At Issue: Vulnerability to Schizophrenia and Lack of Common Sense

by Giovanni Stanghellini

Abstract

This article explores the hypothesis that the relational deficit in schizophrenia is not a consequence of acute symptoms and course but instead is a fundamental aspect of schizophrenic vulnerability. This basic relational deficit could be better understood as disconnect- edness from common sense. Common sense is a tool for adaptation whose main scope is establishing cause-and-effect and motivational relationships in the physical and social realms. The common sense deficit appears to involve a lack of intuitive attunement (impaired capacity to accurately typify the mental states of other persons because of the incapacity to be involved in their mental lives) and a damaged social knowledge network (disorders of the background of knowledge useful for organizing everyday experiences). Three dimensions of schizophrenic vulnerability can be distinguished: the sensory, conceptualization, and attitudinal dimensions. Sensory disorders are aberrations of self, body, and world perceptions. Conceptualization disorders are disturbances in the attribution of meanings and intentions. Attitudinal disorders consist of eccentricities in the individual's structure of values and beliefs, characterized by distrust toward conventional knowledge and attunement. This article describes the present state and possible future directions of qualitative analyses and empirical investigations relevant to assessing the interplay between vulnerability dimensions and disorders of common sense.

Keywords: Common sense, attunement, relational deficit, schizophrenia, social knowledge, vulnerability.


Schizophrenia involves severe impairments in social functioning, typically in interpersonal relationships. Social dysfunction is described in diagnostic manuals (American Psychiatric Association 1994) as a consequence of acute psychotic symptoms and a persistent feature in nonremitting psychoses. Several theoretical approaches consider impairments of social functioning to be not just an outcome of psychotic syndromes but a fundamental phenomenon of schizophrenic vulnerability. Vulnerability to schizophrenic psychoses seems to involve a basic relational deficit (Maj 1998) that can be intuited but is difficult to define reliably. Nonoperationalized but far-reaching concepts—such as the “schizoid-syntonic” distinction (Bleuler 1922; Kretschmer 1922; Minkowski 1927)—focus on the attitudes of people with psychosis toward their social environments. In this article, I will try to make these concepts compatible with empirical testing. Schizophrenic vulnerability will be reinterpreted in relation to the disconnection from common sense found in many people with psychosis.

To describe situations characterized by detachment from common sense, psychopathology adopts terms like “perplexity” in acute conditions and “autism” in chronic cases. People with or vulnerable to schizophrenia seem to be especially prone to bracket common sense, especially when compared to those with bipolar disorder (Kraus 1982). They seem to lack, or sometimes to reject, common sense categories that are normally used to typify everyday experiences. In short, people with schizophrenia are hypoconnected to common sense, while those with bipolar disorder are hyperconnected. Traditional vulnerability models (Zubin and Spring 1977; Nuechterlein and Dawson 1984; Strauss et al. 1995) have generally ignored the issue of disconnectedness from common sense in people with schizophrenia. Little attention has been paid to the common sense issue in schizotypal personality (Meelh 1962; Raine et al. 1995; Claridge 1997). More attention to the patients' attitudes toward common sense is paid by phenomenologically oriented psychopathological studies on schizophrenic vulnerability (Parnas and Bovet 1991).
My thesis is that the common sense issue is crucial for understanding schizophrenic worlds, since the crisis of common sense is probably the main root of the schizophrenia patient’s vulnerable condition, and consequently, the origin of full-blown psychotic symptoms. The concept of “crisis of common sense” (Blankenburg 1971) is probably the most accurate way to characterize the prodromal changes in thought process, as well as in awareness of and attitude toward both self and world, that are observed in patients with psychosis. Persisting signs of withdrawal and positive symptoms can be interpreted as reactions to disordered emotional and cognitive attunement to the world. The main purpose of this article is to redescribe vulnerability to schizophrenic psychoses in the light of the concept of common sense.

Vulnerability Revisited

In a revised vulnerability model, two main components must be highlighted: (1) the clinical characteristics of basic disorders of experience that occur in the prodromal phases of schizophrenic episodes, that lead to full-blown psychotic symptoms, and that last after remission of acute breakdowns; and (2) the role of the patient in experiencing prepsychotic phenomena, coping with them, and constituting psychotic symptoms.

### Basic Disorders of Experience

The recognition of subjective experience provides the basis for psychopathological research on psychoses (Schizophrenia Bulletin, 15[2], 1989). Basic disorders of experience in prodromal phases of schizophrenia have been described as depersonalization and derealization phenomena (i.e., strange changes in self and world awareness in which patients feel as if they, the external environment, or both are unreal). Huber and coworkers and Chapman and coworkers were among the first who emphasized the importance of investigating early subjective complaints in people with schizophrenia. Table 1 summarizes their findings.

