Intersubjectivity and Its Role in Schizophrenic Experience

Elizabeth Pienkos
Rutgers University

Social disturbances are common in schizophrenia and can be quite severe, significantly affecting functioning in a variety of ways. Yet the kinds of social disruptions experienced by persons with schizophrenia show a great deal of variability and are difficult to explain with available data. This article considers the variety of intersubjective disturbances that can occur in schizophrenia from a phenomenological perspective, focusing in particular on perceptual disorganization, opacity, loss of common sense, and forms of self-other confusion (petrification and totalization). To explain how these sorts of anomalous experiences might be related to other core disturbances in schizophrenia, the article draws on several prominent phenomenological theories of intersubjectivity, especially Scheler’s (1954/1973) “expressive unity” and Stein’s (1916/1989) and Ratcliffe’s (2012) characterizations of empathy. Finally, the article suggests how these interpersonal disruptions may also play a role in paranoia, solipsism, and derealization, experiences of the lived world that are common in schizophrenia.

Difficulties with interpersonal relationships are known to be both common and pervasive in schizophrenia. The Diagnostic and Statistical Manual of Mental Disorders (5th ed. American Psychiatric Association, 2013) points out that those with this diagnosis are less likely than other people to have meaningful social relationships or to get married, and that they have more difficulty sustaining employment. Such difficulties are highly correlated with poor functioning and reduced possibility of achievement throughout life (Mueser, Bellack, Morrison, & Wixted, 1990), suggesting that problems in this domain may be not only painful, but also particularly debilitating. Some have argued that difficulties in social interaction may be due to the state-based interference of psychotic symptoms (e.g., Frith & Corcoran, 1996). Others believe that generalized cognitive deficits are to blame (discussed in Langdon, Coltheart, Ward, & Catts, 2001). However, reviews of the literature indicate a lack of relationship between social disruptions and cognitive impairments (Pickup, 2008; Sprong, Schothorst, Vos, Hox, & Van Engeland, 2007). Problems with social functioning can occur long before the first appearance of psychotic symptoms, indicating that the positive and negative symptoms are not the only causes of such

Elizabeth Pienkos is now a clinical psychologist (candidate register) at Cole Harbour Community Mental Health, a community clinic with the Capital District Health Authority in Dartmouth, Nova Scotia, Canada.

1Others have suggested that the arrow of causality may also point in the opposite direction; environmental contributions to social difficulties, such as increased isolation and stress, may also increase the likelihood of developing schizophrenia later in life (Heinz, Deserno, & Reininghaus, 2013).

Correspondence should be addressed to Elizabeth Pienkos, Cole Harbour Community Mental Health, Box 4, 51 Forest Hills Parkway, Dartmouth, NS, Canada, B2W 6C6. E-mail: epienkos@gmail.com
difficulties (Mueser et al., 1990; Penn, Sanna, & Roberts, 2008). Many persons who go on to develop schizophrenia, for example, have felt unable to behave spontaneously like their peers, even as young children (Cannon, Mednick, & Parnas, 1990; Schiffman et al., 2004; Watt & Lubensky, 1976).

Most research on social difficulties in schizophrenia focuses on performance in three main areas of assessment in cognitive neuropsychology: theory of mind, human facial and emotion perception, and attribution of intentionality (for reviews of this literature, see Penn et al., 2008; Sass & Pienkos, in press). Such studies regularly find that individuals with schizophrenia perform more poorly on a variety of tasks assessing social ability than do nonpsychiatric populations and those with nonschizophrenia diagnoses. They also tend to explain these difficulties in terms of various cognitive deficits or disruptions in the structure and function of certain parts of the brain. However, what such studies often do not consider is the subjective experience of intersubjectivity—the ways that interactions with others are experienced by persons with schizophrenia themselves.

The purpose of this article is to add to the literature on sociality in schizophrenia by offering a careful consideration of the complex and multifaceted forms of social experience in this disorder. Proponents of research on first-person experience have noted that such an approach can uniquely contribute to a more nuanced understanding of various forms of psychopathology as well as promote greater empathy in clinicians, researchers, and the general population (Cutting & Dunne, 1989; Moskowitz & Heim, 2011; Parnas, 2011).

