

Expressions of alienation: language and interpersonal experience in schizophrenia

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Summary

It is well known that both language and intersubjectivity are profoundly affected in schizophrenia. While many contemporary studies have emphasised more “objective” or observable markers of disturbances in these domains, this paper investigates the subjective experience of language and other people in schizophrenia. It presents a summary of previous work in the tradition of phenomenological psychopathology, while also analysing patients’ own reports of their disturbances. The purpose is to map out those features of linguistic and interpersonal experience that might be particularly unique to or at least highly characteristic of schizophrenia. In language these are found to be: 1. Diminished interpersonal orientation; 2. Disturbances of attention and context-relevance; 3. Underlying mutations of experience; and 4. Unusual attitudes toward language. Disturbances in the experience of others include: 1. Abnormalities of common

sense; 2. Anomalies of empathy; 3. Paranoia and experiences of centrality; and 4. Feelings or perceptions of devitalisation. Such experiences seem to arise out of certain basic disturbances or perhaps a central trouble *générateur*, suggesting a shift away from the shared, social world toward a more solipsistic stance in response to underlying disturbances in basic self. Changes in the experience of language and other persons may further intersect with each other and also contribute to disturbances in basic self experience. Here we consider how both language and intersubjectivity are not only structured by various psychological processes, but also play a structuring role in the ongoing construction of subjective experience.

Key words

Schizophrenia • Phenomenology • Language • Intersubjectivity • Solipsism • Self disturbance

Introduction

Schizophrenia can transform and disrupt many facets of experience, not the least of which are language and intersubjectivity. Although this special issue of the *Journal of Psychopathology* focuses on the intersection of language and psychopathology, we would suggest that language is so closely intertwined with the social world that a treatment of both is necessary to achieve a fuller appreciation of either. Both language and the experience of others are implicated in the phenomenon of the “expression”, the interface between self and world that communicates and receives communication through words, gestures, facial expression and bodily tension or movement. Human expression faces in two directions: it points not only to the internal experience or intent of the one who is expressing something, but also to an external and social world, populated by those for whom the expression is intended. Disturbances in both language and social interactions in schizophrenia have received significant attention in the scientific literature. Contemporary trends in research tend to adopt an objective or external perspective, focusing on observable behaviours and performance on various tasks. In language, this has involved measuring disturbances in

speech output, including such behaviours as tangentiality, derailment, poverty of content of speech, glossomania, echolalia, mutism and alolia¹; in the literature on social disruptions, recent studies have focused on disturbances in theory of mind, perception of human movement and facial perception.

However, such studies fail to consider the subjective experience of these disturbances, *what it is like* for the person with schizophrenia to use language or to encounter other people, and largely ignore the intimate connection between the internal, subjective dimension, and the external, social dimension. This omission risks losing sight of what is meaningful about the disorder, yielding only decontextualised data that offer little insight into the nature of schizophrenia. As Parnas² writes, “What the patient manifests is not isolated symptoms/signs with referring functions but rather certain wholes of mutually implicative, interpenetrating experiences, feelings, beliefs, expressions and actions” (p. 6). An appreciation of the lived experience of a disorder can help to make sense of its manifold symptoms by viewing them as meaningful expressions of a basic underlying disturbance that affects the entire person.

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The tradition of phenomenological psychopathology has a rich history of exploring subjective disturbances in schizophrenia. It is out of this tradition that this paper arises. In the following, we propose several specific facets of linguistic and interpersonal experience that may be unique to or highly characteristic of schizophrenia, and we illustrate these facets with a number of examples taken from first person descriptions and rich clinical accounts of these phenomena. In two previous papers^{3,4}, we discuss in greater depth the ways these might be distinguished from experiences that appear at least superficially similar in melancholic and manic expressions of illness. These preliminary discussions of language and intersubjectivity are initially presented in distinct sections to address what, at first glance, appear to be disturbances unique to each domain of experience. We then provide some theoretical speculations, based on earlier phenomenological investigations of schizophrenia, regarding the underlying structural transformations that may contribute to these various disturbances. Our hope is to offer a means of conceptualising the relationships between these two domains: how they may arise from similar underlying disturbances, and also how they can influence and intersect with each other. The goal of the present paper is to offer a preliminary guide that may sensitise clinicians and researchers to the anomalies of language and interpersonal experience specific to schizophrenia, and to put forward a tentative framework to provide a context for understanding these anomalies in relation to a more comprehensive, and comprehensible, underlying disturbance.

