Abstract: Schizophrenia involves profound but enigmatic disturbances of affective or emotional life. The affective responses as well as expression of many patients in the schizophrenia spectrum can seem odd, incongruent, inadequate, or otherwise off-the-mark. Such patients are, in fact, often described in rather contradictory terms: as being prone both to exaggerated and to diminished levels of emotional or affective response. According to Ernst Kretschmer, they actually tend to have both kinds of experience at the same time. This paper attempts to explain what might be termed this 'Kretschmerian paradox'. Some relevant concepts and vocabulary for affect and emotion are discussed (including the notions of 'affect', 'emotion', 'mood' and 'the passions'). The need for a phenomenological approach focusing on subjective experience is suggested. Three modes of abnormal experience in schizophrenia are investigated in light of their implications for affect or emotion: (1) alienation of the lived body (Bodily Alienation); (2) fragmented perception and loss of affordances (Unworlding); and (3) preoccupation with a quasi-delusional world created by the self (Subjectivization).

Introduction

Schizophrenia — often conceptualized as a disorder of thinking and reality-testing — also involves profound disturbances of the affective or emotional dimensions of life (Slater and Roth, 1969, pp. 269 ff). It could be argued, in fact, that affective abnormalities are among the most central features of the schizophrenic condition, for they seem closely bound up with the alterations of personhood or self-experience, and of the sense of reality, that are so distinctive of this psychiatric illness (Mellor, 1970; Sass and Parnas, 2003).¹ Schizophrenic

Correspondence:

¹ Affectivity, argue the philosophers Michel Henry (1973) and Ferdinand Alquie (1979), 'is the very essence of the self' (Alquie quoted in Tallon, 1997, p. 147). It is what provides the core sense of vital existence as a subject of experience.

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affectivity is, in any case, certainly one of the most mysterious aspects of this generally enigmatic form of mental disorder.

For normal individuals, affectivity often provides a medium of connectedness, a realm of emotional resonance that both presupposes and supports the sense of sympathy or fellow feeling (Scheler, 1954). By contrast, many schizophrenic patients seem neither to feel nor to evoke a natural sense of emotional rapport. Both the affective response and the affective expression of these patients frequently seem odd, incongruent, inadequate, or otherwise off-the-mark. (This is especially true of nonparanoid forms of schizophrenia (Tsuang and Winokur, 1974), which will be my focus in this paper.) As a result, the affective lives of these patients often seem profoundly impenetrable; and this impenetrability is easily confused with a straightforward absence of underlying affective life or responsivity (Ey, 1955, p. 187). In this paper, I shall concentrate on one especially important and especially mysterious feature of schizophrenic affectivity: the fact that — contradictory though it may seem — such individuals often seem prone both to exaggerated and to diminished levels of emotional or affective response.

One classic symptom (or sign) of such persons is ‘flat affect’, a paucity of emotional expression (of bodily gesture, facial expression, variation in tone of voice, and orientation toward other people) that has frequently been assumed to indicate diminished emotional response on the subjective plane (Blanchard and Panzarella, 1998). A patient’s response to provocative events will, for example, often seem blunted or weak, suggestive perhaps of a kind of affective indifference or lack of concern (Kaplan and Sadock, 1998, p. 480) — as when a patient merely shrugs at news of the death of his mother or his child, or even responds with levity. In autobiographical accounts, persons who have suffered from schizophrenia often describe a deadening of emotional vitality. At times this apparent indifference may be accompanied by forms of negativism, both active and passive. The patient’s behaviour may, for example, have a manneristic quality, suggestive of disdain; or one may sense that he or she is somehow flaunting his or her detachment and indifference. The patient’s whole existence may, in fact, seem to be somehow saturated with irony and a sense of distance (Ey, 1955, p. 189).

Persons with schizophrenia are, however, also portrayed as having abnormally intense emotional responses and as hypersensitive to emotional stimuli (Cutting, 1985, p. 235; Kaplan and Sadock, 1998, p. 480; Kring, 1999). Persons with schizophrenia do sometimes respond in what appear to be excessive, or otherwise strikingly peculiar, ways. Intense affective reactions can be inspired by stimuli that seem trivial, inconsistent with the response, or just totally enigmatic. A schizophrenic patient may laugh or shed tears over some minor event, or may seem awestruck by some banal feature of the environment. He or she may experience generalized states of ecstasy or elation, of desolation or dread; and these feelings may occur ‘side by side with emotional blunting and the absence of warm human feelings’. The fluctuations between these differing states may be rapid and seemingly unmotivated (Slater and Roth, 1969, p. 269). Eugen Bleuler
went so far as to speak of a ‘veritable dis-aggregation of the affective sphere which comes apart in contradictory and disharmonious systems’ (quoted in Ey, 1955, p. 187).

Sigmund and Mundt (1999) consider the following ‘structural deformations of emotional expression and affect’ to be characteristic of core schizophrenia:

- Stereotypic, monotonic speech.
- A rigid look with eyes fixed in a middle position, with limited scanning of the environment or other persons; or, more rarely, a restless, wandering gaze that does not come to rest on any object.
- Incongruity between thought content and situation, or else between experienced emotion and emotional expression.
- Decreased intensity and frequency of affect, but with a fairly steady mood, which can be joyless or joyless-morose, cheerful-serene or cheerful-silly [i.e., flat, serene or silly].

It is very likely that persons with schizophrenia are heterogeneous with respect to many of the above-mentioned aspects of affective experience and expression. Not only individual patients, but distinct stages of the schizophrenic illness (acute versus chronic; prodromal versus advanced) have, for example, been found to differ from one another in terms of their characteristic levels of emotional or affective response (Zahn et al., 1991). Another factor is that patients with schizophrenia often seem to manifest emotionality in ways that are at odds with their underlying experience. Recent research on flat affect shows, for example, that patients with this symptom may be more affectively alive than has usually been assumed. According to subjective reports from patients as well as electrodermal measures of arousal, flat-affect patients actually manifest the same or even a higher level of affective response that do normal individuals (Kring and Neale, 1996). It has been suggested that this discrepancy between experience and expression of emotion (‘affective incongruence’) may result from neuromuscular abnormalities that prevent normal (or even abnormally intense) emotions from being expressed in normal ways (Dworkin et al., 1996).

