

Duquesne University Duquesne Scholarship Collection

Phenomenology Center Annual Symposium

Simon Silverman Phenomenology Center

3-15-2018

Thinking Too Much. The Psychopathy of Hyperreflexivity

Thomas Fuchs

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

 Part of the [Continental Philosophy Commons](#)

Recommended Citation

Fuchs, T. (2018). Thinking Too Much. The Psychopathy of Hyperreflexivity. Retrieved from <https://dsc.duq.edu/phenomenology-symposium/19>

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 Psychopathology of Hyperreflexivity

Thomas Fuchs

Introduction: Consciousness as an illness?

„I swear, gentlemen, that to be too conscious is an illness - a real thorough-going illness. For man's everyday needs, it would have been quite enough to have the ordinary human consciousness, that is, half or a quarter of the amount which falls to the lot of a cultivated man of our unhappy nineteenth century“

– thus laments the protagonist of Dostoevsky's „Notes from the Underground“ (1864).

The idea that human reflective consciousness is accompanied by a fundamental irritation, disturbance and even alienation – this idea is a pervasive topos of the history of literature and philosophy. Hamlet, „sicklied o'er with the pale cast of thought“, is the first protagonist of the paralyzing doubt, by which consciousness infects resolution. He has his successors in Schiller's Wallenstein, Goethe's Faust, Dostoyevki's Ivan Karamasov, or Kafka's Josef K. In philosophy we find the Unhappy Consciousness in Hegel's "Phenomenology of Spirit", namely on the level where consciousness recognizes its own contradiction between singularity and generality. This unhappy, internally split consciousness is "consciousness of itself as the double, merely contradictory essence" (§ 206-7). For Kierkegaard, the reflective relation of the self to itself lies at the roots of the "sickness to death" which denotes the various modes of existential despair.

The contradiction between the conscious mind and life was radicalized by Nietzsche who wrote in his "Gay Science":

“Consciousness is the latest development of the organic, and hence also its most unfinished and unrobust feature. Consciousness gives rise to countless mistakes that lead an animal or human being to perish sooner than necessary ... If the preserving alliance of the instincts were not so much more powerful, if it did not serve on the whole as a regulator, humanity would have to perish with open eyes ... of its consciousness” (Nietzsche 1882, 11).

Even if we might not agree with this radical view, there could still be some truth in it. The capacity of reflection is at least a two-edged sword, sometimes even a burden. Already on the biological level, the human brain is not only an organ of mediation, but also of inhibition: prefrontal processes, through inhibiting tracts, interrupt the immediate, vital conduct of life and thus produce a gap in which thoughts, considerations and imaginations may unfold, but into which hesitation, doubts and ambivalence may also implant themselves. The inhibition of spontaneous impulses and drives holds the risk of exaggerated self-control, of a loss of spontaneity, or of hyperreflexivity. Moreover, the reflective relation that the human being takes toward himself, by looking at himself from the outside and with others’ eyes, already contains a component of self-alienation. When are we authentically ourselves, when do we merely take up a role or a pose before others, looking at ourselves critically? The very question may already lead us to ruminations.

On the other hand, it would be wrong to consider consciousness a disturbance *per se*, rather conversely: it primarily *results* from a disturbance, namely from an interruption of the habitual, natural enactment of life. Typical occasions for reflection are obstacles that we meet, surprises, irritations, disappointments, or failures – in other words, situations in which we are thrown back on ourselves and start to think. Reflective consciousness now gains a distance, freedom from the immediate urge, and seeks for ways to bridge the gap occurred, and to cope with the situation from a superordinate point of view. And yet – once reflection has gotten started, it tends to become autonomous. Instead of reestablishing the unhindered enactment of life, it may then become an obstacle to it.

Mental illnesses, too, are disturbances of the unhindered enactment of life. They are usually accompanied by increased self-observation and rumination, restriction of attention to oneself and a turning back of thought to the past. These phenomena may be summarized as *hyperreflexivity*, and this excessive self-preoccupation is usually connected with more or less severe self-alienation. For in general, we are more congruent with ourselves, the more we transcend ourselves toward the world and to others; and we feel less self-congruent, the more we are preoccupied with, and observe ourselves.

