

“Negative Symptoms”, Schizophrenia, and the Self

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ABSTRACT

Currently, the most prominent way of subtyping schizophrenic symptoms is the distinction between the “positive” and “negative” syndromes (often supplemented by a third group of “disorganization” symptoms). This article offers a theoretical and phenomenological critique of this distinction, focusing on the subjective experience of the so-called “negative symptoms,” and utilizing the autobiographical descriptions of Antonin Artaud. Schizophrenia, it is argued, can best be understood as a self-disorder or ipseity-disturbance (*ipse* is Latin for “self” or “itself”) involving “hyperreflexivity” and “diminished self-affection”. *Hyperreflexivity* is a condition in which phenomena that would normally be inhabited, and in this sense experienced as part of the self, come instead to be taken as objects of focal or objectifying awareness. *Diminished self-affection* involves a decline in the sense of existing as a living subject of awareness. The present paper focuses on hyperreflexive aspects. Hyperreflexive qualities can be manifest on a number of distinct levels or in a variety of different ways—involving different degrees of sophistication and intellectual self-consciousness, and not necessarily implying a significant amount of volition, intellectual activity, or reflective self-control. Here the “reflective” as opposed to the more automatic or “operative” forms of hyperreflexivity are distinguished. Another distinction concerns whether the reflexivity in question is *compensatory*, *consequential*, or *basal*—that is, whether it occurs in some kind of defensive compensation *for*, or as a consequence *of*, some more basic defect or condition; or else as a facet of the basic defect itself.

Key words: negative symptoms, schizophrenia, self-disorder, self, hyperreflexivity.

RESUMEN

Síntomas negativos, esquizofrenia y el yo. Actualmente, en la esquizofrenia una distinción fundamental es la formulada entre síntomas “positivos” y “negativos” (a menudo completada con un tercer subtipo de síntomas “desorganizados”). Este artículo ofrece una crítica teórica y fenomenológica de esta distinción, centrándose en la experiencia subjetiva de los supuestos “síntomas negativos” y utilizando las descripciones autobiográficas de Antonin Artaud. Se argumenta que la esquizofrenia puede ser entendida mejor como un trastorno del yo o una alteración de la identidad propia (*ipseity disturbance*) (*ipse* que proviene del latín “yo” o “uno mismo”) que incluye “hiperreflexividad” y “disminución del afecto”. *Hiperreflexividad* es una condición en la que fenómenos habituales, experimentados como parte de uno mismo, se convierten en objeto o foco de la conciencia. La *disminución del afecto* supone una disminución en el sentimiento de existir como una parte subjetiva de la conciencia. El presente trabajo se centra en los aspectos de la hiperreflexividad. La calidad de la hiperreflexividad se puede manifestar en distintos niveles o en formas distintas -que incluye diferentes grados de sofisticación y autoconciencia mental, y no necesariamente supone un incremento de la voluntad, actividad intelectual o autocontrol reflexivo. Se diferencia “reflexivo” en oposición a más automático o formas “operativas” de hiperreflexividad. Otra distinción hace referencia a si la reflexividad es *compensatoria*, *consecuencia* o *base*—esto es, si se da como una forma de compensación defensiva *para*, o como consecuencia *de*, algún defecto o condición más básica, o si es un defecto básico del yo.

Palabras clave: síntomas negativos, esquizofrenia, trastorno del yo, sí mismo, hiperreflexividad.

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For two decades or more, the most prominent ways of subtyping the diverse manifestations of schizophrenia have been based on the distinction between “positive” and “negative” symptoms¹. Whereas positive symptoms, mainly hallucinations and delusions, are said to involve the presence of experiences that would normally be absent, the negative symptoms -including poverty of speech (alogia), affective flattening, avolition, apathy, anhedonia, anergia, and inattentiveness- are defined by an apparent diminution of what would normally be present (Marneros, Andreasen & Tsuang, 1991).² These two categories are often supplemented by a third group of “disorganization” symptoms: Consisting mainly of aspects of formal thought disorder, these latter are generally conceptualized in quantitative terms: as a diminishment of the degree of structure or organization inherent in an individual’s thought and language (Liddle, 1987).

The empirical evidence for the distinctness of these syndromes is far from definitive and has been hotly debated (see, e.g., McGlashan & Fenton 1992; Haefner *et al.*, 1998). The distinction itself, however, clearly has great intuitive appeal in Anglophone psychiatry; and it is worth considering why this should be the case.

One source of appeal is the way this distinction promises to satisfy certain positivistic or empiricist criteria. The very notion of positive-versus-negative, or more-versus-less, suggests the possibility of a straightforward, non-interpretative assessment of signs and symptoms -an assessment not of what one may be observing but merely of whether, or to what extent, something is present; this seems to hold out the promise of both quantification and high reliability. Also important is the way the positive-negative distinction resonates with mechanistic and often reductionistic propensities that have been dominant in biological psychiatry for more than a century. It is congruent with the deeply ingrained assumption that the central clinical features of schizophrenia are manifestations or consequences of a defective cognitive mechanism or “broken brain” (Andreasen, 1984), and largely involve a decline of the higher or more quintessentially human faculties of the mind.

These latter, mechanistic assumptions were explicit in the work of the neurologist who popularized and defined the negative-versus-positive distinction at the end of the nineteenth century. In J. Hughlings Jackson’s influential view, all mental illnesses are, in essence, consequences of a disintegration of the higher or more conscious and volitional mental processes. The effects of this disintegration can show up directly, as “negative” mental symptoms involving deficiencies of higher mental processes, or else indirectly, as “positive” symptoms (including hallucinations, delusions, and impulsive behavior) that are supposedly released by the failure of higher mental levels to exert their normal inhibitory control (Stengel, 1963; Clark, 1981).

Those who hold such views have generally considered the experience and expression of the insane either to be unintelligible or else fairly uninteresting and unimportant - either beyond the pale of empathic understanding or rational grasp, or else lacking in the complexity and subtlety typical of normal mental functioning. Thus Charles Mercier, one of Jackson’s disciples, concluded, “we cannot dive into the illogical processes of the insane.” “In every case of insanity the essential feature is defect”, he wrote. “The

affection of function is always in the direction of loss, of deficit, or diminution (...) degradation of action to a lower plane" (quoted in Clark, 1981, p. 284). The British psychiatrist Henry Maudsley spoke of the surprising "mindlessness" that, he believed, exists even "at the back of what looks like very partial mental disorder" (Clark, 1981, pp. 286, 284).³

It would be misleading to equate contemporary notions of positive-versus-negative symptoms with Jackson's original conception (Berrios, 1985). In recent years, positive and negative syndromes are commonly viewed as manifestations of fairly independent processes that need not be in the sort of close reciprocal relationship that Jackson postulated.⁴ But other features of the traditional perspective seem to have remained fully intact. In the neo-Kraepelinian climate of present-day psychiatry, schizophrenia is increasingly identified with the negative symptoms, which, in turn, are largely understood as defect states reflecting malfunctions of the brain. It is perhaps not surprising that there has been so little attempt, at least until quite recently (Kring *et al.*, 1993; Selten *et al.*, 1993; Selten, Bosch & Sijben, 1998), to study the subjective dimension of what might better be termed the negative signs, or to consider whether, on the subjective level, these might involve not mere deficits but processes of a more subtle or complex sort.

The empirical evidence, largely correlational, that bears upon the validity of the two- or three-syndrome distinction has been extensively reviewed (e.g., Marnaros, Andreasen & Tsuang, 1991; Liddle, Carpenter & Crow, 1994; Andreasen, Nopoulos, Schultz, *et al.*, 1994). Here I concentrate on certain theoretical issues and, in particular, on how the so-called "negative symptoms" are experienced by the patients themselves. In the following section, I offer general, critical remarks on the positive-negative distinction, and then on the so-called negative syndrome in particular. In the next two sections, I summarize and discuss two lines of German psychopathological research that bear upon the "negative" syndrome. Then I turn to the writings of Antonin Artaud -recently acknowledged as one of the very few schizophrenic individuals who has recorded his "negative" experiences in elaborate detail (Selten *et al.*, 1998; see also Sass, 1992, 1996). After a brief interlude to introduce some relevant philosophical ideas, I return to discuss Artaud and schizophrenia in the final three sections. As we shall see, these so-called negative symptoms cannot be understood on a simple deficit model; they involve various "positive" phenomena as well. A close phenomenological analysis suggests, in fact, that the characteristically schizophrenic abnormalities of experience defy any simple quantitative description and demand a richer and more qualitative set of concepts.