The appearance of contradiction in accounts of schizophrenia can, then, often be resolved by distinguishing between subtypes of patients, between stages of the illness, or between experience and expression of emotion. In this paper, however, I would like to pursue the stranger and more intriguing possibility that the affective lives of persons with schizophrenia often do have certain contradictory qualities — that is, that such patients can, at the very same moment and on the subjective plane, experience both diminishment and exaggeration of emotional or affective response.

Early in the twentieth century, the German psychiatrist Ernst Kretschmer offered an account of ‘schizothymia’ — the temperament characteristic of schizoid and schizophrenic individuals — that emphasized the presence of two, opposite aspects or tendencies: on the one hand, hypersensitivity, tenderness, nervousness or vulnerability; on the other hand, insensitivity, coldness, numbness or indifference. According to Kretschmer, an ‘indefinite number of individual
temperamental shades emerge from... the manner in which in the same type of temperament the polar opponents displace one another, overlay one another, or relieve one another in alteration' (Kretschmer, 1936, p. 265, italics added).

But it is not only a matter of shifting from the hyper- to the hypo-sensitive mode. In Kretschmer’s view, there is a deeper sense in which schizothymic persons always contain both extremes: ‘As soon as we come into close personal contact with such schizoids, we find very frequently, behind the affectless, numbed exterior, in the innermost sanctuary, a tender personality-nucleus with the most vulnerable nervous sensitivity which has withdrawn into itself and lies there contorted’ (Kretschmer, 1925, p. 153). Nor is this merely a matter of expression versus experience. Both aspects are always present, in some way, even on the plane of subjective or felt reaction: ‘He alone, however, has the key to the schizoid temperament who has clearly recognized that the majority of schizoids are not either over-sensitive or cold, but that they are over-sensitive and cold at the same time, and that in quite different relative proportions’ (Kretschmer, 1936, p. 156, emphasis added). The ‘autism of the majority of schizoids and schizophrenics... is based on mixtures, in the most varied proportions, of the two temperamental aspects...’ (ibid., p. 162). They are people ‘full of antitheses, always containing extremes, and only missing out on the means’ (the middle positions) (Kretschmer, 1925, p. 245). Kretschmer quotes August Strindberg, a distinctly schizothymic, perhaps schizophrenic, individual who experienced psychotic episodes: ‘I am hard as ice and yet so full of feeling that I am almost sentimental’ (Kretschmer, 1936, p. 157). Strindberg’s line captures what Henri Ey (1955, pp. 193 f) — one of the great French psychiatrists of the twentieth century — spoke of as ‘the most paradoxical of all [the] affective paradoxes’ of schizophrenia: namely, that such patients appear to be devoid of affective response yet also, somehow, affectively very alive.

Despite the odd, even contradictory, nature of Kretschmer’s account, I think that he puts his finger on a key aspect of schizophrenia, and one that may be especially central in accounting for the famous ‘praecox-feeling’ — the feeling of strangeness or remoteness, of encountering something beyond normal emotional contact or rapport, that normal persons may have in the presence of a person with schizophrenia. Emotion is often thought of as the realm of experience that is most refractory to verbal description or conceptual analysis. The contradictory qualities of schizophrenic emotionality make it especially difficult for patients to describe and also for psychiatrists and psychologists either to empathize with or to conceptualize. These qualities therefore contribute to the sense of alienation felt both by patients and by those who treat them.

But how is it possible to account for what might be termed the Kretschmerian paradox? Isn’t it simply nonsensical — logically contradictory — to say that a person is at the very same moment, both hypo- and hyper-sensitive, both emotionally flattened and also, somehow, affectively hyper-alive? This paper draws on the resources of phenomenology in order to illuminate what may seem this ineffable domain, and thereby help to make sense of this seeming paradox. It offers phenomenologically oriented accounts of three distinct modes of schizophrenic
experience — pertaining to the lived body, perceptual experience and the life of the imagination — and discusses how each of these is consistent with the Kretschmerian paradox. (I do not claim that these are the only modes of schizophrenic experience consistent with the Kretschmerian paradox; they do, however, represent three relevant, and highly characteristic, modes of schizophrenic experience.) The first two modes will be dealt with very briefly, the third (imagination) in more detail, largely through analysing a single case example. Before proceeding, however, it is first necessary to say a few words about the general concept of emotion and related terminology, with emphasis on the subjective dimension. At the end of the next section, I will state my overall thesis in very general terms.

**Concepts of Emotion**

In his comprehensive survey of psychological research and theorizing about emotion, Nico Frijda (1986, p. 256 and *passim*) lists three crucial components of emotion: a bodily or physiological component (usually involving arousal), a particular way of viewing one’s situation or worldly context (sometimes described as the ‘cognitive’ or ‘evaluative’ component), and a particular mode of relational ‘action readiness’. Action readiness can, but need not, involve a direct motivation to act or to change a situation. It may involve ‘action tendencies’, which are propensities ‘to establish, maintain, or disrupt a relationship’ with either environmental or mental objects (e.g., turning toward or away from a person — whether in physical action or memory, in desire or fear, with interest, disgust or indifference, etc.). Or it may simply involve ‘activation modes’, which are ongoing ‘mode[s] of relational readiness [or unreadiness] as such’ and may vary from apathy to vigour, from placidity to tenseness (Frijda, 1986, pp. 57, 71, 88, 238).

