

3-15-2018

The Human 'As-If'-Function and its Loss in Schizophrenia

Thomas Fuchs

Follow this and additional works at: <https://dsc.duq.edu/phenomenology-symposium>



Part of the [Continental Philosophy Commons](#), and the [Psychology Commons](#)

Recommended Citation

Fuchs, T. (2018). The Human 'As-If'-Function and its Loss in Schizophrenia. Retrieved from <https://dsc.duq.edu/phenomenology-symposium/17>

This Lecture is brought to you for free and open access by the Simon Silverman Phenomenology Center at Duquesne Scholarship Collection. It has been accepted for inclusion in Phenomenology Center Annual Symposium by an authorized administrator of Duquesne Scholarship Collection. For more information, please contact phillipsg@duq.edu.

The ‘as if’ function and its loss in schizophrenia

Thomas Fuchs

Introduction

The distinction between the factual and the fictional, or between the real and the virtual, is a fundamental capacity of the human mind. It allows us to suspend the force and validity of the immediate experience and to enter a parallel world of imagination, day-dreaming, hypothetical thought, fiction, pretence, role play or theater. It allows us to take things to mean or represent something other than themselves, for example a mirror image, a map of the town, an actor on the stage, or even metaphorical speech. It also enables us to put our own body-centred position into brackets and to take the perspective of other persons, as if we were in their place. All these particular intentional acts which *posit their object as counterfactual or non-existent* may be summarized as the “as-if stance” or “as-if function” (AIF).

This function is arguably one of the highest of the human mind, and it seems not overstated to say that it is the foundation of the cultural development of humankind as the “symbolic species” (Deacon 1997). However, it is also a complex and demanding capacity that may be disturbed in mental illnesses, in particular in schizophrenia. This becomes apparent for example in concretism, i.e. the failure to correctly understand metaphorical language, in disturbances of perspective-taking leading to transitivity (loss of ego-boundaries), or finally in the transition from abnormal experiences still expressed in terms of ‘as if’ to full-blown delusion where the ‘as if’ is lost. An analysis of the AIF may help us to better understand a number of typical schizophrenic disturbances, whereas these may in turn offer an illustration of what the AIF normally provides us with.

In what follows, I will first present a general analysis of the AIF, then I will consider three schizophrenic disturbances in more detail, namely concretism, transitivity, and delusion.

The ‘as if’ function

Let us first have a look at the logical structure of the ‘as if’. These two seemingly innocuous particles when joint together acquire a highly dynamic power and tension (see also Vaihinger 1924):

- (1) The ‘as’ (German *als, wie*; French *comme*) signifies a comparison: Two items are brought into a relation of similarity or analogy.
- (2) This comparison is now questioned or even partially suspended by the ‘if’ (German *ob, wenn*; French *si*). For ‘if’ announces a conditional clause, that means, the second item of the comparison is posited as only hypothetically or fictiously given, and thus as counterfactual. It is not present or not real, indeed it often belongs to a completely different frame of reference, as for example in the metaphor “it is raining cats and dogs” (an abbreviation of: “it is raining as if cats and dogs were falling from the sky”).
- (3) Now the combination ‘as if’ (German *als ob, wie wenn*; French *comme si*; Latin *quasi*) implies the decision to assert the comparison despite its partial suspension. The result is an *irreal comparative clause*: Something given is compared with something other whose unreality or impossibility is declared at the same time. This applies even more to pretend behavior which transfers the “impossible comparison” into visible action: In pretend play with a child, for example, I may take a banana as a telephone that I talk into while the banana obviously disclaims this usage through its visible presence. Thus, the expression ‘as if’ shows an ambiguous, oscillating structure: It implies a kind of double intention which holds both items present *and* sharply separated at the same time.

The AIF is therefore bound to a specific, ambiguous intentionality that maintains an awareness of the difference of modalities. To give some examples: One can certainly not unintentionally pretend, nor accidentally tell a lie – being aware of the truth is inherent in lying and renders it notoriously difficult. Or let us take imagination: according to Sartre (1948, 16), this is a modality of consciousness that posits its object “as non-existent, as absent, or as existing elsewhere”. For example, while daydreaming myself

on a long wished-for boat trip down the Nile, I am still aware of my day-dreaming *as* an imagination, and my boat is only virtually present, whereas in an actual dream of my journey, the ‘as if’ is lost. Finally, perceiving a picture means taking it as presenting something absent. Pictorial consciousness, as Husserl (1980, 18ff.) emphasized, means a conflict (*Widerstreit*) between perceiving the physical “picture-thing” (*Bild-Ding*) and the picture *as picture* (*Bild-Objekt*), in which an absent object (*Bild-Sujet*) is presented in an ‘as if’ mode.