### The Role of the Person in Dealing With Basic Disorders

The active role that the person with psychosis can play in the shaping of psychotic syndromes has been emphasized in phenomenological psychopathology (Stanghellini 1997b) and is implicit in Bleuler’s (1911) distinction between primary symptoms—direct expressions of the schizophrenic illness process—and secondary symptoms that result from psychoreactive coping strategies. Dialectic vulnerability models emphasize the active role that patients have in interacting with their own disturbing experiences and suggest that this may be the prime factor in the development of psychotic symptoms and worldviews. Table 2 summarizes the main characteristics of these models.

### Table 1. Basic disorders of experience

<table>
<thead>
<tr>
<th>Area of Study</th>
<th>Huber: basic symptoms</th>
<th>Chapman: perceptive aberrations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of control and automatism; impairments of perception, language, thought, memory, and motricity; anhedonia and anxiety (Suellwold 1986)</td>
<td>Distortions in perceptions of one’s body and external objects (Chapman et al. 1978)</td>
<td></td>
</tr>
</tbody>
</table>

### Table 2. Dialectic vulnerability models

<table>
<thead>
<tr>
<th>Author</th>
<th>Disturbing experience</th>
<th>Personal reaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bleuler (1911)</td>
<td>Primary symptoms</td>
<td>+ Psychological reaction</td>
</tr>
<tr>
<td>Minkowski (1927)</td>
<td>Schizophrenic evolutive factor</td>
<td>+ Schizoid personality</td>
</tr>
<tr>
<td>Wyrsch (1949)</td>
<td>Schizophrenic process</td>
<td>+ Person’s position taking</td>
</tr>
<tr>
<td>Janzarak (1959)</td>
<td>Irruptive dynamic</td>
<td>+ Stabilizing intentionality</td>
</tr>
<tr>
<td>Huber (1983)</td>
<td>Basic symptoms</td>
<td>+ Psychoreactive coping</td>
</tr>
<tr>
<td>Mundt (1985)</td>
<td>Intentionality breakdown</td>
<td>+ Intentionality repair</td>
</tr>
<tr>
<td>Strauss (1989)</td>
<td>Illness</td>
<td>+ Coping</td>
</tr>
</tbody>
</table>
Two Main Shortcomings (and Possible Improvements) of the Vulnerability Paradigm. Although perceptual disorders and coping styles represent key features of psychotic vulnerability, other phenomena should be taken into account.

The role of conceptualization disorders. The basic relational deficit in psychosis involves at least two different levels of disturbed experience: (1) depersonalization and derealization phenomena that are mainly related to disorders of sensory experience, and (2) disorders of the conceptualization of experiences (Mundt 1991).

Whereas perceptual aberrations often involve derealization feelings (vignette 1), disorders of conceptualization involve impairments of the symbolic representation of perceptual stimuli. In the latter, the attribution of their function to objects, of meanings to social situations, and of motivations to other persons’ behaviors are disordered (vignette 2). A special category within conceptualization disorders is the disorders of social cognition (Penn et al. 1997), that is, disorders of relatedness to other persons (vignette 3).

Conceptualization disorders involving impairments in social cognition are better accounted for by theories that focus on interpersonal awareness, such as phenomenological theories of schizophrenic vulnerability based on constructs of disordered intentionality (Mundt 1985) and crisis of common sense (Blankenburg 1971; Wiggins et al. 1990; Parnas and Bovet 1991), and by cognitive approaches such as the theory-of-mind deficit hypothesis, which is based on the model of child autism interpreted as the failure to attribute mental states to other people (Baron-Cohen et al. 1994). Blankenburg (1971) argued that the fundamental source of relationship disturbances occurring in people with schizophrenia is the loss of normal evidence of commonsensical everyday reality. This is the core of schizophrenic vulnerability. People with schizophrenia seem no longer able to typify their experiences along common sense categories; the at-homeness that accompanies most of us in our everyday life is not there.

Vignette 1. Derealization feelings

F.B. is a 24-year-old man whose main psychopathological feature is disorganization. Especially at the sunset hour, he complains of panic-like attacks of psychotic severity. During these attacks, which he calls “feelings of vagueness,” he sees colors more brightly and hears sounds more acutely than usual, and he undergoes experiences of self and body transformation. He is aware that these are pathological experiences and cannot find any suitable explanation for them. He also sees other people as strange and unfamiliar. These experiences of derealization and depersonalization are somewhat “naked” and not otherwise conceptualized.