Language

Changes in the use and comprehension of language have long been reported in schizophrenia, and have often been considered to be distinctive of and fundamental to the disorder. Crow⁵ has suggested that schizophrenia is the result of a disturbance of neural language modules, specifically, an inability to distinguish thought from speech (either one's own or that of others). Much earlier, Bleuler⁶ viewed disturbed speech as a manifestation of the "thought disorder" he viewed as central to schizophrenia. Andreasen's¹ "Scale for the assessment of thought, language and communication" proposes that assessing disturbances in communication and language behaviour is actually a more appropriate and reliable means of cataloguing and understanding the cognitive disturbances that can occur in schizophrenia. Additional work⁷ has suggested that greater severity and persistence of disorganised communication may be more predictive of a diagnosis of schizophrenia. More specifically, Covington et al.⁸ have found that most disturbances of language in schizophrenia occur at the level of phonology,

pragmatics and lexical access, while grammar and syntax are generally unaffected. Various explanations for these disturbances have been put forward, including general disturbances of cognition, problems in social understanding, or dysfunctions in specific language functions.

These perspectives emphasise those changes that are readily observable from an external perspective, whether in terms of specific behaviour or of brain structure and function. They do not consider how language is experienced by the person with schizophrenia. As we will see, the subjective dimension of these disturbances offers a richness and nuance that can begin to suggest how and why these changes take place. By considering theoretical work and first-person descriptions of language in schizophrenia, we suggest a (partially overlapping) set of experiences that appear to be particularly characteristic of schizophrenia: 1. Diminished interpersonal orientation; 2. Disturbances of attention and context-relevance; 3. Underlying mutations of experience; and 4. Unusual attitudes *toward* language.

Interpersonal orientation

Several writers have remarked on an apparent lack of concern for the needs of others in the speech of persons with schizophrenia, involving the absence of clear references to or indicators of the background information necessary to understand what is being described. Examples of this decontextualised speech include such statements as "We are already standing in the spiral under a hammer," and "I don't know what I am to do here, it must be the aim, that means to steal with the gentlemen"^{9,10}. Both of these statements leave the listener confused and adrift, wondering what the speaker could possibly mean. De Decker and Van de Craen¹¹ note numerous violations of Grice's maxims in this population, that is, of the more-or-less automatic rules that guide typical communication with others, such as "give adequate information, but not too much", and "be truthful". This quality is also reflected in Cutting's¹² assessment that the most important disturbance in schizophrenic language is its ability or desire to convey meaning, that is, in its pragmatic and social function.

It is not entirely clear why such changes occur in the language of persons with schizophrenia: do they reflect the intentions of the speaker to deliberately obscure his speech and confuse the listener, or are they a more automatic process, suggestive of a lack of awareness of the listener's needs in conversation? Statements by individuals with schizophrenia support an interpretation of some disturbances as at least semi-deliberate. Thus, one schizophrenia patient described intentionally speaking "nonsense," into which he would occasionally insert meaningful statements about his mental and emotional state, simply to see if his doctors were "paying attention"¹³.

Others may also take a stance of indifference, hostility, or even superiority toward their interlocutors, perhaps due to a sense of radical uniqueness and wilful eccentricity (suggestive of Stanghellini and Ballerini's ¹⁴ *idionomia* and *antagonomia*), or of a special ability to escape the commonplace conventions of language. In a television news report concerning Jared Loughner, the young man diagnosed with schizophrenia who killed several people in a 2011 shooting, Loughner's close friends describe him as holding up a cup before them and asking contemptuously, "Is this a cup? Or is it a pool? Is it a shark? Is it an airplane?"¹⁵ This line of questioning appears to reflect a rejection of linguistic conventions as arbitrary and thus pathetically conformist. Of course, not all individuals with linguistic disturbances may be intentionally obscuring the meaning of their speech; other potential contributions are considered throughout this section.

