of experience. In doing so, bodily schema provide a concrete structure of present and possible situations.

Starting from the idea of embodied self we move to the idea that our bodily self could

11 This can be coherent with Schiavio and De Jaegher's view (2014), according to which musical interactivity can be described as a form of "participatory sense-making", a system where the subjects involved are interactive agents who negotiate in real time their emotional, sensorimotor and communicative skills. In particular, musicians participate in, and transform each others' sense-making, enacting unique shared words of meaning. Accordingly, "making music together" is a relational experience which is always dynamically shaped and co-create by the participants.

12 We also hypothesize that Aspergers' patients, for instance, can be very good in performing the non-improvised songs and show to have a functioning bodily memory; while they all register difficulties in interpersonal alignment and synchronic attunement. Despite of the fact that schizophrenia and Asperger seem to have the same kinds of intentionality (joint intentionality works, we-intentionality does not, see Salice & Henriksen, 2015) their *musicality* seem to differ. Schizophrenic patients have a disruption in *diachronic time* (the ontological sphere is corrupted, their own self-awareness is blurred and, accordingly, even interpersonal attunement); Asperger's problem lies in the *synchronic temporality* (while their self is intact, see also Nillson *et al.*, 2019).

13 Reports from the interviews.

extend beyond itself, for instance, by incorporating a tool. We then elucidate the idea of intercorporeality, intending it as a pre-reflective ground of our shared experience. Intercorporeality appears to be central for communication, exchange and cooperation between beings and emerges as fundamental for intersubjective activities such as music practice, where individuals should coordinate with each others. Within this layer of shared experience, we focus on two forms of temporality: rhythm and synchrony. Both of them leads to a conception of a bodily intentional structure characterized by an openness towards the world.

In the second part of the paper, we apply this phenomenological framework to a qualitative study of music therapy experience. We take into account those subjectivities that experience problems at the level of corporeality and intersubjectivity, such as schizophrenic and depressed patients. Through a phenomenological informed interview, we focus on *embodiment* (corporeality and intercorporeality), and *temporality* (implicit bodily memory, rhythm and synchrony) and we specify the different roles they have in playing music together.[14]

The results of our study emphasized that pre-reflective bodily experience is prior and necessary to more complex and inferential level of social interactions. From a *philosophical* perspective, this is coherent with those philosophers according to which "embodiment does the cognitive work" (Morris, 2010, p. 235). From a *clinical* perspective, such a view allows to focus more on the importance of strengthening the intercorporeal engagement, regardless of the quality of the performance itself. In other words, pre-reflectively "failing together" is better than an accurate and cognitive-based perfect performance.

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14 It is interesting to notice that our results are opposed to Salice, Hoffding & Gallagher's analysis (2017) about the phenomenon of expert musicianship. In fact, they deny the existence of plural, pre-reflective self-knowledge and claim that shared intentions do not ground non-observational knowledge about our actions. On the contrary, they maintain that observation and the act of playing together can be read as the result of conscious, explicit, and deliberate attitudes. In our view, we-agency is based upon an intentionality which is shared in multiple degrees: 1) a bodily, affective and pre-reflective level of resonance which is the very core of the plural awareness; 2) an inferential level (which develops only in a second moment and is not sufficient if you want to account for a genuine plural subject). The main idea which we support is that the we-agency involved in this kind of plural action cannot be reduced either to mere inferential components (such as the shared intention) or to pre-reflective elements but instead is the result of the combination of pre-reflective and reflective stances. Accordingly, we cannot talk about a "pure" cognitive inferential process, since inference itself seems to be a mechanism where the subject's rationality works together with other components: affective mechanisms, (inter)corporeal stances, and ecological features (see Fuchs, 2018).

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COGNITIVISM AND THE INTELLECTUALIST VISION OF THE MIND

abstract

No one can deny that enactive approaches to the mind are here to stay. However, much of this revolution has been built on the grounds of conceptual confusions and hurried anlyses that undermine enactive claims. The aim of this paper is to weaken the charge of intellectualism against cognitivism developed by Hutto and Myin. This charge turns to be central to the enactive purpose of setting up a fully post-cognitivist position. I will follow a strategy of conceptual elucidation of "intellectualism". Hutto and Myin (2013, 2017) present two alternative characterizations of this notion. The first is tied to the Cartesian conception of the mind (which I will call "Cartesian intellectualism"), and the second is tied to the idea that there is no cognition without content (which I will call "semantic intellectualism"). I would like to go into the problems considering cognititivsm either as Cartesian or semantic intellectualism.

keywords

radical enactivism, cartesianism, computational and representational theory of mind, mental content

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1. Introduction

No one can deny that enactive approaches to the mind are here to stay. Across the board, they spur a theoretical change against classical tenets from cognitivism such as representationalism and computationalism. Radicalized positions understand basic cognition without any commitment to the idea of representational content (Hutto & Myin, 2013). Nevertheless, much of this revolution has been built on the grounds of conceptual confusions and hurried anlyses that undermine enactive claims. Aizawa (2014) draws attention to one of these confusions. The heart of his criticism is that some enactivists do not mean by "cognition" what cognitivists have meant by "cognition". Instead, they use this word to describe what in cognitive science would be called "behavior." Let me emphasize that this is not a mere terminological confusion. It opens the possibility to state that basic cognition lacks representations providing cases of behavior without representations.

In this paper I follow Aizawa's call for clarity. I will remark another conceptual difficutly that weakens the enactivist's attempts. I will focus on the critical assumption that congitivism constitutes an "intellectualist vision of the mind" (Hutto & Myin, 2017, p. 3). According to radical enactivism, intellectuallism would be the methodological and metaphysical background involved in the classical idea that the mind computes over symbols. Hutto & Myin (2013) baptized "I-cognition" the view based on internalist, intellectual and individualist accounts of the mind. In contemporary philosophy of mind, this framework would be based on the manipulation of symbolic representations in the brain. This kind of cognition is brain-based and displays a sophisticated mechanism for manipulating representations computationally. In this view, we should capture, process and model information in order to act in the world (Silva, Brito & Ferreira, 2019).

Putting aside "internalism" and "individualism", the aim of this paper is to weaken the charge of intellectualism against cognitivism developed by Hutto and Myin. This charge turns to be central to the enactive purpose of setting up a fully post-cognitivist position. I will follow a strategy of conceptual elucidation of "intellectualism". As far as I know, Hutto & Myin, present two alternative characterizations of this notion. The first is tied to the Cartesian conception of the mind (which I will call "Cartesian intellectuallism"), and the second is tied to the idea that there is no cognition without content (which I will call "semantic intellectualism").

I would like to point out that intellectuallism neither understood as a Cartesian nor as a semantic thesis accurately describes the fundamental tenets of cognitivism. In what follows, I will begin by reviewing some aspects of Cartesian intellectualism in order to show how far these claims are from cognitivism. Then I will outline the central aspects owned by semantic

intellectualism to arrive to the conclusion that it is a vacuous thesis. Finally, I will conclude with some brief comments.

1. Cartesian intellectualism

Cognitivism assumes that minds are representational-computational mechanisms neurally implemented. This portrait of the mind has been the target of many criticisms encouraged by those who pertain to a post-cognitivist framework (Goldman, 2012; Clark, 2008; Chemero, 2009; Noë, 2012). Particularly, the most radical approach championed by Hutto & Myin, understands these classical tenets as a form of intellectualism:

> Contemporary cognitivism takes it to be axiomatic that the mind represents and computes. In doing so it endorses an intellectualist vision of minds that made its debut in early modern times. (Hutto & Myin, 2017, p. 3)

> To assume that representational-computational mechanisms are neural is to endorse an I-conception of mind that is methodologically and methaphisically commited to intellectualism. From such a perspective, cognition only goes on in the intellectual interior of individual. (Hutto & Myin, 2017, p. 4)

According to this interpretation, contemporary cognitivism brings back the idea that cognition only goes on in the intellectual interior of individuals. This portrait of intellecutalism collapses with the internalist thesis also captured in what Hutto & Myin, called the I-conception of the mind. What is more, this portrait displays conspicous aspects of the Cartesian of conception of the mind. In fact, Hutto & Myin, usually characterize cognitivism as a form of Cartesianism. To embrace radical enactivism is to press for the "pragmatic turn" in cognitive science, which is the movement "away from the traditional representation centered framework towards a paradigm that focuses on understanding cognition as "enactive," as skillful activity that involves ongoing interaction with the external world" (Hutto & Myin, 2017, p. 36). What is at issue in this turn is to leave aside the Cartesinan conception of the mind.