Although these phenomena of world and self transformation are often accompanied by experiences of reference, only sometimes do they become truly delusional, that is, changes in the outside world or in the facial expressions of people are usually not interpreted according to a paranoid attributional style.

Vignette 2. Disordered attribution

C.D.B. is a 27-year-old insightful man with schizophrenia. He says that nothing is obvious to him; everything can be uncanny. The world is complicated, difficult to understand: “Why does this happen? What does that mean? How to explain these facts? Why?” Facts are not self-evident. Only explanations can give a shape to his experiences. He feels the need for a general theory that makes the world understandable and his actions possible. Each theory he builds up is short-lived; it needs to be tested every time a new fact happens. He does not experience sensory disorders but experiences severe disorders of the conceptualization of reality.

Vignette 3. Impairment in social cognition

P.S. is a 42-year-old man who has been affected by paranoid schizophrenia since the age of 20. At the onset of his psychosis, he was trying in various ways to compensate for his difficulties in getting in touch with other people. He had no secure ground to interpret the others’ intentions. He lacked the structure of the rules of social life and systematically set about searching for a well-grounded and natural style of behavior. For instance, he was busy with an ethnological study of the “biological” (i.e., not artificial) foundation of others’ behaviors through a double observation of animal and human habits. The former was done through television documentaries, the latter via analyses of human interactions in public parks. An atrophy in his knowledge of the “rules of the game” led him to engage in intellectual investigations and to establish his own “know-how” for social interactions in a reflective way.

The role of eccentricity. A second shortcoming of the vulnerability paradigm is that the role of the person with psychosis in the constitution of the syndrome is mainly conceived as involving coping strategies to try to compensate for feelings of derealization and strangeness. This underestimates the individual’s attitude toward ordinary perception and common sense categorizations of the world. Persons vulnerable to schizophrenic psychoses may hold opinions and convictions that are critical of common sense conventions, and for this reason these people may attempt deliberately to situate themselves outside the constraints of shared beliefs and values. This is an active self-positioning outside of commonsensical reality, not a passive or merely reactive response to experiences of derealization and depersonalization.
Traditional vulnerability models stress derealization and depersonalization as prime causes of overt symptoms and psychotic breakdowns, and they neglect eccentricity, i.e., active positioning at the margins of socially shared worldviews (vignette 4) and the refusal of social norms (vignette 5). The structure of values and beliefs of the person who is vulnerable to schizophrenia is also of central importance. But whether it is a passive experience of deprivation of one's normal anchoring in the world (i.e., disorders of perception and conceptualization) or an active rejection of taken-for-granted assumptions about the world itself (i.e., eccentricity), the crucial element involves distortions in the experience of common sense.

Vignette 4. Active self-marginalization

V.V. is a 22-year-old university student of the humanities. She plans to get rid of what she herself calls "heteronormia" (i.e., depending on the rules established by others). She has recently started a course on Sumerian language: "Since this was the first written language, I think that in it are expressed parts of the mind that were working by that age and are silent at present." Exploring parts of the human mind that were active once, and are no longer active now, could help her find that original and eccentric view on the human condition that she is looking for. Her personal fight against the rules established by others results in solitude and a highly intellectualized style of living.

Vignette 5. Hyperawareness

E.B. is a 30-year-old man who says of himself "I am a paranoid schizophrenic. That's science's verdict. So let it be." He is very religious and shows esoteric and metaphysical interests. During one hospitalization, he was often perplexed and found it very difficult to relate to other people and in general to the external world. Almost every time he perceived an object, the perception evoked in him one concept or word, and that word was kindling an overwhelming trend of word associations. It was like a "flood of words" that made him lose his grasp on the actual situation. Therefore he could not engage in the most simple activities and participate in conversations. He explains that in the beginning it was a way "to exercise memory through perception. A way to enhance my mind. I was looking at one thing and I had to put my strength in order to evoke another thing, and so on. I was fixed on potentiating my brain. It all started as a voluntary action that later turned into a passive experience."

Common Sense as a Tool for Adaptation. Common sense is a kind of understanding whose purpose is not theoretical (knowing about something) but practical (doing something). It has its roots in evolution, and its purpose is an adaptive one, since it provides an image of reality built up for the pragmatic aim of survival and adaptation (Horton 1982). Locke (1688) emphasized that common sense consists of a set of empirical cause-and-effect relationships useful for practical orientation in everyday actions. Modern psychologists argue that the fundamental feature of human thinking is its need to understand the causes and motivations of behavior and everyday events (Heider 1958). Evolutionary psychologists state that "our literal survival depends upon a finely tuned knowledge of the causal texture of the world" (Plotkin 1997, p. 185).