I shall argue that the core abnormality in schizophrenia is a particular kind of disturbance of consciousness and, especially, of the sense of self or "ipseity" that is normally implicit in each act of awareness. The term *ipseity* derives from *ipse*, Latin for "self" or "itself." Ipseity or ipse-identity refers to a crucial sense of self-sameness, of sensing one's existence as a subject of experience and of feeling at one with oneself at any given moment (Ricoeur, 1992). Sass and Parnas (2003, in press) argue that the self or *ipseity disturbance* in schizophrenia has two main aspects: *diminished self-affection* -which refers to a decline in the (passively or automatically) experienced

sense of existing as a living subject of awareness, as a presence for oneself and before the world; and *hyperreflexivity* -which refers to a kind of exaggerated self-consciousness, a tendency for focal, objectifying attention to be directed toward processes and phenomena that would normally be “inhabited” or experienced as part of oneself (Sass, 1992).

The term “affection” as used here has nothing to do with liking or fondness. “Self-affection” refers to subjectivity *affecting itself*, i.e., manifesting itself *to* itself in a way that involves no distinction between a subject and an object (Henry, 1973). The term “reflexive” refers to situations or processes whereby an agent or self takes itself, or some aspect of itself, as its own object of awareness. The hyperreflexivity in question is not, at its core, an intellectual, volitional, or “reflective” self-consciousness: Awareness, action, and ipseity are disrupted by an automatic popping-up or popping-out of phenomena and processes that would usually remain in the tacit background of awareness (where they normally serve as a medium of implicit self-affection), but that come to be experienced in an objectified and alienated manner.

The fundamental feature of normal awareness known as ipseity is especially difficult to articulate in rich descriptive detail precisely because it is such a pervasive and obvious aspect of consciousness. The two-faced disturbance of ipseity being postulated here is not fundamentally a disturbance of self-image or social identity (which is not to say that these aspects of selfhood will not be affected in any way). It pertains, rather, to a more fundamental sense of existing as an experiencing entity of some kind, as a kind of implicit subject-pole that is normally the vital center-point of subjective life. Antonin Artaud (who suffered from schizophrenia) was referring to this ipseity dimension when he spoke of what he called “the essential illumination” and the “phosphorescent point.” Artaud equated this illuminating center-point with the “very substance of what is called the soul,” and described it as a prerequisite for avoiding “constant leakage of the normal level of reality” (1976, pp. 169, 82; 1965, p. 20; Sass, 2000). “I was simply there,” said one schizophrenic patient who suffered from disturbed ipseity, “only in that place, but without being present” (Blankenburg, 1971/1991, pp. 42, 77).

Diminished self-affection and hyperreflexivity disrupt the normal pre-reflective sense of existing as the “I-center” or “central point of psychic life” -what, in Husserlian phenomenology, could be called the “source-point of the rays of attention,” “center of reception,” or “pole of the affections” (Bernet *et al.*, 1993, pp. 209ff.). These complementary distortions of self-experience are necessarily accompanied by certain alterations or disturbances of the subject’s “grip” or “hold” on the conceptual or perceptual field (Dreyfus, 2002), i.e., of the sharpness or stability with which figures or meanings emerge from and against some kind of background context.

It may sound as if the distinction between exaggerated reflexive awareness and diminished sense of self, parallels the positive-negative distinction. Actually, this is not the case. Positive and negative symptoms are usually treated as separate processes that may nevertheless interact. By contrast, I prefer to see hyperreflexivity and diminished self-affection (the two aspects of the disturbed ipseity), and their various manifestations, as aspects of a single whole. Although one or another of these aspects may be more prominent or obvious at a given moment, these features are equally important - equiprimordial, one might say (borrowing a term from Heidegger, 1962). Their relationship

is of the most intimate kind, involving something more like mutual phenomenological implication than causal interaction; they are, in a sense, different aspects of the very same phenomenon, but described from two different standpoints (Sass & Parnas, in press). The focus of the present paper, however, will be primarily on the hyperreflexive aspect. As we shall see, hyperreflexive qualities can be manifest on a number of distinct levels or in a variety of different ways -involving different degrees of sophistication and intellectual self-consciousness and not necessarily implying a significant amount of volition, intellectual activity, or reflective self-control.

It is useful to recall the phenomenological philosopher Maurice Merleau-Ponty's description of the "intentional arc" -a term he uses to refer to the fundamental dynamic structuring of our field of awareness and lived world, and which he describes as a "mobile vector, active in all directions (...) through which we can orient ourselves towards anything outside and inside us" and which "endows experience with its degree of vitality and fruitfulness" (1945, pp. 158, 184; 1962, pp. 135-136, 157, translation altered). This arc or vector is a very general feature of consciousness that, at the most fundamental level, always involves a relatively passive, automatic, or unreflective dimension of operation -what Merleau-Ponty (1962), following Husserl, called "operative intentionality" (*fungierende Intentionalitaet*). But it can also be imbued, at higher levels, with a sense of activity and volition -with the "reflective intentionality" that is characteristic of our explicit judgments and "those occasions when we voluntarily take up a position" (p. xviii). Here I shall distinguish between "reflective" and "operative" forms of hyperreflexivity. I shall also distinguish according to whether the reflexivity is compensatory, consequential, or basal -that is, whether it occurs in some kind of defensive compensation for or as a consequence of some more basic defect or abnormality, or else as a facet of the basic defect itself.⁶

POSITIVE VERSUS NEGATIVE: CRITICAL REMARKS

It is now well established that most patients show symptoms from both the positive and the negative (and probably also the disorganization) syndromes at some time in the course of their illness, and that most patients will, at some time, simultaneously manifest symptoms from two or even all three groupings (Liddle, 1987, p. 150; Maurer & Haefner, 1991).⁷ It is also true, however, that the symptoms called positive, negative, and disorganized do cluster together, at least in certain phases or certain patients. Patients can indeed be more or less active and expressive, more or less alert or shut down, more or less coherent and controlled. One must acknowledge as well that the progression of a schizophrenic illness often includes periods of mental hyperactivity as well as more inert phases in which the patient seems "burnt-out," exhausted, or defensively "shut down". But to understand the significance of these apparent clusterings, one must take a more careful look at the nature of signs and symptoms at issue.

The distinction of positive-versus-negative symptoms, as typically used in the Anglophone literature, is based on the commonsensical assumption that positive and negative symptoms reflect, respectively, an excess and a lack, with the deprivative⁸ a preceding each function that is supposedly lacking (anergia, avolition, etc.).⁸ Thought

blocking or deprivation is usually considered a straightforward instance of a negative symptom (a thought is lacking or removed), thought insertion a straightforward example of a positive symptom (a new thought is added). The rationale of this distinction may seem straightforward enough. Its logic as well as clinical accuracy are, however, quite problematic.

One issue concerns a certain arbitrariness that seems inherent in classifying something as positive or negative. The absence of one thing will, after all, inevitably allow for, indeed necessitate, the presence of something else -if only of whatever state happens to supervene. Thus Schneiderian first rank symptoms (Mellor, 1970) are generally considered positive symptoms since they involve the presence of experiences normally absent -hallucinations and delusions; however, the symptoms in question necessarily imply the simultaneous absence of something that is normally present- the sense of ownership or intentional control. Although flat affect is supposedly a quintessential negative sign, it is frequently accompanied by the presence of something abnormal and anomalous: mask-like facies or incongruous facial expression. And asociality, the absence of other-directed, socially oriented behavior, is often accompanied by the presence of strange or socially inappropriate, self-directed behavior.

We have been considering discrepancies existing on the same plane -either within the realm of experience or within that of observable behavior. Perhaps even more important, however, are contrasts between the behavioral and the experiential planes -between the observable sign and the subjective symptom. Here I shall focus exclusively on the case of the so-called negative symptoms.

The concept of "negative" symptomatology is often said to be perfectly a-theoretical, merely a behavioral description. Actually, the overt behavioral lack in question is often taken to indicate a paucity of psychological activity or subjective life, or else some underlying and fundamental deficit or diminishment of an "inferred function one normally expects to be present" (Sommers, 1985) -perhaps especially of higher mental processes involving volition, self-awareness, reasoning, abstraction, and complex emotional response. (DSM IV, e.g., refers to "diminution or absence of affect" and to an apparent "diminution of thoughts"; American Psychiatric Association, 1994, pp. 276-277.) Recent research on subjective reports suggests, however, that the underlying experiences may not, in fact, be direct equivalents or analogues of what is observed at the behavioral level. Patients who, from the observer's standpoint, seem to demonstrate absence of thoughts, lack of motivation or energy, anhedonia, asociality, or the inability to feel intimacy and closeness, do not seem to have (or at least do not report) the subjective experiences one might expect (Selten, 1995, p. 212; Selten, Bosch & Sijben 1998).¹⁰ There is, for example, no correlation between negative symptoms and the subjective experience of reduced cognitive efficacy (Bosch, Rombouts & van Asma, 1993). And whereas depressive patients generally report a quantitative decline in the intensity and efficiency of mental functions, schizophrenics recalling prodromal experiences emphasize qualitative alterations of thought and perception that are far more difficult to describe (Cutting & Dunne, 1989).

It is true that "negative-symptom" patients sometimes do have an inner sense of lacking thoughts. Just as often, however, they deny such experiences (Selten, 1995, pp.

