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PSYCHOPATHOLOGY AND PSYCHOTHERAPY OF THE *LEIB* IN SCHIZOPHRENIA

abstract

Intersubjectivity impairment has been considered the main pathogenic nucleus of schizophrenia. Enriching this concept with references to Scheler's phenomenology, our hypothesis is that schizophrenic subjects are affected by a deeper impairment: the inability to resonate with unipathic affectivity. Fragmentation of the Leibschema*, valueception impairment, and the lack of vital impulse are, in our hypothesis, the original alterations of the schizophrenic bodily experience from which all relational impairments originate. Our proposal is, therefore, to enhance a psychotherapy that does not only focus on the verbal level, but endeavors to touch the patient's* Leib*, focusing on emotional sharing and on the development of a sense of cohesion of one's body as the starting point for accessing intersubjectivity.*

keywords

Scheler, Leibschema, schizophrenia, body psychotherapy

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1. Introduction

When we find ourselves interacting with a schizophrenic subject, we inevitably arrive at a sensation of incommunicability. The relationship is held in checkmate even before its verbal aspects begin, while in its preverbal declinations, body and emotions. Through the years, psychopathology has described this experience in various ways, from Jaspers' affirmation of schizophrenia's incomprehensibility to Rümke's *Praecox Gefühl*, and finally to Bleulerian autism (Bleuler, 1912; Rümke, 1941; Jaspers, 1997). Classical authors, but also contemporary reflections, also supported by neuroscientific data, have not stopped underlining how the pathogenic nucleus of the schizophrenic experience lies in its relationship with the Other, as the *primum movens* of a complex psychopathological constellation (Stanghellini *et al.*, 2017). In this sense, it was the phenomenological movement to first highlight the importance of schizophrenia's intersubjectivity dimension, analysing its limits and distortions (Stanghellini *et al.*, 2017). The traditional Husserlian concept of the relationship with alterity requires, nonetheless, developing deeper rootedness in our experience of the world, roots more established in the living body (*Leib*) (Husserl, 1962). From Scheler's phenomenology, we can obtain some fundamental coordinates to this end. Although the potential of his philosophy is not unknown to psychiatry, as Kurt Schneider's theory of depression demonstrates, little attention has been paid to the experience of schizophrenia (Schneider, 1959). It should certainly be noted that the experience of intersubjectivity, in the central position that phenomenology rightfully attributed it, is based on a deeper resonance – primarily corporal and affective – which unites every living organism in an expressive biosemiotic network (unipathic affectivity) (Scheler, 1954-1997; Cusinato, 2018b). Therefore, Scheler's unipathic affectivity is a form of emotional sharing that occurs at a pre-reflective level, in which the distinction between you and me is not yet established, and which overlaps the emotional contagion in some respects (Scheler, 1954-1997). Our hypothesis is that the capacity to resonate with the unipathic level of life, which finds the living body its vehicle of primary resonance, is altered in schizophrenia, leaving the individual incapable of integrating on a pre-reflexive communicative plane or of staying in communication with alterity (Stanghellini, 2016).

2. Proto-self and Leibschema in Scheler's phenomenology

In Schelerian theory, every living being has in common a unipathic affectivity that, through a unique expressive plane of life, allows vital resonance between living organisms (Scheler, 1954-1997; Stanghellini & Rosfort, 2010). Thus, every organism is not only in relationship with another organism, but also with the totality of the other organisms, under the form

of a pre-representative biosemiotic system of emotional sharing of life (Cusinato, 2018b). Every biological singularity is characterized, before the narrative self and the minimal self, by the presence of a proto-self, corresponding to the primordial capacity to resonate with the expressive environment in which we are immersed (Gallagher & Zahavi, 2008; Cusinato, 2018b).

The interaction of an organism with its environment, which takes into account both the primary motorial and expressive aspects, is in fact based on its pre-representative perception of the world as its site for value relevance (*Wertnehmung*) (Scheler, 1954-1997; Cusinato, 2018b). In this sense, the concept of value does not have to do with the common moralistic sense of the term, but is about the organism's capacity to pick up markings on the environmental level that are useful to its own development, and, consequently, to coordinate its interaction with the environment. The affective metabolism of environmental stimuli, which is rooted in valueception, thus allows the organism's positioning in the environment (Cusinato, 2018b). The accumulation of value markings enables expressive mapping of the context, which not only has the function to orient movement, but to anticipate the movement's potential and affordances through inferences and predictions (Gibson, 1979; Gallese & Sinigaglia, 2009). Scheler, following in Bergson's tracks, believed that perceiving is not so much synthesizing information derived from our senses as much as it is to select what information is relevant, which we use to identify ourselves and take a position in the world (Bergson, 1959; Scheler, 1954-1997).