Common Sense and Intersubjectivity. Not only the adjustment to and survival of individuals in their immediate environments, but also the integrity of a whole society depend on the possession of this "primary theory" of the world that we call common sense. Common sense has adaptive significance for both the natural environment and culture. It is mainly the latter aspect, (i.e., social adaptation based on an adequate degree of connectedness to common sense) that is of relevance in psychopathology. Social scientists and philosophers highlight the intersubjective character of common sense and its implications for mutual understanding (Schutz 1962). The main characteristic of common sense is its self-evidence for all members of a given community—it comprises all that the members of a given society are disposed to take as obvious and unproblematic (Husserl 1970).

The Social Imprinting of Common Sense. Our knowledge of the world we live in derives only in part from our firsthand experience; to a much greater extent, it is socially derived—handed down by reports and teachings of others (Schutz 1962). The common sense world is an old inheritance. We learn it as children who faithfully
accept the teachings of adults at a stage of psychological growth that is prior to doubts and uncertainties. In short: we are imprinted with it.

**Preservation of Common Sense.** The common sense world enjoys relative stability and consistency among individuals who belong to the same group. The remarkable stability of common sense is due to the tendency to assimilate the unusual into the usual. As a rule, experiences that fit common sense typifications are felt as more real than those that are idiosyncratic. If an experience does not fit common sense schemata, it is usually not the schemata that are called into question; rather, the new character of the experience is ruled out and normalized.

**What Is Common Sense About?** Two main categories of facts are dealt with by common sense—physical states and psychological ones. Common sense represents a guideline for orientation in both realms. The 18th-century Scottish philosopher D. Hume (1739–1740) held that the human mind’s main purpose was to detect cause-and-effect relationships. Modern psychology seems to confirm Hume’s theory (Sperber et al. 1995) in arguing that everyone is a natural physicist and a natural psychologist (Plotkin 1997). While physical causation deals with the relationships between material objects (e.g., “If I touch fire, then my hand will burn”), psychological causation is concerned with interpretation of others’ mental states through the attunement with and observation of others’ behaviors (actions, facial expressions, etc.; e.g., “If she smiles, she is happy”). This property of detecting the intentions and motivations behind somebody’s behaviors is called mind reading (Baron-Cohen et al. 1994). Social cognition (Penn et al. 1997) is especially relevant to the issue of psychotic vulnerability, since disorders of the capacity to attribute meanings to social situations are involved in psychotic syndromes. Children with autism seem to have an incapacity to make sense of others’ behaviors (Baron-Cohen et al. 1994). In people with schizophrenia, the ability to attribute mental states is also impaired (Frith 1992) and delusions can be seen as the effect of the “exclusion of casualness” (Berner 1982).

**Common Sense as Social Knowledge.** One may ask whether common sense is a set of commonplaces involving particular beliefs or whether it is more adequately represented as a sense useful for attuning with what is common. Is common sense a network of knowledge relevant to ordinary life situations shared by the members of a given society? Or is it more of a psychic function aimed at understanding current social situations and at harmonizing with them? Or both? The construct of common sense has two aspects. The first aspect can be conceptualized as a stock of knowledge useful at the level of everyday life. Common sense is a set of rules of inference that is the medium for organizing the everyday experiences of individuals and social groups (Flick 1998). It is the foundation of people’s expectations and of meaning attributions (Moscovici and Hewstone 1983). This process of inference is mainly automatic in nature—motivations and meanings are attributed prereflexively.

**Common Sense as Intuitive Attunement.** Phenomenological definitions (Merleau-Ponty 1945; Husserl 1970) emphasize the second aspect of common sense: the importance of preconceptual perceptual attunement between the subject and the outer world that is rooted in intuition, corporeality, and the affective or emotional life. Bovet and Parnas (1993, p. 583) write, “Common sense reflects our preconceptual attunement to the world. It reveals not so much what is evident but how it is evident, the constantly present and tacit frame of experience... The defect in common sense can manifest itself in... a lack of the sense for the ‘rules of the game’ of human behavior.” However, the concept of attunement is rather vague. What sort of psychological process is involved? What is it that a person is (or is not) attuned with?