This is my topic then: Thinking too much. Before describing examples of hyperreflexivity and self-alienation in psychopathology, however, I want to place them into a phenomenological context, which is the relation between reflexivity and *embodiment*. This will allow us to better understand the various phenomena of hyperreflexivity.

The Implicit Structure of the Body

The structure of human embodiment is fundamentally characterized by a polarity or ambiguity between *Leib* and *Körper*, the subjective body and the objectified body, or between being-body and having-a-body. This ambiguity, emphasized, for example by Helmuth Plessner and Maurice Merleau-Ponty, is also of crucial significance for psychopathology. For inasmuch as mental illnesses disturb the unhindered conduct of one's life, they also exacerbate the tension between being-body and having-a-body. In mental illnesses, we generally find a failure of the body's mediation upon which one's being-toward-the-world is based. Instead of serving as a tacit or transparent medium, the body makes itself noticeable as irritating or resistant. What was taken for granted now becomes unfamiliar or strange; what was implicit becomes explicit and enters the focus of attention.

The implicit or transparent structure of embodiment may be further explained in the following way: The intentional arc of our perception or of our action is

aimed at what is in the focus of our attention.¹ This arc is formed by the synthesis and integration of individual elements—for example, of the letters of which a read text is composed, the individual facial features from which a complete mimetic impression results, or of the movements that compose an act of cycling or dancing. It is this integration of components into *gestalten* of perception or movement that is realized in the medium of the body, without the need for an awareness of the individual elements. Thus the body forms the intentional arc of each perception and action in a tacit and implicit manner. In other words, it is transparent with regard to their intentional objects.

Michael Polanyi (1967) has analyzed this structure of embodiment as “implicit” or “tacit knowledge.” It is based on processes of gestalt formation that enable us to grasp wholes and meaningful complexes instead of individual elements. We understand the facial expression of another person directly without being able to say which features it amounts to. We hear and understand the sentences someone speaks but not the individual sounds; in other words, we hear the sounds *as* sentences. Similarly, we feel the structure of an object by perceiving our feeling fingertips *as* the surface we are feeling. A blind man feels Braille print as words; he reads with his feeling fingers. That is, in Polanyi’s terms, through the *proximal*, which remains in itself implicit or transparent, we are directed to the *distal* in the focus of our awareness.

Borrowing a concept of Hegel, embodied consciousness can thus be characterized as “mediated immediacy” (*vermittelte Unmittelbarkeit*). The body mediates between ourselves and the world, but remains transparent itself, and thus, our relationship to the world becomes immediate. – On the other hand, this mediation cannot be taken for granted; it is rather prone to various disorders. Mere clumsiness or inability in dealing with objects makes us conscious of the body as a cumbersome instrument. In illness, the body makes itself felt in an unpleasant way, as a burden or as an obstacle: The otherwise transparent medium becomes opaque. Sensory impairments or motor paralyses, indeed even brain lesions of the most varied kinds, can reduce or remove certain means of access to the world that the body otherwise opens up.

Finally, serious mental illnesses can disturb the mediating function of the body and its overall transparency. In that case, the immediacy of the relationship to the world is lost, and a more or less profound alienation arises.²

Reflexive consciousness, that is, self-directed deliberation, serves basically to close the gap that has emerged in the implicit mediations by means of new connections—and to repair the breaks, so to speak, that have occurred in embodiment. Conscious awareness can establish and guide new ways of dealing with the world until they have taken on the character of habits and have “become second nature to us.” By means of exercise and accustoming oneself, the body incorporates new abilities as an *implicit or bodily memory*. Characteristic of success is an experience of spontaneity or “on its own,” allowing to dedicate oneself to bodily enaction, or to surrender to one’s own embodiment, so to speak. The dancer has learned a new figure and can dedicate herself to it completely. The pianist has practiced a new passage that he can now modulate freely, listening to himself, so to speak. Forgetting oneself is the mark of successful bodily enaction. The body has become transparent for a new ability, so that focal consciousness can withdraw from the action and can be directed toward the distal aim. “It is a general principle in psychology,” as William James writes, “that consciousness deserts all processes where it can no longer be of use” (1890/1950, p. 496).