In addition to these three components, Frijda (1986, pp. 205 f) lists several features of the experienced situation that must be present for something truly to count as an emotion, and that, when present in high degree, will serve to intensify the emotion in question. To elicit emotion, a given object or situation cannot be experienced as a mere figment of imagination; it must have some quality of objective reality. This does not rule out mental objects, such as memories. It means that the subject must not experience himself as merely conferring meaning; rather the emotional situation *imposes* its meaning upon the subject (*ibid.*, p. 205, emphasis added). The object or situation must also be experienced as having relevance for oneself, and this relevance must have a quality of both urgency and seriousness. Underlying all of this is the more general quality of ‘concern’. Experiences having emotional significance always touch upon issues that matter to us, and that matter in an ongoing way, such as our desire for survival, for intimate human contact, or for respect from others. Emotions, as the philosopher Martha Nussbaum (2001) puts it, are not ‘unthinking energies that simply push the person around, without being hooked up to the ways in which [the person] perceives or thinks about the world’. They are, rather, ‘forms of evaluative judgment that ascribe to certain things and persons outside a person’s own control great importance for the person’s own flourishing’ (*ibid.*, pp. 4, 24 f).
A related set of points is made in Martin Heidegger’s (1962) classic existential-phenomenological study, *Being and Time* (orig. publ. 1927), where the concept of *Sorge* — usually translated as ‘care’ — and the role of temporality, have a central place. Like Nussbaum, Heidegger thinks of emotions (and moods) as profoundly evaluative; but unlike Nussbaum, he does not conceive these evaluations as involving explicit cognitive beliefs or judgments — they may be ‘pre-predicative’. Like Frijda on ‘concern’, Heidegger conceives of ‘care’ as a precondition and source of emotional experience; but unlike Frijda’s ‘concern’, *Sorge* is not to be conceived as a component of a natural process, but as a kind of transcendental ground, clearing, or source of illumination through which or by means of which phenomena can manifest themselves. For Heidegger, emotions and moods are directly bound up with the way the world presents itself to us. He describes such emotions as fear and such moods as anxiety as ‘disclosing’ the world in certain ways. In fear, for example, some specific — though perhaps not yet identifiable — feature of the world is revealed as being detrimental; further, this something is experienced as drawing near, but in a way that is not yet inevitable and may still be avoided (otherwise the fear would become resignation); and finally, that which is threatened is the very being who is afraid — *Dasein*, or oneself (Heidegger, 1962, pp. 179–82).

According to Heidegger, the analysis of ‘care’ reveals the indispensable role of our experience of and in the medium of time: care ‘is possible only through temporality’ (Heidegger, 1962, p. 375), for ‘care’ is precisely a form of future-directedness, of ‘being ahead-of-oneself’ in the sense of being concerned about where and how one will be in the next moment or period of time (*ibid.*, p. 237). It is a form of ‘anticipation’ that is lived in the present, and in which *Dasein* confronts its own possibilities for being — in which, in Heidegger’s words, ‘*Dasein*, in its ownmost potentiality-for-Being comes towards itself’ (*ibid.*, p. 373). Care, however, is grounded in ‘the character of “having been” ’ (*ibid.*, p. 376), and in a ‘specious present’ (William James, 1981, p. 573) that is infused with a sense of emerging out of a past and projecting toward a future.

In another phenomenological study, *Phenomenology of Feeling* (1977, pp. 204–9), Stephan Strasser describes three key elements of the psychological acts underlying emotional feelings, each of which has a ‘determinate temporal structure’ (*ibid.*, p. 205):

1. ‘the experience of one’s own neediness’, in which there is, from the very beginning, an at least inchoate sense of directedness toward or away from an object.

2. ‘the experience of being-underway’, in which, for example, approaching a desired object heightens the impulse to attain it, whereas moving away from a feared or repellent object gradually diminishes one’s impulse to avoid.

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[2] In *Being and Time*, Heidegger (1962, p. 178) complains that research on affectivity has hardly progressed since Aristotle. The point is echoed by Ricoeur in 1977 (in Strasser, 1977, p. xii). Emotion and affectivity continue to be relatively neglected topics in the phenomenological tradition: Note, for example, the minimal treatment of these issues in the introductory surveys by Moran (2000) and Sokolowski (2000).
3. ‘the experience of termination’, in which, as Strasser puts it, one ‘live[s] completely in the exulting or depressing present’ (Strasser, 1977, p. 209).

So far I have used the terms ‘emotions’, ‘affect’ and ‘mood’. Related terms in this general semantic domain include ‘feelings’ and ‘the passions’. Although there is no clear and universally accepted understanding of the distinctions among these terms (Strasser, 1977, p. 264), a few generalizations can safely be made (see Frijda, 1986; also Berrios, 1985).

‘Affect’ — which the Random House Dictionary of the English Language defines as meaning ‘feeling’ or ‘emotion’ — is perhaps the most general word, and the one best suited (along with such phrases as ‘affective response’ or ‘affective reaction’) to serve as a generic term that can subsume all the above-mentioned concepts. Usually we understand ‘mood’ to refer to a state of mind that is more pervasive and less focused than is an ‘emotion’. Whereas an ‘emotion’ is typically about some particular object, person or situation, a mood is less targeted and more all-encompassing. The term ‘feelings’ has a more subjective focus: unlike emotion, it refers not so much to an attitude toward the world as to a state of or within the self, one that does not elicit any action tendency or sense of urgency.

Turning to the ‘passions’, we might say that these are the quintessential emotions. Not surprisingly, they tend to focus on some particular object in the world (e.g., someone loved or feared), to involve the desire to change a situation in some way, and to have the qualities of immediacy, relevance, seriousness and objectivity in high degree. In a recent, phenomenologically oriented, literary account, Philip Fisher (2002) describes the passions as typically bound up with either the imminent future (in the case of fear and greed, for example) or the immediate past (in the case of shame, grief and anger); as he shows, the passions are deeply embedded in a temporal dynamism that is clearly illustrated by the trepidations of fear or the feverish anticipation of greed. I have said that the passions are the quintessential emotions. One might say as well that, to the extent that an emotion lacks the qualities of the passions, it is in a sense less emotional in nature — and should perhaps be referred to as only a quasi-emotion, or with the more generic or neutral term, ‘affect’. I do not suggest that there is a sharp line between emotion and quasi-emotion. These phenomena differ on a number of dimensions (e.g., role of temporality, focus on particular objects versus on overall atmosphere); on each of these dimensions, the difference would be a matter of degree.3

This summary of concepts about affect and emotion allows me to state my claims in summary fashion. In this article I will consider three modes of experience that are common in schizophrenia: certain disturbances of the lived-body (Bodily Alienation), alterations of perceptual meaning (Unworlding) and types of inner fantasy (Subjectivization). Each of these three forms of experience or lived-worlds involves a distinct form of temporality, and each involves or

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3 Strasser emphasizes neediness and concerns about changing a situation; this suggests that his account of emotional feelings is slanted towards the passions or paradigmatic emotions.
engenders a diminishment of some of the defining features of the concept ‘emotion’ — especially the targeted and temporal nature of ‘concern’, with its assumption of urgency, relevance, objectivity or seriousness. I believe, therefore, that there is a measure of truth in the traditional view of flat affect: schizophrenia often does involve a diminishment of specifically emotional forms of vitality or response. But as a phenomenological account can show, this need not mean that all forms of affective life are attenuated. To understand the Kretschmerian paradox is to realize that, in schizophrenia, diminished emotional response may be accompanied by forms of quasi-emotion that may be no less intense than the emotions they replace.