Attention and context-relevance

Another transformation in the experience of language involves a background shift of attention and context in persons with schizophrenia. Thus, words can become divorced from their commonplace meaning (as suggested in the quotation attributed to Loughner above), and speech can be experienced as itself the object of attention, rather than as a medium through which to convey meaning. Words may seem absurd or meaningless, or take on radically new and unconventional meanings. This may be expressed through the use of clang associations, which focus on the *sound* rather than the content or intended expression of words and language, or in a shift of attention to the physical appearance of words of a page. In this way, the expressive aspect of language disappears as the patient's attention fixes on the sensory qualities or mere existence of a specific word.

In addition, when separated from the context of communication and its semantic or practical constraints, words may overflow with all their possible meanings or connotations. As one schizophrenic patient stated, "each bit I read starts me thinking in ten different directions at once"¹⁶. For such individuals, sentences or utterances may appear meaningless as overall units of communication, while simultaneously abundant with the unconstrained proliferation of possibilities arising from each word or syllable. Interestingly, such individuals may find their utterances or writings to be as incomprehensible to themselves as to others¹⁰.

These shifts of attention and loss of constraints might be understood as arising out of what could be termed (borrowing from Trow¹⁷) a perplexing "context of no context", or of a loosening of what Gurwitsch¹⁸ has called the "thematic field"; that is, of that which orients or provides the point of view from which to understand and organ-

ise one's experiences, determining what is relevant and what should fade into the background¹⁹. For the person with schizophrenia, this organising principle has been disturbed, so that both relevant and irrelevant, figure and ground are equally important. Words can thus take on any number of meanings, or be perceived as meaningless sounds and images: when everything is meaningful, then nothing is meaningful.

Underlying abnormalities of experience

A third disturbance of language in schizophrenia appears to be related to the underlying experiences that language endeavours to express and describe. For the person with schizophrenia, *all* experiences may somehow seem ineffable or beyond words, as if no expression could possibly capture the complexity and particularity of any one feeling or mental state. One individual described this as "so many echelons of reality... so many innuendos to take into account"¹⁰. Similarly, the writer Antonin Artaud, who was diagnosed with schizophrenia, described his anguish at feeling unable to put his inner experiences into words: "What I lack is words to correspond to each minute of my state of mind", such that the words "it is cold" were inadequate to express his "inner feeling on this slight and neutral point"²⁰.

Part of this experienced failure of language appears related to a desire to remain totally faithful to the uniqueness and specificity of one's inner states, to the minuscule and ever-changing aspects of each sensation, thought, or emotion that arises. This hyper-awareness of internal, subjective experiences may reflect a shift of figure and ground (as noted above): the tendency to pay attention to or focus on aspects of experience that would normally stay in the background (what Sass¹⁰ and Sass and Parnas²¹ have called "hyper-reflexivity", described below). Artaud's attempt or desire to describe precisely what it means to feel that "it is cold" is a prime example of the amount of focus that can be given to aspects of everyday experience that most people would never think to question or investigate in any depth. But there is also a sense in which such focused attention may also *transform* those particular experiences: the hyper-scrutiny of experiential states may reify those processes, changing them into something unrecognizably concrete and strange.

Meta-attitudes toward language

A final quality of language experience in schizophrenia involves an alienation from language itself. When looked at from a distant, disengaged perspective, the whole project of language may be called into question and rejected as absurd and arbitrary, or viewed as oppressive and restrictive, limiting the possibility for entering a more pure or authentic mode of experience. (Lacan²² viewed this rejection of the

constraining rules of the “symbolic order” and the “*nom du père*” as a primary aspect of psychosis). This rejection of linguistic constraints appears to be reflected in one schizophrenia patient’s interpretation of the word *parents*:

Parents are the people that raise you. Anything that raises you can be a parent. Parents can be anything, material, vegetable, or mineral, that has taught you something. Parents would be the world of things that are alive, that are there. Rocks, a person can look at a rock and learn something from it, so that would be a parent¹.