In everyday experience, we feel familiarly related to the environment and to current social situations. At a perceptual level, objects in the world and persons appear familiar (i.e., as we expect them to be according to our past experience). In social situations, the movements, expressions, and utterances of others also appear typical and understandable. There is a break with ordinary experience when objects or persons disagree perceptually with expectancies (e.g., when colors are too bright or details magnified—perceptive aberrations). But one can also have this feeling of strangeness without any change on the perceptual level, that is, when the meanings of objects in the world (e.g., “What is this chair for?”) and of the actions of others (e.g., “Why is he laughing?”) appear uncanny. The attunement concept refers mainly to this second level of experience, which involves the intuitive attribution of meanings to objects and situations, and of intentions to other people. Phenomenological research in psychopathology has been mainly concerned with what the philosopher J.R. Searle (1995) calls social reality, whose main components may be considered mental facts and social facts, as opposed to brute physical facts (e.g., “There is snow on Mt. Everest”). The concept of intuitive attunement—reshaped within the framework of the theory-of-mind (Baron-Cohen et al. 1994)—may help to explain some aspects of the phenomena that happen in the social space and involve social cognition in attributing mental states to partners. Social attunement involves the ability to intuit (from Latin intuire, intus +
ire, "to go inside") what is going on in somebody else's mind. I can attune with a given social situation when I am able to comprehend thoughts and feelings of others by observing their behavior and to explain others' behavior in terms of intentional (e.g., "He is looking for an aspirin") or nonintentional (e.g., "He has a headache") mental facts. Social cognition is based on a fundamental feature of the human mind, the urge to establish motivational relationships, and understanding other minds probably depends on coordinating one's own movement and facial expressions with those of others—a capacity already present in newborn babies (Butterworth 1999).

Schizophrenic Vulnerability as a Disorder of Common Sense Typification

Studies on premorbid adjustment of people with schizophrenia (Malmberg et al. 1998) and high-risk studies (Dworkin et al. 1993; Dworkin et al. 1994; Olin et al. 1998; Hodges et al. 1999) demonstrate that early problems in interpersonal relationships are strongly associated with schizophrenia. Boys who will develop schizophrenia show disruptive behaviors and social anxiety, and they suffer from rejection by peers; girls are often nervous and withdrawn. Severe impairments in social competence such as social isolation, sensitivity, odd behavior, and odd speech are common features in people with schizotypal personality (Kendler et al. 1989). A basic relational deficit is supposed to be a core phenomenon of the schizophrenic condition (Maj 1998). In this section, the global deficit involved in schizophrenic vulnerability will be conceptualized as a disconnection from common sense. Two main areas of this construct are at issue: common sense as social knowledge, and common sense as intuitive attunement. Since the concept of "typification" (Schutz 1962) includes both these aspects, I will adopt this term to designate that feature of human thinking through which we make sense of the world by attributing meanings, causes, and intentions to objects, situations, and other persons. In the case of schizophrenic vulnerability, we may speak of hypotypification. Deficits of common sense typification can be described as a deficit in the knowledge of commonsensical beliefs or rules—what can be termed the damaged social knowledge network hypothesis. It is also possible that abnormalities in common sense typification are a consequence of an individual's distrust toward social knowledge and criticism toward its conventionality. Deficits in common sense typification can also be interpreted as consequences of a lack of intuitive attunement, or alternatively as an attitude of distrust toward intuition (and an emphasis on rationality, for instance).

These different dimensions of schizophrenic vulnerability can be outlined as follows:

1. Sensory-level disorders (perception of self, body, and world)
2. Conceptualization-level disorders (attribution of meaning and intention)
   2.1 Damaged social knowledge network
   2.1.1 Atrophy of social knowledge network
   2.1.2 Hypertrophy of social knowledge network
2.2 Lack of intuitive attunement
3. Attitudinal-level disorders (eccentric structure of values and beliefs): distrust toward conventional knowledge and intuitiveness
   3.1 Skepticism
   3.2 Hypertolerance of ambiguity

Sensory-Level Disorders. Sensory-level disorders are aberrations in the perception of self, body, and world. Strictly speaking, these are not disorders of common sense. I mention this category of disorders, however, because they are involved in the pathogenesis of schizophrenic psychoses and are presumably related to the disorders of conceptualization of reality. These disorders of subjective experience occur very early in the course of schizophrenia (Huber 1983) and are relevant for the development of full-blown psychoses (Chapman et al. 1978; Klosterkoetter 1988).

Conceptualization-Level Disorders

**Damaged social knowledge network.** Conceptualization disorders involve impairments in the attribution of meanings and intentions that can be related either to an atrophy or to a hypertrophy of the background of knowledge useful for typifying everyday experiences.

