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# Phenomenological Psychopathology: From Spatial Disorder to the Problem of Disembodied Desire

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**Abstract** This study presents a phenomenological analysis of a case of schizotypal personality disorder used as a concrete starting point to formulate a basic phenomenological theory of embodied and disembodied desire. After describing the core symptoms of the patient (i.e. mainly his spatial disorder) from a first-person perspective, the problem of disembodied desire is introduced in relation to patient's imaginary that is lived as an isolated experience condemned to remaining unrealized. The case analysis refers to Blankenburg's concept of the loss of natural self-experience and to its contemporary development, i.e., the psychopathology of common sense, conceiving schizophrenia, and schizotypal personality disorder, as a syndrome rooted in ipseity disturbance and in disembodiment of the self. Disembodied desire is then qualified as a disorder due not to neurotic defense mechanisms, but rather to more pervasive self-disorders. In the final part, the problem of disembodied desire is addressed starting from a basic phenomenological theory of desire, dealing both with drive intentionality, as the transcendental condition of the ego-constitution, and with imagination, as the distanced self-representation of drive and as a structural possibility of distancing the immediacy of bodily experience.

**KEYWORDS:** Phenomenological Psychopathology; Schizotypal Personality Disorder; Disembodied Desire; Loss of Natural Self-evidence; Self-affection.

**Riassunto** *La psicopatologia fenomenologica: dal disturbo dell'esperienza spaziale al problema del desiderio disincarnato* – Questo studio presenta un'analisi fenomenologica di un caso di disturbo schizotipico di personalità, sulla cui base si avanza una teoria fenomenologica essenziale sul desiderio incarnato e disincarnato. Alla descrizione dei sintomi fondamentali del paziente (*in primis* il disturbo dell'esperienza spaziale) da una prospettiva in prima persona segue la trattazione del desiderio disincarnato in relazione all'immaginario del paziente, vissuto come esperienza isolata, condannata a rimanere irrealizzata. L'analisi del caso fa uso della nozione di Blankenburg di perdita dell'evidenza naturale e della sua ripresa contemporanea nella psicopatologia del senso comune, che considera schizofrenia e disturbo schizotipico di personalità come sindromi radicate nel disturbo dell'ipseità e nel cosiddetto sé "disincarnato". Il desiderio disincarnato è quindi presentato non come disturbo dovuto a meccanismi difensivi di tipo nevrotico, ma a disturbi del sé più pervasivi. Nella parte conclusiva, il desiderio disincarnato è esaminato a partire da una teoria fenomenologica essenziale del desiderio, che tratta l'intenzionalità pulsionale come condizione trascendentale della costituzione dell'io, e l'immaginazione come rappresentazione distanziante della pulsione e come possibilità strutturale di distanziarsi dall'immediatezza dell'esperienza corporea.

**PAROLE CHIAVE:** Psicopatologia fenomenologica; Disturbo schizotipico di personalità; Desiderio Disincarnato; Perdita dell'evidenza naturale; Affezione.

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## Introduction

PHENOMENOLOGICAL PSYCHOPATHOLOGY IS A TRADITIONAL area of research on mental illness based on a descriptive, clinical and structural analysis of the patient's first-person experience.<sup>1</sup> This paper aims to show how an individual, clinical case can be analysed in terms of its philosophical implications, starting from a phenomenological understanding of its psychopathological aspects and developing these into a wider philosophical discussion.

There are two guiding ideas in this research. The first is theoretical and recommends that since desire is an essential faculty of the human being, its psychopathological aspects should also be investigated phenomenologically. The second is practical and recommends that philosophical counselling should be practiced as a method for engaging patients in dialogue, under the supervision of their psychiatrist, and in interdisciplinary collaboration with medical, social and educational staff.

These two ideas lead to two innovative proposals: The first proposal is a mutual exchange between philosophy and psychopathology, in which philosophy provides the tools for a critical analysis of the foundations of psychopathology, while also benefitting from relevant descriptions of psychopathological experience and individual case analyses. Phenomenological psychopathology is assumed to be the most amenable discipline in the field, since it enjoys a well-established tradition of interdisciplinary research.<sup>2</sup>

The psychopathology of mental disorders already includes phenomenological criteria such as the patients' first-person perspectives or the structural analysis of lived pathological experiences. Further, philosophy in general and phenomenology in particular are considered as essential methodological tools and a substantial source of reflection for medical research.<sup>3</sup> Nevertheless, it is very rare, even in phenomenological psychopathology, that an individual case offers the concrete chance to coin and discuss philosophically relevant concepts: paradigmatic in this sense is Blanken-

burg's concept of "natural self-evidence", which has both psychopathological and philosophical relevance.<sup>4</sup> Something similar, is proposed in this paper with respect to embodied and disembodied desire, although this is a less extensive study and requires further interdisciplinary research.

The second innovative proposal is that philosophy can be seen not only as a theoretical tool, but also as a practical one: the philosophical approach in psychiatry does not claim to have therapeutic finality. On the contrary, it has to be understood as a suspending activity, as an interruption of the therapeutic logic that necessarily prevails in psychiatry as a medical science. It can be offered to patients as well as to health workers.<sup>5</sup>

Applied to patients, philosophical practice must be perceived from the very start not as a medical prescription, but as a new possibility for patients to reflect not only on their own experience, but, more widely and as independently from their pathologies as possible, on the sense of existing in the world.<sup>6</sup> "As independently from their pathologies as possible" means that philosophical practice doesn't consist in patients becoming aware of their mental illness nor in learning to describe themselves in diagnostic or in psychopathological terms, but in becoming aware through dialogue of the problematic sense of human experiencing in general and not only of their own individual experience.

Philosophical practice is not a therapy, and should not be considered as such, for three reasons: (1) because it does not consider the patient primarily as a patient but as a dialogic agent, as a thinker, suspending judgement on his mental illness; (2) because it does not put the patient in a passive position as the beneficiary of a medical service, but in an active role as the thinker, i.e., the proposer of a sense that has to be discussed and valued together in a community of people; (3) because it does not aim at eliminating pain and suffering, but rather at a wider understanding and integration of pain and suffering in the whole meaning of human life. Nevertheless, for the same rea-

sons, philosophical practice can be considered as a rehabilitation activity; indeed, it helps improve linguistic abilities by giving new words, new categories and new ways to understand and express the world we live in and stimulates listening to others' arguments with less fear of critical views.<sup>7</sup>

Assuming then philosophical practice as a meaningful method to rehabilitate psychiatric patients, I will analyse an individual case of schizotypal personality disorder which I followed for more than six years both in a group and individual setting.

### ■ Case report

Arthur is the fictitious name of the young man whose mental disorder I aim to analyse. Arthur was born in 1984 and has been assisted by the Public Medical Service since the year 2002. As the patient reports, he began to manifest tics and similar disorders as a child (8-9 years old), but the symptomatology increased at the age of 14, when, after having started studies at the gymnasium, he began to develop poor concentration, a tendency to get lost in thought and in his hypercomplex and ineffective studying methods, and finally dropped out of school.

Increasingly secluded, he lost all his friends and was exposed to anxiety and phobic episodes while developing a spatially structured disorder, which will be presented below.

This disorder is associated with tics, with an obsessive-compulsive need for order and symmetry, even when obtained only with great difficulty, with perfectionism and with the tendency to avoid human relations for fear of contact and intimacy. In Arthur's critical periods he shows uneasiness, frustration and rage by crying, shouting and breaking objects at home. However, he is always very considerate and helpful with all the other patients he has met through the psychiatric service.

He has an inhibited aggressive stance towards people who represent or act in any position of power or authority, but he shows great sensitivity towards any manifestation of

human weakness or fragility. In individual conversations, after having developed a trustful relationship, he reports having been aware of his homosexuality from the age of fourteen, even though he does not feel enough self-assurance to search for a partner.

Arthur's case history at the Mental Health Centre began in 2002. He had already started psychotherapy, but without any remarkable results. He had also undergone private psychiatric examinations, but had never been treated with pharmacological therapy. When the symptomatology increased to reach a strong «fragmentation anxiety», as reported in the case history, «lacking the awareness of illness» and leading to consequent «refusal of any pharmacological treatment», Arthur was submitted to involuntary psychiatric treatment in March 2004 and again in February and April 2005, despite his strong personal resistance.

His last involuntary psychiatric treatment at the end of September 2005 quickly resulted in admission at a rehabilitation centre, where he stayed until the end of September 2007. The diagnosis of those years reported in his case history is «schizophrenic disorder» (DSM IV TR 295.90, ICD 10 F.20.3), which is questionable and inaccurate, as stated by Arthur's psychiatrists.

When he returned home he experienced a prolonged failure in many projects he tried to realize: a remedial course to continue his interrupted studies, learning foreign languages, sewing and tailoring clothes, living alone. Even when he was able to successfully complete a task, such as passing the driving test or working in a public library in a supported employment programme, this did not appease his sense of frustration. Even today he is often busy planning renovations and improvements to his parent's home, and he describes it as «an obsession that I have had since I was fourteen years old».

After different analyses and discussions between the psychiatrists involved in the case and myself, the hypothesized correct diagnosis is schizotypal personality disorder (DSM IV TR 301.22; ICD 10 F21). From a phenomeno-

logical point of view, the diagnosis is merely an orientation category for the clinical practice, which has to be taken into account and subsequently suspended in order to understand the experiences of the person.

### **Spatial disorder in first person perspective**

As the description of the patient's first-person-perspective is the essential starting point of any further examination in phenomenological psychopathology,<sup>8</sup> the core symptom of Arthur's disorder has to be presented in his words. At first glance, Arthur's spatial experience is not a predominant topic in his self-report; on the contrary, it rather seems to be an aspect the patient does not like to speak about. He describes his difficulties in life in terms of «sorrow», «suffering», his own «inner disorder» and «the flimsiness of every experience», and also in terms of «relational difficulties»:

The main symptom of my unease is a dimension of boredom, a dull, smoky dimension, accompanied by respiratory difficulty, with increased tics and intensified difficulties with relationships. This dull manifestation of suffering damages my ability to provide a fascinating representation of my sorrow at a communicative level.