Individuals with schizophrenia may similarly invent neologisms that may serve both to more accurately express their particular thoughts while also highlighting the arbitrariness of words and vocabulary. For example, one patient stated “If I could not immediately find an appropriate word to express the rapid flow of ideas, I would seek release in self-invented ones, as for example *wuttas* for *doves*”⁶.

This suggests a kind of omnipotence over language, a rejection of the apparent enslavement that others may have to linguistic conventions. But the reverse may also be experienced: words and language itself may be experienced as omnipotent, taking on a kind of momentum or life of its own. Henri Ey²³ has described this duality in schizophrenia, where words can be treated both as “some plastic material on which one can exert the omnipotence of the ultimate subject”, and alternatively as “sacred objects, imbued with a magical power” [he speaks of a “cult of words” (p. 180)]. Thus, one correspondent with schizophrenia described an experience “in which language comes to take on a life of its own – almost an animation of words... responsive, almost in possession of some sort of intrinsic agency or intentionality. Words breathe, they blink; they are capable of transforming the world and themselves”. She goes so far as to describe words as “social creatures”, divorced perhaps “from interpersonal sociality, but not intertextual sociality” (Anonymous, personal communication). When language is removed from the limitations and restrictions of social discourse, it can open up to an infinitude of possibilities and expand almost autonomously beyond the intent of the speaker.

Discussion: Language

Such disturbances might be viewed as manifestations of what Sass¹⁰ calls a “language of inwardness”, involving a distinctive departure from the linguistic constraints and guides of a standard social orientation. He divides these anomalies into three general trends: 1. *desocialisation*, the failure or refusal to adapt speech to the communication needs of other people, which may be associated with a preoccupation with internal or private experiences; 2.

autonomization, in which language is no longer employed as a tool for communication but instead becomes itself the focus of attention; and 3. *impoverishment*, a decrease in the amount or apparent content or meaning of speech, which may result from a sense of the inadequacy of language to effectively communicate the entirety of experience, or from a desire to reject or avoid interpersonal communication.

In a previous paper³, we discuss how these disturbances are distinct from those found in severe mood disorders, particularly forms of melancholia and mania. Those affective disturbances also result in disruptions to the normal communicative functions of language, such as a loss of the ability to express oneself to the point of feeling unable to speak at all in melancholia, and a tendency to use language in a playful and non-communicative manner in mania. However, in neither is there the same kind of alienation from language that appears to occur in schizophrenia, where language loses its role as a more-or-less transparent tool that is used to communicate one’s internal experience to other persons, and instead is taken as a focus of attention in itself. In addition, the minute specifics of the inner world may be highly valued for their own sake and divorced from their interface with the external world. There ceases to be a natural flow between internal and external, with the result that the inner world and the means of expressing it are transformed beyond the capacity of everyday understanding.

We suggest that this view of linguistic experience can help to explain the diverse changes or anomalies of language *behaviour* that are described in the empirical and clinical literature (as noted briefly above): the derailment, mutism, echolalia, neologisms, and the like. More than reflecting specific linguistic or global cognitive disturbances, as some theories would suggest, these anomalous forms of communication would seem to arise out of an overall transformation of the individual’s relationship to self, others, and language. By acknowledging these underlying trends – the overestimation of private concerns, the rejection of the social function of language, and a focus on the nature of language itself – it is easier to see how and why the unusual or seemingly incomprehensible utterances or mannerisms of schizophrenia might occur.

To better understand the interpersonal context in which these transformations may arise, we turn next to a discussion of the experience of other persons in schizophrenia.

Persons

As noted above, much of the research on intersubjectivity and social experience in schizophrenia has tended to focus on problems in understanding “theory of mind”, human movement, and facial expression and emotion.