135,138,139), and may even report a speeding-up or proliferation of thought processes (see Artaud's account below). Indeed, many patients with a negative-symptom profile have no prominent subjective complaints at all (Andreasen, 1982). Earlier reports had already indicated that patients displaying catatonic withdrawal can be acutely aware of surrounding events and afflicted with hyperconsciousness (Arieti, 1978), and that asocial behavior is often accompanied by an underlying yet fearful yearning for contact (McGlashan, 1982). Recently it has also been demonstrated that patients who display flat affect actually report an intense emotional reactivity that contradicts their lack of overt affective expression (Kring *et al.*, 1993; Bouricius, 1989; Berenbaum & Oltmanns, 1992) — a claim corroborated by electrodermal measurements showing higher reactivity than for normal subjects (Kring & Neale, 1996). Below we shall consider some autobiographical reports showing that the so-called negative symptoms may involve positive aberrancies of all kinds.

A straightforward linear or quantitative model — a model of positive-versus-negative or more-versus-less — is clearly inadequate for capturing the complex, even contradictory combinations of experiential phenomena that often occur in the so-called negative syndrome. So far, however, there is no work in the English-language literature that offers a detailed or theoretically informed understanding of the patient's experiences of what should really be called the negative signs.¹¹

LOSS OF NATURAL SELF-EVIDENCE

The richest account of the subjective side of the negative or predominantly “deficit” syndrome is provided in Wolfgang Blankenburg's book of 1971, *Der Verlust der Natürlichen Selbstverständlichkeit* (The Loss of Natural Self-Evidence: A Contribution to the Study of Symptom-Poor Schizophrenics), which has not yet been translated into English (but see Blankenburg, 2001). (Unless otherwise noted, page references below are from the French translation: Blankenburg, 1991; 1971 indicates the German edition). In Blankenburg's view, the central defect or abnormality in schizophrenia is best described as a “loss of natural self-evidence”. This term — which he borrows from a patient named “Anne” — refers to a loss of the usual common-sense orientation to reality, that is, of the unquestioned sense of obviousness and of the unproblematic background quality that normally enables a person to take for granted so many aspects and dimensions of the social and practical world. This distinctive but subtle abnormality appears in its purest and most easily discernable form in patients with the negative syndrome. Blankenburg believes, however, that such a loss underlies many of what would be called the positive and disorganization symptoms as well; it is the “nonspecific specificity” (pp. 30, 97) that defines the essence of schizophrenic illness and helps to account for many of its characteristic features. Blankenburg's approach is consistent with empirical studies showing that, although schizophrenics can often do surprisingly well on many intellectual tasks requiring abstract or logical thought, they have particular difficulties with more practical or common-sensical problems, perhaps especially when these relate to the social world (Cutting & Murphy, 1988, 1990).

A loss of the feeling of natural self-evidence necessarily undermines the ease

and smooth flow of normal experience and everyday practical activity, and may therefore help to account for the withdrawal, slowing, and inactivity characteristic of the negative syndrome, and perhaps also for the general lack of attunement to the world so characteristic of schizophrenia (Parnas & Bovet, 1991). Indeed, this loss might itself be taken for a fairly straightforward negative symptom, a privation of something normally present (namely, common sense); patients themselves will often speak of having a deficit or *Defekt* (Blankenburg, 1991, p 89; 1971, p. 51). The loss of natural self-evidence in negative-symptom patients is often bound up with a characteristically schizophrenic alienation (pp. 34, 201) - a sense of being outside the usual customs and concerns of the shared social world and detached from the usual taken-for-granted background of assumptions and practices. "It is as if I watched from somewhere outside the whole bustle of the world," said Blankenburg's patient Anne (p. 113). The loss of self-evidence often seems to be accompanied as well by exaggerated forms of self-conscious awareness in which patients have an acute awareness of aspects or processes of action and experience that, in normal experience, would simply be presupposed and unnoticed (pp. 107-122). They often have a sense of amazement before that which would seem to be most self-evident, a reaction Blankenburg (p. 112) likens to the wonder sought by a phenomenological philosopher who suspends normal assumptions in order to bring them to light.

Blankenburg's central case example, the patient Anne, speaks, for instance, of being "hooked to" or "hung up on" (pp. 79-80; *haengen bleiben*, 1971, p. 44) obvious or self-evident problems and questions that healthy people simply take for granted. "It is impossible for me to stop myself from thinking," (p. 82), she says. Anne would find herself ruminating on questions she herself found pointless (p. 91) - asking herself, for instance, why one does something in one way and not another, how one says thank you or washes oneself, or what old age is- or else seeking the rational principles dictating why only certain kinds of cloth or of clothing are appropriate for particular occasions (pp. 80-81, 130). In such patients there can be a remarkable disproportion between an elevated level of self-reflection and a remarkable inability to confront the demands of everyday life (p. 191); the constant need to think is generally accompanied by a constant inability to understand (pp. 11, 72).

According to Blankenburg (p. 94), loss of natural self-evidence underlies the characteristically schizophrenic "perplexity" (*Ratlosigkeit*) described in classic German psychopathology (Jaspers, 1963; Stoerring, 1987). This distinctive perplexity involves a self-aware, anguishing, and (to the patient) inexplicable sense of being unable to maintain a consistent grasp on reality, to empathize with others, or to cope with normal situational demands. There is usually a "strange turning in upon one's self," accompanied by a sense that one's activity level is declining and that one is becoming detached from the world of perception (Stoerring, 1987, p. 80). To understand this perplexity, it is not sufficient, in my opinion, to stress any purely quantitative factor - whether this be the patient's sense of declining vitality and activation or the fact that, with the emergence of the normally tacit, the patient's consciousness is now flooded with more input, in a state of cognitive overload. More crucial is a radical qualitative shift: When the tacit dimensions become explicit, they can no longer perform the grounding, orienting, in

effect constituting function that only what remains in the background can play.

The patient Anne speaks of the “way,” “manner of thinking,” or “framework” (pp. 126, 140; “*eine Bahn, eine Denkweise*”; *der ‘Rahmen’ in dem alles abspiele*”, 1971, pp. 79, 90) that every person needs in order to know how to conduct him or herself. Normally, she says, this is something that develops naturally and over time, and largely unnoticed, like one’s character itself. But whereas the normal person has a natural relationship to this manner or framework, Anne herself feels at an enormous distance from any such thing: “In my case,” she says, “everything is just an object of thought” (p. 127; “*Bei mir ist das alles nur angedacht*”, 1971, p. 79). Blankenburg (pp. 144-157) describes closely related problems with the constitution of the active ‘I’, transcendental ego, or prereflective cogito, which normally resides on the foundation of a taken-for-granted background. In the absence of such grounding, the patient suffers a diminished sense of vitality, motivation, or even legitimacy as a perspective on the world. One consequence of the loss of natural self-evidence, of the normal sense of embeddedness in a framework, is that the patient must devote energy and a kind of active, conscious effort and control to processes that would normally take place automatically. The very constitution of self and world -a “transcendental operation” (“*transzendente Leistung*”, 1971 p. 84) normally arising via preconscious passive syntheses- may require an almost physical effort that uses up available resources. This may account, at least in part, for the lack of energy and general sense of exhaustion so common in schizophrenia (the latter being what Blankenburg calls schizophrenic “asthenia” -see pp. 132-133, 153, 155-156).

Blankenburg considers reflexivity to be an important and, in many respects, distinctive characteristic of schizophrenia (he explains, e.g., how the schizophrenic’s doubting and perplexity differ from that of the obsessive-compulsive person -p. 91). But this does not mean that he views it as primary in a causal or temporal sense, or as having a “basal” character (p. 106). Generally he describes it as a secondary process that develops largely by way of compensation for a more primary defect or deficit involving the loss of spontaneous attunement to common-sense reality -namely, loss of natural self-evidence (p. 93). In addition, he endorses Jaspers’ description of how reflexivity can insert itself in an automatic or consequential (as opposed to compensatory) fashion once it is no longer excluded by the natural, spontaneous flow of immediate life experience (p. 101; Blankenburg speaks here of “*Einbau der Reflexion in die Unmittelbarkeit*”, 1971 p. 59).

Also, when Blankenburg speaks of “reflexivity” (German terms used include *Reflexivitaet*, *Reflexionskrampf*, *Reflexion*, *Reflektiertheit*, and *reflektierte Alienation* - 1971, pp. 53, 54, 59, 121), he is referring primarily to the reflective type of reflexivity. This is the sort that has an at least semi-volitional quality and that typically engages processes of understanding or introspection of an intellectual or even hyper-rational sort (it occurs, he says, “*mit Hilfe des Verstandes reflektierten (...) Selbstverhaeltnis*”, 1971 p. 102; 1991, p. 154). By contrast, what he considers the basal trouble pertains to the person’s immediate prereflective or pre-intentional relationship to self and to world (pp. 113, 154, 201) -to what Blankenburg, following the later Husserl, refers to as the “fundamental receptivity” inherent in the “passive synthesis” or “passive genesis”

of experience (pp. 93, 130).