In order to characterize the Cartesian intellectualism, Hutto & Myin (2013) introduce Brook's (2007) work which identifies the historical roots of these ideas. They report that Brooks reminds us that: "Descartes conceived of the materials of thinking as representations in the contemporary sense. And Hobbes was the first to clearly articulate the idea that thinking is operations performed on representations. Here we have two of the dominating ideas of all subsequent cognitive thought: the mind contains and is a system for manipulating representations" (ibid., p. 5). Furthermore, they link Chomsky's (2007) cognitive revolution with the early modern era with which cognitivism would have a historical debt.

In brief, Hutto & Myin, address critically a long-established tradition in philosophy of mind and cognitive science that would defend that cognition is fundamentally constituted by internal and intellectual manipulations of representations. Even the brain would show "essentially the same kind of intellectual work" in the sense of processing inner information (Hutto & Myin, 2017, p. 64).

Faced with this, I will present what I call the "argument from the computational and representational theory of mind (CRTM)" to argue that Cartesian intellectualism does not apply to cognitivism. Particularly, I will develop some aspects of Fodor's (1977, 1987, 1998, 2008) proposal which is probably the most paradigmatic cognitivist theory of mind. Following Fodor's view, neither representationalism nor computationalism are presented as engaged with Cartesian intellectualism. Broadly speaking, cognitivists are taking into account subpersonal aspects of cognitive architecture where conscious factors are left aside.

Briefly stated, the argument from the computational and representarional theory of mind runs as follows:
Premise 1: If the CRTM constitutes a form of intellectualism, then it evoques the Cartesian conception of the mind.
Premise 2: However, correctly understood, the CRTM does not evoque a Cartesian conception of the mind.
Conclusion: Therefore, the CRTM does not constitute a form of intellectualism.

Describing the CRTM is not a piece of cake. It involves a number of complementary theses that show its proper complexity. The main idea is that thinking is a computational process involving the manipulation of semantically interpretable strings of symbols which are processed according to algorithms (Newell & Simon, 1976; Fodor, 1994; Pinker, 1997; Rey, 1997). This vision of the mind is grounded on Turing's works in the sense that the mind is a computational system similar in important respects to a Turing machine, and core mental processes (e.g., reasoning, decision-making, and problem solving) are computations similar in important respects to computations executed by a Turing machine (Rescorla, 2020). Although these formulations are imprecise, they might be disclosed on this wise:

1) Cognitive processes consist in causal sequences of tokenings of symbols in the brain.

This claim starts with the assumption that rational thought is a matter of causal sequences of representational tokens ultimately realized in the brain. These causal sequences perform concrete digital and algorithmic computations in the special sense that they are realized in a physical system (Piccinini, 2015). To a first approximation, digital computation is the processing of strings of digits according to general rules defined over these digits (Piccinini & Scarantino, 2010). This notion of "computation" was inherited from the pioneering works of Turing (1936) on computable functions. This processing might be algorithmic in the sense that it performs computations over digits following a well-defined and fixed set of instructions (Destéfano, 2020). Algorithmic operations would be understood in terms of manipulation of uninterpreted symbols (Turing, 1950; Newell, 1980; Fodor, 1994, 1998).

2) These symbols are conceived as representations with combinatorial syntax and semantics, and further, symbol manipulations preserve their semantic properties.

Technically, the computational theory of mind does not require that symbol have a semantics. Following these approaches, symbols are combined exclusively according to their formal/syntactic properties (such as shape) and these properties would be best understood as discrete properties of digits which are transformed in digital computation (Fodor, 1987). However, in practice, symbols have a representational nature which means that they have syntactic and semantic properties. This is where the computational theory is supplemented with the language of thought hypothesis stated by Fodor (1975). Symbols, which are ultimately just patterns of matter and energy, have both representational and causal properties (Schneider, 2011).
Mental representations are sentences of an internal language with semantic properties (such as denotation, or meaning, or truth-condition, etc.). To believe that *p*, or hope that *p*, or intend that *p*, is to bear an appropriate relation to a mental representation whose meaning is that *p*. For example, there is a relation belief* between thinkers and mental representations, where the following biconditional is true no matter what sentence one substitutes for "*p*": *X* believes that *p* iff there is a mental representation *S* such that *X* believes* *S* and *S* means that *p*. More

generally, each propositional attitude *A* corresponds to a unique psychological relation *A**, where the following biconditional is true no matter what sentence one substitutes for "*p*": *X As* that *p* iff there is a mental representation *S* such that *X* bears *A** to *S* and *S* means that *p* (Rescorla, 2019).
According to the first premise of the argument, and following Hutto and Myin's suggestion, these theses imply an intellectualist conception of the mind that I have called "Cartesian intelletualism". I do not propose to develop an exegetical dispute surrounding Descartes. Although I could depict a detailed portrait of this inherited conception of the mind, it should suffice to grasp some of its fundamental aspects in order to illustrate the kind of intellectualism presented by Hutto. When Hutto describes the Cartesian conception of the mind he states that:

> Contemporary representational theories of consciousness endorse the basic Cartesian picture. The most ambitious versions hold that conscious experience simply equates to taking the world to be a certain way. (Hutto, 2009, p. 24)

Besides, he adds that:

> The driving intuition behind this Cartesian insight is that all genuine conscious experience [...] necessary invole having ideas- the ultimate basis for conceptual judgments. (Hutto, 2009, p. 24)

He links this idea with the current representational approach pointing out that:

> In promoting this idea Descartes is credited with having initiated the first cognitivist revolution. Following in his footsteps many of today's philosophers and cognitive scientists also hold that the true phenomenal consciousness must have contentful features. (Hutto, 2009, p. 24)

In light of Hutto's quotations, the Cartesian conception has promoted that (i) the agent handles internal ideas (ii) consciously and with (iii) epistemic privacy. The first aspect emerges from the modern vision of the mind in which there is a distinction between subjet and mental entities conceived as ideas. The inherited way to understand "idea" focuses on its intermediate status between the subject and what is represented by the idea (Yolton, 1987, 1975). Since Reid, Malebranche and Arnauld, ideas had been conceived as mental shadows of real objects in the world. However, it is true that Descartes, also understood "idea" as modes of thinking (Skidelsky, 2003; Hamilton, 1854). Across the board, ideas are mental entities (manipulted and asociated by the mind) that lack the causal powers needed to produce physical changes on substance.
The second aspect refers to the Cartesian theater model of mind that postulates a place where "it all comes together", where the discriminations in all modalities are somehow put into registration and presented for subjective judgment (Dennett & Kinsbourne, 1992). A conscious mind is an observer who takes in the information that is available at a particular continuous sequence of times and places in the universe. A mind is thus a locus of subjectivity (Farrell, 1950; Nagel, 1974). What it is like to be that thing is partly determined by what is available to be observed or experienced along the trajectory through space-time of that moving point of view. Finally, the third aspect presents the view that mental ideas are something that only the performer can access. This deep intimacy between the agents and the inner objects on their minds has an epistemological value inasmuch as it grounds the possibility of knowledge (Skidelsky, 2003).