Interestingly, though, this research is mixed: for instance, while some studies of theory of mind have found evidence of deficits, thus a possible inability to recognise or think about others' intentions, desires, or emotional states, others have found the opposite, that is, an *increased* tendency to attribute intentions and mental states to others, and even to inanimate objects [for a more complete review of this literature, see Sass and Pienkos ⁴]. This potentially contradictory data is in need of further explanation that goes beyond mere behavioural observation and inference. As with language, consideration of individuals' subjective experience of other people may offer up a clearer view of the underlying disturbances that give rise to these disparate behavioural manifestations. We suggest that four (again, somewhat overlapping) forms of disturbance are specific to or characteristic of interpersonal experience in schizophrenia: 1. Disturbances of common sense; 2. Pathological empathy; 3. Paranoia and experiences of centrality; and 4. Feelings or perceptions of devitalisation.

Disturbances of common sense

Many classic phenomenological characterisations of schizophrenia emphasise a profound disconnection from other people and the social world. Bleuler's ⁶ famous concept of autism, for example, highlighted a "detachment from reality, together with the relative and absolute predominance of the inner life" (p. 63), and was considered a "fundamental symptom" of schizophrenia, that is, unique to the disorder and present in all cases and stages (although he believed it to be a secondary, defensive reaction to other, more primary disturbances). Minkowski ²⁴ described a "loss of vital contact" that involved a disruption of the attunement between the self and the external, social world. Blankenburg ²⁵ similarly described a loss of the taken-for-granted, common-sense understanding of the practical and social world, which he termed "a loss of natural self-evidence." More recently, Stanghellini and Ballerini ²⁶ have argued that a core and defining feature of schizophrenia may be "dissociality", "the qualitative disturbance of spontaneous and intuitive participation in social life" (p. 105).

Looking to patient reports, many individuals with schizophrenia describe feeling isolated and cut off from the everyday social world, which they may have endured since childhood. They may feel that they have never understood or fully accepted the "rules of the game" that are implicit in typical social interactions. Thus, one patient with schizophrenia reported that

since the age of 16, she was insecure and avoided others. She... felt always being 'outside the company', did not have 'a sense of situation' and could not understand the interactions between people, nothing came spontaneously, out of itself. 'I cannot read the others; they are always a mystery!' ²⁷.

Others have described similar 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 ¹⁴. The description of one research participant with schizophrenia appears to capture this fundamental disconnect from typical, taken-for-granted social encounters:

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 (from author's unpublished research).

For such individuals, it often seems that the more they try to analyse the gestures and expressions of others, the more such behaviours can appear alienated and unnatural, further barring entrance into the world of common-sense social interaction.

Pathological empathy

Paradoxically, persons with schizophrenia may also describe feeling *too* close and influenced by others. As one patient described it, "I cannot reach [other people], but also I don't want to reach them" ¹⁴. R.D. Laing ¹³ called this "engulfment", noting how "the individual dreads relatedness as such... because his uncertainty about the stability of his autonomy lays him open to the dread lest in any relationship he will lose his autonomy and identity" (p. 44). Georgieff ²⁸ has also noted this feeling of vulnerability, calling it "pathological empathy", which does not necessarily suggest accuracy (or lack thereof) in identifying others' mental and emotional states, but rather the terrifying possibility that the self might merge into and become indistinguishable from the other.

These fears may be reflected in one individual with schizophrenia who stated, "I'm getting to be more humane. Will it ruin my brain? All this humanity is upsetting my own special framework. It's polluting me" ¹⁴. Another quotation from a patient reflects this existential threat even more clearly:

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 mould me ²⁹.

Such descriptions suggest an underlying fragility that characterises the experience of the self, such that it is put at risk with every intimate encounter with another person.