This is not to say, however, that reflexivity need play an entirely secondary or non-causal role in Blankenburg's account. Although Blankenburg does not stress the point, it seems clear that reflexive ruminations compensating for a more basic loss, can have the effect of further distancing the patient from a sense of naturalness or capacity for spontaneous action. The patient's perplexity is thereby increased; and it becomes more difficult to break out of what easily becomes a vicious circle, a cascading auto-catalytic spiral. This latter possibility was described by a highly introspective and intellectual young man with schizophrenia who was treated by a colleague of mine. "My downfall was insight," he explained in one therapy session. "Too much insight can be very dangerous, because you can tear your mind apart". "Well, look at the word *analysis*," he said on another occasion. "That means to break apart. When it turns in upon itself, the mind would rip itself apart." "Once I started destroying [my mind], I couldn't stop" (Sass, 1992, pp. 337-338).¹²

Blankenburg's (1991) perspective is descriptive, holistic, and somewhat static. He seeks to comprehend the overall tenor, dominant theme, style of existence, or fundamental conditions of possibility of the schizophrenic lifeworld, and does so largely through the careful examination of a single patient. Although Blankenburg describes "loss of natural self-evidence" as a "basic disorder" or "*Grundstoerung*," he does not ascribe either temporal priority or causal primacy (p. 27; 1971, p. 4); nor is he especially interested in breaking "loss of self-evidence" down into component parts or in tracing causal sequences. Given these limitations, it is interesting to consider a complementary but more nomothetic and longitudinal program of research carried out in Germany over the last 50 years.

THE "BASIC SYMPTOMS"

Like Blankenburg (pp. 28, 229), the psychiatrists Huber, Gross, Klosterkoetter, and colleagues focus on symptoms that they see as overlapping with Bleuler's "fundamental" symptoms and the negative symptoms of contemporary psychiatry (Klosterkoetter, 1992, p. 31). Using a structured interview technique (Klosterkoetter, 1992; Klosterkoetter *et al.*, 2001), they have gathered first-person data in different patient samples and mapped subjective experience in the prodromal, active, as well as residual phases of schizophrenia -thereby uncovering a set of relatively mild, nonpsychotic anomalies that would seem to be associated with the loss of natural self-evidence and related developments. Although originally studied as precursors to first rank symptoms, what they call the "basic symptoms" actually represents the subjective dimension of seeming deficiency states that occur both before and after (and possibly also during) the development of productive, positive symptoms. They are often seen as being the subjective experiences that most closely reflect the basic biological defect assumed to be at the core of schizophrenic illness. The basic-symptom research clearly demonstrates that even the most clearly "negative" symptoms, such as apathy or avolition, are accompanied by a panoply of subtle but "positive" experiential disturbances in the domains of cognition, perception, bodily-experience, action, and emotion.

Blankenburg draws our attention to the more abstract preoccupations that can give a quasi-philosophical or hyperabstract quality to the thought and speech of some schizophrenics (e.g., the patient's detached querying of conventions of social interaction, framework assumptions, and the like). By contrast, the basic-symptom research documents a concomitant and often simultaneous aspect of schizophrenia: how the larger unities of experience and action can break down due to preoccupation with the sensory particulars -kinesthetic, proprioceptive, and the like- that constitute what Klosterkoetter et al. term the forms of "basal irritation" (see Sass, 1992, pp. 164-68, 191-93, are the combination of hyperconcrete and hyperabstract tendencies characteristic of schizophrenia).¹³

One cluster of the basic symptoms involves perceptual mutations, of vision in particular. In this hyperalert state of consciousness, faces, gestures, and patterns of behavior, as well as sounds and voices, come to look or to sound strange or false, and to feel irritating and affectively stirring in some peculiar way (Klosterkoetter, 1992, p. 33). Other "basic symptoms" involve abnormalities of the core sense of the self as a thinking, feeling, or willing being. To think clearly begins to seem difficult; thoughts seem to disappear or come to a halt; emotions feel unnatural, absent, unsatisfying or somehow inappropriate or out of kilter. There are also various "dynamic deficiencies": both the "direct dynamic deficiencies" of diminished physical energy, resilience, perseverance, or will-power, and also "indirect dynamic deficiencies," involving inner disquiet or tension, sleep disturbances, lack of concentration, and obsessional thought patterns.

Still another cluster of "basic symptoms" are the cenesthesias: sensations of movement or of pulling or pressure inside the body or on its surfaces; electric or migrating sensations; awareness of kinesthetic, vestibular, or thermic sensations; and sensations of diminution or enlargement, of heaviness or lightness, of sinking or emptiness, or of numbness or stiffness of the body or its parts. Generally unpleasant, and frequently accompanied by feelings of declining energy, these experiences are combined with a loss of automatic skills and blockage of the smooth flow of motor activity. They appear to involve hyperreflexive awareness of bodily sensations that would not normally be attended to in any direct or sustained fashion.

These strange bodily sensations are, in fact, remarkably similar to the experiences reported by normal subjects who adopt a detached, introspective stance toward their own bodies -as demonstrated in classic introspectionist experiments carried out by Titchener and others (see Angyal, 1936; Hunt 1985, p. 248; Sass, 1994, pp. 90-97, 159-161). If one sits immobile, closes one's eyes, and banishes all theoretical knowledge about the body, and any image of how it might look from without, then one's somatic and kinesthetic feelings may begin to seem disorganized and oddly labile, with strange sensations of forces, flows, or tension states akin to those reported by individuals with schizophrenia (Hunt, 1995 p. 201). (There are also remarkable resemblances between the schizophrenic and the introspectionist experience of language, thought, and meaning; see Hunt, 1985; Sass 1994, pp. 90, 94). One might be tempted to say that these now-emergent phenomena are the normal bodily sensations that are always present, even though we do not usually attend to them. This, however, would be misleading; for the sensations and other phenomena are now lived in the abnormal condition of hyperreflexive

awareness and diminished self-affection, and this constitutes a radical mutation of the experiential world.

ANTONIN ARTAUD

The self-reports of a single individual cannot, by themselves, prove anything about schizophrenia in general; they can, however, provide materials for a detailed, idiographic analysis, illustrating general trends as well as illuminating certain kinds of psychopathological and pathogenetic possibilities. Good first-person descriptions of schizophrenic negative symptoms are, however, exceedingly rare, for reasons that are easy enough to understand. Normal everyday language is inherently ill-suited to the description of unusual and "inner" kinds of experience, or of alterations in dimensions of experience that constitute the foundation of language itself -such as the assumption of natural self-evidence.¹⁴ Also, the states themselves, with their wavering of implicit into explicit modalities, are likely to undermine the very capacity for continuous and focused thought or discourse on any topic, let alone the most ephemeral or universal ones.

There is, however, at least one schizophrenic individual who described his experience of negative symptoms in eloquent detail: Antonin Artaud, a poet, playwright, and actor who showed schizotypal symptoms from an early age and who, after a clear psychotic break, spent a decade in mental asylums. Although Artaud manifested significant positive symptoms during the last decade of his life, the period that we will be considering (roughly, the 1920s and early 1930s) was dominated by what would be termed "negative" symptoms and signs. If the negative or defect symptoms are as important as is often claimed, then Artaud's uncannily precise writings may, in fact, turn out to be the most valuable of all autobiographical accounts of schizophrenia. As we shall see from his account, hyperreflexivity may not simply be elicited in the ways Blankenburg describes -namely, as a defensive compensation for, or perhaps a natural consequence of, a prior and a more basic defect such as loss of natural self-evidence. It may also have a basal status as an element or aspect of the originary disturbance itself.

Artaud was certainly a highly introspective person -acutely sensitive to and preoccupied with experiences of his body and the disconcerting movements of his inner life. "I study myself microscopically," he wrote. "I put my finger on the exact place of the fault, the unadmitted sliding" (1965, p. 37). In many passages he speaks in what seem to be distinctly deficit or negative terms, describing an inability to think, speak, feel, focus his attention, or carry out normal actions: "I am the man who has best charted his inmost self, his most imperceptible slitherings (...) I am the man who knows the innermost recesses of loss", he writes (1965, p. 37). "This void possesses me, fills me with anguish and sorrow (...) expressed in the soul in a coloration of nothingness" (1976, pp. 289-290). "I am an idiot by the suppression of thought, by the malformation of thought; I am vacant by the stupefaction of my tongue" (1976, p. 83). (Henceforth, all Artaud references not otherwise noted are from Artaud, 1976).