Thus, under conscious guidance, new capabilities are acquired until one has finally forgotten how exactly one does what one does. On the other hand, reflexive consciousness, by turning back the attention to the process of life itself, can also have an analytical, decomposing effect, as it were, on the holistic structure of embodiment. Then we can literally not see the forest for the trees—a phenomenon that I describe as the *explication of the implicit*. Let us look at some examples.

If we pronounce a familiar word a few times, paying attention to the mouth movements or syllables, the word suddenly seems strange or meaningless. The implicit coupling between syllables and meaning has been transitorily dissolved. A perceived facial expression is lost or distorted if one pays

attention to single emerging features. If one examines a text for printing errors, one can scarcely pay attention to the meaning of the text at the same time. Similarly, if we concentrate too much on it, a body part no longer functions as an element of implicit ability. A musician who pays attention to his individual fingers during a passage will easily make a mistake, just as one can stumble if one is overly concerned with the individual steps when running downstairs. In general terms, the backward turn of attention from the distal to the proximal, from meaning to the carrier of meaning, may lead to a disintegration of habitual, natural enactions. The transparency of the bodily medium gets lost, and the familiarity of things, the readiness to hand in the accustomed dealings, gives way to irritation and alienation.

Focused attention can be particularly detrimental if directed at bodily enactions that are not subject to conscious control and, as such, cannot be “made.” Examples are falling asleep, laughing and crying, sexual arousal, but also feelings such as joy or anger. They happen “by themselves,” that is, they arise from a source of embodied spontaneity.³ Volitionally one can, at best, bring about a situation in which such enactions arise. If they are directly intended, this usually leads to their inhibition or blockage. A further insight is to be gained here: reflexive consciousness is not capable of, so to speak, going back to the source of embodied enactions, either spatially or temporally.

Spatially the directions of the body start from an inner source that cannot be localized. My body always remains the zero or central point of orientation in space; I am unable to bring it before me. I never see myself *as* seeing. Moreover, I also never see myself as others see me. Kleist, in his writing “Über das Marionettentheater” (“On the Marionette Theater”), relates a story of how the gaze of the other brings about a break in embodiment and cancels the naturalness of pre-reflexively being oneself.⁴ Similarly, in Luigi Pirandello’s novel *One, No One and One Hundred Thousand*, the protagonist gets in a serious psychic crisis and depersonalization when he becomes aware one day of the fact that how his face is seen is completely up to others and that for himself he must always remain different from how he appears to others (Pirandello 1992).

But also in temporal terms, conducting one's life eschews direct personal observation and always antecedes any reflexive account. Particularly in our bodily feelings of hunger, thirst, pain, freshness, or tiredness we experience that we are never completely in control of ourselves, that something essentially shapes us that we, however, cannot enact or produce ourselves. We experience in ourselves a source of becoming, an origin of spontaneity and movement that we cannot put our finger on. Life is something that has affected us before we are able to seize it, understand it, and answer to it. The conscious self is only given to itself by way of a self-withdrawal.

Because of this spatial and temporal withdrawal, the attempt to seize the enactment of one's life in a self-reflexive manner must basically fail. Once the spontaneity and transparency of the body are disturbed, the reflexive consciousness works itself off on the disorder and gets entangled in empty hyperreflection, fruitless brooding, or compulsive self-observation. This additionally promotes the explication of the implicit and frequently leads to vicious circles of self-observation and self-alienation.

I have presented some basic structures of the relationship of embodiment and reflexive self-awareness. In what follows, I will now consider various psychopathological manifestations of hyperreflexivity.

Psychopathologies of Hyperreflexivity

A. Sleep Disorder

Let us start with the everyday example of sleep disorder. An insomniac has lost confidence in the bodily self-activity of sleep. When it is time to go to bed, the dread of the next sleepless night already seizes him; he becomes restless and, for that reason alone, cannot fall asleep. Then he begins to observe himself, and he registers what is happening in himself in a stressed, overly attentive manner. At the same time, the passing time is foregrounded,

the hands of the clock, the minutes, or the hours. The insomnica tries to divert himself from tormenting thoughts of the sleepless night by all means, but this fails, because by a malice of consciousness, precisely what is repelled forces itself all the more in the foreground. Thus, all efforts to induce sleep prevent it ever more surely. *We fall asleep*, as the language says so beautifully, and whoever wants to seize sleep only manages to drive it away. – It seems natural that therapy should aim at replacing the compulsive intention to sleep by an opposite or paradoxical intention, such as getting the patient to practice a relaxation technique in the evening *without being allowed* to fall asleep. In this way he can learn to forget falling asleep again, thus letting it happen of its own accord.