Ontological paranoia and centrality

A third tendency in intersubjective experience is that of paranoia, involving an exaggerated or delusional sense of being the object of others' judgmental regard or threatening intentions. It is important to note that paranoia occurs in a number of disorders including schizophrenia, delusional disorder, and severe mood disorders; however, we would suggest that some important distinctions might be drawn between different forms of paranoid experience. In severe mood disorders, the delusions are frequently congruent with or somehow related to a person's affective state and pathological preoccupations. Thus, persons with depressive disorders may feel themselves to be targeted due to overwhelming feelings of shame, guilt, and general disapproval, while those in manic states may experience others as persecuting them due to envy or fears about their unique power or knowledge.

In some forms of schizophrenia, however, there can be a more fundamental sense of being at the centre of the universe, in a way that challenges the very status of reality itself. As one individual described it,

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 me³⁰.

For such individuals, then, paranoia may arise from the fact that everyone and everything seems to be somehow looking at and intimately related to oneself. For some, this may extend to a sense of being the only true subject in the world, and that all other entities somehow arise from or are controlled by his or her mind. Thus, some patients have stated, "I have the sense that everything turns around me", or "I am like a little God, time is controlled by me"³¹. These sorts of experience appear to be distinct from the forms of paranoia more typically found in mood disorders or delusional disorder, which are more concerned with the actions and intentions of other people, rather than with the nature of the world and reality itself. Heidegger's³² discussion of the "ontological difference" offers a paradigm that might clarify these distinctions: the phrase "*ontic* paranoia" ("*ontic*" is related to *beings* in the world and to mundane truth-claims) might be applied to those experiences typically found in mood disorders or delusional disorder, while "*ontological* paranoia" ("*ontological*" is related to the nature of *Being* and existence itself) might better describe the experience of centrality – the sense of being the origin of or at the centre of the world – in schizophrenia.

Devitalisation

A final aspect of intersubjectivity in schizophrenia involves a tendency to see others as somehow less human, less alive, or less real. One individual with schizophrenia described how others could seem "so phony and lifeless and small, as if they could be manipulated in her fingers", wondering whether they were real or perhaps merely drawings, robots, or marionettes³³. The patient Renee described a similar experience while at school: "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"³⁴. However, the opposite may also be experienced: clinical observation shows that persons with schizophrenia have a tendency to attribute excess and inappropriate intentionality and vitality to people and objects^{35,36}.

Such changes in the sense of aliveness may be a result of a detached hyper-scrutiny of the world that renders others distant and lifeless, or a quasi-solipsistic orientation in which other people are viewed as mere figments of one's imagination. Aspects of appearance or behaviour become cut off from their every day context, resulting in the feeling that others are either more or else less real or alive than usual. Indeed, these tendencies toward passive hyper-scrutiny and quasi-solipsism may be viewed as complementary aspects of the disruption in schizophrenia of an active, engaged, and practical encounter with others and the world. When the functional, meaningful qualities of the world are no longer taken for granted, all details may be taken up and questioned, doubted and analysed until they lose any sense of reality or vitality.

Discussion: Persons

In an earlier paper, one of the authors³⁷ discussed how the particular changes in interpersonal experience in schizophrenia may be viewed as a disturbance of the balance between *sameness* and *otherness* that is required in everyday interpersonal understanding. That is, it is necessary to immediately experience the other as fundamentally *like me*, as another intentional subject in the world just in the same way that I am a subject. And it is also necessary to experience them as fundamentally different and separate, that I can never *have* the other's experience in the same way that I have my own (and vice versa). This delicate balance appears to be upset in schizophrenia, so that there is no longer the basic experience of existing in a shared world with other, separate subjects, but rather a shifting sense either of being alienated in a solipsistic world of one's own creation, or of being invaded and swallowed up by someone else's overpowering experience.