This first form of the organism's identification, corresponding to the proto-self, comes precisely from the body's pre-reflexive conscience falling back on itself in the moment in which, moving around in the environment, it encounters some resistance interrupting its spontaneous behaviour (Cusinato, 2018b). The proto-self actually coincides, in Schelerian language, with the body schema (*Leibschema*), intended as the schema of the organism's motorial and expressive possibilities. This corporal map of the possibilities for interaction with the environment is strictly connected to valueception, and therefore does not represent a solipsistic system that is detached from reality but, on the contrary, a schema interacting with the world (Scheler, 1954-1997). The proto-self, a cornerstone on which the minimal self and narrative self are established, does not lose its relational nature as much as it falls into a world affectively saturated with meanings. Where the minimal self, following Henry's theory, represents auto-affection – that is, the immediate experience of oneself as affectivity – the proto-self represents a pre-experiential entity of resonance with the world (Henry, 1990; 2011; Scheler, 1954-1997). Although the theories of Scheler and Henry have some well-known consonances – as regards the theory of immanence, the originality of the pathetic experience, and the importance of affectivity – Henry believes the subject remains self-centered, while Scheler believes there is a participation in the affectivity of life that precedes any individual definition (Frère, 2007; Garrido-Maturano, 2015). This means that the personal singularity, far from an intimist withdrawing, is truly, in itself, an opening to the world. What makes resonation with unipathic affectivity and the expressive life plane possible is the vital impulse (*Lebensdrang*), which is inherent in every living organism (Scheler, 1954-1997).

Schelerian theory concerning the direct perception of Others' expressivity, taken by Gallagher & Zahavi and Fuchs, is very rooted in the concept of valueception and in living organisms' capacity to grasp their own reciprocal expressive state on a pre-representative level, simply for the fact of participating on the same biosemiotic network (Gallagher & Zahavi, 2008; Fuchs, 2017; Scheler, 1954-1997). Affective resonance thus implies a more profound syntonisation, which is at the beginning of every relational experience. In net contrast with the cognitivist theories, as a matter of fact, also with Gallese's embodied simulation theory, Schelerian phenomenology proposes a third way, in which the participation in shared life expressivity

precedes every acquisition on other people's minds (Gallese, 2009; 2014; Leslie, 1987; Gordon & Cruz, 2006; Stanghellini & Rosfort, 2013).
The picture of the emerging man from Scheler's phenomenology, which thus establishes its roots in biosemiotics, appears particularly capable of catching the essence of schizophrenia (Stanghellini & Rosfort, 2010; Ballerini & Di Petta, 2015). The incommunicability that emerges from contact with a schizophrenic patient – the difficulty to enter affective resonance, and the often-present sensation of speaking two different languages – are not only due to alterations on the levels of narrative self or minimal self, but even earlier with the proto-self's incapacity to stay in contact with the plane of shared life expression (Scheler, 1954-1997; Cusinato, 2018b). In particular, in light of Schelerian phenomenology, there seem to be three identifying marks of the schizophrenic *modus vivendi*: fragmentation of the *Leibschema*; valueception impairment; and lack of vital impulse. These structural characteristics of the schizophrenic existence increase its risk of losing contact with the shared world and retreating into an impenetrable autism (Ballerini, 2002).