Further, when we empathize with an actor on the stage, we do so at least with a latent awareness that he is only playing his part. We would be confused or shocked would he suddenly drop out of character or even suffer from a real fainting spell on the stage. In the case of movies, this awareness is pushed more or less into the background due to the deeper immersion into the experience, even though it typically continues to function normally.¹ We suspend our understanding of the fictionality and give ourselves over to the illusion, albeit always with a kind of *split awareness*. This becomes quite obvious when the capacity to distinguish fiction and reality gets lost as in dementia where patients may think that the newsreader in the TV is actually talking to them.

Even if one admits that rudimentary forms of the AIF are present in some higher animals who are capable of mirror self-recognition or pretence, it is only human life that is virtually permeated by the ‘as if’ – by artificiality, fictionality, pretense, irony, metaphor, role play, masquerade or intrigue. Indeed the notion of the *person* is derived from the Greek *prosopon* and the Latin *persona* which originally meant the mask used by the actor in the ancient theater, later on the role that one plays in the society, and finally the individual himself. Thus the person is always a “*homo duplex*”² – apart from rare states of unconscious spontaneity there is no pure immediacy beyond early childhood. Seeing oneself with others’ eyes results in the dialectic of the “*I*” and the “*me*”, to use G. H. Mead’s terms: be that in conflict or in harmony, *I* and *me* are always intertwined. Playing one’s part in society always implies an ‘as if’ inasmuch as there remains an inner distance towards the roles one adopts.

These considerations already point to the fact that the AIF is crucially inter-linked with intersubjectivity and to what the German philosopher Helmuth Plessner (1928) has termed man's "excentric position". Taking another's perspective is only possible in an 'as if' mode, for it implies a shift from an embodied or egocentric to a virtual or allocentric position. The *excentric position* denotes this capacity of shifting, and that means, of integrating my primary embodied stance and an external position only taken virtually. It allows me to transpose myself to another point in space 'as if' I were there, or into another person, 'as if' I were in their place, while I remain nevertheless anchored in my own bodily center. I compare 'me-here' to 'me-there', although this 'me-there' remains virtual – just like my mirror image which despite all similarity looks at me from out of nothing. One might say that the 'as if' gains its most pronounced manifestation in reflective self-consciousness, when I see myself 'from the outside' or in others' eyes. In the last analysis, self-reflection is the product of an 'as-if' stance.

The connection of the AIF with intersubjectivity becomes even more obvious when we look at its development in early infancy. Here, it is closely linked to the gradual development of perspective-taking between the 1st and the 4th year (Moll & Meltzoff 2010, Fuchs 2013). First, around 1 year of age, infants become able to share another's point of view on external objects in joint attention (Tomasello 1995, Tomasello & Haberl 2003). In the second half of the 2nd year, they learn to recognize their mirror image and start to engage in pretend play with adults, both an important step in the development of the AIF (Tomasello and Rakoczy 2003, Rakoczy 2008). At about 2,5 years of age, children learn to determine which objects other persons can or cannot perceive from their spatial point of view. For example, when being shown a card with a picture of a dog on the one side, and of a cat on the other, children at this age are able to tell which animal the adult sees when she holds up the card between herself and the child (Masangkay et al. 1974). Taking her perspective means shifting from ego-centric to allocentric space in the 'as if'-mode.

Finally, between 4 and 5 years of age, children get insight into the perspectivity of knowledge and beliefs (Tomasello and Rakoczy 2003). They understand that people see and interpret things differently, and that their intentions or beliefs may not match with the current state of affairs, as it is

examined in the false belief tasks. What allows children to solve these tasks is obviously their ability *to be aware of both perspectives simultaneously*, or to *flexibly shift between them*. This shifting is only possible from a vantage point at a higher level which allows the child to compare and integrate both perspectives, and this is precisely the excentric position mentioned before. It is important to note that all these developments happen in close connection to interactive practices in which children and their caregivers are engaged in joint attention, shared play and cooperative action. In these interactions, ego- and allocentric stance shift constantly and convey both an increased understanding and a *flexibility* of perspectives that is crucial for the development of the AIF (Fuchs 2013).

Thus, pretend play (using a banana as a telephone, a pencil as a toothbrush) implies the capacity to distance oneself from the primary meaning and usage of things and to shift them into a new frame of reference. The pencil is not taken as an object for conventional or instrumental use but for an ‘as if’ purpose. Pretend play is not discovered solitarily, however, but bound to interactive situations in which children learn and imitate the pretend meanings. The child then usually looks at the adult with a smiling expression, knowing that the unconventional use of the object is “funny”. The new, fictional reality is thus jointly created through a *shared or we-intentionality* (Tomasello and Rakoczy 2003, Elsenbroich and Gilbert 2014): It is by implicitly taking the other’s perspective that the child becomes able to shift between the two views on the object, that means, between the primary and the ‘as-if’ mode. Subsequently, this becomes also the basis of *role-taking*, where the object of pretence is not an external object but one’s own body, or oneself as playing a certain role before others, for example pretending to be a thief, a policeman, a lion, etc.