Artaud describes a "central collapse of the mind", what he calls "a kind of erosion, both essential and fleeting, of my thinking". This erosion deprives his thought of its "concentration," "cohesion," "constancy," and "consistency" (1965, pp. 10-11),

causing his “incorrigible inability to concentrate upon an object” (1965, p. 20) and preventing him from being “validly and lastingly aware of who I am (...) from becoming aware and staying aware of myself” (p. 292). “In my case,” he states, “this obscuring, this uprooting of the higher levels of consciousness and thought holds true, unfortunately, for all the circumstances of life, (...) intellectually my brain has become inoperative, can no longer function” (p. 290).

Although Artaud talks incessantly about the erosion, paralysis, or vacuity of his thinking, it is clear that he does not consider his problem to be rooted in cognition alone, but in something closer to the vital core of life itself. “Not merely the thought, but the personality, the life” (p. 294) is afflicted, he says, describing “dispossession of my vital substance” (p. 82), “a fundamental absence of mental fire, a lack of circulation of life,” and a feeling of being “Abandoned by my body, / Abandoned by every possible human feeling” (1965, pp. 42-43). His affective expression often struck others as having a stiff and masklike quality (Knapp, 1969, p. 31). He himself states that “apathy” has “taken possession” of his mind, and complains of an inability to feel, or to feel at one with, his emotions: “I have no life, I have no life!!! My inner enthusiasm is dead.” Everything lacks “an emotional aroma” (pp. 169, 65).

In the first phase of his writing career, the period of the 1920s and early 1930s, Artaud actually identifies health and vitality with a certain kind of reflexive self-awareness. He defines a “living mind” as one that is “still conscious, lucid, capable of observing and measuring its own life, capable, if necessary and at certain moments, of weighing and judging its own thought” (p. 70). One biographer (Knapp, 1969, p. 11) notes Artaud’s remarkable ability to analyze his own difficulties with the process of writing, and states that he gives “the impression of a man working at an art and at the same time watching himself work at it through a mirror.” It is understandable that, at this stage, Artaud’s reaction to his difficulties should include compensatory or defensive forms of hyperreflexivity -the hyperreflective forms of introspective self-awareness that Blankenburg describes as attempts to compensate for the loss of self-evidence and spontaneity. “This paralysis overtakes me and hinders me more and more from coming back to myself,” he writes. “My torment is as subtle and refined as it is bitter. It is necessary for me to make insane efforts of the imagination, multiplied tenfold by the grip of this strangling asphyxia, in order to succeed in thinking my disease” (p. 92).

There is a sense, in fact, in which virtually all of Artaud’s writings of the 1920s and early 1930s are an attempt to overcome his difficulties through a kind of introspection. He speaks of “this pursuit, (...) this need to pin down once and for all the state of my suffocation” (p. 92), and writes in a letter of wanting “to illuminate once and for all” what he calls “the notion of this private intellectual vacuum [which] seems to me the dominant characteristic of my condition” (p. 290). It is as if he hoped to cure his illness, or at least distance himself from it, by means of an intellectual and verbal kind of understanding.¹⁵

But Artaud also describes forms of reflective self-consciousness that seem to have a consequential rather than compensatory status. Consider, e.g., the self-conscious focusing on words described in the following passage, a focusing that comes about as a result of some erosion in his thinking, of some prior undermining of the normal sense

of the flow of meaning:

I felt the ground under my thought crumble, and I am *led* to consider the terms I use without the support of their inner meaning, their personal substratum. And even more than that, the point at which this substratum seems to connect with my life suddenly becomes strangely sensitive and potential. (p. 94; emphasis added)

Here we seem to have an example of what Jaspers (Blankenburg, p. 101) described as the almost automatic popping up or out of reflective awareness once it is no longer suppressed by the natural flow of immediate experience.

In another passage we can see how this reflective focus on words -what Artaud calls a "considering of terms"- further alienates him from any natural sense of meaningfulness. Acute hyperreflexion -in this case, a critical focusing on the relationship between a phrase ("it is cold") and the inner sensations that one might expect to accompany it -serves to exacerbate the sense of the arbitrariness and inadequacy of words (see Sass, 1995 on Artaud in light of Wittgenstein's private-language argument):

(...) not only must I rack my brain to discover what I think about some point or other (...) but my confusion is such that I am often rendered incapable of translating the simplest impressions, of expressing my own reaction to the weather, for example, however incredible this may seem. If it is cold I can still say that it is cold, but there are also times when I am incapable of saying it: this is a fact, for there is in me something damaged from the emotional point of view, and if someone asked me why I could not say it, I would answer that my inner feeling on this slight and neutral point did not correspond to the three simple little words I would have to pronounce ["it is cold"]. And this lack of correspondence, therefore, between a physiological sensation and its emotional response in the first place and next its intellectual response -insofar as it is possible to summarize and synthesize in general terms this series of swift, almost instantaneous operations which give rise to the truism it is cold- this lack of correspondence, since it does not select its subjects or spare me in any way, culminates, as it spreads, in the colossal troubles which correspond perfectly, alas, to the loss of personality. (pp. 294-295)

Focusing explicit attention on the signifier-signified relationship seems to increase Artaud's sense of the arbitrariness of the signifier and an associated alienation from meaning, further undermining his capacity to inhabit his thought or language in a natural way, and ultimately coming to affect even his sense of personality or selfhood. In a postcard written nine years earlier, Artaud (1976b) complained of being deprived of a necessary "minimum of absorption of my thought within my thought," of "that fusion (...) of the expression with the thought, that instantaneous forgetting which is given to all men and allows them convenience of expression" (p. 210).¹⁶

In other passages Artaud describes forms of hyperreflexivity associated with what, in the basic-symptom research, are termed "secondary" types of "dynamic deficiency". Artaud often describes a basic -and ultimately painful- lack of vital energy and directedness that seems to prevent actions from having a natural or spontaneous sort of coherence and flow. This lack, however, brings on a secondary sort of fatigue, for it forces Artaud to expend effort, and thereby further deplete his energies, in order to achieve the bodily and cognitive integration that would normally occur automatically. In a passage from "The Umbilicus of Limbo", Artaud describes:

(...) a staggering and central fatigue, a kind of gasping fatigue. Movements must be recomposed, a sort of deathlike fatigue, (...) mind fatigued at simplest muscular tension like gesture of grasping—unconsciously clinging to something, holding it together by constant will power. A fatigue of cosmic Creation, the sense of having to carry one's body around, a feeling of incredible fragility which becomes a shattering pain, a state of painful numbness, a sort of localized numbness on skin surface which does not hinder a single motion but alters nevertheless that internal feeling in your limbs so that the mere act of standing vertical is achieved only at the price of a victorious struggle. (pp. 64-65; also 1965, pp. 28-29)

This effortfulness and exertion of will may well be a consequence of, or perhaps a compensatory response to, something more fundamental. But it also seems to contribute, in turn, to a still greater sense of exhaustion.¹⁷

THE TACIT DIMENSION

I have been speaking of reflective forms of hyperreflexivity that occur in a compensatory or consequential fashion, and also of certain counterproductive effects (alienation from meaningful language, secondary dynamic deficiencies) that these forms of experience can have. But what of the more basic or fundamental defect that Artaud characterizes as the original "fault", "erosion", "dispossession", "malformation", or "collapse"? It is this underlying distortion and weakening that Huber and Klosterkoetter refer to with their notion of "basal irritation," and that seems most likely to correspond to the basic defect, deficit, or loss postulated by Blankenburg as well as Kraepelin. I now want to show that these underlying experiential distortions may also involve forms of hyperreflexivity. In this case, however, the hyperreflexivity would be of an operative rather than a reflective kind -affecting what Blankenburg (following Husserl) calls the "fundamental receptivity" of the automatic or "passive syntheses" that structure the basic act of consciousness and constitute a person's most immediate and fundamental relationship to self and to world. To understand this possibility of basal hyperreflexivity, it is helpful to recall Merleau-Ponty's notion of the intentional arc, and to consider the accounts offered by two theorists with complementary views: the biologist-philosopher Michael Polanyi and the perceptual psychologist James Gibson.

The nature of the intentional arc or vector of awareness is clarified by Polanyi's (1964, 1967; Grene, 1968) notion of a continuum that stretches between the objectified or focally known object of awareness and that which exists more in the "tacit dimension," that is, which is known in a more subsidiary, proximal, implicit, or tacit manner. The latter includes the background or context of awareness as well as the structures and processes of the embodied, knowing self. (Tacit knowledge can be profoundly unconscious, but may also involve a peripheral kind of awareness; Polanyi, 1968, p. 420). One might exemplify these two ways of knowing -tacit and focal- by distinguishing the body-image from what might be called the bodily or corporeal subject. Whereas the body image is a representation of one's own body that is or could be an object of awareness, the notion of corporeal subject refers to the body as a sensori-motor agent and witness that encounters and in some sense actually constitutes the world of our awareness as well as our most basic sense of self (see, Gallagher & Meltzoff, 1996, and Merleau-Ponty, 1962, pp. 99-104).