The article also draws on several prominent phenomenological theories of intersubjectivity that can provide clues to the disturbances underlying some anomalous experiences in schizophrenia and offer a framework to situate them meaningfully within this disorder. The article begins with a brief review of the literature on the subjective experience of intersubjectivity in schizophrenia. Following this is a summary of some of the major phenomenological theories of interpersonal experience. Finally, these theories are applied to suggest possible underpinnings for the varieties—and paradoxes—of intersubjective experience that can occur in schizophrenia.²

²Of course, it should be noted that the forms of experience described in this article are not experienced by all persons with schizophrenia, nor are they necessarily experienced all the time, although several empirical studies suggest that the experience of subtle, nonpsychotic disturbances may continue in the absence of or outside acute episodes (Nordgaard & Parnas, 2014; Raballo, Saebye, & Parnas, 2011; Stanghellini & Ballerini, 2011). Furthermore, in spite of the emphasis on the disturbances of intersubjectivity that occur in schizophrenia, it should hardly need to be said that persons diagnosed with this disorder can, and do, maintain rich and meaningful relationships, both in the absence of any intersubjective disturbance as well as in the midst of it.

DESCRIPTIVE PSYCHOPATHOLOGY

Sass and Pienkos (in press) have listed several forms of interpersonal experience that they find to be distinctive of schizophrenia. Their list includes “abnormalities of common sense and conventionality,” which describes difficulty understanding and following the implicit and often subtle social rules and conventions that guide human behavior. This is illustrated by an individual who stated,
I have to ... take note of how other people are acting in a social situation, and say, “Okay, this is how I’m supposed to be acting,” and, overacting, act it out. It feels like it comes more freely to other people, like they are more comfortable and just know what to do. . . . I don’t have that . . . kind of automatic reaction to things like other people do. . . . I really have to focus on what I’m doing . . . everything’s a conscious effort.3

Another characteristic experience is termed “pathological empathy and sense of openness,” a feeling of being unavoidably influenced and changed by the thoughts and feelings of others. For example, one person described how

at the moment in which someone thinks something about me, this thought becomes a risk for my existence, because I see others as endowed with the possibility of manipulating the way I am. What for other people would be no more than an innocent remark, for me becomes something that can mold me. (Stanghellini, 2001, p. 210)

A third experience common to schizophrenia is that of “paranoia and the feeling of centrality,” the sense that one is the center of others’ attention and even, at times, the center of the universe. This may range from a more mundane, or ontic, paranoia, found, for example, in those who might believe they are the center of a CIA plot, to a more all-encompassing, ontological feeling of centrality, described by some patients as “I have the sense that everything turns around me,” (Conrad, 1958/1997, p. 161) or “I am like a little god, time is controlled by me” (Conrad, 1958/1997, p. 158). One final shift in interpersonal experience is called “perceptions of devitalization [of other people],” defined as the sense that others are somehow inanimate objects, like puppets or toys or robots. The patient Renee, for example, described in Autobiography of a Schizophrenic Girl how “around me, the other children, heads bent over their work, were robots or puppets, moved by an invisible mechanism. On the platform, the teacher, too . . . was a grotesque jack-in-the-box” (Sechehaye, 1962, pp. 29–30).

A number of other contributions from phenomenological psychopathology, both contemporary and classic, offer theories that may shed further light on such experiences. The phenomenological psychiatrist Eugen Bleuler (1911/1950), for example, described what he called “autism” in schizophrenia as “detachment from reality, together with the relative and absolute predominance of the inner life” (p. 63).4 He proposed that a patient’s interpersonal difficulties were “secondary” to other aspects of the disorder; they were the result of a withdrawal or retreat from the social world into the solipsistic comfort of the individual mind, occurring “when the sick psyche reacts to some internal or external processes” (p. 348). Eugene Minkowski (1927/2012) believed that such difficulties result from the disruption of the normally harmonious relationship between the self and the outer world, which he called a “loss of vital contact.” Wolfgang Blankenburg (1986; Sass, 2001) later distinguished between what he called “primary autism,” a loss of “natural self-evidence” or the common-sense understanding of the social world, and “secondary autism,” a sense of social isolation and withdrawal. Secondary autism, he believed, was a result of

3This quotation comes from the author’s original research with individuals diagnosed with schizophrenia, as do all subsequent quotations that are not cited from outside sources.