In what follows, I will be show that neiher of these aspects of Cartesian intelletualism apply to the CRTM. This constitutes the content of the second premise of the argument. To start with, the CRTM does no state that the agent handles internal ideas in any sense. Theses sucha as:

> 1) Cognitive processes consist in causal sequences of tokenings of symbols in the brain

and

> 2) Symbols are conceived as representations with combinatorial syntax and semantics, and further, symbol manipulations preserve their semantic properties.

describe the subpersonal cognitive machinery that enables thinking capacities. Fodor (1987) wonders "...how could the mind be constructed [...] What sort of mechanism could have states that are both semantically and causally connected, and such that the causal connections respect the semantic ones?" (ibid., p. 14). This is a mechanistic approach of the mind in which the psychological explanation of thought does not require any substantive notion of the agent manipulating mental objects. Theses 1) and 2) refer to the cognitive design of the mind that is autonomous from considerations about agents. Besides, the CRTM considers that tokens of mental representations are physical in all the known cases. Considered as symbols with syntactic properties, representations are able to exhibit causal roles in physical transitions. The paralelism between the causal relations among representations and the semantic that they hold guarantees the kind of intentional realism defended by Fodor (1987). This characterization of mental representations differs significantly from the modern characterization of ideas.
Furthermore, the CRTM definitely is not engaged with the Cartesian theater model of mind. Following Hutto (2009)'s cited words, intellectualism is made to coincide with the Cartesian internalism described in terms of subjectivism. In contrast, the kind of internalism defended by computationalists such as Chomsky is not related with any conscious manipulation of inner states:

> When Chomsky speaks of "internalism", he doesn't have in mind an "inner theater" or essential conscious access to content, rather, internalism is a thesis about states of the brain theoretically individuated to enter into the explanation of stable linguistic phenomena. (Collins, 2011, p. 176)

Back to theses 1) and 2), nothing in these claims implies that computation over representations would be a conscious task. Philosophers who are sympathetic to the computational and representational account of the mind accept that this approach may fall short as explanations of the nature of conscious states. Explicitly, language of thought does not aspire to be a theory of consciousness. Instead, it is a theory of the nature of language like mental processing that underlies higher cognitive functions (Schneider, 2009).
Finally, the CRTM does not vindicate any kind of epistemic privacy:

> For there is no reason why a mentalist needs to assume that mental operations exhibit epistemic privacy in any very strong sense of that notion. Indeed, he had better not assume that if he wants his psychological theories to be compatible with a materialistic ontology; neurological events are public. (Fodor, 1975)

One of the reasons to accept the CRTM is that some of its versions "underlies practically all current psychological research on mentation, and our best science is ipso facto our best

estimate of what there is and what it's made of" (Fodor, 1987, p. 17). This reason makes clear that theses 1) and 2) are linked with the purposes of a public psychological science. Thus, in this scenario, cognitivism does fit with any kind of subjective intimacy.

2. Semantic intellectualism

So far, the discussion has gone like this: cognitivism, represented by the core thesis of the CRTM, is not easily related with Cartesian intellectualism. In fact, Hutto (2009) admits that "in recent times, this alleged link between consciousness and mental representations has been lees evident" (ibid., p. 24). However, there is an alternative way in which intellectualism has been presented by the radical enactivist literature. Hutto & Myin (2013) state that:

> The most radical versions of these approaches are marked by their uncompromising and thoroughgoing rejection of intellectualism about the basic nature of mind, abandoning the idea that all mentality involves or implies content. (ibid., p. 1)

> If representations are thought to be necessarily contentful, this entails a commitment to Content Involving Cognition (CIC), which defines intellectualism. (ibid., p. 9)

Following this chracterization, intellectualist accounts of the mind advocate for the credo "no mentality without content". Standard intellectualist accounts regard representations as discrete and meaningful thought contents (Hutto & Myin, 2013; Tye, 2009). Therefore, this presentation of intellectualism specially relates to the semantic aspect of the CRTM. Those who are interested in language of thought hypothesis accept that this language includes meaningful symbols. Since symbols are the internal vehicles that the meaning lock onto, theories of mental content will be needed to fully understand the CRTM. We will also need an explanation of how content or meaning could make a causal difference in cognition.
Mental content in this context is the property that states of mind possess that allows them to represent how things are in the world. Contents are taken to specify the conditions of satisfaction, whether these are understood in terms of truth, accuracy, veridicality, that are met, or fail to be met, in any given instance of mental representation. Thus the kind of content in question is understood as mental representational content (Hutto & Myin, 2020). To be in a state of mind with a mental representational content is to be in a state of mind for which the question of whether that state of mind represents or misrepresents how things are.
Against semantic theories of cognition, Hutto & Myin, have presented what they called "the hard problem of the content" (2013, 2017, 2020). According to this objection, traditional semantic theories of cognition cannot give a scientifically respectable story of content and hence, we should abandon the idea that cognition involves contentful representations (Kuokkanen & Rusanen, 2018). In particular:

> The HPC is an intractable theoretical puzzle for those explanatory naturalists who hold that information can be distilled from the world through environmental interactions, where such distillation contentfully informs concrete representational vehicles. (Hutto & Myin, 2017, p. xviii)

The use of the resources of informational theories does not achieve the naturalization of mental content. For this reason, radical forms of enactivism deny that having thoughts with content is fundamental to all cognition. They flatly eliminate mental content from the theories of the mind.
Leaving the hard problem of content and its consequences aside, semantic intellectualism, as it has been presented by Hutto & Myin (2013), is a broad thesis that does not apply exclusively

to cognitivism. Focusing on percection, Hutto & Myin, identify ways of acknowledging that mentality is supported by enactive and embodied means that are committed with the content involving cognition and for this reason they are conveived as intellectualists. These intellectualist proponents can happily accept that various facts about embodiment are causally necessary in making mentality possible and shaping its character without this concession threatening the idea that mentality is wholly constituted by contentful representations. Some authors such as Varela, Thomson & Rosch (1991), Alsmith & Vignemont (2012), Clark (2008), among others, defend the embodiment theses that encourage such weak readings. Many enactivists admit the inclusion of mental content as a virtue of their explanations. For instance, Noë (2004, 2012) suggests a sensorimotor enactivism in which perceptual experience is considered as a contentful phenomenon. Hutto & Myin, evaluate Noë's proposal as follows:

> But Sensorimotor Enactivism is surely committed to intellectualism in another way: through its attachment to the idea that perceptual experience is inherently contentful. Noë avers that "perceptual experience presents things as being thus and such" and that "it has content". (2013, p. 30)

No one can deny that contents come in different varieties: conceptual content, non-conceptual content, propositional and non-propositional content, non propositional content. And besides, these contents are compatible with different cognitive architectures; for example, a modular architecture such as Fodor's (1983) classical proposal. These different options about content ground the different kinds of intellectualism identified by Hutto & Myin (2013). Always focusing on perception, intellectualism comes in more expensive and less expensive forms such as (i) hyperintellectualism, (ii) minimal intellectualism, and (iii) maximally minimal intellectualism.

Not only are hyperintellectualists committed to the existence of contentful representations of the relevant perceptual formation principles, but they also take it for granted that specific concepts must inform what is given in experience if experiences are to have their particular world-referring objective content. To illustrate, Fodor (2008) takes it that perceptual capacities also necessarily involve subsuming unconceptualized representational contents under some concepts, for to represent X as F it is necessarily required mastery and deployment of the concept F.

Against hyperintellectualism, minimal intellectualism abandons the idea that there is a kind of given – an informational or minimally representational content that is supplied by the senses. Moreover, this intellectualism abandons the idea that perceptual content must, always and everywhere, be conceptually informed. There have been many different nonconceptualist proposals since the possibility was first articulated by Dretske (1981) and Evans (1982).