3. The fragmentation of the Leibschema in schizophrenia

According to phenomenological psychopathology, the schizophrenic alteration is deeply rooted in bodily self. Current orientations have mainly seen the alteration of minimal self as the pivot of the transformation of the schizophrenic's being-in-the-world. This minimal self, which may be considered the nuclear sense of ipseity (Sass & Parnas, 2003; Zahavi, 2005), constitutes the original and pre-representative form of bodily awareness. From this perspective, schizophrenia implies a reduction of basic self-awareness (Fuchs & Schlimme, 2009), experienced as a feeling of a pervasive inner void or lack of presence (Raballo *et al.*, 2011).
Scheler's contribution shifts the existential distortion of schizophrenia even earlier, to the level of proto-self and *Leibschema*. Whilst the minimal self in fact corresponds to a sense of mineness – in other words, the first-person perspective of bodily experiences – *Leibschema* corresponds to a more primitive sense of cohesion. The living body's sense of cohesion precedes the sense of mineness, and it is what allows every living being to keep their relationship of structural coupling with the environment stable (Maturana & Varela, 1985). When a sense of cohesion is not achieved, or is lost, the *Leibschema* manifests fragmentation and incoherence. The organism thus becomes incapable of finding in its own *Leib* the centre of vital cohesion capable to hold together the body's driving structure (*Triebstruktur*) and to act as anticipatory schema of the experience. This is the case of the schizophrenic person, for which the body is a disconnected combination of sensations and perceptions that shatters the sense of cohesion and movements: the perception of one's own body does not become integrated in an organically unitary cohesion but carries out a combination of disconnected mechanical parts (Cusinato, 2018b). The body then becomes perceived as dispersed in the environment, not equipped with stable confines that differentiate it from the environment, but rather exposed to an intrusive world (Stanghellini, 2017).
The anticipatory schemas of experience are strictly linked to body memory (*Leibgedächtnis*): an implicit memory based on the habitual structure of the lived body (Fuchs, 2012; Fuchs, 2018 a-b) that allows possibilities of movement, action, and interaction, in the way of habits and affordances (Cusinato, 2009). The implicit inferential capacity derived from past experience is what allows our actions to not trip up all the time, but to flow with naturalness. Without a cohesive body schema, however, the schizophrenic person's body cannot trust the procedural aspect of body memory and must always verify situations as if for the first time, to the detriment of any familiarity with the world and things. Rather than "habits, flexible and embedded into the world, schizophrenic automatisms, on the contrary, attest to a disembodiment or mechanization of the body" (Fuchs, 2005, p. 332). This trouble with

body memory concerns not only the intercorporeal memory and the implicit relational style expressed in habitual posture of the body, but also the procedural memory with its sensorimotor and kinesthetic faculties (Fuchs, 2018).
The schizophrenic tendency to reflexively elaborate schemas that we normally operate on the pre-reflexive level, known as hyper-reflexivity, is a compensation for the deficit of interaction with the world present on the bodily experience level (Sass and Parnas, 2003). This effort is made necessary due to the *Leibschema*'s incapacity to organize a coherent anticipatory structure based on lived experience (Sass, 2017). In the article *Über Selbsttauschungen*, Scheler himself proposes a similar idea, underlining how the patient tends to shift attention from the intentional purpose to the conditions of the living body (Scheler, 1912). The schizophrenic person thus compensates his body's difficulty to orient in its environment and resonate with it, developing a hyper-reflexivity that focuses on singular movements. The action is broken down and fragmented into intermediate and partial purposes. The schizophrenic body therefore remains deprived of the fluidity of movement and familiarity with repetitive situations. This perspective, in many ways, comes close to that developed by Merleau-Ponty, according to whom psychopathological disorders may be seen as the fragmentation of living reality in many mechanical moments (Merleau-Ponty, 1962): the expressivity of the living body (*Leib*) then cedes its place to the mechanisation of the body-object (*Körper*) (Cusinato, 2018b).
The aforementioned difficulty to complete spontaneous gestures in an automatic way has to do with what is defined today as a process of disembodiment, which is the essential characteristic of schizophrenia (Stanghellini, 2009). Three types of disembodiment may be recognized: a disembodiment of the self, which involves a reduction of self-awareness and of contact with reality (Bizzarri, 2018); a disembodiment of action, which fragments its flow and involves "the loss of ready-to-hand meanings to be attached to things in the world" (Stanghellini, 2009, p. 58), leading to the condition defined "Morbid Objectivization" (Cutting, 1999); and, finally, a disembodiment of intersubjectivity, which leads to an attunement crisis between the schizophrenic world, others, and common sense. Through these three levels, disembodiment of the schizophrenic being reduces *Leib* to *Körper*.
As we will see ahead, in the case of schizophrenia, placing attention on the breaking of the *Leibschema's* sense of cohesion, in deference to Scheler, we find some important clinical implications that hint at the feasibility of a bodily oriented phenomenological psychotherapy. The fragmentation of *Leibschema* thus constitutes the *primum movens* of a series of cascading distortions of world experience, which have two further declinations: valueception impairment and lack of vital impulse.