Bodily Alienation

The role of bodily experience in emotional life, which has been recognized since ancient times, was perhaps best expressed by William James in 1890: ‘If we fancy some strong emotion and then try to abstract from our consciousness of it all the feelings of its bodily symptoms,’ writes James (1981) in his *Principles of Psychology*, ‘we find we have nothing left behind, no “mind-stuff” out of which the emotion can be constituted and that a cold and neutral state of intellectual perception is all that remains.’ ‘Can one,’ he asks, ‘fancy the state of rage and picture no ebullition in the chest, no flushing of the face, no dilation of the nostrils, no clenching of the teeth, no impulse to vigorous action . . . A purely disembodied human emotion is a non-entity’ (*ibid.*, pp. 1067 f).

In his recent reformulation of this classic view, Damasio (1994, p. 173 and passim) argues that affective experience is generally rooted in what he terms ‘representations’ or ‘images of the body’ that have come to be associated as ‘somatic markers’ with particular contexts or stimulus situations. A point Damasio neglects, however, is that normal emotional experience involves, in large measure, not representations of the objectified or objectifiable body image so much as implicitly felt experiences involving the body subject. These would be experiences in which the somatic markers, patterns or tension states of our bodily self-awareness are not experienced as objects in themselves, but as the tacitly inhabited medium of an attitude — such as fear, desire or disgust — that is directed towards some object in the world. Such experiences (of the implicit corporeal self) could be described as the subjective correlates of the emotional affordances of the world. In this sense, we might say that the ‘somatic markers’ of emotion are not normally experienced as focal objects but, rather, as a medium of awareness — or perhaps one should say, as a kind of orienting vector that joins an implicit sense of self with a focal object in the world (Merleau-Ponty, 1962; Sass and Parnas, 2003).

This point is crucial for grasping some of the distinctive features of emotional or affective experience in schizophrenia. In such persons, a fragmented and alienated sense of the lived body tends to disrupt the world-directedness as well as the normal fluidity and flow of affective experience and expression, leading to a sense of disharmony, artificiality and distance, both in the patient’s own
experience of emotion and in the expression visible to others. One might describe this condition as involving a diminishment of emotion in favour of other forms of affective life.

Bodily self-alienation is obvious in certain classic, first-rank symptoms in which patients feel that their own body or actions are somehow under the control or in the possession of some distant being or force. Analogous but milder experiences of corporeal alienation have been demonstrated by German research on the ‘basic symptoms’, which occur in all the various subtypes of schizophrenia as well as in the prodromal and residual phases (Klosterkoetter, 1992). One important group of basic symptoms consists in the cenesthesias: sensations of movement or of pulling or pressure inside the body or on its surfaces; electric or migrating sensations; awareness of kinesthetic, vestibular or thermic sensations; and sensations of diminution or enlargement of the body or its parts. Generally unpleasant, and frequently accompanied by feelings of decline of vital energy, these experiences are combined with blockage or disruption of automatic skills and the smooth flow of motor activity. The basic symptom experiences are not typically found in normal individuals; they are, however, strikingly similar to what is reported by normal subjects who adopt a special, introspective stance towards their own experiences (Sass, 1994, pp. 90, 94, 161).

It is hardly surprising that such mutations affect both the experience and expression of emotion. Schizophrenia patients often feel that there is something odd, unsatisfying or awry about their facial expression or bodily gestures — that these are not fully under their control, or that they do not harmoniously or accurately conform to or convey an underlying state of feeling or emotion (Carr and Wale, 1986, p. 144; Koehler and Sauer, 1984). When experiences that normally exist in the tacit dimension come to be the objects of a more focal and objectifying awareness, one would expect profound transformations in the felt quality of the affective life. Rather than serving as an attitude towards the world, certain affectively charged configurations of bodily tension do not feel genuine, natural or appropriate to the context; instead they are experienced at a subjective distance, almost as objects in themselves.

It is not, in fact, clear that ‘emotion’ is even the appropriate term for these quasi-affective sensations that are dissociated from the ongoing sense of self that gives normal emotions a compelling quality of intimacy and personal relevance (re this ongoing sense of self, see Sass and Parnas, 2003, re ‘ipseity’). When bodily states and processes replace persons and situations as the focus of awareness, the affective experiences in question are deprived of an essential component of normal, targeted emotional meaning. They cannot be part and parcel of a coherent and meaningful state of directedness towards the world — the kind that normally involves a sense of neediness, of being-underway, and of eventual termination and surcease (Strasser, 1997). Instead they exist in a kind of free-floating space. This need not, however, imply a general dampening of all forms of affective life.

Withdrawal from worldly emotional directedness can sometimes serve defensive needs, providing a haven of escape from the unpredictability of external
circumstances and the feelings linked to them. Research shows, however, that states of arousal that cannot be identified cognitively tend to be experienced as disruptive and dysphoric (Maslach, 1979), so it is not surprising that these free-floating, objectlike, states of tension that are common in schizophrenia are often associated with a general sense of indefinable anxious perturbation.

Unworlding

It is not uncommon for persons with schizophrenia to experience a certain fragmentation of the cognitive or perceptual world. This may take the form of an analytic, bottom-up approach to understanding scenes that normal individuals are more likely to approach in a holistic or even impressionistic way. ‘[O]bjects seemed altered from the usual’, said one patient with schizophrenia. ‘They did not stand together in an overall context, and I saw them as meaningless details’ (Matussek, 1987, p. 92).

In a related manifestation, people, things or actions are perceived as lacking not basic geometric unity but their recognizable affordances (Gibson, 1979) — the qualities of human relevance or practical significance that, for example, make a chair a thing-to-sit-on, a hammer something-to-pound-with, or a human body something to be approached, feared or caressed. Renee, author of the famous Autobiography of a Schizophrenic Girl, is unusually articulate in describing experiences in which, as she puts it, ‘objects are stage trappings, placed here and there, geometric cubes without meaning’ (Sechehaye, 1970, p. 33).