The self-feeling or ipseity of this bodily subject is based in part on awareness of proprioceptive and kinesthetic sensations. Normally, however, these sensations are not in the objectifying focus of attention. Nor do they have their significance "in themselves," but rather as the subjective correlates of other- or object-directed forms of intentionality. Gibson (1979) emphasized the fact that perceptual awareness of the external world always includes a pre-conceptual awareness of one's relationship to the world. Thus we see something as located near or far from us, and we see the world primarily in terms of "affordances" -for instance, whether an object allows for (affords) walking on or jumping over. The prereflective "intentionality" of the body subject could be said to encompass all the implicitly felt and tacitly constitutive, subjective correlates of these Gibsonian affordances. Any disturbance of this tacit-focal structure, or of the ipseity it implies, is likely to have subtle but broadly reverberating effects; such disturbances must necessarily upset the balance and shake the foundations of both self and world.

It is important to realize that the structuring of this vector of awareness is part of operative intentionality. The determination of which elements of awareness will be focal and which tacit will obviously be affected by the subject's orientation and choice of focal object, which can be under voluntary control. But the actual structuring of the vector of awareness occurs automatically, as part of the passive synthesis of the act of consciousness.

Polanyi uses the terms "indwelling" and "inhabiting" to capture the intimate manner in which bodily sensations are typically experienced when they serve as the proximal term in the tacit-to-explicit, proximal-to-distal, or from-to structure that is essential to all knowing. Indwelling is not restricted to the body alone, however. Indeed, Polanyi's analysis shows how the boundary between self and world is, in some sense, less a matter of the physical boundary of the body than a function of the experiential orientation of the active subject. This boundary is extended outward when an active subject takes up elements of external reality and employs them as tools. By using a cane, e.g., in the service of skillfully exploring the world, the feel of the cane in one's hand comes to function as what Polanyi (1967) calls "the proximal term of tacit knowing": "We incorporate [the cane] in our body —or extend our body to include it— so that we come to dwell in it." (p. 16; see also Polanyi, 1964, pp. 55-59). Polanyi (1968) generalizes the point: "whenever we experience an object outside us subsidiarily, we feel it in a way similar to that in which we feel our body": "We may be said to interiorize these things or to pour ourselves into them" (p. 405). An obverse point should also be made: namely, that our self-awareness in relating to the world is not merely mental or spiritual but entails a crucial background recognition of our kinship with the natural or physical realm (this is the point of Merleau-Ponty's [1968] notion of "the flesh" or the "fold" in being; see also Evans quoted in Bermudez, 1998, p. 222). Tacitness is crucial; it is, in a sense, the very medium of normal auto-affection —of the pre-reflective sense of subjecthood or self-awareness that is necessary for normal forms of intentional awareness and activity.

Polanyi's analysis shows how the boundary between self and world can be extended outward as parts of external reality are incorporated by an active subject who

uses them as tools. Many classic schizophrenic experiences suggest just the opposite movement: a migration backward and inwards whereby the sense of self withdraws from what it had previously inhabited, and what had previously functioned as the very medium of our selfhood, comes to be experienced as external objects or alien objects rather than as the medium of our existence. Antonin Artaud's descriptions of absence, abandonment, and erosion can be used to illustrate this distorting mutation of normal, operative intentionality.

ARTAUD: OPERATIVE HYPERREFLEXIVITY

Consider Artaud's "Fragments of a Diary from Hell" of 1925, a work in which he describes an "absence" and a "standstill" felt "in the limbs and the blood": "A terrible cold,/ An atrocious abstinence,/ The limbo of a nightmare of bone and muscles, with the sensation of stomach functions snapping like a flag in the phosphorescences of the storm./ Larval images that are pushed as if by a finger and have no relation to any material thing" (1965, p. 44). Here Artaud describes phenomena that, it may seem, were never meant to be in the focus of attention. It is as if normally implicit, often fleeting, yet grounding experiences of the lived-body have lost their natural, taken-for-granted status as part of a background or medium of awareness, and have taken on hybrid and (in some ways) contradictory qualities that nearly defy verbal description - qualities of what Laing (1965, p. 158) aptly termed "a kind of phantom concreteness": "In the unnatural light of hyperreflexive awareness, visceral and muscular sensations come to seem distant, dreamlike, unfamiliar, and unreal, but also (and even at the same time) exaggeratedly material, sensorially precise, electric, or hyperreal.

Other passages bring out the sense of vertigo and bewilderment, and consequent withdrawal, that occurs when bodily appendages and movements have come to seem distant, dislocated, devitalized, and strange. Artaud complains, e.g., of a "state of exhaustion and physical pressure" that is "reinforced by a sensation of physical withdrawal from myself, as if I were about to lose control of my limbs, my reflexes, my most spontaneous motor reactions." In even more precise characterization of what seems a kind of basal irritation, involving operative hyperreflexivity, he describes an "incoherence of steps, of gestures, of movements. Will power constantly inhibited in even the simplest gestures" -and speaks of something that is...

felt like the radical suppression of a limb, transmitting to the brain no more than images of bloody old cottons pulled out in the shape of arms and legs, images of distant and dislocated members. Sort of inward breakdown of entire nervous system. A shifting vertigo, a sort of oblique bewilderment which accompanies every effort. (pp. 64-65; also 1965, pp. 28-29; translations combined)

Here we see, on a brute, bodily level, some of the experiences that can underlie Blankenburg's "loss of natural self-evidence," and that can lead to motoric slowing or even complete withdrawal from action. To distinguish with certainty between the core of an illness and its immediate sequelae (which may be compensatory or consequential)

is an impossible task. Still, in reading these descriptions of the nearly indescribable - of "unconscious incoherence" of movement, "larval images," and the "limbo of a nightmare of bones and muscle"- one has the impression of approaching the nearly inaccessible, underlying basic "defect" that so disconcerts Artaud and other persons in the schizophrenia spectrum. The passages themselves are verbal reports, obviously involving reflective forms of self-consciousness; yet the underlying reflexivity they describe (the alienation from the normally inhabited) seems to involve a hyperreflexivity of a more basic or operative kind. Here one should note the utter complementarity of hyperreflexivity and diminished self-affection. Whereas the notion of hyperreflexivity emphasizes how something normally tacit can become focal and explicit, diminished self-affection emphasizes that what once was tacit is no longer being inhabited as a medium of taken-for-granted selfhood.

The peculiar nature of this alienated self-awareness is particularly clear in two passages that describe an alienation from what might seem the most intimate of phenomena: the inner experience of one's own face as it is lived from within. Artaud describes transformations of facial awareness that one might imagine occurring under conditions of prolonged withdrawal and hyperreflexive contemplation, conditions in which the normally implicit and inner is extruded into a state of quasi-externality.

In the first passage, from a letter written in 1932, Artaud describes vertiginous and distressing sensations of "active emptiness" in his facial nerves, and of magnetization before his face. "These are not images and this should be taken almost literally," he tells us (p. 289). A person's face is, in fact, an "active emptiness"; for, although invisible to its possessor -therefore, in a sense, "empty"—the face is experienced as the locus of one's intentionality- therefore "active." And, since the face is also the most acute source of all our knowing of objects, it does, in a way, attract -metaphorically speaking, "magnetize"- all that passes in front of it. The sensations of which Artaud becomes aware are therefore, in one sense, perfectly normal and unremarkable, indeed, utterly universal. It is his focal or explicit awareness of them that transmogrifies them into something strange and alien -a source of basal irritation, vertigo, and distress.

The nature of this kind of alienating self-awareness and associated disturbance of self-affection is perhaps more obvious in the following, particularly bizarre passage: a description of a lived face that, under conditions of hyperreflexivity and diminished self-affection, seems to be turned inside out, flattened, and extruded -becoming a kind of fluid mask, a fragile lived membrane of squirming sensitivity and kaleidoscopic pattern that lifts up from his head to float independently in the air. Artaud describes a

human face flattened out, deflated, as if sucked up by shriveling leeches. And this lubricating membrane will go on floating in the air, this caustic lubricating membrane, this double membrane of multiple degrees and a million little fissures, this melancholic and vitreous membrane, but so sensitive and also pertinent, so capable of multiplying, splitting apart, turning inside out with glistening little cracks, its dimensions... (1965, p. 39).

As normally tacit phenomena -the planes and cavities of the face, its sense of solidity or flow, of tension or release- move out of the tacit dimension and emerge into hyperreflexive awareness, they take on the hybrid or contradictory qualities -phantasmic

yet at the same time hyper-specific or quasi-material- of “phantom concreteness”. Both aspects can be understood as consequences of a hyperreflexive awareness that derealizes sensations by detaching them from their familiar context (in the normally unnoticed background or medium of awareness), while simultaneously subjecting these sensations to a process of externalization, reification, and spatialization.¹⁸

It is not difficult to imagine how such basic experiences of altered self-affection, of self-alienation rooted in basal irritation, might be conducive to forms of inactivity and social withdrawal and to a sense of effortfulness and associated fatigue. They may also help to account for certain distortions of affective experience and expression that characterize the negative-symptom syndrome.