He is indeed deeply fascinated by his own suffering and his own «desperation», somehow positively valued by him:

Since desperation has been often an ecstatic experience, the idea of suffering has somehow taken on a positive association, even though it fades in time and can neither last nor bear a trace of that experiential conjunction in time. In this transitoriness, desperation embodies romantically the idea of pleasure and sorrow as indistinct or confused dimensions.

He doesn't speak spontaneously about his spatial experience, but only when asked. And even when asked, he prefers to write down his

experience instead of telling me about it directly. The following quotations are indeed translated from his own text, dated January 2012. He is nevertheless very detailed and precise in clarifying his odd experience: mainly at home, he feels what he calls some kind of «threatening dimensions» in the surrounding space (the name «*dimensioni*» was used by his former psychotherapist and since then he has adopted it, but the word «*attentanti*»<sup>9</sup> is his own term) that he must avoid contact with in order not to be trapped and affected by them, «as the dimension would be a spider web capturing me, permeating me and finally characterizing me».

The extremities of his body, i.e., his head, hands and feet, are particularly sensitive parts that should be kept away from these dimensions. However, this vulnerability assumes two different aspects: the upper part of his head as well as the extremities of his right hand and of his right foot, i.e., his right little finger and his right little toe, pertain to the sphere of «performance and virtue», that is, the ability to perform good actions or «to reach the top possible performance».

The lower part of his head as well as the extremity of his left hand, i.e., his left little finger, pertain to the sphere of «concentration and intimacy», of «what is mine, specific to me even if not talented». The «dimensions» can be imagined by dividing space into «three-dimensional, mainly cubic, but gelatinous forms that can have different sizes and can also be irregular». They originate from corners of the furniture or of partition walls:

The corner, a sort of catalyser to set a dimension, is likely to be the fulcrum of the dimension, the point where its nature is most intense and powerful, and in some way it generates energetically the three-dimensionality developing around it. The dimension has the identity of a person who presents herself as competitive and who represents a threat to my integrity. The competitive dimensions saturate every domestic space, it becomes anguishing and

problematic because it enters my nest, my lair, my shelter to make my life difficult, to block me from breathing again.<sup>10</sup>

The person referred to is never a relative, but usually a health worker whom Arthur met during his clinical treatments or a person who embodies some special ability or quality he would like to have (for instance, famous designers or stylists). When he perceives the presence of a threatening dimension, he has to avoid touching it with his sensitive body parts or with sensitive objects (food, gloves and hair gel). These objects are sensitive due to «their deepest contact with my inner body or their closeness to my sensitive bodily parts».

So when moving he must constantly pay attention to the position of the dimensions, as he fears that otherwise his ideas might be stolen (e.g., some clothing design he has in mind might be copied by an admired stylist), that his thoughts could be seen and damaged (e.g., by the health workers he dislikes) or that his ability could be taken away from him (e.g., the ability to express himself in contact with others could be “stolen”, for instance, by a former schoolmate, whom he experienced as better able to communicate with others).

Three-dimensionality is not fixed but elastic: it is the emotions that provoke the expansion or the reduction, i.e., the change of a dimension. But it is not an expansion, a physical movement in space, it is more its influence which is growing or weakening according to my mood or the psychological condition moving me at that moment. One could speak more of a variation in the range of influence of the dimension than of its physical expansion. That’s why I spoke of “energy generation”: because the three-dimensionality is given by a sort of perceived radiation that gives me a sense of epidermal physicality. Or maybe one could speak more of a transformation of my movement through spaces than of a variation of the range of influence: sometimes it is almost a dance, it is fluid and relaxed, and

sometimes, on the contrary, it becomes spasmodic, writhing, violent, jerking, rigid and loses elasticity.

Arthur is perfectly conscious of being “the author” of the dimensions: he experiences a form of compulsion in «positioning a dimension» and he fears the thoughts of the «menacing» person or of the «dimensions» themselves, because he fears he will be compelled to «position» one of them in the space he presently finds himself in.

He defines this positioning of dimensions as a form of «propitiatory rite» that normally performs a ritual function in containing his own anxiety, even though sometimes it also conspicuously increases it. He is also clearly aware that this will seem odd to others: he performs his rituals mostly at night, when nobody can watch him.

When asked if he has ever explained his rituals to his mother as analytically as he did to me, he answered «No, she would get scared». When trying to find a meaning in his suffering, he is somehow capable of effectively describing his existential condition, although he mostly complains about not being able to explain what he feels:

In the world I see a dynamic reality, a creative dynamism. But I live at home in a vain vortex of imagination, my night life is spent in idealizing and coexisting with my own potential. It has always been a phantom, a personal and flimsy projection to give me the measure of my presence in the world, I’ve always seen myself condemned to visualize a perspective destined to never be realized, to give me neither confirmation nor frustration of my expectations. The idea of my being in the world is fundamentally bound to an extremely heavy and extremely painful phantom, illusory, both in a positive and in a negative sense.

He experiences a substantial difference between his inner condition and the external world. Outside there is “reality”, that is, the

dynamics of potentiality, action and realization. Inside there is “ideality”, or “idealization” (he uses the word «ideal» very often), that is, his imaginary lived not as potentiality, but as isolated experience condemned to never be realized. His imagination tends to be detached from reality, more similar to an illusion than to a real possibility: as we are going to suggest in the analysis below, this problem can meaningfully be called “disembodied desire”.

### ■ Phenomenological analysis: From loss of natural self-evidence to disembodied desire

Phenomenological psychopathology is both an empirical and an eidetic science, in Blankenburg’s Husserlian perspective.<sup>11</sup> It means that the empirical manifestation of an individual pathology can be investigated in its essence: each pathology shows an inner, characterizing and recurring structure, that is its “eidos”, its «morphological core of sense».<sup>12</sup>

The aims of this paper are both to analyze Arthur’s case from a phenomenological perspective and to point to disembodied desire as an essential structure of his whole experience, supporting this thesis with a basic phenomenological theory of embodied desire. To achieve these aims, it is necessary to start with the parallels between Arthur’s case and Blankenburg’s patient Anne: the similarities allow me to speak of loss of natural self-evidence in Arthur’s case and to underline his problematic self- and ego-constitution, that is the structural genesis of the self and the ego, according to Blankenburg’s phenomenological theory.

As schizophrenia has recently been reconsidered, in continuity with Blankenburg’s approach, as a disembodiment of the self, that is the lack, or weakening, of sensory-motor self-consciousness,<sup>13</sup> the next step in the phenomenological analysis is to present disembodiment and ipseity disorder as core concepts in Arthur’s case.

So phenomenological psychopathology is integrated with the enactive approach, conceiving of human beings as living systems making sense of their own experience thanks

to embodied action shared in a social dimension.<sup>14</sup> Disembodied desire is thus characterized as a disorder due not to neurotic defence mechanisms, but rather to more pervasive self-disorders such as loss of natural self-evidence, disembodiment and ipseity disturbance.

The phenomenological analysis of Arthur’s case is completed by a structural analysis of his lived space and lived time in relation to his bodily and imaginative experience, considering both as essential aspects of desiring. In the final philosophical elucidation of embodied and disembodied desire, bodily consciousness, in terms of drive intentionality or self-affection, and imagination are considered as transcendental conditions of desiring: a basic phenomenology of embodied desire is ultimately essential in understanding the qualitative difference of Arthur’s experience, but also the vital relevance of his disembodied desire.

### ■ Escaping the void: Loss of natural self-evidence and imagination

Considering that ICD 10, contrary to DSM IV TR, includes schizotypal personality disorder in the cluster “schizophrenia” and assuming that the diagnosis of schizotypal personality disorder is correct, I assume that Arthur’s disorder can be considered comparable to that of Blankenburg’s «symptom-poor schizophrenics».<sup>15</sup> By loss of natural self-evidence, Blankenburg means a loss of the usual common-sense orientation to reality, i.e., the loss of the unproblematic sense of obviousness and unquestioned background that normally enables a person to act and live in the social and practical world.

Blankenburg’s central example case, his patient Anne, is increasingly unable to live in the intersubjective world because she does not know how to perform even the simplest actions and is assailed by «impossible questions», i.e., impossible for her to answer, even though for healthy people they refer to self-evident, obvious, taken for granted ways of being.<sup>16</sup>

Arthur complains about a similar difficulty

in self-expression, about being overloaded by impressions and sensations that occur even in the smallest tasks of his daily life: «In my inner chaos, I cannot focus on what I feel, and that's what takes away my energies to read, to study and to learn». Like Anne, he also believes that his problems are due to the fact that he has not been «mentored» enough in his learning, even in the most ordinary activities like housework or hobbies:

It would be useful for me to learn do-it-yourself as an approach to reality, but it never worked with my parents. I cannot learn from my father, he destroys all my projects and makes a mess. I'm constantly nervous when doing even the most banal things, because we [my family and I] cannot figure out how to make me aware of what I'm doing.

Even while in an assisted living apartment where the educational staff support patients in their daily life, he says: «I don't get any help to improve my attention span and to give me a grip». Listening to Arthur, the lacking «grip» seems to be, on the one hand, his inability «to be aware» of what he is doing,<sup>17</sup> therefore being unable to acquire that tacit knowledge corresponding to common sense and to naturalness by doing (*natürliche Selbstverständlichkeit*):

I need to make models of what I learn, otherwise what others tell me comes into my head and vanishes immediately. Nevertheless, the attempt to organize my knowledge creates a sense of dispersion in me. My order is always too complex, so much so that it becomes a labyrinth where I get lost.