Finally, maximally minimal intellectualism rejects the intuition that if perception is representational then it must represent in a truth-evaluable way (Gunther, 2003). Of course, it does not follow that perceiving is contentless if not all content need be truth conditional. However, if perceiving is to have content, then it must have conditions of satisfaction of some kind. This is the most general and the most minimal requirement on the existence of content.

To sum up, it is clear that content involving cognition (CIC) defines intellectualism. According to Hutto & Myin, nothing else is needed to charaterize this thesis. The intellectualist tenet is the semantic claim that cognition requires the existence of contents of some kind or other. Nevertheless, semantic intellectualism depicts a logical geography of positions in the philosophy of the mind and cognitive science that differs from the state-of-the-art background. If "logical geography" means a set of concepts/theses/positions actually in use, which represents just one way of carving up the space of possibilities (Sloman, 2006),

then intellectualism does not respect the logical space that separate cognitivists from post-cognitivists. As it was shown, semantic intellectualism unifies cognitivist proposals with post-cognitivist ones. According to Hutto and Myin, from Fodor to Noë, there are a variety of intellectualist positions that have very little in common. For that reason, semantic intellectualism unifies approaches that are supposed to be in clear opposition in the literature. "Intellectualism" is a broad label that applies to cognitivism and to any proposal, even in the post-cognitivist framework, that is opposed to radical enactivism.

Perhaps, Hutto & Myin, pretend to settle down radical enactivism in an alternative space of discussion. Ryle (1949) suggested that a good way for philosophers to resolve some philosophical disputes (often by discovering that both sides were based on conceptual confusions) is to reshape the 'logical geography' of the concepts involved. There are different ways of carving up that space into different categories or identifying different relationships that can occur within it. Those different ways define different "logical geographies" (Sloman, 2006). Our actual concepts, whose logical geography carves up only a small subset of that space, is based on only a very shallow and restricted understanding of the space.

In this sense, semantic intellectualism would be a conceptual resource introduced by Hutto & Myin, to reshape the current scenario of discussion between cognitivism and post-cognitivism in order to establish the need of a deep revolution towards radical enactivism. With it they try to argue that no current position is able to avoid the problems of the content involving cognition. Neither classical cognitivism nor post-cognitivism have answered different presentations of the hard problem of content. However, it should be mentioned that the hard problem of content is mainly related with the thesis of naturalism but it is not directly associated with semantic intellectualism. Semantic intellectualism itself does not imply the hard problem of content. It is true that Hutto & Myin, do not give a definition of what they mean by naturalism. Roughly, for them naturalism amounts to giving a scientifically respectable story of a certain phenomenon (Kuokkanen & Rusanen, 2018). The hard problem emerges when "the full range of scientifically respectable resources" (Hutto & Myin, 2017, p. 124) is not able to explain the phenomenon of mental content.

The hard problem of content focuses on the poor tools offered by the naturalized explanations of content. It does not arise simply from the assumption of content. In fact, opposite to what might be expected, radical enactivism is not content eliminativist:

> RECers have focused on explicating the nature of basic minds, contentless minds, but telling the full tale of cognition entirely in such terms has never been REC's ambition, REC does not hold that cognition is always devoid of content. (Hutto & Myin, 2017, p. 88)

They hope to include content in their explanations adopting what they have called a "relaxed naturalism", drawing on the findings of a wide variety of sciences that include not just the hard ones. If this interpretation is right, Hutto and Myin's revisionist logical geography should be proposed around the notion of "naturalism" and not around the notion of "intellectualism". Otherwise, "intellectualism" becomes a vacuous thesis used by radical enactivism to reject all vestiges of the idea that basic mentality is necessarily contentful. However, nothing really defiant is being said. The serious problem identified by Hutto & Myin, in the revised state of the art is concerned with the status of the naturalist explanation. In this sense, intellectualism, as the pure idea of "contentful cognition", would be an empty thesis that reorganizes the logical space but without any critical consequence owned by the proper thesis. It would be a shallow thesis that, in itself, does not involve any insightful review. This undermines the presentation of this kind of intellectualism.

3. Final remarks

Following the radical enactive literature, I identified what I called "Cartesian" and "semantic" intellectualism. On the one side, Cartesian intellectualism has promoted that (i) the agent handles internal ideas (ii) consciously and with (iii) epistemic privacy. I argued that none of these properties owned by Cartesian intellectualism are related with the thesis of the CRTM. Properly characterised representationalism and computationalism are not forms of Cartesian intellectualism. Given this conclusion, what about Fodor's (2008) endorsment to Cartesianism about concept possession? As Fodor sees it, two views about the nature of concepts are fundamentally in competition with each other. Pragmatism is the doctrine that 'concept possession is constituted by certain epistemic capacities'. On the other hand, according to the kind of Cartesian view of concepts Fodor advocates, concept possession is an intentional state but not an epistemic one. Having the concept DOG is just being able to think about dogs ('as such'). However, this distinction is not associated with the modern claims that I presented as Cartesian intellectualism. Whats is more, presumably everyone who thinks that there are concepts thinks that one of the things that they do is allow their possessors to think about or represent part of the world (Weiskopf & Bechtel, 2004).

On the other side, semantic intellectualism states the credo "no mentality without content". In this case, I have argued that this is a vacuous thesis that weakens Hutto's characterization of intellectualism. In brief, on the one hand, Cartesian intellectualism does not apply to cognitivism and, on the other hand, semantic intellectualism lacks the needed accuracy. These conclusions try to prove that the intellectualist charge against cognitivism is more an irreflective use of the label "intellectualism" jointly with a misreading of cognitivism than a real step toward a post-cognitivist revolution.

It is true that Fodor and Chomsky are lined up in the defense of a mentalist and internalist conception of the mind. However, this kind of mentalism and internalism differ from their modern versions. If "intellectualism" means "mentalism" and "internalism", then Hutto & Myin, should eliminate the first notion from their criticisms and develop a more accurate argument exclusively against the mentalist and internalist aspects of the CRTM.

This target has not been successfully achieved considering "intellectualism" in the semantic sense. It seems that, for Hutto and Myin, the only function of semantic intellectualism is to strenghen the need of a pragmatic turn. Several contemporary philosophers have been developing tenets in pragmatism (broadly construed) to motivate it as an alternative philosophical foundation for a comprehensive understanding of cognition opposed to the representationalist tradition. Far from accurately describing the cognitivism approach, intellectualism intends to show this approach (and others) as an old-fashioned philosophy, thus showing the intellectualist charge was born only from rethorical needs.

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THREE CONCEPTS OF CHARACTER

abstract

The concept of character has a long history in moral philosophy. Three fundamental versions can be identified: the Aristotelian, the Humean, and the Kantian. The Aristotelian concept of character is based on the model of the wise person, who shapes her feeling according to reason. The Humean character is based exclusively on feelings, having as a criterion the feeling of approval for virtue and disapproval for vice. The Kantian character is based on freedom as autonomy and on the feeling of respect. I argue that the Kantian concept avoids the risk of depending on metaphysics (as the Aristotelian model does) and of lacking universal value (as the Humean model does).

keywords

character, norms, ethics, moral philosophy, respect, virtues, sentiments

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Quand on n'a pas de caractère,
il faut bien se donner une méthode
Albert Camus (1956, p. 15)

1. Having a character, following a norm

A method is a norm, a rule to follow when acting and when you do not have the ability or the will to specifically examine the circumstances, the roles of the persons involved and the benefits at stake. But having a rule to follow or apply risks allowing one to not think. Above all, it is a way of not facing the challenge of being a *character* – that is, a personality built around a strong and conscious identity and capable of autonomous judgment, of understanding how to make use of rules but also when to violate them.