**Atrophy.** In the case of atrophy, there is a lack of available knowledge of socially shared categories to typify the actions of both others and oneself. People with schizophrenia, relative to those with neuroses or bipolar disorder (Cutting and Murphy 1988, 1990) are markedly deficient in "real-world knowledge"—the majority of people with schizophrenia seem to have deficient knowledge concerning events and behaviors in the world around them. Those with hebephrenia especially are impaired in their knowledge of how other people might behave in a certain situation (see also vignette 3). According to these findings, Cutting and Murphy argue that incompetent social judgment is an intrinsic feature of schizophrenia (especially of hebephrenia) and not a consequence of environmental factors or actual illness. These findings confirm classic phenomenological hypotheses about the pathogenetical role of lack of common sense in schizo-
Disorders of conceptualization can also be due to a hypertrophied background of knowledge-at-hand. The phenomenon of "automatic consciousness" experienced by E.B. (vignette 5) is a well-known and fundamental feature of psychotic thinking. Complex associations are passively triggered by a single word or perceptual detail. This stream of consciousness generates the emergence of meanings that would usually remain implicit in normal experience. The emergence of the explicit from the implicit is responsible for an "expansion of the horizon of meanings" (Schwartz et al. 1997, p. 178). An enlarged horizon of meanings may reflect a hypertrophied network of knowledge-at-hand and a lack of inhibition in the associations between semantically related concepts. The phenomenon of automatic consciousness shows that disentanglement from common sense can occur not only through a defective state (atrophy of social knowledge network), but also vice-versa via a positive condition. Indeed, these free-association variations may lead to a condition of hyperawareness in which all possible meanings linked to a given situation emerge. A hyperextended network of semantic association stored in the data base is actualized by a single experience. Relevant meanings are no longer selected from the set of all possible meanings. There is a failure of a purpose-at-hand device that can no longer select just those meanings that are relevant to a given situation. These abnormalities in the conceptualization of experience are studied according to the experimental paradigms of cortical maps and semantic priming (Evans 1997; Schwartz et al. 1997), which generate hypotheses of neurobiological relationships that can be empirically tested (Spitzer et al. 1993).

Lack of intuitive attunement. Lack of intuitive attunement can be defined as an impairment in the capacity to typify the mental states of others accurately because of the incapacity to be involved in others' mental lives (vignette 6).

What is "reasonableness" to M.M.? It is the capacity to interpret reality spontaneously and the ability to take someone else's point of view without feeling subjugated. Reasonableness is common sense as intuitive attunement—the ability to be aware that others have minds and to understand their thoughts and feelings by being attuned to their behaviors. M.M. describes what happens when someone lacks spontaneous reasonableness or intuition: reality looks flat and colorless; people seem empty and anonymous. The image of "lunar" energy eclipsing the light of the sun neatly expresses this experience of a desolate and dehumanized world. Since everything becomes equally uninteresting ("anything goes"), she has no motivation to move away from her bed. Avolition, social isolation, and apathy are consequences of what she calls the "eclipse" of the "light that allows interpretation of reality." She also explains how she tries to react. If the world does not spontaneously seem significant and worthy, then one "must work on it." Reflective forms of thinking may be useful to compensate for this impairment of intuitiveness or common sense; indeed, a very complicated, hyperreflexive (Sass 1992) parapathological system arose soon after the onset of her psychosis. Last but not least, she alludes to a possible pathogenesis of her basic lack of intuitiveness, relating it to a developmental context in which her mother's mind was experienced as dangerous and scary. What she seems to be lacking is the basic confidence, probably based on mother-infant "affectional-cognitive-conative" relatedness (Hobson 1994), necessary to direct oneself to someone else's mind without being afraid to lose one's subjectivity.

Experimental studies designed to assess such disorders of intuitive attunement test the ability to infer intentions behind indirect speech (Cocoran et al. 1995), to detect characters' beliefs in short stories (Frith and Cocoran 1996), or to attribute mental states in nonverbal scenarios (Sarfati et al. 1997a, 1997b). The theoretical paradigm of these studies is the theory-of-mind deficit in schizophrenia (Bebbington 1988; Frith 1992). These studies confirm that people with schizophrenia have an impaired ability to accurately perceive the intentions of other individuals. The failure to attribute relevant intentions to others is more severe in disorganized people with schizophrenia than in other schizophrenic subgroups and