On the other hand, lacking grip describes his relation to others:

I cannot stand the communication gap existing between me and others, therefore I can't exercise acceptance and acknowledgment if I cannot qualify this gap as dis-

sent or if I cannot express it. Rage arises when I feel myself collapsing in a void of words: it gives me the feeling I am being disqualified by other people.

Since Arthur was a teenager, a transformation in his intersubjective world has been observable, which suggests a transformation in his ego-constitution (*Ich-Konstitution*), that is, the structural, transcendental genesis of the ego.<sup>18</sup> His incapacity «to be aware» of what he is doing and to learn from others and the impression he has «of a constant misunderstanding» with others prevent him from any equal intersubjective relationship. As Anne said: «It's not necessary to see an exterior effect, but inside I really sense how I can't go down well with anybody. Somehow the others unsaddle me regularly...».<sup>19</sup> Similarly, Arthur says:

The presence of others causes scattering in me; I cannot study, I cannot concentrate. I'm scared of what is lost in each person that may be in front of me. What is lost is not a real presence, it is a perceived presence and it is always imperfect, incomplete, partly lost. I look at others and it seems to me as if I'm asking myself which percentage of life is still present in them. I try to stay with others even beyond what I perceive, even if the other doesn't fully intercept me, but my experience with others remains virtual.

He constantly feels not only insecure or inadequate, but also unable to sustain the presence of others, most of all of self-confident people whom he perceives as menacing his integrity. Also for Anne, other people's naturalness was a source of anxiety and provoked stronger awareness of her own lack of it.<sup>20</sup> Arthur reports: «After many years of failure in structuring my identity I can't stand to see other people having what I lack. I survive only by negating others' possible merits, abilities and qualities».

His altruistic bent can then only emerge with other patients, in whom he usually reco-

gnizes a similar weakness and suffering, but his relation to them is always afflicted with a sense of guilt for being a possible source of anxiety to them. He lives in a state of perplexity, regarding the effect his words could have on them and the ideas they might have about him. As every relationship with any person is very stressful for him, he tends to avoid people. The more he remains by himself, however, the more desperately he longs for intimacy, interpersonal contact and reciprocity.

Arthur's ego-constitution is thus problematic on the double level distinguished by Blankenburg: on the one hand, at the level of one's own self constitution («*die Konstitution eines Selbst*»)<sup>21</sup> and on the other hand, at the level of intersubjectivity, which is itself both constituted by and constitutive for the ego.<sup>22</sup> On the first level, Blankenburg differentiates between the natural, empirical self, the experiencing one, and the transcendental self, the one structuring experience: a structural, pre-reflexive disruption in the transcendental self, such as Blankenburg supposes in symptom-poor-schizophrenics, implies that each action loses its taken-for-granted justification and that void comes to pervade the ego in the form of disappointment and failure.<sup>23</sup> On the second level, a healthy, intersubjective encounter occurs in a fine oscillatory and reciprocal relatedness between the two poles of self-assertion and self-donation, of taking and being-taken. But Anne's experience of being a structurally weakened self, entailed a rigid alternative between being subjected to others or judging them and quickly turning judgment into contempt. The same is true for Arthur. The level of equal reciprocity is never attained.<sup>24</sup>

As is known, Anne committed suicide. Arthur has fortunately developed a better strategy to compensate for his weak ego-constitution, a strategy that was not at Anne's disposal: to live in an imaginary intersubjective world. Indeed, Arthur describes many imaginary states as detached from his ordinary activities and from his ordinary competences: in particular, while listening to music, he has a lot of ideas, for instance about possible cho-

reographies, even though he has never learned to dance, or about clothes he could design, even though he has only taken a few sewing lessons, or about objects he might design, even though he has no knowledge of how to accomplish this.

He seems to build up a world in which he can realize what he is not actually able to do and doubts he will ever actually be able to realize. Moreover, he does not only live in an atmosphere of reverie, but also theorizes about the value of his imaginary experience, idealizing it as a «fantastic refuge», a personal «secret». He asserts:

The possibility of inwardly taking care of a fantasy is the very same salvation of possessing an interior ideal that can't be belittled in reality, precisely because it is lived in solitude, in a space without light, or better, without that light that belittles things while revealing their form, disclosing their mystery, crumbling them in their own definition.

What he means is that ideality – to the extent that it is made up of fantasy detached from reality – will never undergo a crumbling process, if it is not shared with anybody (i.e., not exposed to criticism) nor realized (i.e., exposed neither to modification nor to failure). Taking care of his private, secret fantasies is for him the only way to take care of himself, of his own «mystery»: if for the clinical eye, this is the recognizable mystery of his pathology, for the phenomenological eye, it is the mystery, or incomprehensibility,<sup>25</sup> of his own mode of existence.

In a clinical perspective, then, the rich imagination manifested by Arthur can be read as a hypertrophic compensation of the structural void left by the failed ego-constitution: the departure from reality observed in his imagination and thinking processes is an active coping strategy made up of reverie and idealization which opposes the loss of common-sense and of natural experiencing due to the core disturbance of his schizotypy.



Arthur is aware of the positive value of his imagination, but he lives it antagonistically: intimacy and ideality, obscurity and possibility, are indeed depicted in strong contrast with definition and reality, light and actuality, where the first pole, against our intuitive value attribution, assumes the positive value of a not yet unveiled, mysterious beauty, and the second a negative one of banal mediocrity. Such evaluations reveal an attitude that Stanghellini, in his psychopathology of common sense applied to schizophrenia, defines as “antagonomia”, i.e., as «an active positioning of oneself on the other side of the fence from common sense, with a tendency to bracket common sense values and beliefs» not out of free choice, but out of necessity, as it were a destiny.<sup>26</sup> Arthur indeed claims to be «condemned to visualize a perspective destined to no realization»: his coping strategy has the by-product of enlarging the void while escaping from it.

### ■ Disembodiment and ipseity disturbance

The latest studies on schizophrenia have developed Blankenburg’s approach towards a unitary understanding of schizophrenia as disembodiment of the self, that is, a weakening of pre-reflexive, sensory-motor self-awareness.<sup>27</sup>

Like Stanghellini, both Sass, Parnas and Fuchs as well as Fuchs and Schlimme refer explicitly to Blankenburg in their refunding of phenomenological psychopathology of schizophrenia. Despite some differences in their approaches, they all consider self-disorders as the «clinical core» of schizophrenia.<sup>28</sup> Self-disorders are anomalies of experience occurring «both in schizophrenia and in schizotypal disorder».<sup>29</sup> They include a lack of the sense of mineness, normally associated with every embodied self-awareness, i.e., the immediate, tacit awareness of being the *me* who is perceiving, sensing, moving and thinking.

The sense of mineness is taken to be the core dimension of so-called *ipseity* (*ipse* being the Latin term for “self” or “itself”): ipseity is a fundamental sense of being alive as the same subject of experience in time and space, per-

meating every perception, cognition, emotion or action immediately lived as “mine”.<sup>30</sup> Furthermore, the sense of mineness is a pre-reflexive relation to oneself, which represents the condition of possibility for every bodily and reflective self-relation. It is a fundamental, constitutive element of common sense, the essential background know-how of embodied action and cognition.<sup>31</sup>

Sass and Parnas have argued that schizophrenia is fundamentally a self-disorder, or ipseity disturbance, characterized by two complementary distortions of self-awareness: hyperreflexivity and diminished self-affection.<sup>32</sup>

Hyperreflexivity refers to forms of exaggerated self-consciousness in which some aspects of oneself, like ordinary thoughts or actions, are experienced in a condition of self-alienation as akin to external objects (Arthur: «Nevertheless, the attempt to organize my knowledge creates a sense of dispersion in me. My order is always too complex, so much so that it becomes a labyrinth where I get lost»). Diminished self-affection refers instead to a weakened sense of existing as a vital source of awareness and action (Arthur: «The main symptom of my unease is a dimension of boredom, a dull, smoky dimension»).

These complementary distortions imply a transformation in subjectivity, a «change in the personality»,<sup>33</sup> expressed by a loss of perceptual and conceptual «grip» or «hold» on reality, i.e., a loss «of the sharpness or stability with which figures or meanings emerge from and against some kind of background context» (Arthur: «I don’t get any help to improve my attention span and to give me a grip», «we don’t know how to make me aware of what I’m doing»<sup>34</sup>). So the void Arthur experiences is primarily the lack of awareness as pre-reflexive anchorage to his own existence and to the world.

Thomas Fuchs, on the other hand, proceeds by presenting the pre-reflexive anchorage to the world as bodily «operative intentionality»<sup>35</sup> and by focusing particularly on its disruption as loss of transparency in self-awareness and self-affection in schizophrenic

patients.<sup>36</sup> According to Fuchs, transparency of the embodied consciousness is based on an “as-structure”: thanks to my body, I perceive an object *as* the object I am perceiving or acting upon without any cognitive inference. Transparency of self-awareness makes our conscious life a situated life in body, time, space and also in society, as a set of intersubjective practices, values and cultures. A loss of transparency, or, in Blankenburg’s terms, a loss of natural self-evidence, arises as a «pathologic explication of the implicit» (Arthur: «I need to make models of what I learn») and «is the result of the fragmentation of bodily intentionality itself».<sup>37</sup>

As we have seen, such anomalies of self-experience are common to Arthur’s experience and are very difficult to describe. This clinical perspective nevertheless helps us understand not only the core disturbance of Arthur’s schizotypy, but also his first-person experience of not being able to explain what he experiences. Arthur’s peculiarity, compared to the usual testimonies collected from similar patients,<sup>38</sup> is not so much the quality of his experience, as it is the enduring seduction exerted by his own emotionally intense, imaginary world, depicted as a «not reducible, meagre and redundant melody of sensation». He describes his escape from the void in his own vanishing world of sensations and imaginings as follows:

I go to sleep at night, promising myself to get up as strong as a lion, but in the morning, I notice that my energies live only in the moment of expectation, in the ideal of a brilliant start. And so, whilst the day destroys all my projects, I let myself be overwhelmed by such a gratifying laxness, one that lets reality’s outlines fade, that reduces the unbearable weight of forms. I allow myself another hour in bed in the afternoon, not to rest but to fly away just a little more. I wake up, seeing the light of the sunset outside the window, and I want to die just to suppress in that moment the vicelike grip of another ineffectual day- I

then fling myself out of the bed by an impulsivity preceding the thought, only to fall prey [...] to that sensational opacity in which I come back to desire only the nest I’ve just voluntarily rejected. I recall the nest while abandoning myself in front of the television, in a frenetic zapping where no program can reach the inconstancy of my thoughts; I stop only when I encounter music, the only thing representing in that moment a heart with such a redundant void that I can mirror in it the wonderful emptiness filling up my escape.