We have previously suggested that these experiences are

unique to or at least highly characteristic of schizophrenia, in contrast with melancholia and mania⁴. Certain experiences described above do seem fairly unique to schizophrenia, for example, extreme forms of devitalization or pervasive disturbances of common sense. We acknowledge, however, that persons with melancholia will also describe feeling extremely and painfully detached from other people, and that persons with mania can experience a euphoric sense of oneness or merging with others. We would argue, though, that while in these disorders the sense of either alienation or union tends to be more state-based, arising out of extreme affective experience, in schizophrenia the disturbances are more likely to persist outside of acute episodes and in the absence of other symptoms, and may well exist in supposedly premorbid stages. In addition, such disturbances in schizophrenia do not seem to be imbued with either the same negative (as in melancholia) or positive (as in mania) affective states, but rather are shrouded with a sense of strangeness or perplexity. [It should be noted, however, that this very strangeness can evoke feelings of distress or even catastrophe, or may provoke a certain kind of sublime wonderment; descriptions of such experiences may sometimes be difficult to differentiate from depression and mania. See Sass³⁸ for a discussion of some distinctive forms of affectivity in schizophrenia].

Discussion

In the above, we have endeavoured to present and organise the various unusual experiences of other persons and of language that occur in schizophrenia. In particular, we have considered how social orientation, forms of attention, underlying experiences, and attitudes toward language as a system appear to represent highly characteristic or perhaps even unique forms of linguistic experience in schizophrenia, while disturbances of common sense, feelings of pathological empathy, ontological paranoia and devitalisation of others may characterise interpersonal experience in schizophrenia.

These transformations of intersubjective and linguistic experience in schizophrenia appear to arise out of similar underlying disturbances. In both of these experiential domains, there is a turning away from common sense social norms and means of communicating toward a more private, solipsistic world. This may be motivated or derived from particular concerns around maintaining autonomy or faithfulness to one's own experience, a refusal or inability to accept the autonomous subject-status of others, and a hyperreflexive stance that focuses on and potentially distorts what is otherwise taken for granted as the background or medium of experience and expression. Such experiences may be seen as fundamental manifestations

of *alienation*, where the individual becomes isolated from the possibility of social interaction and communication, and also views the means for establishing such interactions (verbal expressions, nonverbal behaviours) as distorted and divorced from their practical use as tools for engaging in the world.

Furthermore, the analysis of interpersonal experience in schizophrenia may offer additional insight into the origins of the linguistic disturbances described here. If an individual feels himself to exist in a solipsistic world, populated only by devitalised objects and creations of his own consciousness, the entire purpose of language as a tool for communicating with other subjects is called into question or even vanishes. Also undermined are the constraints on meaning and pragmatics placed by social norms and the needs of the interlocutor. What is language then but an artefact, it may seem –something that itself was dreamed up by the individual and can therefore be manipulated or rejected at will? Alternatively, if an individual feels he is at risk of being overtaken or annihilated by the subjectivity of others, the refusal of language may function as a refusal of communication, thereby protecting against the influence or manipulation of others. The excessive preoccupation with private concerns may further reflect the sense that the outside world does not exist, yet may, paradoxically enough, act simultaneously as a kind of protective shield against losing oneself to that world. In addition, the rejection of an immediate and spontaneous engagement with the social world (whether it arises from intentional or automatic processes), may contribute to the sense of language as an alienated *object* rather than as a tool or medium for expressing oneself and shaping one's encounters with others.

There remains a question of how interpersonal interactions and language become so alienated, and alienating. The ipseity disturbance hypothesis, initially put forward by Sass and Parnas³⁹ (but grounded in the rich tradition of phenomenological psychopathology) provides one possible set of clues. According to this theory, the disparate symptom manifestations of schizophrenia arise out of a disorder of basic selfhood or *ipseity*, that is, a disruption of the sense of the self as the origin and centre of one's experience. Such disturbances involve two complementary aspects or moments: diminished self-affection, the diminishment of the sense of *self* at the center of experience, and hyper-reflexivity, a form of exaggerated self-consciousness involving the (primarily automatic) tendency to focus on normally tacit or background aspects of the medium of experience. With this profound fragility and vulnerability at the most basic level of selfhood, it is relatively easy to see how others could be experienced as threatening, how the apparent cohesiveness of others' thoughts and desires could easily influence or supplant

one's own unstable internal experiences. At the same time, without a pre-reflexive awareness of oneself as a subject, it may be difficult or impossible to conceive of the subjectivity of others, rendering them lifeless or as though subjectivised creations of the mind. Furthermore, the use and experience of language may also be especially vulnerable to the processes of hyper-reflexivity: when words or grammatical forms are taken up, questioned and broken down as the objects of attention and analysis, they inevitably lose their function as transparent tools that serve as a means for communicating.