B. Compulsive Disorder

Viktor Frankl gives a good example of hyperreflection on the basis of a compulsive personality, and he has also developed the technique of “de-reflection” and “paradoxical intention” for the treatment of such disorders. A twenty-one-year-old, perfectionist patient, always top pupil and best in the class, began a career as a bookkeeper after his final exam. He soon noticed, however, that his writing was not always legible. When his boss made him aware of this, he tried to improve it and sacrificed all his time to learning to write well. He tried to copy letters from his friend’s handwriting but soon did not know which letters to use anymore or how he should write. Since he was now completely concentrated on his handwriting, he could no longer write in front of other people, felt observed by them, and finally had to give up his job. In the clinic, it was possible to cure the disorder within three weeks with the guideline of the paradoxical intention: “I’ll scrawl something for that person, I am only writing to scrawl, only to get stuck 30 times” (Frankl 2007, 198).

We see here very clearly how the backward turn of attention to bodily enaction can lead to the dissolution of an implicit ability, reinforced by dread and shame in front of others. At first the outward form of the writing itself replaces the attention to the intended contents. That would not be harmful as such since conscious practice could, of course, lead to an improvement in the writing. The compulsive and perfectionist neurotic, however, as soon as he has

given up taking his bodily enaction for granted, never gets back to it. He wants to do everything deliberately and can allow nothing just to happen for fear of losing control and letting himself go. The paradoxical therapeutic instruction allows him just this and, in addition, picks up on his secret rebellious wishes: for once in his life to be able just to scrawl, indeed “to scrawl something for his boss.” By this means, the “crump of reflection” is dissolved, and the patient gets back his confidence in his implicit bodily abilities.

C. Hypochondria

The paradigm of pathological reflection *on the body* is hypochondria. The hypochondriac, too, has lost confidence in her natural bodily processes and seeks in vain, by means of more exact medical supervision, to secure the reliable performance of her body. However, by these very means, she cancels the inconspicuousness of her bodily enactions and disturbs their spontaneous activity. By means of her suspicious self-observation, she herself reinforces or produces unusual bodily sensations that she then interprets as threatening symptoms.

That is how a patient of mine was frightened by a tumor that might cause him to lose his eyesight. He was constantly observing his ability to see and registered his ocular sensations in a tense manner, thus evoking only additional tensions, negative feelings, and tear secretions. Indeed, his attention was also typically directed back from the distal to the proximal, from the seen to seeing, to the eye itself.

However, already the loss of confidence in one’s own body has to do with reflexively gained knowledge. Indeed, in the background of hypochondria is the consciousness that as a physical human being one is prone to illness and vulnerable to being mortal, with the result that every banal pain can basically indicate the possibility of a lethal illness. The more sensitive a hypochondriac is about the vulnerability of her physical existence, the more unbearable it is for her. That is why she tries to keep at bay the fear of sickness and death by anxiously observing all her physical processes. Her body increasingly becomes a quasi-erotic object that places the world in the shade instead of being transparent for it. The physician’s constant care for the

body should replace what gets lost in social relations. Medicine and doctors are supposed to close the crack that has emerged in the person's existence—as if the basic fact of the vulnerability and mortality of the human body could be cancelled by the body being constantly observed, examined, and forced into diet rituals. The hypochondriac represents the natural scientific aspiration to absolute control of the body, but nevertheless she cannot deny the fact of sickness and death. Hypochondriac neurosis often becomes a lifelong battle against a basic condition of existence that is not recognized and is negated. De-reflection is also therapeutically necessary here, in order to turn one's attention away from the body to the outside, above all to others.

D. Body Dysmorphic Disorder

Another form of hyperreflexivity can be found in body dysmorphic disorder, the exaggerated or delusional idea that an objectively inconspicuous body part, above all the face, the nose, the mouth, or the skin, is deformed or ugly. In the patient's experience, the body part in question protrudes as deformed or sticks out, as the constant object of one's attention and concern. Characteristic of this are feelings of shame, fear of being visually exposed, and the feeling that one is being observed, stared at, or secretly laughed at. This fearful shame makes spontaneous bodily behavior impossible and can escalate to paranoid ideas of reference. Cosmetic operations that the patients often have carried out on themselves do not usually change anything in the serious underlying lack of self-worth.