4This notion of autism is distinct from the contemporary use of the term to denote a syndrome that develops in early childhood and is characterized by “persistent impairment in reciprocal social communication and social interaction ... and restricted, repetitive patterns of behavior, interests, or activities” (American Psychiatric Association, 2013).
primary autism in schizophrenia—feeling at odds with the shared or social world prevented the person from being able to form and sustain relationships with others.\textsuperscript{5}

Stanghellini and Ballerini (2011) have described the anomalous social experiences in schizophrenia as including invasiveness and emotional flooding, or “feeling oppressed and invaded by others, from without” and “feeling oppressed and submerged from within by one’s emotional and bodily sensations evoked by interpersonal contacts,” hypoattunement, or the “feeling of detachment from other persons . . . impaired ability to contact and decipher others’ behaviour and social situations,” and hyperattunement, or the “feeling of merging with other persons, hyperempathy, e.g., direct mindreading of others” (Stanghellini & Ballerini, 2011, p. 186). They also view some disturbances of sociality as resulting from certain values that tend to be more firmly held in schizophrenia than in the general population. In particular, they suggest that persons with schizophrenia hold fast to a belief in their own specialness and eccentricity and that they may actively refuse to develop relationships with others in order to maintain their independence, a quality that may be highly valued but easily threatened in persons with schizophrenia (Stanghellini & Ballerini, 2007). Lysaker, Johannesen, and Lysaker (2005) also paid particular attention to the sense in schizophrenia of being “colonized or obliterated” (p. 338) by others, or the feeling of losing one’s sense of self under the influence of another person.

Such phenomenological discussions provide a richer account of the subjective experience of the interpersonal world in schizophrenia than is found in cognitive neuropsychological explanations and may be a helpful starting point in efforts to understand why and how these disturbances occur, is demonstrated in the following.

PHILOSOPHY OF INTERSUBJECTIVITY

A general theoretical framework of intersubjectivity can help in forming hypotheses about how such social disturbances may develop. This section highlights three major points made by prominent existential and phenomenological philosophers about intersubjective experience, points that are closely linked but that emphasize different aspects of intersubjectivity. First, the other is experienced as an expressive, meaningful whole (rather than a collection of details). Second, the empathic encounter involves immediate recognition of the other as a subject. Third, the experience of the other is fundamentally different than one’s own experience of self.\textsuperscript{6} After establishing this basic structure for the processes that permit intersubjective experience, it will be possible to see how shifts within this structure may contribute to the kinds of social experiences that occur in schizophrenia.

Expressive Unity

Many philosophers have described the sense of immediacy that occurs when experiencing another person, which Scheler (1954/1973; see also Gallagher & Zahavi, 2012) calls “expressive unity.” This immediacy involves seeing the other not as a multitude of details that one subsequently puts together to create meaning, but rather as a meaningful whole first—an intentional consciousness

\textsuperscript{5}For a comprehensive analysis of the concept of autism and its role in schizophrenia, see Parnas, Bovet, and Zahavi (2002).

\textsuperscript{6}Although these ideas are not the only observations made by philosophers on the subject of intersubjectivity, they have been chosen for their relevance to the paradigmatic forms of disturbance found in schizophrenia.
with an experience of its own unique subjectivity. Any specific details one observes come into focus only after one has apprehended the whole person. As Merleau-Ponty (1948/1992) states,

Anger, shame, hate, and love are not psychic facts hidden at the bottom of another’s consciousness: they are types of behavior or styles of conduct which are visible from the outside. They exist on this face or in those gestures, not hidden behind them. (p. 67)

One does not have to work to intuit the consciousness of another; rather, one experiences that consciousness immediately in every encounter with another person.

This primary recognition of the other stands in contrast to the theory of mind account of inter-subjectivity, which maintains that some kind of cognitive functioning must go into understanding the other; that is, first we see the details and then we attribute meaning (whether by developing a theory about their experience [theory theory] or by imagining ourselves experiencing that very thing [simulation theory]). Instead, the notion of expressive unity suggests that the experience of encountering another mind is immediate. As Gallagher and Zahavi (2012) note, this encounter with the other

is not a question of feelingly projecting oneself into the other, but rather an ability to experience behaviour as expressive of mind, i.e., an ability to access the life of the mind of others in their expressive behaviour and meaningful action. (p. 191)

Primordiality of Empathy

Edith Stein’s phenomenological account of empathy supports this view. Stein (1916/1989), a student of Husserl, considered empathy to be a “primordial” experience, distinct from but as immediate as perception, memory, or other forms of intentionality. She describes empathy as a process that occurs when one encounters a foreign consciousness, “the experience which an ‘I’ as such has of another ‘I’ as such” (p. 11). She is clear, however, that it is not a matter of having the other’s experience but “an experience of my own that arouses in me the foreign gestures witnessed” (p. 23). To Scheler’s description of the encounter of the other as a meaningful whole, Stein can be seen as adding emphasis to the immediacy of the experience as it occurs within oneself, such that the experience of the other is both wholly private and subjective while also entailing recognition of the privacy and subjectivity of the other. Thus, I have a dual experience of the other—a primordial experience in myself as I encounter the other and a nonprimordial one of the other having his or her own primordial experience. It is this dual experience, Stein argues, that permits us to see the other person as another subject; “since it experiences itself as I experience myself, the ‘you’ is another ‘I’ ” (p. 38). The empathic encounter, then, is one that affirms one’s own immediate subjectivity at the same time that it establishes the subjectivity of the other.