As we can see, the AIF is not only a cognitively sophisticated achievement, but also the result of interactive practices that allow children to develop an understanding of a shared intentionality. This shared or we-intentionality enables not only perspective taking, but also a “shared virtuality”, so to speak: joint engagement in fiction or narration, indeed even the use of symbols in language itself ultimately depends on the capacity to take something (such as a verbal sound) *to mean or represent something else which is not present* – that means, on the ‘as if’ mode. This achievement is usually

highly valued: To be able to shift one's perspective, to transcend one's own and take another's point of view, or to distinguish between wish, imagination and reality, are regarded as hallmarks of mental capacity and also mental sanity. On the other hand, the border between imagination and reality is not always that clearly drawn: in many cultures, the world of dreams, phantasy and hallucination is regarded as crucially participating in the shared world. Even perception itself contains components of imagination, inasmuch as it is based on expectations, desires and the corresponding perceptual schemas (*Vorgestalten*) which are projected into the environment, so to speak, to facilitate their identification.³

The loss of the 'as if' in schizophrenia

In mental illness, however, and in particular in schizophrenia, we find a number of phenomena that may be understood as a disturbance or even a loss of the AIF. These are, above all, concretistic language or action, transitivity or loss of self-other-boundaries, and delusion. Though acquired early in life, the AIF may obviously be lost again, and as we will see, this loss is closely connected with a fundamental disturbance of intersubjectivity. I will look at each of these phenomena in more detail.

1) Concretism

The concretistic style of thinking in schizophrenia was already described by Bleuler (1911/1950). It means the failure to adequately use and understand the metaphorical or figurative meaning of language. Metaphors or proverbs are taken literally and acted upon on the concrete or bodily level (Holm-Hadulla 1982, 1988). Let us look at some examples:

A patient who feels worthless swallows a ring, by this trying, as she explains, "to have something of worth in me".

Another patient takes a purge because he wants "to get rid of my dirty thoughts." (examples taken from Heinz et al. 1996)

A patient complains about the heartlessness of her mother: “She has a heart defect and should consult the doctor.” (from one of my own patients)
 (Psychiatrist) “You are walking on thin ice.” – (Patient) “Yes, it was snowing yesterday.” (Bychowski 1943)

A metaphor combines two terms or objects: Usually the one signifies a concrete object of bodily experience, while the other means the abstract term which shows some kind of analogy to the first. Thus, we speak of a “grain of truth”, as if truth could be a pile of grains, or of the “evening of life”, as if life could have a sunset. The metaphor oscillates between two meanings or frameworks of reference which have both to be held present in order to understand the metaphor’s ‘as if’. To keep up the difference between both levels of meaning is part of perspectival flexibility.

Schizophrenia patients, however, may be unable to maintain this ‘as if’, and the two levels of meaning collapse into one. The metaphor then serves as a guide to a concretistic action: If we say that something “is worth its weight in gold”, it should also be possible to increase one’s self-worth through ingestion of that precious substance. On the other hand, “dirty thoughts” in one’s mind may be purged like the content of one’s bowel. That means, the patients still recognize the second, metaphorical meaning, but not its counterfactual aspect – instead, both meanings are present on the same level.

A similar phenomenon is the inability of patients to explain the metaphorical meaning of proverbs:

(Psychiatrist:) “Too many cooks spoil the broth.” – (Patient’s explanation:) “Well, if a cook is responsible for the kitchen, one should leave it to him, otherwise the dinner will be spoilt.”

(Psychiatrist:) “One should strike while the iron’s hot.” – (Patient’s explanation:) “I would say, heat makes the iron soft, so you can better forge or form it.” (from my own patients).

Obviously, the abstract explanation on the track of the ‘as if’ requires a higher cognitive effort than just sticking to the level of the immediately

given. Again, the double intention inherent in the use of proverbs goes missing, and the concrete and metaphorical level collapse into one. The explanation of proverbs may therefore be used as a diagnostic marker for schizophrenia (Holm-Hadulla & Haug 1984).⁴

2) *Transitivism*

I now turn to another phenomenon of schizophrenia which is related to perspective-taking and intersubjectivity. It manifests itself in a loss of self-other distinction or self-demarcation which Bleuler (1911) termed “transitivism”. I quote some case reports:

„When I look at somebody my own personality is in danger. I am undergoing a transformation and my self is beginning to disappear“ (Chapman 1966).

“The others’ gazes get penetrating, and it is as if there was a consciousness of my person emerging around me ... they can read in me like in a book. Then I don’t know who I am any more” (Fuchs 2000, 172).