4. The valueception impairment in schizophrenia

As we have already seen, valueception consists in the value perception of the environment, that on a pre-representative level directs our movement and our expressivity in its interaction with the world (Scheler, 1954-1997). In this sense, it is the source for the vital impulse's orientation, which originates in the living body (*Lebensdrang*).
In schizophrenia, we are looking at valueception impairment. Drawing from Schelerian studies, Cutting introduces a dichotomy between values conditioned by the vital impulse and spiritual values, and proposes a chiasmatic explanation of depression and schizophrenia in this sense (Cutting, 2009; Cutting, 2016). In particular, schizophrenia would be characterized by a sharpened capacity to pick up spiritual values, whilst being incapable of picking up vital values: a concept that Cutting associates with phenomenological reduction (Cutting, 2009; Cutting, 2018). The suspension of the *Lebensdrang* would therefore imply an incapacity to syntonise with the unipathic affectivity of living beings, facing a compensatory hypertrophy of spiritual values. In this regard, Cusinato firmly maintained that schizophrenia, like

depression, is not so much about managing to perceive only certain types of values, but rather a precursory alteration of the actual structure of valueception (Cusinato, 2018a). Valueception impairments must be seen as relating to the very structure of the embodied person: the valueception disorder is thus not primitive, but secondary to the personal singularity disorder that does not enter into resonance with the biosemiotics of the world. For this reason, in schizophrenic subjects, adhesion to abstract values does not progress towards an opening to the world (*Weltoffenheit*), but always to a closure towards it.

Because of the incapacity to interact with life biosemiotics, the schizophrenic subject fails to build his own corporal and value-related positioning in the world. The fragmentation of the *Leibschema* offers a distorted basis for interaction with the environment, even to the point of not allowing the subject to pick up biological values that have a vital relevance for him. Lacking the integration of *Leibschema*, and with that a stable corporal identity, the schizophrenic person enters into relation with the environment in a contradictory and chaotic manner, through an arrangement of feeling unanchored from the organism's vital centre and body memory.

The values are thus not intended as abstract principles, but as real embodied values. Environmental valueception guides movement and *vice versa*: *Leibschema* influences valueception and valueception subscribes to *Leibschema* (Cusinato, 2018b). In particular, repeated experiences form automatic and motor schemas efficient for the vital context of the organism. The living body practice, in its custom of pairing with the world, favours paths that become ever more stable and ever more capable of anticipating future experience through the body memory. Subscription to these privileged paths in *Leibschema* gives rise to the person's vital values, which thus become embodied values (Scheler, 1954-1997). In this way, the living body becomes a depository of the person's value system and implicitly orients it in the world. In a healthy condition embodied values may coexist even if they are contradictory, but they will still achieve an integration on the level of the *Leibschema*'s totality that does not let manifest the incoherence. In the schizophrenic subject, however, the fragmentation of the *Leibschema* results in an altered value perception and in contradictory relations between value units of its world. This produces disharmony and imbalance in the schizophrenic body. The schizophrenic person's value system thus acquires a twofold level of incoherence: first of all, incoherence with the exterior, standing in dissonance with the shared values of the community of belonging (Cutting, 2018b); and secondly, an internal incoherence, in the sense that two conflicting values can coexist at the same time without the subject being aware of their conflict.

As a consequence of valueception impairment, thus rooted in *Leibschema*, the schizophrenic person is incapable of indicating, either in a positive or negative way, certain aspects of life that rather require taking a clear position. Often this brings the schizophrenic subject to adopt contradictory behaviours, until reaching extreme psychopathological phenomena, such as perplexity or catatonia, which seem to be configured, really, as the impossibility to form an expressive or motor intentionality. Basing behaviour on embodied vital values that would bring it in two opposite directions, the schizophrenic person is indeed forced to inevitably assume a position of stagnation and perplexity.