Otherness of the Other

Ratcliffe (2012) starts from Stein’s analysis of empathy but emphasizes the difference or alterity between the empathizer and empathized—we can never “have” the other’s experiences in the same way that we have our own. He notes that “we have an experience of our own that
‘announces’ another experience as someone else’s’ (p. 4). Thus, one’s understanding of the other’s experience is always a second-person experience, which includes the sense that the other’s experience belongs to them and is felt by them in a way that is different from one’s own experience of it. As Wittgenstein notes “My thoughts are not hidden from [the other], but are just open to him in a different way than they are to me” (1951/1992, pp. 34–35). Ratcliffe (2012) uses the term “radical empathy” to describe this ability to understand the other while explicitly recognizing the incompleteness of that understanding—a “phenomenological appreciation of their experience as it is for them, achieved through a distinctive kind of other-directed attitude” (pp. 486–487). Ratcliffe describes radical empathy as something that must be cultivated or to some degree explicitly called upon, as in an academic investigation into the phenomenological experience of some form of psychopathology or when trying to understand the particular reasons behind the emotions of someone from another culture. However, by drawing out this facet of empathy, he reminds us of the basic recognition of the otherness of the other that occurs in everyday empathy. Even when we feel that we understand another’s experience, we maintain a sense of the difference between our understanding and the other’s lived experience.

BREAKDOWN OF THE OTHER

Each of these theories emphasize a different aspect of intersubjectivity. As this section shows, the disruption of these elements of intersubjectivity can have devastating consequences for the relationship between self and other.

Perceptual Disorganization and Loss of Expressive Unity

In schizophrenia, the ability to integrate a collection of details often becomes disturbed. Reviews of the literature have found convincing evidence of a deficit of “perceptual organization” in schizophrenia, or a disturbance of the cognitive processes that structure perceptual information into similar groups and whole figures or object representations (Silverstein & Keane, 2011; Uhlhaas & Silverstein, 2005). Sass and Parnas (2003) relates this disorganization to a disruption of ipseity, the basic sense of self as the origin or zero point of consciousness. This disruption can result in a loss of the “lived point of orientation and the correlated pattern of meanings that make for a coherent and significant world...[such that] the structured nature of the worlds of both thought and perception will be altered or even dissolved” (p. 436). The link between disturbed ipseity and perceptual disorganization is apparent in the following description from Elyn Saks (2007):

No core holds things together, providing the lens through which to see the world, to make judgments and comprehend risk...Sights, sounds, thoughts, and feelings don’t go together. No organizing principle takes successive moments in time and puts them together in a coherent way from which sense can be made. (p. 13)

7Such radical empathy, Ratcliffe (2012) suggests, may be particularly necessary when engaging with others who have radically different experiences, such as those with severe depression, but it may also play a role in relating even to those with whom we share a similar background or set of assumptions about the world.

8Ipse is Latin for self or itself.
Without this organizing center, the perception of whole objects may fall apart, causing them to seem like mere meaningless collections of details.

Although perceptual disorganization may occur with any perceptual whole, living or not, human or not, it may have specific consequences for intersubjective encounters. In social situations, the other’s facial features, gestures, or spoken statements may be perceived as fragmented details, rather than meaningful aspects of the other’s expressive unity. Sass (1992) quotes the description of a patient, Renee, who articulates how she ‘‘saw the individual features of [a woman’s] face, separated from each other: the teeth, then the nose, then the cheeks, then one eye and the other’’ (p. 50). Similarly, Roquentin, the characteristically schizoid narrator (Kirsner, 1977) in Sartre’s *Nausea* (1938/1964), finds himself staring at his reflection in a mirror and eventually coming to feel that ‘‘nothing human is left’’; rather than being the windows to the soul, his eyes become ‘‘a white globe . . . pink bleeding flesh. . . . They are glassy, soft, blind, red-rimmed, they look like fish scales’’ (p. 17).

These two examples indicate what may occur in the absence of a unifying self—human expressions, indeed, human beings lose their sense of completeness and become meaningless, ceasing to point to an independent subjectivity. Other people become mere collections of shapes and colors, fragmented objects without a soul.