The idea of character has a long tradition in the history of moral thought. Suffice it to say that the Greek term for what we call character is *éthos* (ηθος) – that is, precisely the etymological root of ethics. This term, in its original meaning, indicates the habitual behavior characteristic not only of a people, but of an individual as well. It is a set of customs, a way of acting and at the same time the visible form of an identity. In ancient ethics, character is the essence of moral life, much more than following a norm or applying a principle. For Heraclitus, "The divine [*dáimon*, δάιμον] for man is his character [*éthos*, ηθος]" (Diels-Kranz, 1973, fr. B 119 my translation); what establishes the identity and even the destiny of an individual is her *éthos*, her characteristic behavior, the implicit or explicit principle of her choices.

However, in the history of thought different conceptions of this notion have been formed, in which, from time to time, the criterion of a well-formed character has been seen as an expression of the intellect, of inner sensitivity, of reason or of a rule written by nature. Broadly speaking, and with an inevitable schematism, we can distinguish three basic conceptions of character, having at their basis three classic authors of the Western philosophical tradition.[1] These are the Aristotelian, Humean, and Kantian conceptions. I briefly sketch the essential traits of each tradition, highlighting their advantages and limitations. I then conclude by offering some reasons to favor the often-overlooked Kantian understanding of character over the other ones. The aim of this paper is essentially a synthetic, rather than an analytic

1 The Eastern tradition, especially in Confucian thought and in Buddhism, has developed a deep understanding of the idea of character. See Shun, Wong (2004) and Siderits (2016). For obvious reasons of space, I will have to confine myself to some examples in the Western tradition.

one: comparing the outline of the three models offers an overview of the advantages and disadvantages of each.

2. The Aristotelian character

Aristotle's (2000) view in *Nicomachean Ethics* (*NE*) has been canonized as the historically longest and most influential model of moral theory. Aristotle himself consciously deepened and systematized an ancient tradition, dating back beyond Plato and Socrates, focused on the notion of virtue (*aretè*, ἀρετή). Aristotle defines virtue as "a state involving rational choice, consisting in a mean [*mesotes*, μεσώτες] relative to us and determined by reason [*lògos*, λόγος] – the reason, that is, by reference to which the practically wise person [*phronimos*, φρόνιμος] would determine it" (*NE*, II, 1106 b - 1107 a, p. 32). As can be seen, both the practical model of virtue (namely, the wise man) and its internal criterion (namely, *lògos*) are precisely indicated: the wise man is the character that results from the exercise of virtue, while reason is his norm – that is, the rule that makes choices good and that, through repetition, fosters the disposition to act according to the mean, which represents a kind of measure of virtuous action. In this perspective, the purpose of ethical life is to give oneself a stable and balanced personality, to make one able to regulate oneself according to circumstances (Russell, 2009, pp. 239-243). This was the purpose of Greek *paideia*: educating citizens to promote the harmony of the polis through individual virtue and character.

Éthos, personal and political, is therefore the result of regulating the "natural dispositions" (*héxis*, ἕξις) of individuals. To get a sense of the effective synthesis that Aristotle realizes with this fusion of nature and reflection, it is necessary to clarify on the one hand his theory of decision and on the other his conception of practical rationality. Aristotle was the first to provide a theory of decision – or, more precisely, of choice (*prohairesis*, προαίρεσις) – and his contribution remains in some ways unsurpassed, especially because of the unity of his anthropological vision. At the same time, the idea of practical reason, as distinct from theoretical or speculative reason, finds in Aristotle its first clear formulation (Allan, 1955). This distinction allows us to not confuse observing, describing, and cognitively ordering the world on the one hand and the thought that lives within the action – which is critical reflection underlying movement, desire, and intention – on the other. Ethics deals mainly with the second – that is, the thought involved in practice. Practical thinking is entirely engaged in action.

For Aristotle, choice is the end of a process that begins in the body and ends in action, which is also carried out by the body based on conscious deliberation. The stages of this process are presented mainly in book III of *Nicomachean Ethics*. At the origin of the dynamism of all living beings there is inclination (*òrexis*, ὄρεξις) – that is, the natural tension toward the world by which the living beings search for light, nourishment, and water and enter relationships with each other. This is not yet conscious intentionality, since that presupposes a reflexive capacity that only some living beings have. However, Aristotle (rather curiously, for us moderns) attributes the second stage of his theory of action – namely, the will (*boulēsis*, βουλησις) – also to animals and children, clearly distinguishing it from choice: "Rational choice is obviously a voluntary thing, but it is not the same as what is voluntary, which is a broader notion: children and the other animals share in what is voluntary, but not in rational choice, and we describe actions done spontaneously as voluntary, but not as done in accordance with rational choice" (*EN* III, 1111 b, p. 41).

This poses the problem of interpreting the notion of will in Aristotle: it probably should be understood in terms of an elaboration of inclinations. Inclinations are movements in the direction of things, especially those that can serve to support and expand the individual. In the most complex living beings, inclinations take an auroral form of intentionality – that is, they orient themselves toward specified objects with the purpose of appropriating them in

some way (Sprague, 1987). Children want food and look for its source; animals hunt prey or get food specifically suitable for them. As Aristotle observes, it cannot be said that they choose the object of their inclinations, but it can be said that they want it – that is, that they make it the purpose of a movement that is to some degree intentional.

The real leap toward intentional action, however, takes place with the next stage – namely, deliberation (*boulé*, βουλή). The term indicates, significantly, the assembly – that is, the council of citizens or their representatives. Here, during the meeting, each citizen presents his reasons for or against a decision being taken or a strategy being outlined. Similarly, Aristotle seems to suggest, in the mind of the subject there is a competition of reasons, a debate that is the essence of discursive reasoning: it is a matter not of going through deductive syllogisms, but of comparing and weighing arguments, whose sources are the inclinations themselves and shared opinions (the *éndoxa,* ἔνδοξα) about what is to be done (Cooper, 1986). The premises of practical reasoning derive from a precise indication coming from the will. "I want this" is the first step of practical reasoning and is already in itself a reason to act; it is followed by the question: "What reasons oppose, and which support this course of action?" Aristotle explains how to make the deliberation:

> As in our other discussions, we must first set out the way things appear to people, and then, having gone through the puzzles, proceed to prove the received opinions about these ways of being affected – at best, all of them, or, failing that, most, and the most authoritative. For if the problems are resolved, and received opinions remain, we shall have offered sufficient proof. (*EN* VI, 1145 b, p. 120)

It is disputed whether Aristotle's description of deliberation is representable in the form of a practical syllogism (Mele, 1981; Snider, 1988), but on the whole his understanding of the process is clear: from inclinations to choice, there is a sequence of acts of reason that include emotional elements. Therefore, the agent is involved in deliberation both as a rational and as an emotional agent.

The deliberation concerns the things "that we bring about" (*EN* III, 1112 b, p. 43) because "no one deliberates about eternal things, such as the universe, or the fact that the diagonal is incommensurable with the side" (*EN* III, 1112 a, p. 42). Rather, "we deliberate about what is in our power, that is, what we can do" (ibid.): reasons come into conflict about real practical possibilities for the subject, something at which the will aims but which needs to be examined. It is here, in fact, that the question arises of the criterion, i.e., of the norm: how can I distinguish, among all the things that I happen to want, those that really deserve to be chosen? Aristotle points to a procedure, that of comparing *éndoxa* and resolving conflicts, but does not define the ultimate criterion that guides the discussion, the principle that determines the superiority of one reason over the other. This principle is set out in his theory of practical reason, but, as we shall see, it lacks precision.