When, for example, I looked at a chair or a jug, I thought not of their use or function — a jug not as something to hold water and milk, a chair not as something to sit in — but as having lost their names, their functions and meanings; they became ‘things’ and began to take on life, to exist. This existence accounted for my great fear. In the unreal scene, in the murky quiet of my perception, suddenly ‘the thing’ sprang up. The stone jar, decorated with blue flowers, was there facing me, defying me with its presence, with its existence. (Sechehaye, 1970, pp. 40 f)

If we understand ‘world’ in the Heideggerian sense — as a complex unity held together by a set of instrumental meanings and relationships (Heidegger, 1962, pp. 91–149) — it is clear that these experiences of fragmentation and loss of affordances can be termed a kind of un-worlding of the world; and if one accepts the emotionally constitutive role of the ‘situation’, then it is obvious that both fragmentation and loss of affordances have clear implications for affective life. As noted earlier, paradigm emotions target specific objects and situations that play a necessary role in constituting the emotion in question; and it is, of course, the affordance-aspect of whole objects and situations that are normally relevant. To see eyes, nose, mouth and ears as distinct objects is not to experience a face, let alone one capable of the expressive significance appropriate for reacting with love, admiration, envy or the like. To see a human body, or a chair, as pure three-dimensional geometry, is to forfeit the potential for reacting with lust, loathing or a yearning for peaceful repose. The un-worlding of the world is therefore synonymous with the disappearance or attenuation of many common forms
of emotionality, and of the normal forms of engaged temporality that emotions usually imply.

This attenuation of emotional response should not, however, be confused with a straightforward dimming of the intensity of subjective life, nor even with a general disappearance of all forms of affective reactivity. Descriptions by such patients as Renee show that the fragmentation and loss of affordances tends itself to arouse a variety of feelings, including consternation and anxiety but also, at times, feelings of wonderment or awe. The unfocused, often persistent quality of these affective states gives them a moodlike or atmospheric quality. They should not, however, be confused with mere physiological ‘intensities’, for they are linked with a distinct experience of the worldly situation (fragmentation and loss of affordances), albeit not with specific objects that are likely to have strong action-implications for the subject in question.4

We cannot say that such a person’s overall experience of affect is either more or less intense than that of normal individuals. In circumstances such as these, the paradigmatic emotions (targeted, with strong implications for action-readiness) are likely to be diminished. But, in these conditions involving contemplation and withdrawal, there may well be a heightening of other forms of affectivity that are more present-oriented and mood-like, keyed not to action but to the spectacle of unworlding. Phenomenological analysis makes it understandable, then, that the patient may experience generalized affective states such as awe or desolation, and that these may occur, as Slater and Roth (1969, p. 269) note, ‘side by side with emotional blunting and the absence of warm human feelings’.

In this and the previous section, I have argued that the blunted emotionality and apparent contradictions of affective response found in schizophrenia, are understandable in the light of certain alterations in the experience of both body and world. One might be tempted to interpret this as implying that the peculiarities of schizophrenic affectivity are entirely secondary to supposedly more basic disturbances in cognitive, perceptual or perhaps kinesthetic/proprioceptive dimensions of psychological life — that is, to see these affective peculiarities as sequelae, perhaps as rational or reasonable responses, to the cognitive/perceptual/kinesthetic changes. It is not my purpose here to provide an overall account of the full range and possible interrelationships of schizophrenic symptomatology. I will say, however, that my inclination would be to resist the just mentioned interpretation of the affective dimension as merely secondary. In fact, the alterations of cognitive/perceptual and kinesthetic/proprioceptive dimensions can themselves be seen as manifestations of a more central disturbance of ‘ipseity’ — that is, of the fundamental sense of existing as a vital and directed subject of awareness that is at one with itself at any given moment (Sass and Parnas, 2003). This, in turn, involves (among other things) a diminishment of basic ‘self-affection’ — of the passively or automatically experienced (and

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4 Both Tellenbach (1968/1983) and Kimura (1995) mention the importance of atmosphere in schizophrenic experience, and note the relevance of passivity and of receptivity towards the ‘world as a whole’. [Thanks to an anonymous reviewer for calling my attention to these references.]
Subjectivization

We turn now to a third mode of schizophrenic experience. I will treat this mode at greater length, using ideas from philosophical aesthetics as well as phenomenology in order to clarify some of the complexities, and perhaps also to evoke some of the distinctive feel, of at least one particular mode of schizophrenic affective life.

This third mode of schizophrenic experience is inward in character, bound up with imagination rather than perception, and likely to occur in the chronic and withdrawn phases of the illness. One patient with schizophrenia spoke, for example, of an introversion that occurred in a condition of inaction, and that led, in turn, to a disruption of spontaneous activity:

I was lying on my bed and reality somehow passed inwards as if my brain turned round... I then became more interested in memory than perceiving reality around me... At the beginning I had a sense of despair almost amounting to terror, later replaced by flattening... (Cutting, 1985, p. 390)

This sort of withdrawal often involves a turning of attention away from external or social reality in favour of a preoccupation with a delusional or quasi-delusional realm of inner fantasy. (I say ‘quasi-delusional’ here because the preoccupations to be described do not seem to involve the condition of mistaken belief that is an essential feature of standard conceptions of ‘delusion’ — that is, the notion that the patient takes his delusional objects as being fully real and objective. Although I will continue to use ‘delusion’ below, the term should not be understood in the standard ‘poor-reality-testing’ sense of the word.)

The experience of this kind of withdrawal has been carefully described by several phenomenologically oriented writers (e.g., Sartre, 1950; Tatossian, 1997; Sass, 1992b, 1992a chapter 9; Parnas and Sass, 2001). Sartre spoke of the ‘morbid dreamer’ whose wish-fulfilling delusions were an attempt to escape not the content so much as the form of the real. According to Sartre, the delusional objects or situations the patient experiences do not, for the patient, have the full, ontological status of ‘the real’. That is, they lack one or other of those crucial characteristics — the ultimate unknowability of a realm that exceeds our grasp, the

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[5] The term ‘affection’ as used here refers to a process of being affected by something or by oneself; it has nothing to do with the notion of fondness, or liking of oneself. The term ‘affection’ in ‘self-affection’ is meant to evoke the notion of both affect and passivity, as against a more active and cognitive, intentional mental process or event. Affect and intention thus form a pair of concepts, with connotations of passivity and activity, respectively. To be affected means to be touched, moved, motivated. Self-affection refers to a ‘being-affected by self’ or ‘self-feeling of self’; this is not something we do but something that simply happens, and it is primordially linked to emotion. It is an unmediated feeling or sense of aliveness, a sense of a certain tonality or luminosity of consciousness that founds our existence and is a necessary condition for more elaborate levels of self-awareness and for our encountering of the world. See Henry (1973), Sass and Parnas (2003) and note 1, above.
recalcitrance of a realm separate from fantasy or whim — that are the marks of an objective realm independent of one’s own mind and will. Such a view implies that, rather than confusing delusion and reality or wishing to substitute fantasy for reality, ‘morbid dreaming’ actually demands the preservation of this distinction; otherwise the delusional world would, for the patient, be imbued with the same potential for uncertainty, danger and potential disappointment that is characteristic of the reality he wishes to escape. A revealing example of ‘morbid dreaming’ and its associated forms of affect or quasi-emotion can be found in the prose texts of the schizophrenic patient and Art Brut artist Adolf Wölfli (Sass, 1997).