5. The lack of the vital impulse in schizophrenia

We have seen how it is possible to re-evaluate disembodiment and syntonisation disorders in schizophrenia, beginning with the fragmentation of *Leibschema* and valueception impairment. We will now attempt to add the final screw to our psychopathological discourse: vital impulse, defined *Lebensdrang* in Schelerian terminology.

If it is true that the *Leib*'s pre-reflexive dimension is always oriented to an embodied axiological dimension, consistent in valueception and in the consequent motorial projection

according to *Leibschema*, there must be something that pushes the organism in the direction of movement and self-expression. In Scheler's thought, this drive is the vital impulse, which constitutes the superindividual life pressure on the individual. This impulse to live is what drives the organism to affirm its own existence and find direction for its own radius of vital relevance (ecological niche) (Cusinato, 2018b). The *Leib* is its inevitable point of individual departure, in view of every spatial and temporal orientation (Merleau-Ponty, 1962), from which vital energy spreads out in the environment. In Scheler's formulation, therefore, *Lebensdrang* is a sort of life pressure that imprints its own energy, starting with the *Leib*, and propels the individual to express his own embodied subjectivity (Scheler, 1954-1997).
Anyone who has handled schizophrenia cannot have not been struck by the tragic disharmony between positive symptoms, with their flourishing expansions and permeation of every aspect of psychic life, and the negative symptoms rather, of flattening and introversion. Beyond the various lapses described for the pathological schizophrenic, it appears anyway that the frankly psychotic *poussée* alternates with long periods of residual symptomatology, in which the schizophrenic subject appears simply to be shut down. This phenomenon of depleted vital charge is described in various ways: as a defensive libidinal withdrawal from the world or as a primary disinterestedness dictated by the incapacity to enter in relationship (Bleuler, 1912). It is not rare for this autistic nucleus, in its primary or secondary forms, to be considered the true crux of schizophrenia, of which all other symptoms would be manifestations (Ballerini, 2002). On the other hand, Tatossian and Minkowski already talked about "vital impulse block" in the context of schizophrenia (Minkowski, 1927; Tatossian, 2002).
In Scheler's view, the vital impulse is a type of anti-inertial force, really a force of life, which renders organisms as expressive beings. The three characteristics of the schizophrenic world-of-life that we have analysed until now thus arrive at convergence: the incapacity to participate with shared biosemiotics implies, on one hand, the need to rationally compensate this lack by falling back on hyper-reflexivity, and on the other hand, the absence of a set of rails capable of directing its perceptive experience, with consequent diffusion of the drive and predominance of fantasy over reality. The vital impulse, before collapsing and becoming depleted, would thus encounter a diffusion in which the sense conferred to the world at first would enlarge excessively, then diminishing into only one possible meaning, rigid and sclerosed: the delusional significance (Cusinato, 2018a; Stanghellini & Rosfort, 2013). The loss of vital impulse thus becomes incapable of entering in an expressive contact with the Other.

6. A body-oriented phenomenological approach to schizophrenia psychotherapy

As we have seen up until now, the disorder that generates schizophrenic pathology seems to be a form of disembodiment characterized by the fragmentation of *Leibschema*, the valueception disorder, and the lack of the vital impulse. This shifting of attention towards the alterations of living body, set in motion some time ago in the phenomenological field, necessitates an update to clinical practice. If what has been claimed heretofore is true, it is indeed evident that a merely verbal approach to a disorder so radically involving the *Leib* is insufficient for a structural modification of the schizophrenic being. As has been highlighted, as a matter of fact, in the case of schizophrenia, "taking the role of the body seriously not only allows for theoretical clarification, but could have practical implications as well" (Fuchs, 2005, p. 333). Our clinical hypothesis is that by adopting an approach that is oriented to the body, phenomenological psychotherapy of schizophrenia can find new stimuli and innovative directions in research.
Above all, it is worthwhile to point out how body psychotherapy's point of view on schizophrenia comes close to the Schelerian phenomenological view adopted. In particular, the idea of the *Leibschema* fragmentation as the nucleus of the corporal Self alteration in schizophrenia appears to be confirmed with a better understanding of body psychotherapy:

> The schizophrenic is a fragmented person. His speech is fragmented; his movements are awkward and uncoordinated; his actions are impulsive and very often incomplete; his body is tense in one place and flaccid in others; [...] He is split on every level. It is this fact – that everything about him is in pieces – that is his unitary theme. His core struggles desperately against disintegration and just as desperately tries to put the pieces back together. (Kurtz & Prestera, 1984, p. 6)