Vignette 6. Impaired intuitive attunement
M.M. is a 42-year-old woman affected by paranoid schizophrenia. During a therapy session she asked me and herself, "What is reasonableness? It is the light that allows the interpretation of reality. In me it is switched off. It is not spontaneous. One must work on it. I feel switched off here in my forehead. Interpreting reality is also saying: 'I don't like him!' It is a subjective interpretation of reality. Everything becomes gray, flat. Anything goes. Indeed, nothing goes: I cannot move away from my bed. I do feel a 'lunar' energy that is tackling the sun and eclipses it. I experience the others as if they were empty. The sun is missing. The perception of one-ness and multiplicity is missing. When a subject gets to know something, he becomes one with it. But subjectivity is needed in order to get to know something. In me, it is as if subjectivity were subjugated, and I do not know by what. I dive a lot of times into my psychologist's head because I can manage to get out from it. I do not dive into my mother's head because I am scared. She was a medium. I am afraid to get lost in her head, to get caught in it."

...
normal controls (Sarfati et al. 1997a, 1997b). Thought, language, and communication disorders are especially highly correlated with this inability. People with schizophrenia who fail to appreciate other people's mental states do not seem to rely on what is specifically relevant to the context, but on two competing strategies of decoding: either they choose the prevailing meaning of an ambiguous stimulus (e.g., a word), thus relying on their background knowledge (Swiney 1984), or else they show facilitation for word recognition by semantic categorization (Koh and Peterson 1978; Traupman 1980).

Attitudinal-Level Disorders (Eccentric Structure of Values and Beliefs): Distrust Toward Conventional Knowledge and Intuitiveness. The concept of attitude refers to the individual's philosophy of life, that is, the structure of values and beliefs that orients attitudes and actions. Persons vulnerable to schizophrenia often have an attitude of distrust toward conventional knowledge, as for instance E.C. (vignette 7), who expresses his disdainful refusal of conventional values and beliefs, or V.V. (vignette 4), whose existential project—getting rid of heteronomia (dependence on the rules established by others)—led her to solitude, instinct suppression, and a highly intellectualized and eccentric style of living. Their behaviors may reflect not only the effort to compensate for the loss of common sense, but also the deliberate attempt to disengage from all sources of spontaneity, instinctiveness, automatic actions, and unwitting typifications. Vignette 8 is taken from Minkowski's (1924) description of a young man with schizophrenia who refuses spontaneity and uses all his strength to disconnect himself from vital contact with reality.

Cases of this kind are rare in the literature and unusual in clinical practice. Nonetheless they illustrate the possibility that a schizophrenic condition can evolve, rather than from a loss of common sense, from an active and voluntary bracketing of common sense (Stanghellini 1997a, 1997b). Schizophrenia can also be generated from within rationality itself, rather than by the loss of rational-
Vignette 9. Apoplexia philosophica

"We moved to the patient's bedside. The patient had to
confine himself to his bed; he was no longer able to
perform any of the essential daily actions. He felt para-
lized. The rigidity of his stupor had taken control over
him. His hands could no longer grasp, for who was it
that gave them the right to take things? His feet could
no longer walk, for who could ensure ground for their
steps? His eyes could no longer look, for who could
prove to him that no dream was fooling them? The
same was true for his ears that could no longer listen,
for was it really worthwhile to pull something out of the
void?"

1 Rosenzweig 1984.

to re-establish new rules for typification when life can no
longer be lived but only thought of (Minkowski 1947).
Both pathways, active bracketing and passive loss of
common sense, would seem to be possible.

Hypertolerance of ambiguity. Hypotypification,
whose source can be traced back to the vulnerable individ-
ual's set of values and beliefs, can also originate from a
hypertolerance of ambiguity (Frenkel-Brunswik 1949). As
in the case of skepticism, this can also be a deliberate epistemo-
logical attitude, related to a concern for the complexity
of reality, to a realization that facts-in-the-world, with
their infinite profiles, cannot be caught by a single concep-
tualization or reduced to a unidimensional form of under-
standing. Such an attitude of intolerance toward the
restricted horizon of common sense typifications is also
partly reflected in the case of the patient E.B. (vignette 5),
who does all he can to enhance his mind's capacity to
understand. He uses all his power to connect the percep-
tion of the meaning of one object with a trend of associ-
ated meanings. An enlarged horizon of meanings may not
simply reflect an automatic train of more or less relevant
associations. It may also reflect a deliberate attempt to
enlarge one's own mental capacity for conceptualization.
The philosophical paragon of this attitude is the “art of
memory,” a mental exercise to improve memory through
the activation of fluid semantic associations (Yates 1966;
Rossi 1983). The art of memory is also an esoteric hermeneutic instrument to break through the innermost
secrets of nature. In fact, E.B.'s mnemonics evolve toward
overt psychopathology in two ways. There is a shift from
activity to passivity: he begins with a voluntary attempt to
enlarge his mental capacities and ends up by being discon-
ected from common sense typifications. There is a second
shift from using the art of memory as a mnemonic device
to using it as a tool to interpret the complex symbolism of
reality. In short, a skeptical attitude toward common sense
typifications can generate a metaphysical move (asking for
the proper meaning of something), leading to hyperreflex-
ivity and the tendency to reify abstractions. It is also possible
for an attitude based on the hypertolerance of ambigu-
ity to generate the refusal of conventional common sense
typifications that do not reflect enough of the complexity
of reality and to promote the search for idiosyncratic and
esoteric cues to interpret reality itself.