IMPLICATIONS FOR AFFECTIVE EXPERIENCE

Recent as well as classical writers on emotion have emphasized the “intentionality” of the emotions -the fact that emotions always refer to or are about some feature of the world, a feature that is largely outside one’s control and that one experiences as significant for one’s own happiness or well-being (Nussbaum, 2001, pp. 4, 24-25; Frijda, 1986; Heidegger, 1962). If these conditions are absent, one can speak, perhaps, of the more general phenomenon of “affect,” but not of “emotion” or the “passions” in the strict sense of these latter terms. The alterations of ipseity described in this paper have distinct implications for a person’s experience of the world. These implications can, in turn, help to explain the dimming of emotional vibrancy that can underlie the negative sign known as “flat affect”. Let me first mention the alterations of affective experience and expression that can occur when orientation toward external situations or persons is supplanted by a hyperreflexive focus on bodily processes and sensations that would normally be tacitly lived.

Affective experience is generally rooted in experiences of bodily states -in what Damasio (1994) has recently referred to as “representations” or “images of the body” that have come to be associated as “somatic markers” with particular contexts or stimulus situations. Normal emotional experience would seem to involve, however, not representations of the objectified body image so much as implicitly felt experiences involving the body subject. (One might therefore object to Damasio’s use of the word “representation”.) These would be experiences in which somatic markers, patterns, or tension-states are experienced as the tacitly inhabited medium of an attitude -such as fear, desire, or disgust- that is directed toward some object in the world. (Such tacit corporeal experiences could be described as the subjective correlates of the emotional affordances of the world). When bodily experiences that normally exist in the tacit dimension come to be the objects of a more focal and objectifying awareness, as happens with Artaud, one would expect profound transformations in the felt quality of the affective life. Rather than serving as an attitude toward the world, certain bodily-emotional configurations would instead be experienced at a subjective distance, almost as objects in themselves, while others might simply fail to coalesce at all. The normal fluidity and flow of bodily-affective experience, and also of bodily-affective expression, would be disrupted, leading to a sense of awkwardness, artificiality, and distance, both

in the patient's experience of emotion and in the expression visible to others (see, e.g., Artaud, 1976, pp. 91-92, 169, 308). Under conditions of corporeal hyperreflexivity, bodily tensions and associated affective intensities would be deprived of the worldly context and sense of ownership that normally provides emotional meaning, weight, and personal relevance. One should consider as well the implications of diminished self-affection for a person's affective engagement with the world (see Sass, in preparation).

The sense of vital existence and directedness that is implicit in normal self-affection (what Artaud refers to as the "essential illumination" and "phosphorescent point") is, in fact, a precondition for a sense of concern about or involvement with worldly objects and situations. With diminished self-affection, a person will typically experience forms of disengagement often referred to as "derealization". In its milder forms, this involves the sense of separation (common in the schizophrenic spectrum but found also in other conditions) known as the "plate glass feeling". In this form of disengagement, the lived-world is no longer imbued with the concern for imminent future and immediate past that accompanies intense emotional involvement. Objects do, however, retain their normal integrity and significance, even though they will now seem irrelevant or out-of-range.

In more severe forms of disengagement, objects and persons can come to seem fragmented. This may take the form of an analytic, bottom-up approach to understanding scenes or perceiving objects that would normally be approached in a more holistic or impressionistic way. Renee, author of *Autobiography of a Schizophrenic Girl*, describes a severe fragmentation of her perceptual world: "I saw the individual features of [my therapist's] face, separated from each other: the teeth, then the nose, then the cheeks, then one eye and the other. Perhaps it was this independence of each part that inspired such fear and prevented my recognizing her even though I knew who she was" (p. 37; see also Matussek, 1987, p. 92; Cutting & Dunne, 1989). In related manifestations, people, actions, or things may be perceived not as lacking basic geometric unity, but as stripped of their recognizable "affordances" (Gibson, 1979) —the qualities of human relevance or practical significance that, for example, make a chair a thing-to-sit-on, a hammer something-to-pound-with, or a human body something to be approached, feared, or caressed. Renee is unusually articulate in describing experiences in which, as she put it, "objects are stage trappings, placed here and there, geometric cubes without meaning" (Sechehaye 1970, pp. 33, 40).

If we understand "world" in the Heideggerian sense -as a complex unity held together by a set of instrumental meanings and relationships- it is clear that these experiences are aptly termed an *un-worlding* of the world. And if one accepts the emotionally *constitutive* role of "situation," then fragmentation and loss of affordances have clear implications for affective life. For, as noted above, paradigmatic emotions target specific objects and situations that play a necessary role in *constituting* the emotion in question. And it is, of course, the *affordance*-aspect of whole objects and situations that are normally relevant. To see eyes, nose, mouth, and ears as distinct objects is not to experience a *face*, let alone one capable of the expressive significance appropriate for reacting with love, admiration, envy, or the like. To see a human body, or a chair, as pure three-dimensional geometry, is to forfeit the potential for reacting

with lust, loathing, or a yearning for peaceful repose. The un-worlding of the world is therefore synonymous with the disappearance or attenuation of many common forms of emotional experience; and this, in turn, may lead to the diminished emotional expression known as flat affect (a key “negative symptom”). Such unworlding may also inspire a sense of confusion and incompetence, since the object world now lacks the valences that would normally motivate and guide our practical understanding. Artaud, I believe, was referring to this sort of unworlding when he spoke of a “constant leakage of the normal level of reality,” and of things lacking their normal “emotional aroma.”

This emotional attenuation need not, however, be a straightforward dimming down of the intensity of subjective life, or a disappearance of all forms of affective (as opposed to truly emotional) reactivity -as the notion of negative symptoms often seems to imply. Descriptions by such patients as Renee show that the fragmentation and loss of affordances can arouse a variety of feelings, including consternation and anxiety but also, at times, wonderment or awe. The unfocused, often persistent quality of these affective states gives them a moodlike quality. They should not, however, be confused with mere physiological “intensities,” for they *are* linked with pervasive qualities of the perceived situation, albeit not with specific objects that are likely to have strong action-implications for the subject in question.¹⁹ In circumstances such as these, typically involving feelings of passivity, detachment, and inadequacy, the paradigmatic emotions (targeted, with strong implications for action-readiness) are diminished. There can, however, be a concomitant heightening of other forms of affectivity that are more present-focused and moodlike -keyed not to action but to the spectacle of unworlding.

ARTAUD: CONCLUSION

I shall end with passages in which Artaud offers what can be read as his own spontaneous deconstruction of the positive-negative dichotomy. The passages illustrate not only the inseparability of “positive,” “negative,” and “disorganization” aspects, but also the need for qualitative concepts such as hyperreflexivity and diminished self-affection.²⁰

In these passages, from a letter written in 1932, Artaud speaks of his profound sense of exhaustion and burdensome fatigue, of his feelings of emptiness (what he calls “lack of nervous density”), and especially of his “inability to form or to develop thoughts.” He compares the latter inability, a kind of thought-blocking, to “the stammering which possesses my outward elocution almost every time I want to speak,” and explains it in the following way: “It is as if each time my thought tries to manifest itself it contracts, and it is this contraction that shuts off my thought from within, makes it rigid as in a spasm.” These may first appear to be negative symptoms, involving a deficit of both thought and energy. In the very next sentence, however, Artaud tells us that his stammering and thought-blocking actually result from a condition of excess -from too many thoughts at once, competing for attention: “The thought, the expression stops because the flow is too violent, because the brain wants to say too many things which it thinks of all at once, ten thoughts instead of one rush toward the exit” (p. 293). But a few lines later, Artaud reverses himself again, now stating that, at a more profound level, his mind

really is too empty, and alluding to what sound like disorganization symptoms. "But if one really analyzes a state of this kind it is not by being too full that consciousness errs at these moments but by being too empty, for this prolific and above all unstable and shifting juxtaposition is an illusion."

It seems that Artaud experiences his consciousness as both too full and too empty. One can make sense of this apparent contradiction, however, if one pays close attention to Artaud's account of his mental contents. In doing so, one discovers that the "violent flow" of which Artaud speaks does not involve thoughts, images, or feelings of a normal sort (or, for that matter, of the kind one would be likely to find in mania, delirium, depression, or borderline conditions). It is really a kind of hyperreflexive cascade -a collapse of meta-levels, of hyperabstract meta-perspectives whose proliferation suggests a loss of perspectival abridgment and natural self-evidence, and a tendency to experience one's own mind almost as if it were being seen from the perspective of an outside observer. "The brain", Artaud writes:

sees the whole thought at once with all its circumstances, and it also sees all the points of view it could take and all the forms with which it could invest them, a vast juxtaposition of concepts, each of which seems more necessary and also more dubious than the others, which all the complexities of syntax would never suffice to express and expound. (p. 293)

Here we have a hyperreflexive proliferation of viewpoints, a slippage among possible perspectives as well as among perspectives on perspectives, that erodes any capacity for conceptual or perceptual hold. But this is the counterpart of an absence of something more basic -a decline of the vital reactivity and outer-directedness that would give organization and direction to one's thinking. As Artaud explains with his characteristic precision:

in every [normal] state of consciousness there is always a dominant theme, and if the mind has not automatically decided on a dominant theme it is through weakness and because at that moment nothing dominated, nothing presented itself with enough force or continuity in the field of consciousness to be recorded. The truth is, therefore, that rather than an overflow or an excess there was a deficiency; in the absence of some precise thought that was able to develop, there was slackening, confusion, fragility.