It is interesting to note the agreement between different streams of body psychotherapy on schizophrenia, which appear to actually converge on the *Leibschema* fragmentation. For example, Lowen observes that the corporal structure of schizophrenic nature does not communicate a sense of cohesion (Lowen, 1958). Also, for Reich, in the case of schizophrenia, the organismic unity of the body is divided into many separate fragments (Reich, 1948). In general, for bodily-oriented psychotherapists, the body of the schizophrenic person appears to have gone through a division that separates the head from the entire rest of the body. This block, defined "cervical armour" (Reich, 1948; Boadella & Liss, 1986), makes impossible for a schizophrenic person to be mindful of the flow of bodily experience. Body psychotherapy's holistic viewpoint associates these alterations of the corporal structure to the disorder of thought, claiming that the fragmentation of the body's energy flow is also expressed in processes of fragmentation of thought (Boadella & Liss, 1986).

This convergence of views between phenomenology inspired by Scheler and body psychotherapy within the field of schizophrenia seem to achieve a fertile contamination if, however, we are aware of at least two important paradigmatic differences. The first, on an epistemological level, concerns the distance between the mechanistic model with a positivistic foundation of the fathers of body psychotherapy, and the phenomenological model, constructivist and intersubjective. The second, instead, regards the body that body psychotherapy and phenomenology deal with, which in the former case is the *Körper*, the body-object that emerges, for example, when talking about "corporal structure," whilst in the case of phenomenology, however, it is always the *Leib*, the body-subject, the living body of the patient standing before us in flesh and blood (*Leibhaftig*). Although the latter is, in some way, considered in its clinical practice, the conceptual structure of body psychotherapy does not appear to us to be equipped with that fundamental distinction between *Leib* and *Körper*, which makes phenomenology of corporeity the choice place for comprehension of schizophrenic alterations.

Bearing in mind these important differences, we believe it is possible to utilize corporal interventions in the context of a phenomenological psychotherapy, making the encounter between the flesh of the therapist and that of the patient very much the fundamental motor of therapeutic change. In this sense, the body-to-body encounter can be facilitated by corporal work aimed at making the schizophrenic's presence become more rooted in his own living body. The therapist can propose grounding experiences, guided amplification of breathing or bounding (work on body boundaries), in order to stabilise a sense of security, lacking in a schizophrenic's relationship with his own body. Corporal work carried out in an erect position proves to be particularly important: the sense of embodiment may be improved through contact with the ground and assuming some stress positions. Breathing work helps to focus attention on the flow of bodily experiences (*Erlebnisstrom*), while bounding favours the differentiation of the bodily self in contrast with the surrounding environment. In this way, some of the typical interventions of body psychotherapy, which in the case of schizophrenia is concentrated on the stabilization of corporal identity, can be interpreted and practiced in a phenomenological psychotherapy context.

It is also possible, however, to advance in the opposite direction, making a phenomenological

reflection the point of departure for the construction of corporal interventions. In the case of the schizophrenic, for example, with the aim of improving integrative capacities of the *Leibschema*, it could be helpful to carry out movements of global coordination, which involve the whole body in gestures and expressive actions, like in the case of dance therapy or some martial arts (Fuchs & Rohricht, 2017). In this way, the body is driven to develop a synthetic cohesion between the different cenesthetic and proprioceptive flows, and to interact with the environment as a cohesive form. Instead, for a work on valueception impairment, top-down interventions may prove to be very useful in order to stimulate the person to assume a position towards experiences, relationships, lived life events, and artistic or musical tastes, but also more simple preferences about food and places. The deeper the level of valueception impairment, the more the schizophrenic person will be unable to connote lived experiences. In this case, apparently banal questions like "what do you prefer?" or "do you like this or that?" can place the subject in difficulty, stimulating him to take his own position, which is always in some way a positioning of the body in relation to the world. Finally, from a clinical point of view, the lack of vital impulse is undoubtedly the level of alteration of bodily Self on which it is most difficult to work. As a matter of fact, in this case, it is necessary to face, in a schizophrenic subject, the terror he has with his vitality in order to reawaken, as much as possible, the vital flow that runs through his body. Some exercises of amplification of breathing or bodily stress, if carried out as shared explorations in the protected context of the psychotherapeutic setting, can allow the patient to feel fear and anguish that are in him connected to his embodied existence. In the latter case, work on awareness and sharing of emerging emotional experiences becomes the central point of the therapeutic work.