Such reports show that in transitivism ‘being conscious of another consciousness’ may threaten the schizophrenic patient with a loss of his self. How may we understand this? – Obviously, becoming aware of others as being aware of oneself becomes existentially threatening for these patients. This may be explained as follows: In seeing the others’ bodies and gazes, the patients take their perspective, but similar to concretism, the distinction between the primary or bodily sense of self and the ‘as if’ mode of self-as-other collapses. In grasping the other’s perspective, the patients are no longer able to maintain their own embodied center. This is illustrated by another case vignette:

“A young man was frequently confused in a conversation, being unable to distinguish between himself and his interlocutor. He tended to lose the sense of whose thoughts originated in whom, and felt ‘as if’ the interlocutor somehow ‘invaded’ him, an experience that shattered his identity and was intensely anxiety-provoking. When walking on the street, he scrupu-

lously avoided glancing at his mirror image in the windowpanes of the shops, because he felt uncertain on which side he actually was” (Parnas 2003, 232).

Every conversation with others implies a continuous oscillation between my central, embodied perspective and the decentred or virtual perspective from which I am aware of the other as being aware of me. I have to put my body-centred existence into brackets and for a moment pretend to be in the other's place. However, in order not to lose myself in this oscillation, it is also necessary to keep up the difference between the embodied and the virtual perspective. It is this dialectical tension of the excentric position that the schizophrenic patient cannot maintain any more. The perspectives of self and other are confused instead of being integrated from the excentric position, resulting in a sense of being invaded and overpowered by the other. The same confusion arises for the patient when perceiving himself in the mirror: The ‘as if’ mode of representation which requires a double intentionality breaks down, and with it the distinction between image and reality.

An alienation of one’s own mirror image is a frequent symptom in schizophrenia (Abely 1930, Postal 2005). Another example is given by the Japanese psychiatrist Kimura:

“When I am looking into a mirror, I do not know any more whether I am here looking at me there in the mirror, or whether I am there in the mirror looking at me here. (...) If I look at someone else in the mirror, I am not able to distinguish him from myself any more. When I am feeling worse, the distinction between me and a real other person gets lost, too. While watching TV, I don’t know any more whether I am speaking in the TV-set or whether I am hearing the words here. I don’t know whether the inside turns outwards or the outside inwards. It is as if the foundation of my self collapses. Are there perhaps two ‘I’s?’” (Kimura 1994, 194; own translation).

Here it is again the virtuality of the mirror image that undermines the embodied sense of self. Am I the one who looks at myself in the mirror, or am I the one who looks at myself from out of the mirror? And if I imagine my-

self as seen by the other, do I not become the other? The whole distinctions between reality and virtuality seem to crumble.

As we can see, the conditions of possibility of transitivity are rooted in the dialectical structure of intersubjectivity. To recognize others as mental agents or persons, and to recognize oneself as a separate person among others is one and the same achievement, namely reaching the excentric position. Now one's own subjectivity has to be maintained and asserted despite its decentering, namely against the ubiquitous perspectives of the others. However, this achievement is threatened when the basic bodily sense of self is weakened, as is the case in schizophrenia (Sass and Parnas 2003, Stanghellini 2004, Fuchs 2005a), and the "as if" mode of perspective taking cannot be maintained. This results in a short-circuit of perspectives, that means, the embodied or central perspective perishes in its decentering. The schizophrenia patient sees *and loses* himself in the eyes of others.

This short-circuit may also lead to the experience of thought-broadcasting: All the patient's thoughts are known to others; there is no difference between his mental life and that of others any more. Thus, he is entangled in a disembodied, self-referential and delusional view from the outside. It is also for this reason that first episodes of schizophrenia frequently occur in situations of social exposure and emotional disclosure, that means, when the affirmation of one's own self against the perspective of the others is at stake: e.g. when leaving the parents' home, starting an intimate relationship or entering working life. In such situations, the patient may lose his embodied perspective and start to feel observed, persecuted and permeated from all sides.

A loss of the AIF underlying the distinction of imagination and reality may also explain the patients' experiences in the following case vignettes (taken from my own patients):

When a 22 year-old schizophrenia patient engaged in a relationship with a man, she felt her father invading her and inserting critical thoughts into her mind. Very upset by this, she called on him the next day and reproached him for his unwanted interventions.

Obviously the patient anticipated the criticism by her father but was unable to maintain the ‘as if’ of his imagined objections. With the loss of their ‘as if’ quality, imaginations turn into perceptions and acquire a concretistic reality. In the same way, auditory hallucinations in general could be explained as imagined voices for which the ‘as if’ goes missing, and with it the “authorship” for the voices. Let us turn to another example:

A 26 year-old patient watching a football game in the TV found that he was perfectly able to put himself into the players’ shoes, anticipating their next moves in his imagination; he then realized that they did exactly what he thought. Thus, he felt that he was actually able to steer the game at his own will.