Wölfli, who resided for thirty-five years in the Waldau Asylum near Bern, Switzerland, spent most of his waking hours engaged in the creation of visual works that illustrated and prose works that described his delusional fantasies and memories. During one period of his life, the delusions (or quasi-delusions) in question mostly involved memories of amazing but curiously timeless journeys that Wölfli himself had supposedly taken through an immense cosmos (‘delusional memories’). In one passage he speaks of witnessing objects and situations of overwhelming size and power, such as ‘the Giant-Glacier of the Celestial-Stars-of-God-the-Father’, which, he says, contains ‘the greatest giant cave in the whole universe’, a cave that holds a population enumerated as 5 followed by 95 zeros. In another passage Wölfli describes a walnut tree he discovered on the ‘Island-of-the-Echo-of-the-Western-Sea’, whose trunk has a diameter of more than twelve thousand leagues and whose crown of leaves extends ‘more than two thousand leagues beyond the borders of this formidable Sea’ (all quotations from Wölfli can be found in Sass, 1997, n.d.).

The world of Wölfli’s delusions is best captured by the famous concept of ‘the sublime’ — a key aesthetic concept that dates back to the first century AD writer, Longinus, and was elaborated by Burke, Kant and Schopenhauer. Beautiful objects, according to Kant’s classical account in the Critique of Judgment, have the quality of comprehensible form. By contrast, the ‘sublime’ always involves an experience of something so colossal in size or scope, or so powerful in force, that it beggars our mental capacities to imagine it. Instead of harmonious resonance, the associated affects are organized around a sense of tension or opposition between objects we encounter and our inadequate faculties of knowing, and involve ambivalent feelings of repulsion from as well as attraction to the same object.

There is, however, another side to this paradoxical mode of experience that is brought out by Kant and Schopenhauer — namely, an antithetical experience of the power, centrality and even superiority of one’s own mind or self when faced with the looming tremendousness of the world. As I stand before Mont Blanc or the Grand Canyon, I am acutely aware of the puniness of my own body and self, of the infinitesimal irrelevance of my existence in a universe so vast. But, argues Kant, I also become aware of a comparable power contained within — namely, of my own rational faculties, including the human capacity for judgment and free will, a capacity so absolute as to amount to an infinitude that is in no way inferior
to that of the external world. Schopenhauer (1928/1949) interpreted this inner infinitude in ontological terms — as involving an awareness of the mind’s capacity not just to choose but, in a sense, to create or constitute the world of our experience. He describes a characteristic oscillation (or coincidence) of a sense of abjectness and omnipotence, of being overwhelmed and of feeling one’s own overweening power. The feeling of the sublime, writes Schopenhauer, ‘arises through the consciousness of the vanishing nothingness of our own body in the presence of a vastness which, from another point of view, itself exists only in our idea, and which we are, as knowing subject, the supporter’. ‘[T]he vastness of the world which disquieted us before, rests now in us; our dependence upon it is annulled by its dependence on us’, on its existing ‘only as our idea’ (1928, pp. 172–3; 1949, pp. 242 f, 211).

Oscillation between abjectness and a quasi-solipsistic, post-Kantian assertion of the world’s dependence on the knowing self, is a key feature of Wölfli’s quasi-delusional fantasies. On the one hand he describes being overwhelmed by the vastness of the (imaginary) world that looms before him:

Oh my Father, oh my sacred God, all-powerful, in your grandeur and your omnipotence. Is it possible that a son of the earth, at the spectacle of your diversity, of your beautiful and ravishing wonders, could collapse backwards, without consciousness, crushed by pure ravishment and admiration?

On the other hand, Wölfli identifies himself as a royal or even divine figure: the ‘very highest and most superior Great-Great Majesty, Great-Great God, St. Adolf, born in Switzer-land of the Planet, Earth’, or as ‘Great-Great Majesty, Great-Great God, Great-Great Kaiser and Great-Great Husband, Holy St. Adolf’. Of special interest are passages in which Wölfli describes himself as equaling or even surpassing God in the quintessentially divine act of cosmic creation, as when he describes blowing into a ‘Horn of Omnipotence’ that was lent to him by God: ‘Oh Miracle and, Ravishment: Oh Splendor, Marvelous! Not only Myriaads! [sic] No!! Many Oberons of Sstaars [sic] ... and fragments of the Universe flew out of this horn in the direction of the South’ (‘Oberon’ was Wölfli’s neologism for the highest of all numbers). Wölfli describes specks of dust that emerge from his horn, then grow larger and larger until, finally, they coalesce into a colossal new universe that, he tells us, is eleven times larger than the previous one created by God.

Considered in one way, this occasion of world-creation is liable to seem the most absurd instance of grandiosity — almost a limit-case of a grandiose delusion that implies belief in something not only false but impossible. But from another standpoint, Wölfli’s blowing of the omnipotence horn is a perfectly accurate, though allegorical, statement of the literal truth of his existence at the Waldau Asylum, where Adolph Wölfli spent his days immersed in his imagination, producing the worlds that he, in a sense, aptly terms the ‘St. Adolf Creation’ or ‘St. Adolf Giant Creation’. Wölfli did not, of course create actual universes in the infinite realms of physical space; he did, however, actually create virtual universes on canvas and paper. Indeed, Wölfli seems to have devoted far more...
time and energy (most of his waking hours over the course of several decades) to
his virtual life in these sublime, imaginary realms than to his actual life as a men-
tal patient in the Waldau — so much so that his Waldau life may have sometimes
felt to him, in some sense, less than fully real. This does not, however, mean that
he confused his virtual life with an actual one; or that the colossal walnut tree on
the ‘island-of-the-Echo-of-the-Western-Sea’ was, to him, as real (or real in the
same way) as were the fir trees in the asylum grounds.