These are only brief mentions of clinical possibilities for an integration of a phenomenological psychotherapy with a body-oriented approach, which puts Scheler's intuitions into practice in the field of treating schizophrenic people. In order to adhere to a phenomenological foundation, however, it is appropriate to highlight some important points for the psychotherapist.

In the first place, the focus of the psychotherapy should be radically relational, in the sense that every therapeutic effort should be aimed at building and maintaining potential dialogue with the patient (Stanghellini, 2016). In this sense, a body-oriented approach will particularly concentrate on the non-verbal level, attempting to emanate an atmosphere of safety and acknowledgment, in which the therapist acts from an immobile position and a vicarious structure. In all periods when the patient experiences moments of Self-fragmentation and dissolution, the therapist should appear available for contact, in such a way that his own presence becomes a stable point of reference to anchor to. If we think of the experience of the world dismantling, typical of some phases of the schizophrenic disorder (e.g. *Wahnstimmung*), it is clear how the affective involvement of the therapist is fundamental in making it possible to anchor to the relationship, serving as "dialogical prosthesis" for the patient (Stanghellini & Lysaker, 2007).

Secondly, psychotherapy with a schizophrenic person – particularly if phenomenologically oriented and centred on the body – should stay in the here and now: "The aim of the therapeutic process is to help the person with schizophrenia re-establish the 'intentional arc' that connects him or her with the present context" (Stanghellini & Lysaker, 2007, p. 174). In this sense, also therapeutic work involving the body should concentrate on emerging sensations in the context of the *I-You* relationship, moment after moment, supporting the patient in building a shared narration of the corporal, relational, and emotional events that occur inside the setting. Rather than concentrating only on a verbal reconstruction, nevertheless, a body-oriented approach allows working directly on the pre-reflexive and implicit level of the *I-You* relationship, in a continual attempt to focus on the position of the

patient and the therapist. Encouraging the expression of bodily sensations and feelings helps to rebuild, in the immediateness of a present and available *You*, the uninterrupted dialogue between the Self and alterity, and with it the sense of identity cohesiveness (Stanghellini *et al.*, 2012; Stanghellini, 2016). The therapist, taking a position of phenomenological *epochè*, should portray an open and tolerant attitude in every communication, verbal and nonverbal, as well as towards rebuttals, which are often fundamental to patients for building their sense of identity.

The *I-You* therapeutic relationship, placed not only on a narrative level but on the pre-verbal level of communication, should be able to avoid getting snagged in the net of hyper-reflexivity, and therefore able to touch the living flesh of the schizophrenic alteration. The experience of an authentic relationship of sharing, beyond educating the patient on listening and on his body's integration, would provide the basis for an experience of affective resonance. Both because schizophrenic autism is a disinterested closure to the other and because it is aimed at avoiding the loss of self, this experience of emotional life sharing, placed in the protected context of the therapeutic setting, represents a radical innovation in the schizophrenic experience. More precisely, it constitutes the experience of a contact that does not go up in flames, a testimony to the possibility for connection.

7. Conclusion

Enucleating from Schelerian phenomenology the concepts of *Leibschema*, valueception, and vital impulse, reciprocally intertwined in world experience, we have thus laid a basis for a comprehension of the schizophrenic desynchronization that is placed on the living body level, even ahead of the verbal level. In particular, as we have seen, schizophrenic *Leibschema* appears to be characterized by a radical lack of cohesion, which makes it impossible to relate to the world as a stable identity. Valueception impairment, caused by contradictory embodied values coexisting in the same body, hinders the schizophrenic person from orienting in his environment in a harmonious manner and taking his own position. Finally, the lack of vital impulse manifests as a loss of that drive of movement and expression, typical of life. Consequently, a proposal of body-oriented phenomenological psychotherapy, rooted in expressive emotional sharing with biosemiotics of life, represents to us a valid clinical indication for gaining access to the nuclear alteration of the schizophrenic being-in-the-world that.

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