Conclusions

The basic assumption of this article is that the relational
deficit observed in patients with schizophrenia is not a
consequence of acute symptoms or a social or institutional
artifact but a fundamental aspect of schizophrenic vulner-
ability. Phenomenological psychopathology has attempted
to describe this basic relational deficit as disconnected-
ness from common sense. The first aim of this study was
to gather philosophical cues and empirical evidence
(mainly from developmental psychology) to stipulate a
definition of common sense. In my view, common sense
is a tool for adaptation that is generally shared by the
members of a given community, derived from a process of
social imprinting, and preserved by assimilation of the
unusual into the usual. Its main purpose is the discerning
of cause-and-effect relationships in the physical realm
and motivational ones in the social world. The latter are espe-
cially relevant in psychopathology. There is considerable
empirical evidence that the schizophrenic condition is
characterized by loss of common sense of two kinds: lack of
intuitive attunement (i.e., impairment in the capacity to
accurately typify the mental states of others because of an
incapacity to be involved in their mental lives) and a dam-
gaged network of social knowledge (i.e., of the background
knowledge useful for organizing everyday experiences).
In the proposed model of schizophrenic vulnerability, I
distinguish three dimensions: sensory disorders, concep-
tualization disorders, and attitudinal disorders. Although
sensory disorders (aberrations of self, body, and world
perceptions) are not common sense disorders in a strict
sense, they are tightly interconnected with common-sense
disorders. Conceptualization disorders (disturbances in
the attribution of meanings and intentions) are related
either to a damaged social knowledge network or to a lack of
intuitiveness. Conceptualization disorders include
social knowledge network disorders and disorders of intu-
itive attunement. Social knowledge network disorders can
involve either atrophy of the social knowledge data base
or a kind of hypertrophy because of a hyperextended net-
work of semantic associations between the concepts
stored in the data base. Both atrophy and hypertrophy lead
to deficits in social functioning. Disorders of intuitive
attunement are manifest as a defective ability to attribute
mental states in short stories or nonverbal scenarios. This
approach to disorders of intuitive attunement relies on the

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theory-of-mind deficit paradigm. Attitudinal disorders (eccentric structures of values and beliefs) are characterized by distrust toward common sense (i.e., conventional knowledge and intuitiveness). They include a skeptical attitude toward common sense and a hypertolerance of ambiguity, reflecting a refusal to conceptualize the world through the simplifying views given by common sense.

Further empirical investigations are needed to verify the basic hypothesis that disorders of common sense are primary phenomena of schizophrenic vulnerability and not side effects of schizophrenic symptoms and course. This could be done in longitudinal studies, especially with high-risk subjects, by assessing conceptualization disorders before the onset of overt schizophrenic symptoms and by looking for their possible correlation with disorders of social competence in people who subsequently develop schizophrenia. The relationship between attitudinal-level disorders and social competence should also be investigated in high-risk subjects before the onset of psychotic symptoms. Interview-based research instruments should be developed to assess the patterns of values and beliefs of people at risk for schizophrenia in order to test the hypothesis that, in some cases, an eccentric attitudinal orientation can be involved in the pathogenesis of the schizophrenic relational deficit. Also, the interplay between the three different dimensions of schizophrenic vulnerability needs more investigation. It is still unclear how the different components of each dimension interact with each other (i.e., how disorders of the social knowledge data base and of intuitiveness are related to each other). It is also unclear how different dimensions affect each other (i.e., how a disorder in one dimension can affect a nondisordered one, or how a nondisordered dimension may prevent a schizophrenic breakdown when other dimensions are affected). In the model I propose, the three dimensions are relatively independent of each other, that is, one can be disordered independently from the other two (vignettes 1 and 2). But it can also happen that a disorder in one dimension may affect another (vignette 5). It is tempting to hypothesize that at least two dimensions must be affected to imply a schizophrenic syndrome in the full clinical sense.

References


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