Again, the ‘as if’ mode of imaginary transposition into others, anticipating or simulating their actions, breaks down, and the distinction between imagination and action is lost. In this case, this results in a delusion of omnipotence. This leads us to the question whether the emergence of delusions is related to the AIF. As we will see, they may be regarded both as a loss of the ‘as if’ and a correlated failure of intersubjective perspective taking.

3) Delusion

The emergence of a delusion is usually preceded by the so-called delusional mood or delusional atmosphere already described by Jaspers (1968) and Conrad (1958): Objects look spurious, somehow manufactured or contrived; people seem to behave unnaturally, as if they were actors or impostors. It all feels like being in the center of an uncanny staging or a pre-arranged scenery (see also Fuchs 2005b, 2015b). Increasingly, the patients experience threatening alterations of perception, feeling or thinking which create the impression that an external power is somehow taking possession of their mind.

At first, the patients still maintain a critical distance towards their experience which usually expressed in terms of an ‘as if’: It only seems *as if* something extraordinary is going on, as if others are impostors, as if the whole scenery is a secret arrangement. Moreover, the ‘as if’ may also be

the expression of *ineffability*: The experiences of self-alienation or even alien influence are completely new, irregular, beyond any normality. They escape our usual terminology and may only be circumscribed by approximation. Whether the ‘as if’ expresses a critical distance or an ineffability, in both cases it represents the patient’s last attempt to remain connected to the shared world. The transition to delusion implies the breakdown of this connection. In the following example, in which the patient experiences a growing alienation of her body and movements, both functions of the ‘as if’ are discernible:

“I could no longer do what I wanted. (...) I wanted to get up, and then I could no longer move my legs. They were stiff. (...) It was *as if* I was no longer in control of my movements, *as if* my legs (...) would no longer serve me. (...) I started to wonder whether I still could move myself. At every step I thought: ‘are these your own movements, is it you who is moving now?’ I tried to check that, walking back and forth, or I ran a bit. That worked alright, but I thought ‘it could still be programmed that you are now doing this’” (Klosterkötter 1988; emphasis added).

Both the ambiguous nature of the alienation and the improbability of being steered or ‘programmed’ are expressed by ‘as if’-clauses or similarly. However, the increasing alienation of motor agency leads to the point where the patient is no longer able to maintain the reservation of the ‘as if’. The impression of being manipulated by an alien power becomes overwhelming and turns into a delusion:

“She was now convinced that extraterrestrial powers were able to control her and steer her movements. How this worked and to what purpose she did not know. Yet under these influences, she really had become a marionette” (l. c., p. 163).

The break-down of the ‘as if’ finally eliminates the tormenting ambiguity which is often experienced as a revelation, a sudden insight and, to a certain extent, even a relief. However, at the same time it implies the loss of the ability to take an external point of view from which what seems to be the case “cannot be true”. I give another example:

“I could no longer think the way I wanted to . . . It was *as if* one could no longer think oneself, *as if* one were hindered from thinking. I had the impression that all what I think were no longer my own ideas at all . . . *as if* I wouldn’t be the one who is thinking. I began to wonder whether I am still myself or an exchanged person” (l. c., p.111; emphasis added).

Again, the patient finally dropped the reservation of the ‘as if’ and came to be convinced that a foreign secret service had implanted a chip in her brain in order to control her thoughts. The onset of delusions is thus marked by the breakdown of the ‘as if’. Similar to the dream state, the imaginative or tentative character of the persecutory ideas is lost. However, this implies not only a change in the degree of certainty but also a *loss of intersubjectivity*. For the possibility of calling one’s own experience into doubt is still based on implicitly taking the perspective of the general other and seeing oneself from the outside. The loss of the ‘as if’ is therefore tantamount to a failure of perspective-taking or a loss of the excentric position. I will explain this in more detail.

Delusions are not just individual states inside the mind or the head of the patient. Rather, they are disturbances of intersubjectivity, manifesting itself in a social situation that is always constituted by two or more interaction partners (Fuchs 2015a). Our experience of the world is not a solitary achievement, but is based on a continuous intersubjective co-creation of meaning, a shared or *we-intentionality*. We live in a shared lifeworld because we continuously create or “enact” it through our coordinated activities and “participatory sense-making” (De Jaegher and Di Paolo 2007). This includes circular processes of mutual understanding, negotiation of intentions, alignment of perspectives and reciprocal correction of perceptions – processes that take place in every interaction and communication with others. Thus, intersubjectivity implies a co-construction of meaning through mutual interaction and perspective taking.