For Aristotle, a deliberation is followed by a choice. The term *prohairesis* literally means "the first grasp" (from *aireo,* αἱρέω [to grab] preceded by *pros-*, πρός- [before or in front]), or "the first of the things grasped". Metaphorically, the expression indicates both the gesture of grasping and that of placing the object of one's choice in front of oneself. In this sense, the choice is already within the action; it is action itself. Aristotle believes that a well-considered choice is always followed by the corresponding action: there is no space, between choice and action, for the phenomenon of "weakness of will" (*akrasia,* ἀκρασία) (Dahl, 1984). Rather, *akrasia* must be traced back to the time of deliberation: if, in weighing the reasons for and against, a weight or force greater than what is due is assigned to one reason or the other, an incorrect resolution is obtained. On the other hand, if hidden or silent reasons are not

considered in deliberating, such reasons will exercise their strength beneath the conscious choice, activating an implicit alternative that translates into action. In other words: if the action taken does not correspond to the declared choice, then the real choice has taken place below the explicit process of deliberation, and it has effect precisely because it represents the actual choice of the subject.

This brings to a normative definition of moral character: a character that usually lets a hidden deliberation be effective in her choices is, according to Aristotle, a weak character, who for this reason will be prone to vice (Müller, 2019). This inclination-will-deliberation-choice-action sequence is intertwined with the theory of practical reason. It is here that the subject of the internal criterion of deliberation is at play. According to Aristotle, virtues make us act "as correct reason [*orthos lògos,* ὀρθός λόγος] prescribes" (*EN* III, 1114 b, p. 48), and we know that the virtue of good deliberation is prudence or wisdom (*phronesis*, φρόνησῐς). To define the relationship between virtues and character, Aristotle uses an image: "In all the states of character we have mentioned, and in the others as well, there is a sort of target, and it is with his eye on this that the person with reason tightens or loosens his string" (*EN* VI, 1138 b, p. 103).

The correct deliberation weighs the reasons and assigns them the motivational strength necessary and sufficient to hit the target – that is, to take the appropriate action. The correctness of the reasons is the basis of their normativity, just as the force exerted on the string is the foundation of its effectiveness. However, Aristotle observes that "having grasped only this, someone would be none the wiser" (*EN* VI, 1138 b, p. 103), so one must determine the measure that defines the right reason. Now, practical truth can depend on three elements: feeling, intellect, and desire. But feeling is not a principle of action, because it is merely receptive. Therefore, practical truth is the correct relationship between intellect and desire (see Anscombe, 2005 for an influent articulation of this connection). The intellect is expressed in deliberation: "Since virtue of character is a state involving rational choice, and rational choice is deliberative desire, the reason must be true and the desire correct, if the rational choice is to be good, and desire must pursue what reason asserts" (*EN* VI, 1139 a, p. 104). The unity of desire and reasoning is precisely practical truth (Pakaluk, 2010). Practical truth is a principle of both justification and motivation because "mere thought, however, moves nothing; it must be goal-directed and practical" (*EN* VI, 1139 a, pp. 104-105) (Anscombe, 2005, pp. 149-158). Practical thought is transformed, concretely, into rational choice, and this is "either desire-related intellect or thought-related desire," and – Aristotle significantly adds – "such a first principle is a human being" (*EN* VI, 1139 b, p. 105). The criterion (that is, the norm that informs the virtuous character) is therefore this synthesis of desire and reason (that is, practical thought). *Phronesis* is therefore the virtue of that part of the soul that is oriented to a purpose and that for this reason is intrinsically connected to the irrational part of the soul and especially to emotions and desires. Therefore, *phronesis* is present in all the virtues and it is a necessary attitude of the virtuous character, as Daniel C. Russell (2009) convincingly argues at length. It is through *phronesis* that the wise man finds the right mean in ethical virtues. Wisdom is therefore an architectural principle that systematically connects emotional and intellectual life: it is the crucial point of the unity of the subject and of the human in general; it is the principle of choice and the fundamental norm of character.

The Aristotelian framework is deeply unified and effective in describing the dynamics of reflexive action. The fundamental criterion of character remains the right reason, but it has a measure (the mean) and a concrete example (the wise man). Persons of character are moral exemplars, objects of admiration and endowed with epistemic authority (Zagzebski, 2017). However, there are at least two difficulties with this perspective. First, the order of practical truth evidently depends on the corresponding order of "right" desire and "right" reason.

Aristotle does not specify what this rectitude consists of, but it is clear that its background is a form of naturalism, based on the teleological understanding of nature. Correct desire is desire addressed to its "natural" place; just as right reason is that which thinks "according to nature". The understanding of this naturalism is open to metaphysical and essentialist interpretations (MacIntyre, 2007; Annas, 2011) as well as to rather empiricist and reductionist ones (Foot, 2001, Cagnoli Fiecconi, 2018). Overall, it seems that a good character is one that "follows nature" and that practical reason depends on a cognitive understanding of the natural order, so that the subject applies a theoretical knowledge to practice. The naturalistic assumptions of this theory are not easily granted by modern visions of practical reason and imply a thesis that seems to threaten the supposed autonomy of practical thought from theoretical thought: if the rectitude of practical reason depends on knowledge of the order of the world speculatively known, then ethics depends on physics or on metaphysics. This is a renunciation of the impartiality of ethics with respect to speculative theorems, empirical sciences and, under some interpretations, even theological doctrines.

Secondly, Aristotle does not clearly specify the criterion of practical rectitude. To say that practical thinking is both desire and intellect is not very illuminating. Above all, it does not make it clear what the principle of practical thinking is. Actually, interpreters are divided into intellectualist and non-intellectualist readings, with some proposing a form of character pluralism (Elliott, 2018). In analogy to what Aristotle claims for speculative thought, it is natural to think of the principle of noncontradiction as a criterion, but he himself warns us that things, in practical thought, are not so simple (e.g., in the discussion of the practical nous in *EN,* VI, 1143 a; 1143b). In general, although clearly distinguishing between theoretical and practical thinking, Aristotle does not seem to distinguish as clearly between theoretical and practical non-contradiction. For example, if practical thought determines the means to pursue a purpose, in what sense is there a "rectitude" of the means with respect to that purpose? At first glance, it seems to be a merely instrumental criterion – that is, the effectiveness of the means. But this is a rather technical/instrumental rationality, not so much a strictly practical/moral one. The principle could also be a principle of coherence between means and purposes (for example, if I intend to treat sick people by killing other people, this – although effective – is clearly inconsistent). Yet the vagueness of the principle leaves us with a certain ambiguity about the rule to which character should conform (Carr, 2016): what are the normative and practical bases of the virtuous character?[2] For Aristotle, it may well be that the parameter of the mean and the model of the wise man are sufficient to suggest concrete behaviors, but for us, modern inhabitants of far more complex societies, it is not so simple. So, in this perspective, practical rationality is not articulated in such a way that the norm of character is clearly traced within the subject. The criterion of character seems to be entirely in things, and this leads to an understanding of character which does not take enough into account the individuality of the agent.

3. The Humean character

The union of thought and desire in the Aristotelian vision is broken in the modern age. This is less because of an abstract separation of reason and passions, rather than because of the decline of the naturalistic-teleological framework that held them together: if right reason and desire converge, in the Aristotelian scheme, it is because both belong to a rational and speculatively known cosmic order, in which the knowledge of being corresponds to the knowledge of good. Modernity has called into question this correspondence, mainly by virtue

2 See Russell (2009) for a possible answer. The point I want to make here is rather relative to the status of the ultimate principle of practical reason, which does not seem to be quite explicit in Aristotle as it is in Kant.

of the decision to "not to tempt the essences" and stick to empirically verifiable knowledge. From this framework, therefore, the metaphysical meaning of "end" (*tèlos*, τέλος) is excluded. The results of an empirical interpretation of nature (today we would call it a process of "naturalization of morality") left much less hope of tracing a moral order in nature and in the historically given relationships between humans. Perspectives such as that presented by Hobbes (1998) in *Leviathan* establish "a general inclination of all mankind, a perpetual and restless desire of power after power, that ceaseth only in death" (p. 66). These theories indicate that, in an empirical study of passions, the passions cannot be a priori assigned to a predetermined order in which they converge with reason. On the contrary, they seem to oppose the idea of rational order in nature.