There are occasional passages in Wölfli’s writings when he acknowledges his
own role in creating what he seems to be recognizing as only fictional universes.
In one passage, for example, Wölfli makes explicit reference to his own role as
author of the text: ‘But in order not to lose my way in the narrative,’ he writes, ‘I
march right back to St Johannsen, and sit down at the table in an office decorated
especially for me, take a lighted Havana to my lips and fill my jug full of beer so
that I might tell the next chapter most exactly.’ At times he refers to himself as a
‘patient of the Waldau [clinic]’ or even a ‘candidate for the looney-bin’ who
devotes himself to the ‘madman’s pastime’ of mere fantasizing.

One might object that Wölfli’s attitude is atypical, and that most patients with
schizophrenia do not have this kind of distance either from their own delusional
claims or from the delusion-generating process. I would agree that, by virtue of
his raw intelligence, capacity for irony, and sheer creative energy, Wölfli is
hardly the most typical patient or person. I would also agree that many patients
with schizophrenia lack this kind of distance from their own delusions that he
sometimes shows, and that their attitude can sometimes involve something much
closer to normal forms of conviction or belief — especially in some early stages
of schizophrenia and in the case of many paranoid-persecutory delusions. Per-
secutory delusions are in fact the type of delusion that has been found most likely
to be acted upon by the patient (when this acting is judged by third-party observ-
ers). This is in contrast with delusions of catastrophe or grandiosity — both
highly characteristic of Wölfli — which appear to decrease the likelihood that a
delusion (or quasi-delusion?) will be acted upon by the patient (Wessely et al.,
1993). According to the analysis presented in this article, affects associated with
persecutory delusions would therefore be expected to be closer to normal forms
of emotion. This is, in fact, consistent with Buchanan et al.’s (1993) finding that
patient reports of acting on a delusion were positively associated with the
patient’s ‘feeling sad, frightened or anxious as a consequence of the delusion’
(p. 77).

I do believe that some kind of implicit awareness of the quasi-fictional or sub-
jective nature of the delusional world is common enough in chronic and with-
drawn patients — indeed, that retreat into a world experienced as merely virtual
can be a key motivation for the withdrawal itself. For as Sartre and others point
out, delusion can involve escape not just from the content of the real, but from its
very form, especially from reality’s way of making demands and imposing con-
ditions on us while refusing to succumb (without manipulation) to even the most
intense of our wishes. But this is not the place to debate how common this condi-
tion really is. Let us rather accept that Wölfli represents one possibility for
schizophrenic experience and move on to ask about the affective dimension of this particular sort of ‘world’.

One striking feature of Wölfl’s imaginary world is the lack of any particular target of concern, such as a specific object of fear or desire around which any normal sort of plot, narrative energy, or temporal directedness could coalesce. Wölfl does refer to specific objects, such as the colossal walnut tree on the ‘Island-of-the-Echo-of-the-Western-Sea’ or the ‘Giant-Glacier of the Celestial-Stars-of-God-the-Father’. These, however, have an interchangeable quality — as if no object had any particular importance other than its status as an exemplar of the amazing or the tremendous. For Wölfl, one might say, the object of concern is not any specific person or thing within the world, but rather the world itself, or the world as a whole. Instead of having worldly concerns, he is concerned with the world itself — with its reality or unreality and with the conditions of its creation. We might say, in fact, that the affective tone imbuing these realms of the amazing and the miraculous, is more a matter of ‘mood’ than of ‘emotion’ — more a pervasive state of mind or feeling than an affective charge targeting any specific object of concern. As for the particular kinds of mood, these, I think, are well specified by the concept of ‘the sublime’ discussed above: namely, the present-oriented quasi-emotions of wonderment or amazement, combined with a paradoxical mode of self-experience in which abjection and a sense of shrinking away is continually being undercut and overcome by surges of godlike grandiosity. Many of Wölfl’s affective reactions are akin to what Pierre Janet, in De L’Angoisse a L’Extase (1928), calls ‘les beatitudes’, and distinguishes from ‘les emotions’. As Janet points out, states of beatitude have three key characteristics: a great sense of joy that is accompanied by extreme activation of internal thought processes and also by nearly complete suppression of motoric activity.

Wölfl’s lack of normal, engaged temporality is reflected in the flattening and unreality of space characteristic of his quasi-delusional world. Indeed, Wölfl’s work nicely illustrates the essential coupling of time and space that Heidegger (1962) has described. As Heidegger points out, a normal sense of lived space is necessarily imbued with (constituted by) the temporality of a practical being (Dasein) who perceives affordances and is implicitly aware of his own actual and potential movements and interactions with real objects (Heidegger, 1962, p. 419). By contrast, Wölfl exists in a sort of virtual world, a world in which objects are unreal and action is either impossible or irrelevant — a world in which (in Stephan Strasser’s (1977) terms) there is no sense of neediness and no sense of being ‘underway’ (e.g., no quickening of desire on approaching a yearned-for object). In this sort of world, the patient is likely to experience both more and less affect — or perhaps we should say, affect of a different kind.

Consider, in this light, the fear of World-Catastrophe described in several classic accounts of schizophrenia and in many textbooks (e.g., Kaplan and Sadock, 1998, p. 480). At least in some cases, the patient’s fear that the universe will explode or disappear is associated with the patient’s feeling of being a kind of divine, quasi-solipsistic centre that is somehow responsible for the world’s
very existence. ‘The world must be represented, or the world will disappear’, said one patient quoted by Karl Jaspers (1963, p. 296). Patients sometimes feel it is imperative to keep their body perfectly still, lest the universe begin to tremble and collapse. From one standpoint, the dissolution of the world — which would seem to imply one’s own death, and that of everyone and everything one cares about — would seem the most frightening prospect imaginable. But in another perspective, it is almost a trivial, because virtual, event — no more consequential than the blotting out of the world that occurs each time one blinks one’s eyes. It is understandable, then, that this sense of utter desolation or panic may occur alongside a kind of emotional blunting or indifference, and in conjunction with a lack of normal fellow-feeling with other persons (Slater and Roth, 1969, p. 269).