The «redundant void», the «wonderful emptiness» that Arthur complains about are considerably different from the disappointment of failure which led Anne to her suicide. They are aspects of disembodied desire, intended as disordered imaginative experience, which give him a chance for identification: it is obtained by avoiding reality, avoiding participating in the world and in relations with others, but it represents to him a secondary anchorage to life, even better than the primary, at least as long as he considers imagination superior to reality. Nevertheless, suicide unfortunately remains a possibility in Arthur’s life: after many years of disease and failures, his coping strategies, relying on evanescent imagination, are progressively and inevitably crumbling. For a better understanding of these aspects of his condition, further analysis is required.

### The spatial disorder

From a phenomenological perspective, «consciousness is to be inherent in the thing through the body»,<sup>39</sup> and as embodiment theory, largely influenced by Merleau-Ponty, is «on the way to become a major paradigm in psychopathology»,<sup>40</sup> Arthur’s mode of existence has to be more thoroughly analysed in its bodily and spatial aspects.

Space, and in particular *lived space*, become a central category of structural phenomenological analysis because of its relation to the body, in opposition to traditional Husserlian phe-

nomenology, where the predominance of *lived time* corresponds to a transcendental conception of consciousness still far from the situatedness of body.<sup>41</sup> Fuchs defines lived space as «the totality of space that a person pre-reflectively “lives” and experiences, with its situations, conditions, movements, effects and its horizon of possibilities — meaning, the environment and sphere of action of a bodily subject».<sup>42</sup>

Considering lived space as an extension of pre-reflexive bodily experience, it is necessary to describe some relevant aspects of Arthur's lived body in order to understand both his lived space and his spatial disorder. Arthur's body has been affected by a nervous head tic since he was a little child. This nervous head tic never faded away. During the fifth grade (ten years old), he remembers receiving an «excess of attention» from his schoolmates and his teacher on this tic and his consequent shame.

He also reports a form of breathlessness which still affects him today and which he traces back to this very same period. He remembers the first episode of constricted breathing happening when he was eleven years, in the summer after the death of his maternal grandmother, when he was trying to learn by heart an increasing number of newspaper articles as well as physiological notions «in order to be prepared» for the first year of secondary school and «to get a sense of fulfillment». He remembers that he already understood that it had to be something similar to an anxiety attack.

Since then, his rituals progressively increased together with his anxiety, until they reached a “systematization” in the peculiar emotional transfiguration of lived space described above that Arthur experienced at the age of fourteen. His rituals are nevertheless not confined to what he calls «dimensions»: entering a room, a car, a new space, or even touching an object or a surface, can push Arthur to initiate a ritual such as moving in and out of the doorway, repeatedly touching the car-door, or even walking back and forth tracing the same route when walking in an open space.

As he explains it, touching objects and moving back and forth in space are coping strategies for him, i.e., rituals performed to control his anxiety, which alternate with, or are accompanied by, some special gestures and positions of his sensitive parts (head, hands and feet), which help him in “propitiating” his lived space and in protecting him from any possible external menace. All these rituals have the appearance of a bodily hyperreflexivity, a bodily overreaction to the experience of a menacing void, of a fragmented bodily intentionality and its consequential anxiety. As Fuchs writes in his “teleology of corporeality”:

Anxiety is a meaningful process not only on a physiological level [...], but also as a bodily event: in a situation where the body boundaries are threatened or overwhelmed, a “centralization” of bodily directions occurs [...] leading to an increased “presence” and a more intense self-experience (*intensiveres Ich-Erleben*), which is a defence against dissolving effects. Also meaningful vis-à-vis an anxiety-provoking situation is the tendency of anxiety toward contraction, i.e., to duck oneself, to draw up one's extremities and to remain rigid. It is the form of expression (“*Ausdrucksgestalt*”) of defending or hiding oneself [...] – In a similar way, anger can be interpreted as “clearing the way” for a previously repressed body impulse, lust, as an opening of the body to communication with the environment, both as tendencies to balance the tightness within the “body economy”.<sup>43</sup>

This is essential for understanding the corporeal dynamic lived by Arthur: the two poles of anxiety/constriction on the one hand, and rage/explosion, instead of natural lust/opening (what seems almost impossible for him), on the other hand, dramatically influence his bodily and emotional life. As clearly emerges from his mother's account of his behaviour at home, he alternatively manifests anxiety (trying to involve his parents in his need for order and for respect for the dimensions) and rage

(breaking objects and crying out, mainly at his father). Between these two violent poles, the only possible freedom for him is in his imagination, even if it has the structure, due to his self-disorder, of an imagination detached from his actual potential.

Arthur's lust does not open his body to communication with the environment: his body is probably impeded by anxiety in the realization of its vital impulses, such that it loses its vital contact and its natural, embodied relation to reality.

As we have seen, Arthur himself describes the existential condition connected with his suffering as the experience of a division between the outside world and his home: in the world, he sees a «dynamic, creative reality, a creative dynamism» that can be interpreted as the dynamism of «drive impulse» (Husserl's *Triebimpuls*) moving from lack to satisfaction, from emptiness to fulfilment and so on<sup>44</sup> and which provides an organic rhythm to human life and sustains a healthy, embodied relation with the world. When at home, in contrast, he sees in himself «a vain vortex of imagination, a night life spent in idealizing and coexisting with the potential of myself», i.e., a disembodied desire, a desire he is able to experience in its virtual, imaginative dimension only.

Hence his identity is achieved only by creating a very personal, imaginary, disembodied world: it is «a phantom», «a personal and flimsy projection» that conveys the extent to which he is «present in the world»; it is «an extremely heavy and extremely painful – as well as illusory – phantom, in a positive as well as in a negative sense», that detains his potential for existence in the world. Disembodied desire is hence a desire not open to the world, but closed in the inner circuit of fantasy which never reaches any satisfaction in the external world. Arthur's lived space is then deprived not only by his anomalous self-experience, but his void is also emphasized by his active departure from reality, by the «avoiding» attitude his disembodied desire enacts.

Imagination, in playing its compensatory

role, then comes to fill up his disrupted bodily experiences with a bizarre sense: to every «energetically generated dimension» (i.e., to every bodily perceived disorder or block), a precise identity is imaginatively assigned, namely the one of a «competitive» person who represents a menacing, threatening presence or, as Arthur says, a person «with pathogenic influence». The avoided presence of others thus comes back to the dimensions through imagination: they gain a quasi-physical space in the form of «energy generation». Lacking a real embodied experience, he lives in a fictitiously personified space.

This theory coherently develops Bleuler's and Minkowski's idea of schizophrenic autism. Bleuler defined autism as «the detachment from reality and the predominance of inner life», detecting it as a core disturbance of schizophrenia, whereas Minkowski extended the notion of autism interpreting its primary activity as «rupture in the intimate connection with the becoming-environment», or, in other words, as «loss of vital contact with reality», intended as the generating disturbance («*trouble générateur*») of schizophrenia.<sup>45</sup>

The concept of disembodied desire emphasizes the ambivalent, typically schizoid character of hyperaesthesia and affective anaesthesia, in the context of a simultaneous, contradictory presence of opposite aspects: «in understanding schizoidia it can't be repeated too often that the schizoid is neither too sensitive nor too cold but rather both at the same time».<sup>46</sup> Speaking of disembodied desire implies then a dynamics in this contradictory simultaneity of hyperaesthesia and affective anaesthesia, where the compensative functions of imagination, i.e. its possibility to put in an imaginative context the experienced excess of sensations and to imaginatively fulfil unsatisfied desires, (what Minkowski called rich autism) have the by-product of enlarging the void (what Minkowski called poor autism). Desire is not only disembodied, but disembodiment. In parallel, too much exposure to sensations provokes so much anxiety that it becomes unbearable and feeds the need for

detachment that isolation and imagination can provide. Disembodied desire is then “autistic” in the sense of closing in an inner, detached and isolated circuit.

From a psychological point of view it is very interesting to note that the more a person has some particular desirable ability or feature, the more he or she seems menacing to Arthur. So the «dimensions» can be regarded as taboo zones – detached and isolated from the context – in which the opposing aspects of being attractive and repulsive coexist simultaneously.<sup>47</sup>

Thus, for example, the imaginary presence of a French stylist positioned by Arthur at a corner of his table has the ability to draw a piece of clothing Arthur would have liked to draw, or which he himself has imagined. But if he gets trapped by that dimension, the stylist will steal his ideas, i.e., his ability and thus his potential. So when cooking, Arthur’s mother also has to avoid the invisible spaces that Arthur considers dangerous, otherwise he will not eat anything that has come in contact with the dimensions. Even if it is not possible to provide here a psychodynamic analysis of his family relations, it is interesting to remark how even a primary need like hunger has to pass through a “propitiatory rite” to be entitled to satisfaction.

Representative of his stance towards his own drives, hunger shows his tendency to abstinence: he usually eats too little, has digestive troubles because of his anxiety, even when living independently from his parents, and he is constantly underweight.