Yet not all the authors who start the investigation with empirical observation share the Hobbesian conception of passions. Indeed, within the empiricist tradition – for example, in Hume – there are direct criticisms of the Hobbesian thesis and there is a search for an alternative image of passions. The sentimentalist perspective on ethics has a long tradition that can be traced back at least to Shaftesbury and includes authors such as Hutcheson, Hume, and especially Adam Smith, though Smith differs from Hume on this topic (Sayre-McCord, 2013). The common thesis among these authors assigns a crucial role to the "moral sense," although it is understood differently by each author. If for Shaftesbury this is a kind of *synesthesia*, which makes possible at the same time the perception of beauty and good, for other authors it takes a more specifically moral profile, and, for Hume and Smith, it essentially connects to *sympathy*, the ability to see another's emotions and judgments. Hume is, among them, the author who most emphasizes the opposition of feeling and reason and who for this reason insists on the notion of character as decisive for ethics (Reed, 2017).

Hume's ethical conception is certainly focused on ideas of virtue and vice, as in the classical tradition. However, the interpretative framework and his whole theory of character are profoundly different. In *A Treatise of Human Nature*, Hume (2007, *THN*) says that a virtuous man is "a man of temper and judgment" (*THN,* p. 304), but he traces moral distinctions between virtue and vice to their source in passions – or more generally feelings – rather than reason. According to Hume, "No action can be either morally good or evil, unless there be some natural passion or motive to impel us to it, or deter us from it" (*THN,* p. 341). An action or trait of character is virtuous or vicious because "its view causes a pleasure or uneasiness of a particular kind"; having a sense of virtue, therefore, is "nothing but to feel a satisfaction of a particular kind from the contemplation of a character" (*THN,* p. 303). There is therefore a natural and observable convergence of feelings with virtue, in particular the peculiar feeling that is the "moral feeling" or "feeling of humanity" that unites all human beings. According to Hume, in fact, feelings of disgust in response to vice and approval in response to virtue are "so rooted in our constitution and temper, that without entirely confounding the human mind by disease or madness, 'tis impossible to extirpate and destroy them" (*THN,* p. 305). Indeed, more generally, "the minds of all men are similar in their feelings and operations; nor can any one be actuated by any affection, of which all others are not, in some degree, susceptible" (p. 368). The natural virtues of greatness of mind and benevolence immediately correspond to emotional approval by the good character through the sense of humanity (Taylor, 2015, pp. 159-184), and the main artificial virtue, justice, awakens a sense of approval that "arises artificially, *tho' necessarily* from education, and human conventions" (*THN,* p. 311, emphasis added).

Character, therefore, is formed in correspondence with human practices that can be very different from each other but reflect a common natural root – namely, a type of sentimental reaction spontaneous in its origin and codified in conventions through education. Although codes may differ and reactions change from time and place, the origin of all morals is in

common and is the ability to experience a particular type of pleasure in (approval of) virtue and a corresponding displeasure in vice. The norm of character is firm in the practical thought of the subject: she does not take the norm from the outside – from natural order or customs or religious precepts – but finds it in her own spontaneous reactions when immersed in the challenge of action. The goal of moral life, in this perspective, is analogous to the classic one: to form a good character, to become fully virtuous. But here, unlike in Aristotle, the regulation of feelings and passions has its ultimate criterion in a particular feeling or, more precisely, perception: "To approve of one character, to condemn another, are only so many different perceptions" (*THN,* p. 293).
On the other hand, on the role of reason in ethics Hume is blunt:

> Reason is the discovery of truth or falshood. Truth or falshood consists in an agreement or disagreement either to the real relations of ideas, or to real existence and matter of fact. Whatever, therefore, is not susceptible of this agreement or disagreement, is incapable of being true or false, and can never be an object of our reason. Now 'tis evident our passions, volitions, and actions, are not susceptible of any such agreement or disagreement; being original facts and realities, compleat in themselves, and implying no reference to other passions, volitions, and actions. 'Tis impossible, therefore, they can be pronounc'd either true or false, and be either contrary or conformable to reason. (*THN,* p. 295)

In other words, reason does not directly participate in the life of desire and passions. Reason indicates the relationships between things and ideas relevant to the pursuit of a desire, but it has no authority over them. The error of reason simply generates, in the action, an exchange of objects (as when I confuse a pleasant fruit with an unpleasant one) but not a moral error (see Zimmerman, 2007 for a different view). For Hume, the judgment of an action depends entirely on the perception of the subject and has nothing to do with the object. If you consider an action, Hume says,

> In which-ever way you take it, you find only certain passions, motives, volitions, and thoughts. There is no other matter of fact in the case. The vice entirely escapes you, as long as you consider the object. You never can find it, till you turn your reflection into your own breast, and find a sentiment of disapprobation, which arises in you, towards this action. Here is a matter of fact; but 'tis the object of feeling, not of reason. (*THN,* p. 301)

It is not in the things that the rule of morality resides, but only in the subject herself, and more precisely in her feelings. Therefore, in this perspective, the formation of character is the purpose of moral life (Taylor, 2015, pp. 101-104), and its success depends not on the application of rational criteria or adherence to a cosmic order known by theoretical means, but on the good balance of passions. In summary, we could say that while the norm of morality for Aristotle is good life in accordance with reason, for Hume it is good character in accordance with moral feeling.
The advantage of this perspective is to put the subject and her feelings at the very heart of moral experience. Yet the separation of sensibility and reason threatens the notion of character, making it a purely psychological notion. The norm that should judge and regulate feelings comes from the subject herself, but it does not seem to be communicable to other persons unless they share the same feelings. The presupposition that there are some universal, shared feelings would be very difficult to demonstrate with empirical findings,

notwithstanding some recent attempts (Churchland, 2011), and it even seems to violate Hume's Great Division between facts and values: the fact that a feeling or a set of feelings is empirically very common – or based on neurobiological findings – does not make it a value or a morally normative criterion. To be normative, the internal criterion of character, its norm, cannot be a de facto statistically prevalent feeling. Prevalence does not tell us how we should be. Universality is not a matter of statistics; it depends on the authority of the norm to be followed.

The moral authority of feelings can derive only from either a hypothetical natural destination toward the good (as in the Aristotelian perspective) or a critical relation to reasons that can be universally confronted. Being a good character should mean the ability to stand not only in front of an "emotional" observer but, as in Adam Smith (who in this respect is very different from Hume; see Sagar, 2017), a sympathetic one: a person who takes the position of the other in both sentimental *and* rational terms. And yet, not even Smith succeeds in indicating a principle within the feelings, apart from suggesting the image of an impartial observer which points in the direction of a universalization of maxims, but without the identification of a universal principle. Thus, the sentimentalist perspective can account for the individuality of feelings, but lacks universality as far as the simple empirical generality of some feelings can be contradicted by examples of opposed feelings in the face of the same experiences There can be no common definition of a good character if the feelings of a subject are not normative for another subject: what feelings are good characters supposed to feel?

