

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

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1. *Introduction*

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

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

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

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

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

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

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

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

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

2. Intersubjective and enactive dimension of valueception impairments

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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Keywords

Phenomenological Reduction; Valueception; Schizophrenia; Insensitivity; Enactivism; Intersubjectivity; Psychopathology of ordo amoris; Max Scheler; Paul Schreber

Abstract

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

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