**Opacity and Loss of Common Sense**

A potentially related experience among persons with schizophrenia is the sense that others are utterly opaque and unreadable. This appears to map onto traditional theory of mind-deficit hypotheses, which suggest that persons with schizophrenia lack or have a reduced capacity to understand others’ perspectives (Corcoran, Cahill, & Frith, 1997; Frith & Corcoran, 1996; Langdon et al., 1997). Subjective reports indicate experiences of feeling like ‘‘a detached onlooker,’’ an ‘‘anthropologist,’’ or an observer of ‘‘other people in everyday activity [just to see] how it functions,’’ as one patient put it (Stanghellini & Ballerini, 2007, p. 136). A personal correspondent with schizophrenia has noted that she, along with many persons with schizophrenia of her acquaintance, suffers immensely from loneliness and social isolation; it should be self-evident that feeling completely different from everyone else might generate a painful sense of being all alone.

One individual described her experience of intersubjective opacity as follows:

> I feel cut off, cut off from humanity, and I want back in. I look at people and I don’t feel like one of them. People are strangers. I look at a person’s face. I study the lines, the brow, and the colors in the iris. The human is my subject, the object I scientifically try to identify. (Johnson, 2012, p. 208)

Apparent in this report is the connection between feeling isolated from others and the act of scrutinizing details. Silverstein and Keane (2011) have reviewed evidence that links deficits in perceptual organization to problems processing facial emotions and inferring the mental states of others (diminished theory of mind), supporting the idea that perceptual fragmentation,
possibly by contributing to increased scrutiny of details, can play a role in this loss of social attunement.\textsuperscript{10}

Without the ability to understand others, any common-sense relationship to the world is also likely to break down. As Stanghellini (2001) writes, the “capacity to get involved in and directly perceive the other’s mental life is the basic requisite for the familiar feeling with the environment, at home, and in everyday social situations” (p. 207). The loss of common sense is a relatively frequent occurrence in schizophrenia and one that many have claimed to be pathognomonic of the disorder. Blankenburg (1968/2001), for example, used the phrase “loss of natural self evidence” to describe the loss of the usual common sense orientation to reality, that is, of the unquestioned sense of familiarity and of the unproblematic background quality that normally enables a person to take for granted so many elements and dimensions of the social and practical world, (Sass, 2001, p. 258).

an experience he viewed as fundamental to schizophrenia. The Swiss psychiatrist Störring (1987) also believed that this sort of “perplexity” is unique to the disorder. Henriksen, Skodlar, Sass, and Parnas (2010) found that such disturbances of common sense are intimately related to what they call “estrangement,” a sense of “feeling different and not belonging to the world” (p. 363).

Persons with schizophrenia have described feeling like there is “no secure ground to interpret the others’ intentions” (Blankenburg, 1968/2001, p. 211) or like “I no longer have a footing in the world. I have lost a hold in regard to the simplest, everyday things. It seems that I lack a natural understanding for what is matter of course and obvious to others” (p. 307). Another individual with schizophrenia stated,

It’s sometimes difficult for me to move and do things naturally. . . . I can’t have a normal dinner without noticing who’s picking up their glass after other people. I pick up my glass, and then three or four people pick it up afterwards, or maybe nobody does, and then you think, why does nobody like me? This last quotation suggests a sense of looking for patterns and meaning where none may exist, a common consequence of loss of common sense and a potential precursor to delusional thinking (Stanghellini, 2000).

Self-Other Confusion and Disturbances of Empathy

Paradoxically, persons with schizophrenia may also feel that others are too close and invasive. One individual said, for example, “I’m getting to be more humane. Will it ruin my brain? All this

\textsuperscript{10}Sass and Parnas (2007) used the term “hyperreflectivity” for this kind of semi-intentional scrutiny (in contrast to operative hyperreflectivity, which has a more automatic quality), especially in relation to self experience. They also note that unusual or anomalous experiences of the self (especially in terms of cognition and physiological sensations) can prompt this kind of self-scrutiny, which can exacerbate the strange experiences and make them seem more alien and object-like. Feeling alienated from others appears to prompt greater scrutiny of details, but the perception of isolated details (over the whole) may also contribute to greater alienation. This relationship of intersubjective alienation and hyperscrutiny appears to parallel the theorized processes of diminished self-affection and hyperreflectivity that make up the disturbed ipseity hypothesis of schizophrenia (Sass & Parnas, 2003).
humanity is upsetting my own special framework. It’s polluting me” (Stanghellini & Ballerini, 2007, p. 138). Another stated that when she spoke to others, she avoided looking in their eyes because she would become confused about who was who and whether they were speaking her thoughts or she was speaking theirs, as though they were, perhaps, just one person communicating with herself. Such feelings of confusion between self and other are relatively common among persons with schizophrenia and have been described variously as “engulfment” (Laing, 1965), “transitivism” (Bleuler, 1911/1950; Parnas et al., 2005), and “pathological empathy” (Georgieff, 2008). The Examination of Anomalous Self Experience (Parnas et al., 2005), lists this “loss or permeability of the self-world [or self-other] boundary” as one of five of its basic domains of disturbance characteristic of schizophrenia-spectrum disorders; forms of disturbance include losing a “sense of whose thoughts, feelings, or expressions originate in whom”; feeling “invaded, intruded upon”; feeling like “bodily contact [is] threatening to one’s autonomy and existence”; and feeling “somehow ‘too open or transparent’” (pp. 254–255).