In contrast to hypochondria, body dysmorphic disorder is a question of being seen in one's own bodily shape, of displaying one's body image (Fuchs 2002, 2010). The potential self-alienation that can be triggered by the other's gaze was famously analyzed in detail by Sartre (1956). The pre-reflexive body thus receives an outside; it becomes an unprotected, stared at, or bared body, a "body-for-others," the object of their evaluation or possible refusal. This is the origin of self/other-related emotions, especially of embarrassment and shame. A person struck by shame is placed into the center of attention and is painfully touched by centripetal directions of being looked or pointed at for which he

would like to sink into the ground (Fuchs 2002). The flushing or burning of his face corresponds to the embarrassment of being seen: The person who is ashamed feels himself at the hot point of attention. He looks, so to speak, through the eyes of others at his own bodily self, which has been shamed and ridiculed. Thus, he is simultaneously the one who sees and is seen. Connected with this is a self-alienation or dissociation.

Shame is thus the central emotion of disorders of body image, particularly of body dysmorphic disorder. Characteristically, the disorder usually arises in adolescence when one's own body is changing and, as a result of sexual changes, develops a new external appearance. Insecurity, hurts, and lack of self-esteem trigger the disorder then. Spontaneous physical presence gets lost or cannot be developed at all. Instead of that, the body that one considers to be deformed comes into the limelight, that is, the proximal again replaces the distal. The body appears reified as an object, around which the patient revolves in his hyperreflexive brooding. Quite frequently this leads to a manifest depersonalization in which one's own body feels strange, numb, or without feeling. Again a vicious circle of ashamed self-observation and alienation arises that the patient is no longer able to break through.

E. Schizophrenia

Probably the most far-reaching dissolution of bodily spontaneity is found in schizophrenia. Particularly in the basic and early stages of the illness, schizophrenic patients experience a loss of implicit ability and tacit knowledge, which can also be described by as loss of "common sense": It means our basic familiarity with the world and with other people, which is bound up with the medium of the body. In phenomenological psychopathology, schizophrenia is also described as a "disembodiment" (Fuchs 2005a; Fuchs and Schlimme 2009; Stanghellini 2004). It consists of a creeping disintegration of bodily habits and actions, which makes what we take as natural and everyday seem more and more questionable. This explication of the implicit seizes, as we will see, increasingly proximal areas

of bodily actions until these are experienced as completely alien to the ego and, indeed, finally controlled from the outside.

Let us look at some examples of early stages of this disorder, showing the pathological explication:

- A schizophrenic patient of Minkowski's was no longer able to read because "he becomes attached to a word, a letter, and does not attend to the meaning of the sentence. He examines whether all the 'i's have dots over them, whether there are accents where needed, whether all the letters have the same form" (Minkowski and Targowla 2001, p.273).
- "If I do something like going for a drink of water, I've to go over each detail—find cup, walk over, turn tap, fill cup, turn tap off, drink it" (Chapman 1966, p. 239).
- "At times, I could do nothing without thinking about it. I could not perform any movement without having to think how I would do it. . . . Sometimes I would think about words and wonder why 'chair' now means 'chair,' for example, or such things" (remarks from a schizophrenic patient treated in the Psychiatric Department of Heidelberg University).

Here the implicit couplings or sensorimotor syntheses of the body break down and must be replaced by conscious planning and execution. The patients no longer manage to carry out a unified arc of action or use their body naturally for this. This leads to a loss of spontaneity, to increasing self-observation, and to hyperreflection. Every action, however trifling, requires targeted attention and action of the will, as it were, a "Cartesian" impact of the Ego on the body. It is not for nothing that the patients often speak of a break between themselves and their body, feel hollowed out or like lifeless robots. This is because the feeling of being alive consists in being an incarnated self, which can direct itself naturally through its body to the world: "I am like a robot which someone else can use, but not me. I know what has to be done but cannot do it" (Chapman 1966, p. 231).