For Arthur even a touch has rarely the sense of an immediate, pre-reflexive relationship with the world. Rather, it is another tool of his bodily hyperreflexivity: touch is an instrument of interaction with both the attractive-repulsive zone of the dimensions as well as objects filling up and delimiting his environment. Touch is indeed an orienting sense essential for finding our place among others.<sup>48</sup> Arthur describes it as follows:

Sometimes I use touch to have the sensation of a beneficial, positive physicality, as

if it was “flowing” and “freeing” the surface of something (e.g., a table, wardrobe, wall) from potential dimensions, which are thickening on it. Sometimes touch helps me to overcome a dimension: through touch, I am better able to hold back the dimension or to push it in the opposite direction, away from me (even if the dimension remains static). Other times, especially in the case of the “aerial”, “ethereal” dimensions that I visualize and perceive, I overcome a dimension by dodging it and going beyond it, which is generally a rapid, meteoric process (when I remain “stuck” or “trapped”, I have more difficulties in overcoming it, thus touch in this case helps me in the form of rubbing the object). Touch sometimes gives me feedback in the sense of “definition”, or of “tactile concreteness”, and thus helps to reify, to concretize the still potentially existing dimension. But touch doesn’t participate regularly: if the dimension is particularly alive, it is as if it were hot, electrifying, so I don’t touch it because I would have a sense of getting infected more than getting help.

Touch has the properties of a mediating instrument: it can help Arthur to create distance, it can help him to escape, or to define and thus to confine the dimensions, but it also brings risk of infection, i.e., it is a medium of contagion. In any case, touch seems to have lost its immediacy, its natural receptivity. I suppose it is just the concreteness of his bodily experience that lets Arthur maintain a good level of self-awareness and of mineness, conferring a compulsive character to the «positioning of a dimension» rather than the aspect of a delusional experience: he is indeed well aware of being the author of this positioning and doesn’t believe he is compelled by any external force or presence.

Like touch, bodily movements also play an active part in creating a dialogue with the «dimensions». Moving in the lived space helps him to move beyond them or even to interact emotionally with their proportions:

the dimensions can indeed vary their «sphere of influence» in connection with Arthur's emotional states, but his movements can also interact with these states and the space that imaginatively represents them. If he is in a better mood, he moves in his "dimensioned" space rapidly and elegantly like a dancer, therefore "neutralizing" or at least reducing the negative impact of the dimensions; if he is scared or in anguish, he flounders and moves spasmodically or remains rigid and inelastic, thus enlarging its «sphere of influence».

Arthur's spatial disorder is then to be understood as a mode of escaping or controlling the anxiety implied by the state of being affected by an undefined, ambivalent, inner, but alien need for relationship with the outer world. I thus propose to call this disorder *affection anxiety*. Anxiety, intended as an «affective reaction of the subject to the experience of being at the mercy of his own life»,<sup>49</sup> seems to permeate Arthur's self-affection: as his vital impulses and drives are interrupted or blocked, they are experienced as own and alien at the same time, weakening the stability, continuity and coherence of his self- and world-experience. Imagination, as far as it provides the possibility of a «distanced self-representation of drive»,<sup>50</sup> can restrain such anxiety, giving a form to an undefined fear (menacing dimensions) and creating defense strategies (propitiatory rituals). Unfortunately, his imaginative life then necessarily falls prey to ambivalence, too.

Hence, in Arthur's lived space, we find the rituals he has created to cope with a very high level of affection anxiety, what I underline as the central emotional aspect of his self-disorder. His affection anxiety lets him perceive objects and persons he is interested in as both attractive and repulsive. He escapes anxiety through a bodily, ritual avoidance of the menacing contact with his attractive-repulsive environment. He calls it «dance» and claims that it can «somehow structure an even persistent fragmentation». His artificial, mannerist sequence of movements, from his first-person perspective, is able to give «sense and

unity» to his fragmented experience – at least momentarily.

### ■ Paradoxically lived time

Being too affected by his anxiety and his menacing ambivalence to remember clearly (i.e., univocally) what he is experiencing and what he is learning, Arthur finds it difficult to structure his experience in a succession of past, present and future events. The problem is however not on the cognitive, theoretical level, where he is perfectly able to distinguish the different temporal aspects of his life; what is really problematic for him is to have an *embodied memory* and an *embodied imagination*, i.e., a memory and an imagination guiding his practical daily life.

Arthur's lived time is indeed the instant, in German called "*Augenblick*": the instant of an eye blink, an instant without past and without future. It can seem eternal, but only to imagination; an instant of consciously illusive eternity. In his imagination, in his *imaginatively* lived time, or, more precisely, in his detached, disembodied fantasy, Arthur can even live in the instant of supreme desire, the instant of which Faust would say «*Verweile doch, du bist so schön!*» (Stay a while, you are so beautiful!), the instant in which completeness, fulfilment and beauty are touchable, perfectly present, perfectly fused with one's own bodily presence. It is what he calls «artistic balance» and it is thanks to this experience that he can assert the dignity and poetic beauty of his pathological experience:

Glaringly conscious of my condition, I describe it with the perfect oxymoron of artistic balance, in which to live is like following in vain the volatile breathing of the wind. You ask yourself why this wind accompanies you inside your nest and why it hides when you open your eyes to share it with others. It is also a pleasure to let yourself be dazed by the aesthetic sense of life, by that aestheticism of smiles, tears, enthusiasm, like "suns" that will not come back anymore.

But in his *actually* lived time, he then tragically rediscovers (insofar as his moment of poetic beauty turns out to be a solipsistic illusion) how temporary, how transitory this fulfilment is, and how poor reality is replete with the failures he experiences and lacking the profundity that he reaches in imagination. These two types of lived time, then, are – paradoxically – not chronologically distinct, nor dialectically articulated, but they are his one and only instantaneous lived time, both exalting on the imaginative level and frustrating on the reality level.

So Arthur's lived time is a paradoxical one, even more than his lived space. In his lived space, there is still the possibility of an interaction, although in an imaginary dimension, with the subjects that scare him, which can be localized and therefore confined, in spite of their constant menace of invasion. In his lived space, some dimensions can become «old», the threatening person embodied in them can change if new experiences “substitute” the old ones in emotional importance, and, as we have seen, Arthur has some bodily strategies to control their influence. Nothing like that is possible on the temporal level: the presence of a «destroying» time is unavoidable (as Ovidio wrote, *tempus edax rerum*, time devours everything) and imagination, in its structural “as if”,<sup>51</sup> is constantly referred to its own flimsiness, transience and inconsistency. The only way to distance oneself from this tremendous temporal experience, making it acceptable, is to consider grief – somehow poetically – as a possible, even though tragic, identity:

The only way to bear grief is to transform it from an oppressive entity to a fundamental identity, and I see the deeply pathological way in which I identify myself, a way in which grief becomes an unavoidable constant of one's own richness and of one's own life.

Arthur is well aware of the intolerability of his condition:

I am not at all in reality, I am just an idea,

just potential: my reality is absence, ridiculousness (Dostoevskij). That's why it bothers me that real and ideal don't speak to each other, that's why I suffer an ideal remaining unsatisfied.

His ability to live only in possibility («I'm not at all in reality, I'm only idea») while avoiding reality – as reality provokes affection anxiety and emotional instability – makes him desperate. The grief for the incommunicability of the real and the ideal that «don't speak to each other» strengthens his sense of impotence, of eternal defeat, in every circumstance of life, which in turn leads him to abandon any purpose of self-realization and intersubjectivity: he feels unable to love, unable to offer a future or even just a present to a person, thus deferring any possible love, friendship or even sexual relation to an indefinite, ideal future («when I'll be prepared, when I'll be able to communicate, when I'll have more competences»).

In the last few years, Arthur has tried to follow a regular pharmacological therapy, but more than once he has interrupted it, frustrated by its negative side effects and its observed substantial inefficacy. His personal, vulnerable, contradictory psychic homeostasis is certainly surprising, although it is constantly menaced by permanent suffering and an insuperable, sometimes unbearable sense of failure. Only once he confessed to me that he had considered suicide, and when I asked what prevented him from taking his life, he answered: «I didn't want to go away in silence. I still have something to say».

So in his deepest desperation, the one reason that keeps him alive is his desire to be there, to be present in the world through his words, the desire to give himself a form even if it is so difficult for him.

### Embodied and disembodied desire: A philosophical discussion

It is now necessary to analyze the transcendental conditions of embodied desire, to

point out what makes the difference in Arthur's disembodied desire. On the level of the self, the first, essential condition of embodied desire has to be found in what Husserl has called «drive intentionality» (*Triebintentionalität*), which is another name for «self-affection»,<sup>52</sup> intending that fundamental sense of being alive as conscious vital drive.

Referring particularly to Husserl's *Studien zur Struktur des Bewußtsein* (the still unpublished *Studies on the structure of consciousness*) and to his *Analysen zur Passive Synthese*, affection can be described as the effect of the sensory, bodily contact between subjectivity and its world, which takes place whenever the ego is led by passive tendencies (coming from the background of consciousness) to pay attention (*Zuwendung*) to the world. Affection is thus the stimulus, the impulse moving the "functioning ego" (*fungierende Ich*, the pre-reflexive ego), shifting its attention toward what it is missing:

By affection we understand the stimulus given to consciousness, the peculiar pull that an object given to consciousness exercises on the ego – it is a pull that is relaxed when the ego turns toward it attentively, and progresses from here, striving toward self-giving intuition, disclosing more and more of the self of the object.<sup>53</sup>

As Deodati has recently shown,<sup>54</sup> this explanation refers to the "superior" level of affection, i.e., the level of receptivity (both passive and active), where the subject turns the passively articulated material into a beginning of activity (by turning its attention towards the material itself). The "lower", more basic level of affection is the genetic, passive level of original affection (*Uraffektion*) or self-affection,<sup>55</sup> the original «to be there, nearby» (*Dabeisein*), «to be directed to» (*Daraufgerichtetsein*),<sup>56</sup> through which an individual consciousness or subjectivity exposes itself to relation with the world in the temporalization (*Zeitigung*) of the continuously flowing present.