These forms of confusion suggest a disruption of the basic elements of empathy, as described by Stein and Ratcliffe, of the sense that I have experiences (of the other) that belong to or originate in me and that others have unique experiences felt only by them. One’s experience of the other loses the quality of mineness or of primordiality and, instead, feels as if it were placed there or influenced by others, potentially disrupting the integrity of the self. Alternatively, one’s experience of the other can seem to take the place of the other’s own primordial, private experience, resulting in an inability to see the other as an independent subject (see the next section for more discussion of forms of this disturbance). The disturbance of ipseity described previously, of the sense of oneself as the orienting center of one’s experience, seems to play a role in this confusion. In particular, a disruption of the distinct quality or feeling of ownership of one’s own experience may make it difficult or impossible to intuit that others have a similarly distinct subjective experience, resulting in confusion about who feels what and even who is who. Neurocognitive research on self–other confusion appears to support this relationship, suggesting that the primary disturbance generating this confusion is a difficulty in feeling ownership and agency for one’s thoughts and actions (Frith, 1992; Frith & Done, 1989; Keefe, Arnold, Bayen, McEvoy, & Wilson, 2002).

Varieties of Self-Other Confusion: Petrification and Totalization

As noted, persons with schizophrenia may experience others as lacking independent subjectivity. First-person reports describe several ways this might occur. In one case, others come to seem unreal, like toys, robots, or puppets—objects that continue to exhibit the apparent physical elements of a human being, but that lack an internal animating force. In this way, as noted, Renee (Sechehaye, 1962) described her feeling that other children were robots or puppets. A research subject with schizophrenia described feeling

like I can rearrange people on the bus or on the sidewalk... as if they were little chess figurines. So often when I’m sitting on the bus, I just rearrange people who are sitting on the bus or on the subway.

...I really feel like I’m doing it, it’s not just kind of an idle fantasy.

One potential contributor to this objectification of others was suggested, initially, by R. D. Laing (1965), who described the experience among persons with schizophrenia of feeling “petrified” by the gaze of the other, feeling that the other’s subjectivity dominates and objectifies
their own autonomy. Nelson and Sass (2009) later noted that an individual with schizophrenia may feel in danger of being petrified due to a fundamental “insecurity about the very existence of the self as a real, alive, whole, and continuous being” (p. 495). He may fear, because of the tenuous nature of his own subjectivity, that any relationship with another subject could destroy him, or in other words “that others will regard him as an object, fixing him... into a lifeless shell” (p. 495). He may feel his only alternative is to strike first—to deny another’s subjectivity and petrify the other person before being petrified himself. Thus, in experiencing the other as an object such as a robot or toy, the person with schizophrenia may be attempting to protect himself from the annihilation of his own subjectivity.

Changes in others’ independent subjectivity may not always be as extreme as viewing them as inanimate objects. Persons with schizophrenia have also described milder forms of feeling able to manipulate or control another or simply feeling able to know exactly what another is thinking, which might simply be called mind-reading. Such experiences might be called “totalization” after the term used by Levinas (1961/1969) to describe an illusory notion of achieving the total and complete understanding of another (although his original notion was intended to describe less extreme, everyday forms of experiencing the other). This totalization or mind-reading contrasts with traditional research findings of impaired theory of mind in persons with schizophrenia—a decreased ability to understand what others are thinking. Rather, some studies have shown that some individuals may manifest a kind of exaggerated or hyper-theory of mind—that they feel more able to know the contents of others’ minds than the average population (Abu-Akel, 1999; Abu-Akel & Bailey, 2000; Sass & Pienkos, in press). These experiences suggest a sense that the independence and autonomy of the other, their unique access to and control over their own subjectivity, has broken down.