In contrast, schizophrenia patients, in their conversations on the delusional content, show a peculiar inability to take the other’s perspective into account, to understand his doubts, to try to make themselves adequately understood, etc. Delusions manifest themselves as a specific *disturbance of communication*: The comparison, correction and alignment of perspectives

fails. Granted, the patients are still able to take the (supposed) perspective of others, i.e., they are even excessively aware of others being (seemingly) conscious of them, as shown before in the phenomenon of transitivity or in delusional ideas of reference (being observed, spied at, alluded to, tested by others, and the like). However, what they lack is the independent position from which they could compare their own and another's point of view, and from which they could also relativize or question their feeling of self-centrality and reference. It is the excentric position which normally enables the integration of the ego- and allo-centric point of view, and this position is lost inasmuch as the delusion is concerned. Taking the perspective of the real other is then replaced by an illusionary self-referential perspective.

[The failure of excentricity becomes manifest in particular when the patient is confronted with doubts or objections by others. In most cases, he will not be able to adequately respond to these; on the contrary, he will simply assume a *consensually perceived situation* even though this is not at all the case from the other's point of view. The patient behaves as if others could only be of the same opinion and does not justify his claims in a way that is understandable to the interlocutor (McCabe et al. 2004, Fuchs 2015a). Indeed the deluded patient does not actually talk *about* his situation, for this would imply being able to take a distance to his statements which could then be open for a possible supplement or correction. He is not directed towards a shared sphere of negotiable meaning, but only states his delusional conviction in a pre-predicative, non-symbolical and therefore ultimately concretistic language. Correspondingly, Spitzer (1990) suggested that schizophrenic delusions should actually be considered as self-reports about private or inner states (similar to, say, an exclamation of pain), and not as epistemic statements on factual matters in the public world (which they only appear to be). Thus, the notorious incorrectability of delusions (Jaspers 1968) results from a break-down of the 'as if': language itself loses its open intersubjective horizon and becomes a merely subjectivist expression of one's own state.^{5]}

Another result of the lost 'as if' is the *exclusion of coincidence* (Berner 1978). The principle of coincidence allows us to neutralize seemingly meaningful occurrences by attributing them to a mere contingency, not to another's intention: "It only seemed *as if* he was looking at me tellingly,

but it was really not meant for me.” Stating a coincidence presupposes a superordinate position from which the impression of meaningfulness may be suspended: I shift my primary perspective on the situation to neutral frame of reference in which I do not play a role. For the schizophrenia patient, however, the opposite is the case: It is precisely the normally irrelevant and accidental background elements of a situation that adopt a meaningful, telling, sinister or threatening character. Under the pressure of increasing ambiguity, tension and anxiety, the ‘as if’ finally collapses and the patient does no longer acknowledge the possibility of coincidence: everything actually revolves around him. One could also say that with the transition to delusion, the *formal* reservation of ‘as if’ is given up and turns into the *content* of the delusion: What first seemed unreal, staged or artificial on the level of perception now becomes the actual staging, play-acting, and machination of the hidden enemies.

Finally, a seemingly paradoxical consequence of the breakdown of the ‘as if’ is the phenomenon of “double book-keeping”, first identified by Bleuler (1911/1950, p. 378). Here, the delusional reality and the everyday reality are *juxtaposed* instead of being integrated, and the patient lives in two worlds at the same time, as it were: on the one hand the world of voices and delusions, and on the other hand the world as perceived by others. For example, a patient may hear voices as clearly as the voice of the psychiatrist and believe them just as real, yet at the same time acknowledge that the psychiatrist does not hear them. A grandiose patient may be fully convinced that his coronation is imminent yet continue to do humble services on the ward, feeling little if any conflict between the two stances (Sass 2014). In these cases, the integrating excentric position is lost, too, but the subjective or delusional view does not replace the commonsensical perspective – they just coexist in different ontological domains without contiguity or overlap.

Conclusion

The AIF is a crucial capacity of the human mind which allows us to enter worlds of imagination and fiction, to transpose ourselves into another’s shoes as well as to see ourselves in others’ eyes. It requires us to be aware

of two conflicting perspectives simultaneously and to flexibly shift between them, the one representing the primary, bodily or concrete domain, the other the virtual, disembodied or metaphorical domain. This shifting is only possible from a vantage point at a higher level which allows us to compare and integrate both perspectives – which is what Plessner termed the excentric position.

The crucial role of the AIF for human evolution may be seen, on the one hand, in loosening the grip of reality and extending the scope of possibilities: by the ruse of the ‘as if’, the immediate reality may be suspended and put into distance. Now human thought and imagination, liberated from the coercion of the given, are enabled to create alternative, possible worlds which may be used for rehearsal and simulation before the actual practice. On the other hand, the ‘as if’ opens up a higher level of understanding others beyond the immediate intercorporeality of expression and gesture, a level on which it becomes possible to take the other’s perspective and to establish a shared or we-intentionality. As the “symbolic species” (Deacon 1997), humans are characterized by the dialectical tension between reality and virtuality, between egocentric and allocentric stance, between spontaneity and artificiality, which have to be constantly reconciled and integrated.