4. Kantian ethics as an ethic of character

Kantian ethics is essentially an ethic of character (Garthoff, 2015). The statement will sound strange only to those who do not consider that Kant's normative ethics are not what one finds in *Groundwork of the Metaphysics of Morals* and even less so in *Critique of Practical Reason*. These works deal with the foundation of ethics, but if we look for Kant's moral duties, we must look at two other fundamental works, *The Doctrine of Virtue* (the second part of *The Metaphysics of Morals, MM*) and *Anthropology from a Pragmatic Point of View* (*AP*) (Wood, 1999). In these texts, an image of ethics emerges as the cultivation of character (Munzel, 2002), a notion that occupies the entire second part of *Anthropology* (entitled "Anthropological Characteristic") and that is underlying *The Doctrine of Virtue*. In the latter, Kant says, for example, that the two purposes that are at the same time duties of virtue are one's own perfection and the happiness of others. As for the first, Kant (2017) states:

> Man has a duty to carry the cultivation of his *will* up to the purest virtuous disposition, in which the law becomes also the incentive to his actions that conform with duty and he obeys the law from duty. This disposition is inner morally practical perfection. Since it is a feeling of the effect that the lawgiving will within man exercises on his capacity to act in accordance with his will, it is called moral feeling, a special sense (*sensus moralis*), as it were. It is true that moral sense is often misused in a visionary way, as if (like Socrates' daimon) it could precede reason or even dispense with reason's judgment. Yet it is a moral perfection, by which one makes one's object every particular end that is also a duty. (*MM,* pp. 191-192)

This interweaving of law and moral feeling is, for Kant, character. And character is what deserves moral praise: "To be able to simply say of a human being: 'he has a character' is not only to have said a great deal about him, but is also to have praised him a great deal; for this is a rarity, which inspires profound respect and admiration toward him" (Kant, 2006, p. 191). We know that, for Kant, respect is the fundamental moral feeling; it derives from the inner perception of the autonomy of the subject as a self-legislator. A person of character is one

who acts according to her subjective maxims – that is, on her own personal reasons – but who has the authority, because of the way in which she has shaped her sensitivity, to make them universal laws. The person of character is an exemplar because the principle that informs her actions is recognizable and approvable by any rational agent. This position of moral excellence derives from having built her personality around stable principles: she has developed a sharp practical judgment and a recognizable wisdom (Wood, 2008).
As Kant (2006) writes,

> But simply to have a character signifies that property of the will by which the subject binds himself to definite practical principles that he has prescribed to himself irrevocably by his own reason. Although these principles may sometimes indeed be false and incorrect, nevertheless the formal element of the will in general, to act according to firm principles (not to fly off hither and yon, like a swarm of gnats), has something precious and admirable in it; for it is also something rare. (*AP*, p. 192)

For this reason, Kant concludes, "temperament has a fancy price, one can have an enjoyable time with such a person, he is a pleasant companion; – but character has an inner worth, and is beyond all price" (ibid.). However, in *Anthropology* Kant does not dwell on the criterion that he himself made the basis of moral judgment. The evocation of the law may seem formalistic, but it is precisely in the formality of the law that the possibility that everyone has an *individual* character lies (Louden, 2000): the categorical imperative does not say either how to behave or what personality to have. It only requires action based on maxims of universal value, which simply means that the subject has worked out her reasons so that they inform the overall action and are recognizable by any other rational agent (O'Neill, 1975).
As Kant (2006) points out, moral character is a personal achievement: "The human being who is conscious of having character in his way of thinking [*Denkungsart*] does not have it by nature; he must always have acquired it" (AP, p. 194). Moral character is the ability to bring one's acts together in a sense appreciable by anyone else. This act is described by Kant as an original decision, not as a natural and almost-unconscious product: having a character derives from an act of will and not from nature or habit. This effect does not take place spontaneously, but only because of a firm decision. Indeed, Kant writes that "wanting to become a better human being in a fragmentary way is a futile endeavor, since one impression dies out while one works on another; the grounding of character, however, is absolute unity of the inner principle of conduct as such" (AP, p. 194).
The criterion that informs the virtuous character in Kant is the idea of *respect*. For Kant, respect is a feeling, precisely the one aroused by the awareness of the moral law. In *Critique of Practical Reason*, respect is defined as the only authentically moral feeling because it comes not from sensitivity but from internal awareness. Therefore, it is a feeling that is originally informed by the presence of a principle dictated by the categorical imperative. The categorical imperative consists not only of the search for the universality of the law, as in the first formula, but also of the consideration of humanity in each person always as an end in herself (second formula) and the idea of the will as autonomously legislative (third formula). Respect is therefore a reflexive feeling, but it cannot but be originally part of the emotional dimension of the person. The regulation of inclinations, desires, and feelings that respond to sensitivity has an internal guiding principle. It is not a matter of imposing abstract reason on the separate world of sensitivity: Kantian anthropology is deeply unitary, and the search for the formal principle of morality does not imply an anthropological dualism between reason and passions (Louden, 2000).
Awareness of the internal law of the will raises awareness of the reality of individual freedom: the foundation of the law can only be the freedom of the will, and this means, in the end, that

the essence of character is defined by freedom. We are who we are because we are free and we can shape, more or less harmoniously, our emotional energies on the basis of a principle freely placed at the foundation of our personality (Frierson, 2019). The universal criterion of this principle is and remains that of respect. It commands to recognize and respect the authority and dignity of free will as the source of personality and as the founding nucleus of the person as an individual. Through respect, the formal law of the imperative becomes a substantial law, which has concreteness in the body, in the real life of the subject – that is, precisely in her character. This is the set of habitual movements, thoughts, attitudes, and individual ways of feeling that make each person unique.

The most relevant difference between Kant's account of character and the other traditions is that it is grounded in freedom. Having showed in *Critique of Practical Reason* that our awareness of the moral law implies that we must postulate an autonomous will as its source, Kant obtains two results: on the one hand, he grounds normativity in the acting subject, not in things themselves or in a metaphysical order of the world. On the other hand, he directly connects the norm to a principle of noncontradiction in the will that is reflectively present to the *desiring* subject. We must remember that, experientially, the moral law presents itself in the feeling of respect we experience when faced with examples of a good character. We "feel" the norm in the presence of someone practicing it before we can formulate it in a principle. Respect is the key to a good character, and respect derives from the recognition of the autonomous source of value in an acting subject. Having a character means recognizing that one's autonomy is the legitimate source of the rule that harmonizes one's inclinations, emotions, and feeling. The principle around which we design our personality is not the categorical imperative. The categorical imperative only asks that the principle we pose as the basis of our identity be comprehensible and acceptable by any other person, that it can be seen as an expression of respect for oneself and any other. I can be whoever I want to be, provided that the principle that informs my character respects persons.

5. Character as the expression of freedom

These three concepts of character offer an articulate vision of what it means to develop a strong personal identity. The idea of a *moral* character, though not so common in our everyday language, combines the notion of individuality with that of an appreciation of and even a praise for the way a person has shaped her feelings, thoughts, and actions. But how do we unify a set of personal traits with a claim to universal appreciation?

The Aristotelian conception reaches the goal by connecting personal character to an essentialist model of human being. But this model depends on a "natural" convergence of feelings and norms that cannot be taken for granted and that requires a substantial teleology that not many would accept. The Humean conception implies no teleology but encounters difficulties in grounding the claim that a good character should be appreciated anywhere, because the feeling of appreciation is severed from any normative relation with reasonableness.

The Kantian conception goes a step further: the relation between feelings and reason is mediated by respect on the one side and freedom on the other. Respect, in a Kantian framework, is a feeling and, as such, offers a normative force within the realm of emotions. Freedom is the ultimate source of this feeling since it is the *ratio essendi* of the moral law, the awareness of which generates respect. More directly, respect is the feeling of the unconditioned power of our freedom: it is what we feel when we perceive the power of our own freedom and of the freedom of other rational agents. Around this feeling, a character can be built that finds a norm in the *ratio cognoscendi* of freedom itself – that is, the moral law. And again: the moral law does not impose a uniformity of character. Quite the contrary: each person has to create her own concrete "principle of character", the only limitation being that

no character can be built around disrespect for oneself or another as a person. The advantage of this perspective is that the principle of noncontradiction in the will is a universal rule, but one such that every person must fill it with a material content that considers individuals' characteristics, feelings and the circumstances in which they live. A strong and good character is not a method, as Camus rightly observed, but requires the harmonization of freedom and feelings in such a way that the unity of the person is recognizable by any rational agent.

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