The boundaries between self and other may also break in the opposite direction; much in the same way that persons with schizophrenia may experience either (or both) a petrification of others or of themselves, they may experience themselves as being totalized by the other, that is, as if others have total knowledge and/or control of their own thoughts or actions. A description by a research subject demonstrates this feeling: “Everyone has access to my most private thoughts and intuitions at all hours of the day.” A statement by a second subject suggests an overlap between feeling completely known and feeling influenced or manipulated by others: “If my head was open and they could put thoughts in, then they could probably check what’s in it as well.” In psychiatric terms, such experiences are called delusions of control or passivity. Although the term delusion suggests a false belief, it is apparent that what has changed for the person with schizophrenia is the entire experience, not merely an isolated belief.

Summary

This section has described and suggested some possible explanations for a number of paradoxical experiences. The person with schizophrenia may feel like others are both impossible to understand but also totally open and transparent. He or she may feel at the mercy of the other’s control at one instant but able to control the other’s thoughts or actions at the next. Many of these disturbances appear to be related to a breakdown of the balance between sameness and otherness that occurs in the interpersonal encounter: The other must appear as both similar enough to understand but different enough to feel like a distinct subject. This balance, described by Stein (1969) as an implicit, automatic part of intersubjective experience, seems to get destabilized in
schizophrenia. Like other forms of thinking or feeling for some persons with schizophrenia, the experience of the other can lose its immediacy, its primordiality, feeling like it belongs to or was placed there by someone else. Also, rather than the experience of the other announcing the other as having a separate, independent experience, it can seem like the other’s own experience ceases to exist, instead getting replaced by the experience of the other by the person with schizophrenia.

Based on the difficulties described here, it might also be said that this balance between sameness and otherness appears to rest on the immediate experience of basic self, the ability to know oneself as the subject of one’s own experience. In schizophrenia, there can be a loss or disturbance of the self's ability to feel like an integrated whole, which can result in increased difficulty organizing the details of the world, especially other persons, into meaningful entities. When both self and other feel confused and disorganized in this way, it may be impossible to have the implicit sense of mineness or primordiality that accompanies all experience, and this can also disrupt the sense of others having their own primordial experiences. It is possible to see from this perspective how the boundaries between self and other might become confused and how the other might come to seem impenetrable and opaque.

BREAKDOWN OF THE WORLD

These disturbances of intersubjectivity have consequences not only for the experience of others, but also for the experience of the world and reality as a whole. The encounter with the world is at least partially mediated by constructs developed through social interaction; as Zahavi (2003) notes, Husserl argued that the experience of reality itself depends on the implicit sense that objects or scenes can be seen by other people (see pp. 109ff for a discussion of Husserl’s thinking on the relationship of intersubjectivity and reality). Thus, when the social world breaks down, some of the most basic experiences of the phenomenal world will likely also be affected. This section explains how several anomalous ways of experiencing the world may be understood in terms of the interpersonal disturbances described above.

Solipsism

As discussed, persons with schizophrenia can feel that others are lifeless objects or extensions of the self. This may contribute to a feeling of solipsism, the sense of being the only subject in the world. Some may further come to believe that they are somehow responsible for maintaining or saving the world, an instance of what Stanghellini and Ballerini (2007) call “charismatic concerns.” Patients may have a grandiose feeling of being chosen to do something special, as, for example, a former doctor who “recalled that when working in a small provincial hospital, he sometimes had a transient ‘as if’ sentiment that he was the only true doctor in the entire world and the fate of humanity depended on him” (Parnas et al., 2005, p. 255). Similar examples of this kind of experience include: “Through suffering, from God I will have the power over the planet.” (Parnas et al., 2005, p. 255). Other first-hand accounts include these statements: “If you do not keep in touch with me, you will perish,” “Once I am dead, you will all lose your minds,” and, “They have to have someone to support the world; the world must be
represented or the world will disappear’’ (quoted in Sass, 1992, p. 303). Although such solipsism can engender pride or altruistic duty, it can also be a source of anxiety and terror. Sechhaye (1956) describes a catatonic patient who

stood in an uncomfortable position for hours, up on her toes with one arm upraised, for fear of upsetting the universe: ‘‘If I succeed in remaining in a perfect state of suspension,’’ she explained, ‘‘I will suspend the movement of the earth and stop the march of the world to destruction.’’ (p. 148)

These reports seem to indicate a feeling of being the only subject in the world, with a resulting sense of responsibility for the imagined or unreal others who are dependent on the person with schizophrenia for their very existence.