It so happens that this slackening, this confusion, this fragility express themselves in an infinite number of ways and correspond to an infinite number of new impressions and sensations, the most characteristic of which is a kind of disappearance or disintegration or collapse of first assumptions which even causes me to wonder why, for example, red (the color) is considered red and affects me as red, why a judgment affects me as a judgment and not as a pain, why I feel a pain, and why this particular pain, which I feel without understanding it... (pp. 293-294)

The simple quantitative concepts of positive and negative clearly will not suffice: Artaud's mind is too full, it seems, precisely because it is also too empty -void of any sense of directedness and of any anchoring set of concerns. But we could also say that his mind is too empty precisely because it is too full- too full of the products of a kind of maniacal reflexive self-awareness that serves to undermine his sense of natural self-evidence and to destabilize all foundations. (Thus Artaud describes himself as "losing

contact with” but, at the same time, becoming focally aware of “all those first assumptions which are at the foundation of thought”; p. 290.) Hyperreflexivity and disturbance of self-affection are two facets of a fundamental qualitative transformation of the structure of intentionality. Together they provide what Artaud calls “the destructive element which demineralizes the mind and deprives it of its first assumptions,” thereby making “the ground under my thought crumble” (pp. 290, 94).

Notes

1. A related article appeared in Zahavi (2000, pp. 149-182). The present article includes an updated vocabulary for describing ipseity-disturbance (consistent with Sass & Parnas, 2003), expanded discussion of affective aspects, and other changes. This article is indebted to collaborative work carried out with Josef Parnas. For helpful conversation on negative symptoms, I thank Cecilia Dintino.
2. The primary negative symptoms of schizophrenia can be listed as follows: (1) Poverty of speech, sometimes called “alogia” -i.e., a tendency to speak very little or not at all; (2). Affective flattening or blunting -manifest in unchanging facial expression, paucity of expressive gesture or verbal inflection, poor eye contact, and a general lack of social responsiveness; (3) Avolition and apathy -manifest in a lack or slowing of spontaneous activity, poor grooming and hygiene, and an “inability to initiate and persist in goal-directed activities” (American Psychiatric Association 1994, DSM IV, p. 277); (4) Anhedonia -an apparent dearth of energy or motivation for work, recreation, socializing, or sexual activity, and an apparent inability to feel closeness or intimacy with other people; and (5) A general inattentiveness to the social or practical world (Andreasen, 1989).
3. Jackson himself did not consider abnormal states of consciousness to be legitimate objects of study in their own right. “Strictly speaking,” he wrote, these “mental symptoms” are “only signs to physicians of what is not going on or what is going on wrongly in part of a patient’s material organization” (Clark, 1981, p. 271).
4. Some researchers and theorists have, however, followed Jackson’s lead in viewing positive symptoms as release phenomena secondary to deficits of the “higher” mental functions. See, e.g., Weinberger (1987) re the reciprocal relationship between prefrontal and limbic functions; also Andreasen (1986); both discussed in Sass (1992, p 382).
5. In Husserlian terminology, the loss of hold is a feature of the “*noema*” or object of awareness. Hyperreflexivity and ipseity disturbance are more closely related to the “*noesis*”, the constituting act of awareness.
6. The reflective/operative (or reflective/non-reflective) distinction is meant to refer primarily to the nature of the phenomenon in question. The basal/consequential/compensatory distinction pertains to its causal status. Whereas compensatory hyperreflexivity tends to be of the reflective sort, basal hyperreflexivity tends to be of the operative kind. Consequential hyperreflexivity seems equally likely to be reflective or operative; in this article, however, I will emphasize the reflective forms.
7. Given these facts, it is now virtually impossible to maintain that the positive, negative, and disorganization syndromes represent distinct types of schizophrenia. It is often assumed, however, that they do reflect “discrete pathological processes occurring within a single disease” (Liddle 1987, p. 150). I would argue that it is generally more appropriate to think of positive, negative, and disorganization symptoms as representing distinguishable aspects of a unitary though not entirely homogeneous process (Sass & Parnas, in press).
8. “Positive symptoms are behaviors that schizophrenic patients engage in, but normals do not. Negative symptoms, when inverted to their opposites (...) are behaviors which normals engage in but schizophrenics do not, or only in diminished fashion” (Zubin, 1985, p. 462).
9. Other methodological problems include that of illusory correlation. Consider, e.g., that a patient with poverty of speech or poverty of content of speech is, *ipso facto*, less likely to manifest Schneiderian first rank symptoms, since, virtually by definition, the latter require some kind of understandable verbal report. To what extent is the negative correlation between positive and negative symptoms an artifact of factors like this? A second kind of illusory correlation (positive, in this case) occurs when the correlated items are simply two aspects of the same phenomenon that could hardly help but co-occur. Consider the negative symptoms “avolition” and “poverty of speech,” or the disorganization symptoms “tangentiality,” “derailment”, and “distractibility”: Are these really distinct items, as is often implied, or have we simply found more than one way of describing and measuring what is essentially the same global phenomenon? For additional criticisms, see Parnas & Bovet (1994).
10. Andreasen (1991, p. 34) reports a low correlation between objective and subjective ratings of negative symptoms. She attributes this to the patients’ “poor insight” into their own illness and deficits.
11. In psychiatry, “symptom” often refers to patient reports of abnormal subjective experiences, while “sign” denotes behavioral abnormalities observable by another person. But “symptom” is also used in a broad sense that can include either kind of abnormality; this the case with the phrase “negative symptoms.”

12. This patient once spoke of "doing six self-analyses simultaneously" and of how he needed to change his living environment often, because he knew that, once everything around him had been scrutinized, his mind would then turn inward and begin undoing itself, leading him eventually to the feeling of having no real mind at all.
13. For a related point, concerning breakdown of the sense of self due to loss of "higher-level action identities," see Hemsley (1998); also Sass (1992, pp. 214-241).
14. Anne felt that anything that could be expressed was *ipso facto* inadequate for capturing the pervasive trouble she experienced.
15. In later periods, Artaud tries to overcome self-alienation through anti-intellectual methods: first via Dionysian or primitivist ploys, an escape into instinct and sensual intensity (in the period of his most famous work, *The Theatre and Its Double*); later through a paradoxical attempt to achieve the condition of inorganic matter. All three periods are discussed in Sass (1996).
16. My translation. The original: "*Ce minimum d'absorption de ma pensee dans ma pensee, cette fusion du mot et du terme, de l'expression avec la pensee, cet oubli d'un instant donne a tous les hommes et qui leur fait admettre la convenance de l'expression, voila ce qui m'est refuse.*"
17. Artaud speaks of being "deprived of life, of the nervous irradiation of existence," and even felt at times that he had to provide his own sense of aliveness: "I am the Generator of my own vitality" (p. 110).
18. The disconcerting potential of hyperreflexive awareness is even more dramatically illustrated in a bizarre passage from "The Umbilicus of Limbo" (1925). There Artaud refers to an "abyss," which suggests diminished self-affection, and to "rootlets," which demand to be read as a hyperreflexive, phantom-concrete image of his own consciousness - a consciousness that has somehow managed the seemingly impossible feat of seeing itself from within. The image of the rootlets exemplifies Foucault's (1970) notion of the "empirico-transcendental doublet" central to modern thought. For discussion, see Sass 1992, pp. 327-333; 1994, pp. 80-85.
19. Are these affects (e.g., consternation, awe) mere byproducts of cognitive-perceptual changes? Such a claim would accord with the view of schizophrenia as essentially a cognitive disorder. It is possible, however, that the fragmentation and loss of affordances is *itself* the product of something more central and affect-related - e.g., of a disturbance of normal selfhood or "ipseity" (Sass & Uhlhaas, in press; Sass & Parnas, in press)
20. The usual conception of the so-called "disorganization syndrome" also relies on a deceptively simple quantitative model: the notion of a diminishment or absence of organization. But in schizophrenia, one often finds unconventional or alternative kinds of organization - e.g., various types of perspectival shift or drift that dissolve the sustained "perspectival abridgement" necessary for practical action or clear communication (Holzman, Shenton, Solovay 1986) while often encouraging hyperreflexive preoccupations of a hyper-abstract or quasi-philosophical kind (Sass, 1992, pp. 119-173).

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