I would suggest that many withdrawn, long-term patients are accustomed to just this sort of oscillation. The sense of safety they feel from external demands when in their virtual world is related to a background sense of the unreality of this world; hence they will, much of the time, maintain a residual awareness of the unreality of the world-catastrophe. One young male patient treated by a colleague of mine told the colleague that she had nothing to fear from the world-catastrophe he had been anticipating — the catastrophe was relevant to him and to him alone (Sass, 1992a, p. 335; see also Sechehaye, 1970, p. 27). Such a patient exists in a subjectivized, even solipsistic world; and this, obviously, alters what Frijda calls the ‘situational’ aspect of affective life. A catastrophe of this kind necessarily lacks several of the ‘core components’ of emotion (Frijda, 1986), components that make a situation emotional at all, and also contribute to its intensity: namely, ‘objectivity’ and ‘reality level’ (the sense of being affected by something external and real), ‘relevance’ for action, ‘urgency’ and ‘seriousness’. By its very nature, a world-catastrophe experience is therefore incompatible with passionate emotion in the full or paradigmatic sense of the term. It may arouse a kind of intense affect, but since the affective state involves no real change in action-readiness, it is likely to be framed or surrounded with a paradoxical kind of calm. This accounts for the remarkable sang froid that a person with schizophrenia may display before what would seem to be the most terrifying fantasies or events; such a person is capable of experiencing horror and serenity at the very same moment.

It is worth noting that, in the case of a morbid dreamer like Wölfli, the sequence and priority of the experiences of abjection and sovereignty seem opposite to what typically occurs with the natural sublime. Kant and Schopenhauer describe situations in which one happens across a feature of the natural world (e.g. the Grand Canyon, Mont Blanc), and in which the initial experience of being overwhelmed eventually inspires an antithetical awareness of one’s own centrality and power. But in the case of the morbid dreamer, the experience of one’s own, godlike centrality is liable to be the prior and primordial truth. After all, the delusional world is only a virtual or imaginary world; and as such, is necessarily attended by a coefficient of subjectivity and by a residual, potentially deflationary, awareness of one’s own role in creating this world.
It may be, in fact, that the emphasis on the colossalness of all that Wölfli perceives/creates is partially inspired by a defensive need to insist on the overwhelming, and supposedly incontrovertible, reality of all that he experiences — to, in a sense, deny the coefficient of subjectivity that may attend all that he contemplates in his virtual, quasi-delusional world. Another feature that may serve this purpose is the proliferation of irrelevant yet amazingly precise details that Wölfli sometimes provides. Consider in this light Wölfli’s account of his delusional memory of a train wreck:

Afforesaid train No. 21 of H.M. Railways (Saragossa-Granada-Cordova) of latest construction, had 2 eight-wheeled express engines, 1. With tender, 2. With luggage van, 3. With post van and 4. with 43 passenger coaches, most of them with 60 seats...crashed down slightly north of the center between those enormous bridge piles, holding exactly 1,431,182 cubic meters asbestos each.

There is something absurdly exaggerated about the amazing elaboration of detail concerning an event that is purely imaginary. It suggests a desperate attempt to create an illusion of reality — to produce what the literary theorist Roland Barthes (1986) has called the ‘reality effect’. Barthes describes how novelists may include incidental details — details completely arbitrary and free of any thematic purpose — for the sole purpose of giving the impression of realism.

Wölfli’s vanity (‘Great-Great-Majesty, Great-Great God, St. Adolf’) and the insistent quality of his claims, taken together with his occasional bursts of irony and self-mockery, do indicate some defensiveness or ambivalence about his own, quasi-divine status and role. Wölfli, it seems, experiences a distinctive combination of pride and amazement, of cosmic self-satisfaction and abject insecurity — the affects appropriate to a creator-god who is vain as well as insecure, and inclined at times to protest rather too insistently about the boundlessness of his power. The world Wölfli invokes is but a virtual world, conjured by the self, and this self is always at least residually aware of its conjuring.

Wölfli’s virtual world can seem congealed, airless and inert (a mood often conveyed by his visual works). Alternatively it may seem as ephemeral or inconsequential as smoke or mist — a roiling, shape-shifting cloud that takes on one grandiose appearance after another (this is more typical of his narrative writings). In both cases, however, Wölfli’s world lacks the consequentiality and the true unpredictability of ‘the real’. For this reason, Wölfli’s writings lack any vestige of real narrative drive. Though fascinating to sample, they can actually be quite boring to read in large amounts: Despite the emphasis on the colossal and the amazing, there seems no possibility of surprise and, hence, an utter lack of suspense; the reader is unlikely to feel gripped on an emotional level.

Crucial to the paradigmatic or passionate emotions is an intense sense of ‘objectivity’ — the awareness that the situation imposes its meaning rather than having it simply conferred by oneself. Also crucial are action tendencies or changes in action readiness — in ‘modes of readiness for entertaining or abandoning given types of relationship with the emotional object’ (Frijda, 1986, pp. 239, 263); and these, in turn, are coordinated with the person’s experience of his worldly ‘situation’. But to the extent that the morbid dreamer manages to live
within his dream, there are, in some sense, no emotional objects. Alternatively, one might say that the entire virtual world is the object, not of normal emotionality, but of affectively charged concerns involving the omnipotence of the self. Such a person exists in a subjectivized or quasi-solipsistic world, and this necessarily alters the founding dimensions of affective life.

Clearly, then, the world of the ‘morbid dreamer’ involves a diminishment of the paradigmatic emotions, which involve such reality-oriented attitudes as fear, desire, and the like. But, at the same time, there is likely to be a concomitant heightening of other, more moodlike and ontologically oriented affects that are associated with the sublime. In place of the passions that come of being embroiled within the worldly, Wölfli experiences affects appropriate to a godlike source who has (in a sense) created the world and continues to support its ongoing existence. This includes a sense of exhilaration and of one’s own incomparable grandeur, but also lingering insecurities — not only about the fragility of what one has created (manifest in world-catastrophe fears), but also about the reality of having created it. Such a person is therefore caught between two fears than can be viewed as either antithetical or identical: first, the fear that the universe will somehow dissolve; and second, the fear that the universe that preoccupies him, along with its imminent catastrophe, will turn out to be no more than an illusion.

Conclusion

I have described three kinds of schizophrenic experience: Bodily Alienation, Unworlding and Subjectivization. By developing phenomenological accounts of each of these kinds, I have attempted to resolve what might be called the Kretschmerian paradox — that is, to show that each mode is compatible with a diminishment of normal emotionality along with preservation, or even heightening, of other (non-emotional) forms of affective response. In this way, phenomenology can help to account for — perhaps even, in a sense, to explain (Sass and Parnas, in press) — one of the key clinical anomalies characteristic of the psychopathology of schizophrenia.

References