In contrast to neurotic disorders, which we looked at before, we must assume a deeper-reaching cause for these phenomena of schizophrenic alienation. Recent phenomenological psychopathology works from a disorder of basic bodily self-experience that underlies all life conduct and imbues it with mine-ness and self-coherence (Parnas 2000; Sass and Parnas 2003). It is, so to speak, the most proximal, that is, at the core of all intentional acts. The disorder of this pre-reflexive self-awareness thus permeates all areas of experience and cannot be compensated reflexively: “I constantly have to ask myself who I actually am. I watch myself closely, like how am I doing now and where are the ‘parts.’ . . . I think about that so much that I cannot do anything else. It is not easy when you change from day to day. As if you were a totally different person all of a sudden” (de Haan and Fuchs 2010, p. 329).

A further example of compulsive self-observation is quoted by Parnas and Handest:

If a thought passed quickly through his brain . . . , he was forced to direct back his attention and scrutinize his mind in order to know exactly what he had been thinking. In one word, he is preoccupied by the continuity of his thinking. He fears that he may stop thinking for a while, that there might have been “a time when my imagination had been arrested.” . . . He wakes up one night and asks himself: “Am I thinking? Since there is nothing that can prove that I am thinking, I cannot know whether I exist.” In this manner he annihilated the famous aphorism of Descartes. (Parnas and Handest 2003)

In vain, the patient tries to banish his existential fear of losing himself by constantly reassuring himself. This explicit turn backward does not, however, reach the source of thinking, which should imbue it with a sense of “mine-ness”. If the intentional act is no longer embedded in self-awareness, it remains unrealized and has to be repeated empty.

As alienation and explication of embodied intentionality increase, finally the act of perception as such can become an object of awareness. In this case the patients become observers of their own perceptions:

I become aware of my eye watching an object. (Stanghellini 2004, p. 113)

I saw everything I did like a film camera. (Sass 1992, p. 132)

For me it was as if my eyes were cameras, and my brain was still in my body, but somehow as if my head were enormous, the size of a universe, and I was in the far back and the cameras were at the very front. So extremely far away from the cameras. (de Haan and Fuchs 2010, p. 329f.)

The perceiving subject gets into a position external to the world; he becomes a homunculus who looks on his own perceptions like pictures. This extreme alienation, indeed contortion of the bodily medium, also changes the things perceived into mere appearances or phantom pictures. That is the core of the artificial, mysterious, and uncanny alienation from the environment in the early stages of acute psychosis, which Jaspers (1963) describes as “delusional mood.” Instead of constituting an objective, shared world, schizophrenic perception is caught in a subjectivized, monadic view: it is no longer transparent in relation to the common world; rather, it is opaque.

A final stage is reached when the dissolution of the intentional arcs of perception, thinking, and action is so far advanced that the remaining fragments of perception, thought, or movement take on a strange, object-like character and finally appear to be imposed on the patient from the outside: “I could no longer think the way I wanted to. It was as if one could no longer think oneself, as if one were prevented from thinking oneself. As if the ideas came from outside. . . . I began to wonder am I still that person or am I an exchanged person” (Klosterkötter 1988, 111). It is not hard to see how typical

ego disorders such as thought insertions or verbal hallucinations can develop from such forms of experience.

To sum up, in schizophrenia the transparency of the body is so reduced that it can no longer function as a medium of turning to the world. The disturbance of basic self-experience alienates the person from her bodily enaction, and the “mediated immediacy” of the relation to the world is corroded. This results in a “disembodiment,” a pathological explication of the natural, implicit functions of the body. In vain, the patients try to compensate for this by means of compulsive self-observation, ritualized making-sure-of-themselves, and hyperreflexivity. In the end the intentional arc is disintegrated, and its pieces appear to the patient as strange, reified fragments of feeling, thought, and movement that seem to be steered by external forces.