Self-affection, or drive-intentionality, ac-

counts then for the transcendental origin of time- and space-consciousness: the original impression (*Urimpression*) affecting consciousness in its living present and in its lived space generates subjectivity by presenting its impulses and drives in context of a world. As far as space is concerned, impulse (*Antrieb*) is indeed crucial as bodily «disposition to the mobilization of expansive directions»<sup>57</sup> and drive (*Trieb*) is an «essential form of bodily directionality (*Richtung*)».<sup>58</sup>

This means that thanks to impulse and drive, human conscious life is constituted in the awareness of a difference between inner (the bodily self as source of the sensation of something missing) and outer space (the source of possible fulfilment) and thus guides the lived body in the search for satisfaction towards its outer environment. As far as time is concerned, human conscious life is originally affected not only by the outer world, but by bodily impulses and drives in its search for satisfaction. The repetition of this differential movement enacted by drive-intentionality makes growth and development of a self possible, i.e., makes the ego-constitution possible: what Husserl calls the origin of lived time, i.e., drive-intentionality,<sup>59</sup> co-originate lived space in distinguishing an inner from an outer.

The deep connection in the transcendental constitution of space and time consciousness is well underlined in this passage by Fuchs:

Drive tension founds an original time differential or a "time span" that appears as a bodily "being ahead-of-oneself" (*leibliches Sich-Vorweg-Sein*) in movement, too, as "holding a purpose" (*Zielinnehabe*). Lived time is characterized through the cyclic return of single drive impulses and their respective duration. Drives then constitute the inner-outer difference of the body just as the difference between already and not-yet, the temporal anticipation.<sup>60</sup>

Similar to the role impulses and drives play on the spatial level, where they have an orienting function, on the temporal level by differ-



entiating inner as an experience of lack from outer as the possibility of fulfilment, they constitute an early differentiation in lived time as bodily direction towards a lacking, mostly still undefined “something”. The inner body is then experienced as “already” lacking, as already empty, after having been fulfilled, and as “not yet” satisfied: in the bodily present of drive intentionality, inner time-consciousness structures its articulation in impressions (acts of awareness of what is perceived “right now”), retentions (acts of immediate memory of what has been perceived “just a moment ago”) and protentions (immediate anticipations of what will be perceived “in a moment”).

For Husserl, inner time-consciousness is structured twice: on the one hand, impressionally, i.e., immediately receptive of the intertwined flow made up by retentions, impressions and protentions, and on the other hand reproductively, i.e., mediately producing modifications of past or possible presentations, respectively in memory and imagination.

In Arthur's case his bodily directionality is continuously interrupted by his tics and contracted by his anxiety, thus to have a natural volitional disposition and a natural bodily orientation towards his environment seems almost impossible for him. His affection-anxiety permeates both his bodily lived space and the constant stream of his «living present» (*lebendige Gegenwart*). According to my observations, the impressional quality of time experienced as flimsy, transitory, immediate and not lasting also permeates reproductive consciousness, thus giving a confusing quality to recollections (*Wiedererinnerungen*) and to imaginings (*Phantasie*), exalting their transience.

His environment can never be experienced as the source of possible satisfaction and his memory fails in constituting both practical abilities, so called “know-how”, and structured theoretical knowledge. His desire has thus never reached an embodied character: surviving in imagination, even if increasingly detached from any tendency to realization, his disembodied desire has been his only chance to maintain at least an illusory relation with

the world.

Arthur's desire is moreover exalted by his prolonged disembodied presence. If embodied desire can be annihilated by repeated frustration, by an unachievable object, disembodied desire is not only detached from its objects and actual realizations, but rather grows and flourishes in and thanks to absence, flimsiness, nothing. It is guided by a closed-circuit teleology, at risk of acquiring autistic traits. On the one hand, Arthur's disembodied desire is enhanced by his condition. On the other hand, it exposes him to the risk of depletion of vital energy, because no embodied satisfaction that would give new impulse to drives, desires and projects is ever experienced. After years of disembodied desire, even imagination becomes unable to invent new virtual satisfactions: it remains obscured and is eventually defeated by repeated failures.

Embodied desire has indeed a dialectical relation with the natural and social environment of a desiring subject: it can change object or modify its aims when the situation shows the impossibility of any realization. Similarly when different desires are conflicting, or when a first-order desire is contrasted by a second-order desire:<sup>61</sup> embodied desire ensues from mediations and transformations allowing it to overcome internal and external limits, in order to gain the best satisfaction possible.

Disembodied desire, on the contrary, aims neither at realization nor at conflict resolution. Disembodied desire is not nourished by a dialectical relation with reality, but rather by its failed fulfilment. It is no longer a relation with an object (that is, psychodynamically intended, either an object or a person) and, through the object, with one's own self (the object playing the role of form that limits and at the same time determines the self); it is an immediate relation with one's own self in its vagueness, mutability, elusiveness and incompleteness: it is depleted, empty longing. Disembodied desire can only be paradoxical in its structure: it looks for satisfaction where it cannot be found, namely in the self, which is

never disposable (*“zuhanden”*). It is thus never extinguished, but at best nourished. This free spinning in its closed-circuit therefore tends to reach a paroxysm where only emptiness and failure remain, occupying all temporal forms, past, present and future.

So the structural analysis of disembodied desire in Arthur's individual case suggests a formulation for a basic phenomenological theory of embodied desire, which can be summarized as follows. Drive-intentionality is conceived, with Husserl's concept, as the original tendency of consciousness to be nearby itself, directed towards something affecting consciousness itself. Impulses and drives structurally affect bodily consciousness: «drive intentionality» is their transcendental aspect, their common structure. A healthy, well embodied ego-constitution, made up of the two levels of self-constitution and of intersubjectivity, is indeed originally possible thanks to drive intentionality.

On the level of self-constitution, drive intentionality essentially structures space and time consciousness through the differentiation of inner from outer space and of already from not-yet. On the level of intersubjectivity, drive intentionality generates the need for relationships with others and consequently, on a higher level, the need for harmonization between one's own and others' desires: the other subject is indeed perceived, and interacted with, as a desire-holder and to avoid conflicts, and to achieve some social stability, harmonization between different possibilities and aims is needed.

Imagination, on the other hand, provides us with the possibility of a «distanced self-representation of drive»,<sup>62</sup> making the passage from drive to desire possible and conferring to desire a very personal form, while re-processing previous experiences and inherited socio-cultural practices and values. It is imagination that continuously opens new possibilities for human desire and, through desire, to human life, freeing the human body from the immediacy of drive. It is then the dialectical relation with the natural, social and historical

environment to further modify desire: it is embodied through perception-in-action.

As desire can be considered the essential bond between the self and its environment, it represents an essential bond with life even for a disordered, in this case, disembodied self: Arthur's experience shows that it represents the core essential possibility of being in the world with the dignity, the creativity and the vulnerability of a human being.

## Conclusions

Having raised the possibility of philosophical practice as a rehabilitation activity for patients in psychiatric services, this study has presented the phenomenological analysis of a case of schizotypal personality disorder from the perspective of Blankenburg's loss of natural self-evidence and its contemporary development, i.e., psychopathology of common sense conceiving schizophrenia as a syndrome rooted in ipseity disturbance and in disembodiment of the self.

I hereby underlined analogies and differences with Blankenburg's patient Anne: the difficulties in the ego-constitution, due to a pre-reflexive disruption in self-awareness, are similar and can be summarized by distinguishing the two levels of (a) the self, which is failing in its constitution, and (b) intersubjectivity, which fails as equal reciprocity.

The most important difference between the two cases is however Arthur's ability to build a secondary anchorage to the life-world through imagination. The analysis of Arthur's spatial disorder elucidated more closely the bodily aspects of his desire: his vital impulses and drives (hunger, sexual drives, intentional movements in space) seem interrupted or blocked by what I have defined as affection anxiety, i.e., the anxiety of an undefined, inner, but alien need for relationship with the life-world.

Drives and impulses are consequently experienced as own and alien at the same time, losing their natural tendency towards satisfaction, so that desire remains closed in the closed circuit of fantasy, emphasizing Arthur's

active departure from reality. Imagination thus assumes a compensatory function by replacing the avoided others in his lived space, but without getting rid of a pervasive ambivalence. On the temporal level, imaginatively and really lived time are paradoxically united in his one and only instantaneous lived time, both exalting on the imaginative level and frustrating on the reality level. Just as lived time is reduced to an at the same time perfect and flimsy, satisfying and unsatisfying instant, disembodied desire shows its paradoxical structure: it can find satisfaction only where it is impossible to be realized, that is in imagination and, in the end, in an isolated self.

The philosophical elucidation of the problem of disembodied desire requires a basic phenomenological theory of desire, dealing both with drive intentionality, as the transcendental condition of the ego-constitution, and with imagination, as the distanced self-representation of drive and as a structural possibility of distancing the immediacy of bodily experience.

Such a phenomenology of desire is obviously in need of further interdisciplinary examination: (1) from a philosophical point of view, the theory needs to be better grounded not only in Husserl's phenomenology, but also in the phenomenological tradition of the twentieth-century, in order to expand the centrality of desire in embodied cognitive sciences (as transcendently and also existentially conceived); (2) from a psychopathological point of view, the implications of such a theory should be further investigated, on the one hand, to distinguish disembodied from embodied desire and, on the other hand, in relation to the structure of schizotypal personality disorder and other pathologies at least those within the schizophrenic spectrum: is disembodied desire observable in other patients who have received the same diagnosis as Arthur and/or with other diagnoses in the same cluster? Is this a relevant concept for their psychopathological description?; (3) From a clinical point of view, it can be asked if disembodied desire represents not only a vulnerabil-

ity, but also an essential bond with life even for a disordered, disembodied self such as Arthur's. If so, it would represent a pivotal point for every psychotherapy with such patients. For this reason, further interdisciplinary research on the topic appears promising.

