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INTRODUCTION. PHENOMENOLOGY OF SOCIAL IMPAIRMENTS: TOWARDS NEW RESEARCH PATHS¹

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

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

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

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

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

Joel Krueger, in his paper, integrates Tetsurō Watsuji's phenomenology of *aidagara* ("betweenness", a notion according to which our relational dynamics generate from basic forms of our *embodied selfhood*) and Sarah Ahmed's critical phenomenology of "disorientation". Putting into dialogue these two different perspectives, he focuses on a specific aspect of autism which is usually not considered: space. As living beings, we qualitatively inhabit space and we align ourselves to others, co-constructing shared environments. Nonetheless, we can find ourselves *disoriented*, for instance, if we do not feel at home in a particular space, or if we feel bodily out of sync with, or affectively unsettled.

In this view, autism can be described as an experience of disorientation, or de-synchronization with the shared world: we can also claim that autistic bodies are autonomous ones (Grohmann, 2017). While the critical phenomenological perspective puts pressure on the idea that social impairments in ASD are exclusively (or even primarily) neurocognitive deficits that can be addressed by focusing on cognitive factors internal to the autistic person, Krueger's aim is therefore to argue that the structure and character of some neurotypical spaces may play a regulative role in shaping aspects of at least some of the social impairments autistic people exhibit. The peculiar "embodied style" of autistic people can in fact be sensitive to the context. In other words, the "bodily disorientation" can also be influenced by neurotypical spaces that are not set up to accommodate non-neurotypical styles of being in the world. Of course, this assumption also entails hypothetical therapeutic outcomes: music therapy, for instance, or other relational interventions that aim at strengthening the sensorimotor attunement between the subject and the social environment, seem to be consistent with this spatial perspective.

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

an hyper-reactive emotional and experiential life. In particular, for what concerns empathy, which is usually considered the most impaired dimension in autistic subjects, the authors claim that the emotional aspects of autism are not a disorder of empathy, but are caused by an *oversensitivity* and resulting affective withdrawal.

Therefore, what is often perceived as deficits in attending social signals, feeling emotions and taking others' perspective might be the result of emotions too intensely felt and not some form of deficiency. In order to support their thesis, the authors use first person reports and describe what it means to live with autism. Furthermore, phenomenology reveals its centrality by accounting for the complexity of the empathic understanding. In this way, IWT seems to be more complete and we can also hypothesize therapies aimed at reducing or moderating the *intensity* of an autistic person's environment, and pay attention to the stimuli that can be overwhelming for her.

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

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

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

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

This circularity is explicit also in *Francesca Brencio et al.*'s work, which takes into account a pathology that has never been analyzed from a phenomenological lens: epilepsy. By using qualitative interviews, the authors show how disturbances in the dynamical coupling and coordination among agents may contribute to psychopathological phenomena, and to changes in intersubjectivity and social perception, causing comorbidities such as anxiety and depression. In particular, the interviews shed lights on specific features that reveal how the relationship between the subject, the other and the world is lived through by persons with epilepsy. These features comprise: (1) different levels of awareness of seizures and disruptions in verbal communication; (2) fear of sudden loss of bodily control and alteration of the sense of belonging to the world; (3) social anxiety and stigmatization process.

Far from being merely a neuropsychiatric condition, epilepsy seems to be a pathology where the lived experience of the suffering subject plays a central role in shaping her relation with the social world. We cannot consider it only in presence of a seizure: there is a continuous change in the bodily states of the subject, and a dynamic interplay between embodiment, atmospheres, emotions and psychological comorbidities is a hallmark of this condition.

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

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

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

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

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

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

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