Paranoia

Others have observed that the sense of existing alone in one’s own reality can lead to an overwhelming sense of paranoia:

When I become severely psychotic, I lose awareness that other people’s reality exists. At those times I think my psychotic reality is all there is. . . . Everything I can grasp refers to ‘‘me,’’ even the tone of every voice I hear, or the people I see talking in the distance. I live in an apartment building, and when I am sick I ‘‘know’’ there are people gathered in the hall talking about me. It feels like the universe is zoned in on me. (Payne, 2012, p. 899)

Sass and Pienkos (in press), citing Klaus Conrad, emphasized this relationship between solipsism and paranoia, writing that in schizophrenia there is

the sense of being both the godlike subject who constitutes or controls the universe, and also the inevitable, universal, or sole target of all looks, comments, or thoughts: all actions are felt to go both from the self toward external objects and also from external objects and toward the self. (p. 28)

Derealization

Objects and the sense of reality, itself, may also change or shift in accordance with certain disturbances of intersubjectivity, particularly those forms where others lose their feeling of independent subjectivity. Husserl has stated that one’s sense of reality is based on the fact that one’s experience or perception of the world can also be perceived or experienced by others: ‘‘world . . . constitution takes place intersubjectively’’ (as cited in Zahavi, 2003, p. 76). According to Husserl, the belief that there are other, unseen aspects to an object (for example, that rocks exist on the other side of the moon) is based on the sense that there are others who may perceive those aspects. Without the existence of other beings, objects may lose their sense of reality, perhaps seeming unreal and two-dimensional, or even hyper-real. They may also lose their intersubjectively determined meanings, taking on a quality of what Sass (1992) called ‘‘mere being’’ where the functional, everyday perception of a thing is replaced by
the object’s cosmic or uncanny “being-ness.” Renee appears to describe this in the following passage:

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 their meanings; they became “things” and began to take on life, to exist. . . . Their life consisted uniquely in the fact that they were there, in their existence itself. (Sechehaye, 1962, pp. 55–56)

In such experiences, the entire world may come to seem strange, “both unreal and extra-real at the same time” (Sass, 1992, p. 44). Rather than a “familiar space of naturally given saliences, [the world becomes] enigmatic and impenetrable” (Raballo & Nelson, 2010, p. 251).

CONCLUSION: PARADOXES OF INTERSUBJECTIVITY

This article has presented a variety of ways that intersubjective experience may become disturbed in schizophrenia: perceptual disorganization, opacity, loss of common sense, and various forms of self-other confusion. These forms of experience often do not happen in isolation but may co-occur, overlap, and shade into one another. This may generate any number of apparent paradoxes: A person may feel like the constituting center of the world at one moment and a figment of someone’s imagination at the next. She might see others as mechanical, soulless robots but then feel as though those robots are persecuting her or are attempting to implant undesired thoughts in her head. Another person may believe that he has special powers and insight and, therefore, refuse relationships with others for fear they may influence him too much, simultaneously feeling desperately lonely for companionship and understanding.

Viewed through the lens of phenomenological theories of intersubjectivity, such paradoxes become more understandable. As I have shown, the experience of others involves both feelings of closeness and distance, sameness and difference, understanding and incomprehension. The disturbances of intersubjectivity in schizophrenia suggest that any shifts in this balance may have devastating consequences. In particular, it appears that to function in a shared world with others, it is necessary to experience the other as a separate, but fundamentally similar, subject.

An understanding of the nature of these disturbances may be particularly important in therapy, both in helping to convey understanding to a patient with schizophrenia and in devising therapeutic interventions that anticipate and target such shifts in the way other persons are experienced. For example, a therapist may be aware that tendencies to objectify others may serve a protective function for an individual who feels his or her autonomy is at risk. Rather than simply addressing the patient’s reality-testing, the therapist may work with the patient to bolster his or her sense of autonomy while simultaneously looking for ways to notice and accept the autonomy of others.

But perhaps the most important insight is that, like all people, individuals with schizophrenia may desire the ability to relate to others but, because of certain basic changes in experience, find this extremely difficult to achieve. For those who are committed to establishing these relationships, whether persons with schizophrenia themselves, their loved ones and family members, their therapists and service workers, or anyone else who comes into their lives, it is apparent that patience and awareness of the delicacy of this balance are essential.
REFERENCES


**AUTHOR NOTE**

Elizabeth Pienkos is clinical psychologist (candidate register) at Cole Harbour Community Mental Health, a community clinic with the Capital District Health Authority in Dartmouth, Nova Scotia, Canada. This paper was written during her graduate work toward a PsyD in clinical psychology at the Graduate School of Applied and Professional Psychology, Rutgers University, Piscataway, NJ. Her research interests include the phenomenology of schizophrenia and its implications for psychotherapy.