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## Notes

<sup>1</sup> I refer to the theory proposed in G. STANGHELLINI, *A Hermeneutic Framework for Psychopathology*, in: «Psychopathology», vol. XLIII, n. 5, 2010, pp. 319-326.

<sup>2</sup> Some of the most relevant works in phenomenological psychopathology for this study are: K. JASPERS, *Allgemeine Psychopathologie* (1913), Springer, Heidelberg, Berlin, Goettingen 1959<sup>7</sup> (en. trans. *General Psychopathology*, translated by J. HOENIG, M.W. HAMILTON, John Hopkins University Press, Baltimore, London 1997); E. MINKOWSKI, *La schizophrénie. Psychopathologie des schizoïdes et des schizophrènes* (1927), Payot, Paris 1953<sup>2</sup>; L. BINSWANGER, *Drei Formen missglückten Daseins: Verstiegenheit, Verschrobenheit, Manieriertheit*, Niemeyer, Tübingen 1956; W. BLANKENBURG, *Der Verlust der natürlichen Selbstverständlichkeit. Ein Beitrag zur Psychopathologie symptomarmer Schizophrenien*. Enke, Stuttgart 1971. The most relevant contemporary studies on phenomenological psychopathology

are: J. CUTTING, *Principles of Psychopathology. Two Worlds-Two Minds-Two Hemispheres*, Oxford, Oxford University Press, New York 1997; J. CUTTING, *Psychopathology and Modern Philosophy*, Forest Publishing Co, Haywards Heath 1999; T. FUCHS, *Psychopathologie von Leib und Raum. Phänomenologisch-empirische Untersuchungen zu depressiven und paranoiden Erkrankungen*, Steinkopff, Darmstadt 2000; T. FUCHS, *Psychopathologie und Phänomenologie*, in: «Spectrum Psychiatrie», vol. II, 2008, pp. 41-45; G. STANGHELLINI, *Disembodied Spirits and Deanimated Bodies. The Psychopathology of Common Sense*, Oxford University Press, New York 2004; G. STANGHELLINI, *A Hermeneutic Framework*, cit.; G. YOUNG, *Philosophical Psychopathology. Philosophy without Thought Experiments*, Palgrave Macmillan, Basingstoke, New York 2013. See also M.R. BROOME, R. HARLAND, G.S. OWEN, A. STRINGARIS, *The Maudsley Reader in Phenomenological Psychiatry*, Cambridge University Press, New York 2013.

<sup>3</sup> K. JASPERS, *Allgemeine Psychopathologie*, cit., pp. 5-6; J. CUTTING, *Principles of Psychopathology*, cit., p. 493; G. STANGHELLINI, *Disembodied Spirits*, cit., pp. 38-44; T. FUCHS, *Psychopathologie und Phänomenologie*, cit.; G. YOUNG, *Philosophical Psychopathology*, cit., pp. 1-11.

<sup>4</sup> W. BLANKENBURG, *Der Verlust der natürlichen Selbstverständlichkeit*, cit. Regarding the methodological relevance of Husserl's phenomenology for Blankenburg's psychopathology of common sense see M. SUMMA, *Is this Self Evident? Husserl's phenomenological method and the psychopathology of common sense*, in: «Rivista Internazionale di Filosofia e Psicologia», vol. III, n. 2, 2012, pp. 191-207.

<sup>5</sup> With respect to philosophical practice in psychiatric service, see D. DIBITONTO, *Un'esperienza filosofica con la follia. Pratica filosofica presso il Centro di Salute Mentale di Chieri*, in: U. GALIMBERTI, L. PERISSINOTTO, A. ROSSI (a cura di), *Tra il dire e il fare. Saggi e testimonianze sulla consulenza filosofica*, Mimesis, Milano 2011, pp. 61-99; D. DIBITONTO, *Fuggire, mascherare, formare. Tra spazio pubblico e privato*, in: U. PERONE (a cura di), *Filosofia e spazio pubblico*, Il Mulino, Bologna 2012, pp. 169-190. For philosophical dialogue with psychiatric patients, see also A. SACCO, «Idia phronesis»/«Xynos logos». Il «Gruppo di dialogo filosoficamente orientato» per pazienti psicotici al Dipartimento di Salute Mentale di Novara, in: U. GALIMBERTI, L. PERISSINOTTO, A. ROSSI (a cura di), *Tra il dire e il fare*, cit., pp. 25-

60. On a more general analysis of an epistemological approach to the psychiatric service, see M. GALZIGNA, *Il mondo nella mente. Per un'epistemologia della cura*, Marsilio, Venezia 2006.

<sup>6</sup> It is not possible to present here this concept in his richness. I refer to the concept of existence as freedom of questioning its sense proposed by K. JASPERS, *Existenzerhellung* (1939), in: K. JASPERS, *Philosophie*, Bd. II, Springer, Berlin, Goettingen, Heidelberg 1973.<sup>4</sup> See also the important interpretation of this concept in its psychopathological relevance in T. FUCHS, *Existential Vulnerability: Towards a Psychopathology of Limit Situations*, in: «Psychopathology», vol. XLVI, n. 5, 2013, pp. 301-308.

<sup>7</sup> The work of Gaetano Benedetti and Roland Kuhn can be interesting in this perspective. See G. BENEDETTI, *Der Wahn in der Sicht der Psychotherapie*, in: W. BLANKENBURG (Hrsg.), *Wahn und Perspektivität. Störungen im Realitätsbezug des Menschen und ihre Therapie*, Ferdinand Enke Verlag, Stuttgart 1991, pp. 81-89; R. KUHN, *Daseinsanalytische und psychopharmakologische Aspekte der Wahnbehandlung - erste Annäherung scheinbar diametral entgegengesetzter Ansätze*, in: W. BLANKENBURG (ed.), *Wahn und Perspektivität*, cit., pp. 96-105.

<sup>8</sup> From K. JASPERS, *Allgemeine Psychopathologie*, cit., forward this is a methodological constant of phenomenological psychopathology, which is well reformulated in G. STANGHELLINI, *A Hermeneutic Framework*, cit., pp. 319-320. On the meaning of first-person perspective for phenomenology in relation to the notion of self and subjectivity see D. ZAHAVI, *Subjectivity and Selfhood. Investigating the First-Person Perspective*, MIT Press, Cambridge (MA) 2005.

<sup>9</sup> The Italian word «attentante» is not commonly used in everyday language in this verbal form: it is grammatically correct, but very uncommon and in this context it sounds extravagant, meaning «making an attempt» on somebody's life or honour.

<sup>10</sup> Arthur's threatening spatial experiences are very comparable to what Kimura has discussed in his work about schizophrenic experience as lost identity invaded and filled in by alterity. See B. KIMURA, *Tra. Per una fenomenologia dell'incontro*, edited by S. RUSSO, Il Pozzo di Giacobbe, Trapani 2013, pp. 108-113. Fuchs described delusional mood as an emotionally puzzling situation where objects lose their familiarity and become threatening. See T. FUCHS, *Delusional Mood and Delusional Perception - A Phenomenological Analysis*, in: «Psychopatholo-

gy», vol. XXXVIII, n. 3, 2005, pp. 133-139.

<sup>11</sup> See W. BLANKENBURG, *Der Verlust der natürlichen Selbstverständlichkeit*, cit., p. v. On the importance of Husserl's phenomenology in Blankenburg's psychopathology see M. SUMMA, *Is this Self-Evident?*, cit., particularly pp. 201-203.

<sup>12</sup> *Ivi*, p. 202.

<sup>13</sup> Main references are: L.A. SASS, J. PARNAS, *Schizophrenia, Consciousness, and the Self*, in: «Schizophrenia Bulletin», vol. XXIX, n. 3, 2003, pp. 427-444; G. STANGHELLINI, *Disembodied Spirits and Deanimated Bodies. The Psychopathology of Common Sense*, Oxford University Press, New York 2004; T. FUCHS, *Corporealized and Disembodied Minds. A Phenomenological View of the Body in Melancholia and Schizophrenia*, in: «Philosophy Psychiatry & Psychology», vol. XII, n. 2, 2005, pp. 95-107; G. STANGHELLINI, *Schizophrenic Delusions, Embodiment, and the Background*, in: «Philosophy Psychiatry & Psychology» vol. XV, n. 4, 2008, pp. 311-314; G. STANGHELLINI, *Embodiment and Schizophrenia*, in: «World Psychiatry», vol. VIII, n. 1, 2009, pp. 56-59; T. FUCHS, J. SCHLIMME, *Embodiment Psychopathology: A Phenomenological Perspective*, in: «Current Opinion in Psychiatry», vol. XXII, n. 6, 2009, pp. 570-575; J. PARNAS, *A Disappearing Heritage: The Clinical Core of Schizophrenia*, in: «Schizophrenia Bulletin», vol. XXXVII, n. 6, 2011, pp. 1121-1130; T. FUCHS, *The Self in Schizophrenia: Jaspers, Schneider, and Beyond*, in: G. STANGHELLINI, T. FUCHS (eds.), *One Century of Karl Jasper's General Psychopathology*, Oxford University Press, Oxford and New York 2013, pp. 245-257.