Schizophrenia may be regarded as a failure or partial loss of the excentric position and the AIF which it enables. This failure becomes manifest in the phenomena of *concretism* or a disturbance of metaphorical language; in *transitivism*, implying a loss of self-other boundaries; and finally in *delusion* as a breakdown of the ‘as if’ which until then marked the last connection of the patient to the intersubjective world. Now the co-constitution of a shared world fails and is replaced by the new, rigid coherence of delusion. In all three cases, the dialectical tension that is crucial for the ‘as if’ collapses. The patient then becomes enclosed in self-centrality and solipsism, no longer able to transcend his subjectivist position towards the open world of shared intersubjectivity. In this respect, schizophrenia may be considered the most specifically human of all mental disorders: only humans can share the ‘as if’ which opens for them an infinity of worlds; but only humans can also be thrown, by the loss of the ‘as if’, into the abyss of a solipstic world.

References

- Abély, P. (1930) Le signe du miroir dans les psychoses et plus spécialement dans la démence précoce. *Annales médico-psychologiques* 88: 28-36.
- Berner, P. (1978). Psychopathologische Wahnforschung und psychiatrische Hypothesenbildung. *Nervenarzt* 49: 147-152.
- Bleuler, E. (1911). *Dementia praecox oder Gruppe der Schizophrenien*. Leipzig Wien: Deuticke. Engl. Trans. J. Zinkin (1950), *Dementia praecox or the group of schizophrenias*. New York: International University Press.
- Bychowski, G. (1943). Physiology of schizophrenic thinking. *Journal of Nervous and Mental Disease* 98: 368-386.
- Chapman, J. (1966). The early symptoms of schizophrenia. *British Journal of Psychiatry* 112: 225-251.
- Conrad, K. (1958) *Die beginnende Schizophrenie: Versuch einer Gestaltanalyse des Wahns*. Stuttgart: Thieme.
- Deacon, T. W. (1997). *The symbolic species: The co-evolution of the brain and language*. New York: WW Norton & Co.
- De Jaegher, H., Di Paolo, E. (2007). Participatory sense-making: an enactive approach to social cognition. *Phenomenology and the Cognitive Sciences* 6: 485-507.
- Elsenbroich, C., Gilbert, N. (2014). We-intentionality. In: Elsenbroich, C., Gilbert, N., *Modelling Norms*, pp 185-197. Dordrecht: Springer.
- Fuchs, T. (2000). *Psychopathologie von Leib und Raum. Phänomenologisch-empirische Untersuchungen zu depressiven und paranoiden Erkrankungen*. Darmstadt: Steinkopff.
- Fuchs, T. (2005a). Corporealized and disembodied minds. A phenomenological view of the body in melancholia and schizophrenia. *Philosophy, Psychiatry & Psychology* 12: 95-107.
- Fuchs, T. (2005b). Delusional mood and delusional perception – A phenomenological analysis. *Psychopathology* 38:133-139.

- Fuchs, T. (2013). The phenomenology and development of social perspectives. *Phenomenology and the Cognitive Sciences* 12: 655-683.
- Fuchs, T. (2015a). Pathologies of intersubjectivity in autism and schizophrenia. *Journal of Consciousness Studies* 22: 191-214
- Fuchs, T. (2015b). From self-disorders to ego disorders. *Psychopathology* 48: 324-331.
- Heinz, A., Lefering, K., Bühmann, Y., Heinze, M. (1996). Autismus und Konkretismus - widersprüchliche Konzepte schizophrener Denkstörungen? *Fundamenta Psychiatrica* 10: 54-61.
- Holm-Hadulla, R. (1982). Der Konkretismus als Ausdruck schizophrener Denksprechens und Verhaltens. *Der Nervenarzt* 53: 524-529.
- Holm-Hadulla, R. (1988). Über den strukturellen Zusammenhang schizophrener Denk- und Sprachstörungen mit wahnhaftem Erleben und Abwandlungen der Intentionalität. *Fortschritte der Neurologie und Psychiatrie* 56.1-7.
- Holm-Hadulla, R., Haug, F. (1984). Die Interpretation von Sprichwörtern als klinische Methode zur Erfassung schizophrener Denk-, Sprach- und Symbolisationsstörungen. *Der Nervenarzt* 55: 496-503.
- Husserl, E. (1980). *Phantasie, Bildbewusstsein, Erinnerung*. (Husserliana XXIII). Den Haag: M. Nijhof.
- Jaspers, K. (1968). *General Psychopathology* (7th edition) (trans. J. Hoenig, M.W. Hamilton). Chicago, IL: University of Chicago Press.
- Klosterkötter, J. (1988) *Basissymptome und Endphänomene der Schizophrenie*. Springer, Berlin Heidelberg New York.
- Masangkay, Z. S., McCluskey, K. A., McIntyre, C. W., Sims-Knight, J., Vaughn, B. E., Flavell, J. H. (1974). The early development of inferences about the visual percepts of others. *Child Development* 45: 357-366.
- Moll, H., Meltzoff, A. N. (2010). Perspective taking and its foundation in joint attention. In *Perception, causation, and objectivity. Issues in Philosophy and Psychology*, edited by J. Roessler. Oxford: Oxford University Press.
- Parnas, J. (2003). Self and schizophrenia: a phenomenological perspective. In: Kircher, T., David, A. (eds) *The Self in Neuroscience and Psychiatry*, pp. 217-241. Cambridge University Press.
- Plessner, H. (1928). *Die Stufen des Organischen und der Mensch*. Berlin: De Gruyter.