While language may be influenced by changes in the experience of others and of the self, disturbances in language may also shape other domains of experience. As Merleau-Ponty⁴⁰ notes, "For the speaking subject and for those who listen to him, the phonetic gesture produces a certain structuring of experience, a certain modulation of existence" (p. 199). Language not only reflects the underlying structure of experience; it also plays a creative role in organising and making meaning of experience. An inability or refusal to communicate with others may therefore contribute further to the creation of a solipsistic world that privileges, reifies and distorts private experience at the expense of shared, intersubjective experience. It furthermore barricades the person in his own world, shutting others out with little possibility for communication and understanding; while this may serve a protective function for the individual who fears the loss of autonomy, it also prevents the rich and formative feedback that comes from interaction with a wholly other perspective. Various writers, including, perhaps most famously, Lacan⁴¹, have suggested that recognition by the other is necessary for me to experience myself as whole and complete, rather than as a fluid and disconnected sequence of experiences (however illusory that wholeness may be even for normal individuals). Thus, Sartre⁴² writes "I need the Other in order to realize fully all the structures of my being" (p. 303). In this way, the loss of possibility for recognising and communicating with the other may have profound implications for experience of both others and the self.

This kind of orientation toward the world of language and other persons can be especially challenging, and of particular importance, in the clinical encounter. Most forms of psychotherapy occur primarily in the verbally-mediated encounter between two individuals, the patient and the therapist. With the whole project of language called into question, and with an experience of the other as potentially threatening or alienated, how can a therapist possibly facilitate communication to the extent necessary for clinical healing to take place? Although an in-depth discussion of this issue is beyond the scope of this paper, it is perhaps enough for now to say that the working through of these challenges should be viewed as repre-

senting the majority of the therapeutic work itself. That is, if the therapist and patient are able to establish a means of communicating and relating in the clinical encounter, then much of the needed change will have already taken place, which can begin to generalise to other relationships and situations in the patient's life.

The question that remains is how this communication can be established: what are the essential ingredients needed to bring together the patient and the therapist so that each is able to recognise and respond to the other as another subject in a shared world? Based on the descriptions of what is at stake in schizophrenia, as presented in this paper, several basic principles might be suggested [which are also in line with recommendations by Nelson, Sass, and Skodlar⁴³]. These include: 1. Maintaining a therapeutic stance of unwavering respect for the autonomy and individuality of the patient; 2. Being able to recognize and share in the patient's world, while maintaining one's own individuality, as well as recognising the fundamental difference of and inability to ever *completely* understand the patient; 3. Acknowledging and respecting any desire to separate from shared, accepted means of communication, while helping the patient find his or her own reasons for entering into the shared social world; 4. Helping the patient to selectively focus on and effectively communicate aspects of experience that are useful in pursuing his or her goals; and 5. Facilitating and reinforcing successful forays into the social world, in a way that is acceptable to the patient and responsive to his or her wishes and abilities. Of course it should be noted that, as with therapeutic work with any population (though perhaps especially with persons with schizophrenia), all interventions should respond to the patient's unique constellation of needs, abilities and values; and that a sensitive, flexible and collaborative approach is crucial to establishing and maintaining a working therapeutic relationship.

Conclusion

Such an investigation presents a more complex picture of intersubjectivity and language in schizophrenia than can possibly arise out of studies that privilege behavioural observation and that emphasise a deficit model. Although requiring empirical studies to be borne out, it is hoped that these initial forays can shed light, not only on language and the intersubjective world, but also on the nature of schizophrenia itself; and that they may help researchers and clinicians alike to employ more sensitive approaches to engaging with those who struggle so profoundly to engage with others.

Conflict of interests

None.

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