Therefore, instead of functioning as a transparent medium of being-in-the-world, the bodily organization of the schizophrenic increasingly distorts perceived reality and finally entangles him in a delusional view of himself. The body he lives becomes an alienated, external body machine that, in the end, appears to no longer be moved by the patient himself but, rather, driven by anonymous and strange powers. We can nowhere recognize so clearly what it means to be an incarnate bodily being as in the case of schizophrenia, in which the self is, so to speak, no longer at home in its body.⁵

Conclusion

I have examined some of the ways the psychopathology of hyperreflexivity manifests itself. One could add further examples to these, for example, the brooding directed back to the past and the tormenting personal reproaches of depressive patients. However, the forms here presented should suffice to draw some conclusions:

1. Mental illnesses represent disorders or holdups in conducting one’s life directed at the world and into the future. As such, they are connected with

increased self-observation and self-evaluation, with a narrowing of attention to one's own person, and with the backward turn of thinking to what has already been done or has happened. These phenomena can be summed up in the concept of *hyperreflexivity*.

2. The disorder of enaction is manifested also in a dissolution of the habits, gestalt units, and implicit couplings on which the body's intentionality is based. Comprehensive intentional arcs of perception and action are dissolved, so that single elements appear disturbingly in the foreground. I have called these phenomena the *explication of the implicit or pathological explication*.
3. Hyperreflexivity and explication condition and reinforce one another reciprocally. What was taken for granted up to now becomes questionable, the familiar becomes alienated, but the brooding self-reflection triggered by this contributes additionally to this disorder. Vicious circles of self-observation and self-alienation arise from this.

The anthropological basis of these phenomena can be localized in the destabilization that the natural enaction of life undergoes through the self-relationship of the person: The "ex-centric position" (Plessner 1975) that a human being takes toward herself by seeing herself from the outside and with others' eyes always already implies a component of self-alienation. It also manifests itself in the ambiguous structure of embodiment, insofar as our bodily nature is not only something that we are but also something that we have. Similarly, mental illness means more than simple suffering from certain states or symptoms. It also always implies a self-alienation of the person. Something in myself faces me, withdraws from my access, or dominates me, whereas I try in vain to regain control of myself, whether it be a panic attack, a depressive mood, a compulsive impulse, or audible thoughts. Functions or impulses that were integrated up to now become independent or particularized and are derailed from my command. Being mentally ill touches the person centrally, in other words, in her self-relationship.

Of course, we should not forget that major therapeutic means of treatment are based on the personal relation to oneself. Among these are reflection on one's

own path in life and relations to others as well as directing attention toward new behavioral patterns or exercises in mindfulness. Especially mindful, nonevaluating, and nonintervening observation of one's own condition leads to a distancing from oneself that makes this state bearable and, at the same time, surreptitiously changes it. Under therapeutic guidance consciousness can ultimately become a tool for overcoming pathogenic relationships and patterns of behavior; for to be changed, they need to be made explicit in therapy. As such, the polarity of the explicit and the implicit that results from the personal relationship to oneself brings with it the potential for illness as well as healing.

I would like to close my talk with Paul Klee's painting „Limits of Reason“, in which we might regard the warm red disk as the center or heart of life. It then represents the source of the primary feeling and enactment of life, a source that can not be attained or replaced by all reflective constructions, and to which the patients as well as we ourselves always have to find back again.

1. The phrase “intentional arc” was coined by Merleau-Ponty (1962, xvii, 137, 243) as a means of referring to the natural underlying intentionality of the body that is not subject to ego activity.

2. Of course, the body can become conspicuous in a plethora of pleasant or pleasurable experiences as well; see, e.g., Shusterman 2008, 15 ff.

3. In the last analysis, this holds for all embodied enactions. For if I intentionally lift my arm, the origin of its movement remains inaccessible to me: Volitionally I can only *release* the movement, just like one shoots an arrow by letting the bowstring loose.

4. In this story, a young man loses his extraordinary natural grace through an inconspicuous event: After taking a bath together with a friend, in the mirror, he notices himself performing a spontaneous gesture, which reminds them both of a classical sculpture. His attempts to reenact the gesture that has now become conscious turn into an empty pose and fail awkwardly: “From that day, from that very moment, an extraordinary change came over this boy. He began to spend whole days before the mirror. His attractions slipped away from him, one after the other. An invisible and incomprehensible power seemed to settle like a steel net over the free play of his gestures. A year later nothing remained of the lovely grace which had given pleasure to all who looked at him” (Kleist 1961).

5. It is not possible to address in more detail therapeutic interventions. These consist mainly of methods from movement, dance, or art therapy that aim at furthering the experience of self-efficacy and the grounding in embodied enaction.