<sup>14</sup> I refer primarily to the definition of enaction and of the enactive approach in F.J. VARELA, E. THOMPSON, E. ROSCH, *The Embodied Mind. Cognitive Science and Human Experience*, MIT Press, Cambridge (MA), London 1991, pp. 147-150 and pp. 205-207. Regarding the complementarity of enactivism and the psychopathology of schizophrenia in making sense of non-sense see D. DIBITONTO, *No Non-Sense without Imagination: Schizophrenic Delusion as Reified Imaginings Unchallengeable by Perception*, in: M. CAPPuccio, T. FROESE (eds.), *Enactive Cognition at the Edge of Sense-Making. Making Sense of Non-Sense*, Palgrave Macmillan, Basingstoke 2014, pp. 181-204.

<sup>15</sup> W. BLANKENBURG, *Der Verlust der natürlichen Selbstverständlichkeit*, cit., pp. 1-4.

<sup>16</sup> *Ivi*, pp. 60-62.

<sup>17</sup> Grip is the same word (*Halt* in German, *ap-*

*piglio* in Italian) used by Anne: «Was fehlt mir eigentlich? So etwas Kleines, so komisch, etwas Wichtiges, ohne das man aber nicht leben kann [...]. Ich finde einfach, dass ich noch den Halt brauche. Bei den allereinfachsten alltäglichen Sachen brauche ich Halt [...]. Das ist wohl die natürliche Selbstverständlichkeit, die mir fehlt». *Ivi*, p. 42 (emphasis added).

<sup>18</sup> *Ivi*, pp. 94-105.

<sup>19</sup> *Ivi*, p. 107.

<sup>20</sup> *Ivi*, pp. 110-111.

<sup>21</sup> *Ivi*, pp. 99-102.

<sup>22</sup> *Ivi*, pp. 105-121.

<sup>23</sup> *Ivi*, p. 101.

<sup>24</sup> *Ivi*, p. 109.

<sup>25</sup> Incomprehensibility (*Unverständlichkeit*, also translated as “ununderstandability”) is for Jaspers precisely the methodological and epistemological tool to recognize primary pathological experiences, they are indeed “incomprehensible” in the double sense that they are not psychologically derived, nor derivable, from other experiences, not even of a biological kind, and accordingly it is therefore impossible to empathize with the person affected by them. See K. JASPERS, *Allgemeine Psychopathologie*, cit. (en. trans. pp. 93-106).

<sup>26</sup> G. STANGHELLINI, *Disembodied Spirits and Deanimated Bodies*, cit., p. 100.

<sup>27</sup> See *supra*, fn. 11.

<sup>28</sup> This is the title and the core thesis of J. PARNAS, *A Disappearing Heritage: The Clinical Core of Schizophrenia*, cit.

<sup>29</sup> *Ivi*, p. 1124.

<sup>30</sup> The theory derives from philosopher like J.-P. SARTRE, *L'être et le néant*, Gallimard, Paris 1943 (en. trans. *Being and nothingness. An Essay on Phenomenological Ontology*, translated by H.E. BARNES, Philosophical Library, New York 1984<sup>2</sup>) and M. HENRY, *L'essence de la manifestation*, Presses Universitaire de France, Paris 1963.

<sup>31</sup> F.J. VARELA, E. THOMPSON, E. ROSCH, *The Embodied Mind*, cit., pp. 148-150.

<sup>32</sup> See L. SASS, J. PARNAS, *Schizophrenia, Consciousness, and the Self*, cit.

<sup>33</sup> K. JASPERS, *Allgemeine Psychopathologie*, cit. (en. trans. p. 106).

<sup>34</sup> L. SASS, J. PARNAS, *Schizophrenia, Consciousness, and the Self*, cit., p. 428.

<sup>35</sup> M. MERLEAU-PONTY, *Phénoménologie de la perception*, Gallimard, Paris 1945 (en. trans. *Phenomenology of perception*, translated by C. SMITH, Routledge and Kegan Paul, London 1962).

<sup>36</sup> See T. FUCHS, *Corporealized and Disembodied Minds*, cit.; T. FUCHS, *The Temporal Structure of Intentionality and its Disturbance in Schizophrenia*, in: «Psychopathology», vol. XL, n. 4, 2007, pp. 229-235; T. FUCHS, *The Self in Schizophrenia: Jaspers, Schneider, and beyond*, in: G. STANGHELLINI, T. FUCHS (eds), *One Century of Karl Jasper's General Psychopathology*, Oxford University Press, Oxford and New York 2013, pp. 245-257.

<sup>37</sup> T. FUCHS, *Corporealized and Disembodied Minds*, cit., p. 101.

<sup>38</sup> See T. FUCHS, *Corporealized and Disembodied Minds*, cit.; S. DE HAAN, T. FUCHS, *The ghost in the machine: Disembodiment in Schizophrenia. Two Case Studies*, in: «Psychopathology», vol. XLIII, n. 5, 2010, pp. 327-333.

<sup>39</sup> M. MERLEAU-PONTY, *Phénoménologie de la perception*, cit. (en. trans. p. 161).

<sup>40</sup> T. FUCHS, J. SCHLIMME, *Embodiment and Psychopathology*, cit., p. 570.

<sup>41</sup> Here I refer in particular to Fuchs' analysis and criticism of Husserl's transcendental phenomenology, see *Von der transzendentalen zur Leibphänomenologie* in T. FUCHS, *Leib, Raum, Person. Entwurf einer phänomenologischen Anthropologie*, Klett-Cotta, Stuttgart 2000, pp. 43-50. In his research, Fuchs nevertheless does not assert a primary influence of spatiality on other existential categories such as temporality, corporality, intersubjectivity, but rather points out their «equal importance» (T. FUCHS, *Psychotherapy of the Lived Space: A Phenomenological and Ecological Concept*, in: «American Journal of Psychotherapy», n. LXI, n. 4, 2007, pp. 432-439, here p. 425).

<sup>42</sup> *Ivi*, p. 426. For a more systematic analysis of the relationship between body and space, see «*Der Richtungsraum*» (*The directional space*) in T. FUCHS, *Leib, Raum, Person*, cit., pp. 151-192.

<sup>43</sup> *Ivi*, pp. 145-46.

<sup>44</sup> R. BERNET, *Zur Phänomenologie von Trieb und Lust bei Husserl*, in: D. LOHMAR, D. FONFARA (Hrsg.), *Interdisziplinäre Perspektiven der Phänomenologie*, Springer, Dordrecht 2006, pp. 38-53, here pp. 41-42.

<sup>45</sup> E. MINKOWSKI, *La schizophrénie. Psychopathologie des schizoïdes et des schizophrènes* (1927), Payot, Paris 1953<sup>2</sup>, pp. 62-69 and 109-129.

<sup>46</sup> *Ivi*, p. 25.

<sup>47</sup> See T. FUCHS, *Psychopathology of the Lived Space*, cit., pp. 431-433, where he analyses defence and repetition compulsion as dynamics of lived space.

<sup>48</sup> See G. STANGHELLINI, R. IMBRESCHIA, *Il tatto come organo di senso che ci orienta nelle relazioni sociali*, in: «Comprendre», vol. XXI, n. 2, 2010, pp. 266-291.

<sup>49</sup> R. BERNET, *Husserls Begriff des Phantasiebewusstseins als Fundierung von Freuds Begriff des Unbewußten*, in: C. JAMME (Hrsg.), *Grundlinien der Vernunftkritik*, Suhrkamp, Frankfurt a.M. 1997, pp. 277-306, here p. 296.

<sup>50</sup> *Ivi*, p. 294.

<sup>51</sup> E. HUSSERL, *Phantasie, Bildbewusstsein, Erinnerung. Zur Phänomenologie der anschaulichen Vergegenwärtigungen, Texte aus dem Nachlass (1989-1925)*, in: E. HUSSERL, *Gesammelte Werke*, Bd. XXIII, hrsg. von E. MARBACH, Nijhoff, Den Haag, Boston, London 1980, pp. 546-547 (en. trans. *Phantasy, Image Consciousness, and Memory*, translated by J.B. BROUGH, Springer, Dordrecht 2005, pp. 656-657).

<sup>52</sup> See R. BERNET, *Husserls Begriff des Phantasiebewusstseins*, cit., p. 287; M. DEODATI, *La dynamis dell'intenzionalità. La struttura della vita di coscienza in Husserl*, Mimesis, Milano 2010, pp. 145-160.

<sup>53</sup> E. HUSSERL, *Analysen zur passiven Synthesis. Aus Vorlesungs- und Forschungsmanuskripten, 1918-1926*, in: E. HUSSERL, *Gesammelte Werke*, Bd. XI, hrsg. von M. FLEISCHER, Martinus Nijhoff, Den Haag 1966, pp. 148-149 (en. trans. *Analysis Concerning Passive and Active Synthesis. Lectures on Transcendental Logic*, translated by A. STEINBOCK, Springer, Dordrecht 2001).

<sup>54</sup> M. DEODATI, *La dynamis dell'intenzionalità*, cit., p. 129.

<sup>55</sup> *Ivi*, pp. 129, 148.

<sup>56</sup> E. HUSSERL Ms. A VI 26, Bl. 29b, cit. in M. DEODATI, *La dynamis dell'intenzionalità*, cit., p. 149.

<sup>57</sup> T. FUCHS, *Leib, Raum, Person*, cit., p. 107.

<sup>58</sup> *Ivi*, p. 157.

<sup>59</sup> M. DEODATI, *La dynamis dell'intenzionalità*, cit., pp. 172-183.

<sup>60</sup> T. FUCHS, *Leib, Raum, Person*, cit., p. 190.

<sup>61</sup> The distinction between first-order desire, i.e. desire of something, and second-order desire, i.e. desire of having or not having a desire, was made by Harry G. Frankfurt and had great resonance. See H.G. FRANKFURT, *Freedom of the Will and the Concept of a Person*, in: «Journal of Philosophy», vol. LXVIII, n.1, 1971, pp. 5-20.

<sup>62</sup> R. BERNET, *Husserls Begriff des Phantasiebewusstseins*, cit., p. 294.