- Postal, K. S. (2005). The mirror sign delusional misidentification symptom. In: T. Feinberg, J. Keenan (Eds.) *The Lost Self: Pathologies of the Brain and Identity*, pp. 131-46. Oxford: Oxford University Press.
- Rakoczy, H. (2008). Pretense as individual and collective intentionality. *Mind Language* 23: 499-517.
- Sartre, J.-P. (1948) *The psychology of imagination*. New York: Philosophical Library.
- Sass, L. A., Parnas, J. (2003) Schizophrenia, consciousness, and the self. *Schizophrenia Bulletin* 29: 427-444.
- Sass, L. A. (2014). Delusion and double book-keeping. In: T. Fuchs, T. Breyer (Eds.) *Karl Jaspers' philosophy and psychopathology* (pp. 125-147). New York: Springer.
- Spitzer, M. (1990) On defining delusions. *Comprehensive Psychiatry* 31: 377-397.
- Stanghellini, G. (2004). *Disembodied spirits and deanimated bodies: The psychopathology of common sense*. Oxford: Oxford University Press.
- Tomasello, M. (1995). Joint attention as social cognition. In: Moore, C., Dunham, P. (Eds.), *Joint Attention: Its Origins and Role in Development* (p. 103-131). Hillsdale, NJ: Erlbaum.
- Tomasello, M., Haberl, K. (2003). Understanding attention: 12- and 18-month-olds know what is new for other persons. *Developmental Psychology* 39: 906–912.
- Tomasello, M., Rakoczy, H. (2003). What makes human cognition unique? From individual to shared intentionality. *Mind Language* 18: 121-147.
- Vaihinger, H. (1924). *The Philosophy of 'As If': A System of the Theoretical, Practical and Religious Fictions of Mankind*. Trans. CK Ogden. London: Kegan Paul.

Author's address:

Prof. Thomas Fuchs, MD, PhD
 Karl Jaspers Professor of Philosophy and Psychiatry
 Psychiatric Department, University of Heidelberg
 Voss-Str.4
 D-69115 Heidelberg
 Germany
 e-mail: thomas.fuchs@urz.uni-heidelberg.de

¹ Woody Allen's film *The Purple Rose of Cairo* (1985) toys masterfully with our latent fictional consciousness. In the film, an obsessed female fan of a particular cinema hero frequents a movie theater every day in which she yearningly follows the character's every move until one night he miraculously steps off the screen and descends into the theater. The other actors in the film, which continues to play, get angry and begin to break character while attempting futilely to get their fellow performer back into the movie. Allen emphasizes the nesting doll aspect of the unfolding fiction within a fiction by giving the movie that the actor has stepped out of the same title ("Purple Rose of Cairo") as the one he has directed.

² The term was first used by Buffon in his "Discours sur la nature les animaux – homo duplex" (1753) and induced a longer debate on the relation between "l'homme physique" and "l'homme moral". It was later taken up by Emile Durkheim to describe the double-faced nature of the individual as both private and public existence ("The dualism of human nature and its social conditions", in: R. N. Bellah (ed.) Emile Durkheim on morality and society. Selected writings. Chicago/London 1973, 149-164).

³ This may sometimes lead to illusions, for example when picking mushrooms and mistaking a shiny leaf for a mushroom, or when expecting to meet an acquaintance and erroneously hearing one's name being called in the distance.

⁴ Concretistic utterances or misunderstandings (for example of proverbs) may also be found in young children as well as in organic brain disorders. However, in children the capacity to grasp the double intention of metaphorical speech is not yet developed, whereas patients with severe organic brain syndrome have lost this level again. Their thinking remains bound to the immediately given and to the present situation, but they do not show the peculiar, often seemingly profound intertwining of meanings and the "abstract concretism" of schizophrenic language (Holm-Hadulla 1982, Strobl u. Resch 1988).

⁵ This applies to full-blown delusions. It should be noted, however, that the patients are sometimes still aware of the improbability of their experiences for others. This may result in a „double bookkeeping“ (see below).