Affect And Time: On The Worldly Origins Of Schizophrenic Vulnerability

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Introduction

Prominent phenomenological accounts of schizophrenia have long implicated disturbances in temporality as a central characteristic of the disorder (Minkowski, 1923; Stanghellini et al., 2016; Martin et al., 2019). Early clinical phenomenologists such as Minkowski posited that schizophrenia is defined by a fundamental alteration to the patient's temporal experience, describing phenomena such as a "blocked future" and "fragmented time" that disrupts continuity between past, present, and future. Minkowski's notion of *trouble générateur* highlighted the incapacity to resonate with reality, marking a profound disconnect from shared temporal and existential structures. This view remains influential in contemporary research where scholars continue to explore temporal disintegration as a core feature of schizophrenia (Fuchs, 2010; Stanghellini et al., 2016). However, the more fundamental nature of this temporal disintegration has begun to be reinterpreted in clinical phenomenology.

In this chapter, we briefly assess this ongoing reinterpretation (Section 1), revisit pertinent phenomenological resources provided by Heidegger and Merleau-Ponty on time and affect (Section 2) and apply these ideas to the intersection between affective temporality and schizophrenia in its prodromal stage (Section 3) and bodily (Section 4) and intersubjective dimensions (Section 5). Finally, we examine the paradigm case of 'mission delusions', a symptom characterised by an affective-temporal rupture between self and world which incorporates all these themes (Section 6).

1 From structural to affective disruptions of temporal experience: introducing schizophrenic vulnerability

Recent scholarship has challenged temporality's primacy within clinical phenomenology. Lenzo and Gallagher (2020) argue that core disruptions in conditions like depression may not arise from any breakdown in the intrinsic temporal structure of consciousness itself but from pre-reflective affective *responses* to temporal phenomena. They suggest that while the fundamental flow of time-consciousness remains intact, disruptions emerge in how patients affectively relate to such temporal experiences. This distinction is crucial: disruptions at the level of passive synthesis (to which temporality pertains) would obliterate the flow of

experience, rendering self-reporting impossible. Instead, phenomenological distortions manifest in how patients interpret and affectively respond to temporal phenomena.[1]

Similarly, Martin et al. (2019) discuss the phenomenological-temporal signature of manic episodes in bipolar disorder, noting that manic experiences are characterised by a uniformly positive affectivity oriented toward the future. During manic episodes, the future is experienced solely in optimistic terms, whereas the past may be cloaked in negativity. This perspective highlights the necessity of integrating *both* affectivity and temporality when examining psychological disorders, arguing that manic subjects do not merely "live in the now" (as Minkowski suggested) but instead experience a future filtered through a distorted affective lens. These affective-temporal distortions have clear clinical consequences, such as excessive spending or risky behaviours that derive from the subjective erasure of future negative consequences.

In line with these accounts, Sul (2022) provides a Husserlian analysis of affective temporality in schizophrenia, positing that the disorder does not entail any breakdown in the temporal structure *itself*, but a distortion in the affective reception of temporal phenomena. This distorts how patients relate affectively to the stages of the immediate-past ('retention'), immediate present ('primal impression'), and imminent-future ('protention'), all of which are subcomponents of the present moment (Husserl, 1910/2019). These changes in patients' affective relationships with their temporal consciousness can explain the distorted (yet nonetheless flowing) experiences of time frequently reported by people with schizophrenia. For example, characteristic aspects of schizophrenic symptomatology such as *time stop, ante-festum*, *déjà-vu*, and *time fragmentation* reflect this affective dissonance in temporal flow (Sul, 2022).

Thus, in contemporary clinical phenomenology, including cases of depression (Lenzo & Gallagher, 2020), bipolar disorder (Martin et al., 2019), and schizophrenia (Sul, 2022), it appears increasingly evident that locating the core disruption within time's actual structure is questionable. While temporality remains crucial to understanding such disorders, it is increasingly recognized as paramount to connect temporality with an account of affectivity.

In relation to Schizophrenic spectrum disorders (SSD), affective distortions in how the patient temporally attunes with the world warrant further inspection. The shift from accounts

[1] This aligns with broader debates in embodied, embedded, enactive and extended ("4E") cognitive science regarding the interplay between temporality and affectivity (Bogotá, 2024).

centred on structural breakdowns to those centred on affective distortion goes hand in hand with a reassessment of core schizophrenic symptomatology whereby we see a reorientation from traditional symptoms, like delusions and hallucinations, toward a disordering of a subtler, more pervasive affective dimension. Conceptually, this mirrors the development of the Examination of Anomalous World-Experience measurement tool (EAWE) which was designed to complement the Examination of Anomalous Self-Experience (EASE) measure; EASE captures 'internal', self-involving aspects of schizophrenia while the EAWE captures 'external' world-involving aspects (Sass et al., 2017). The very possibility that this affective and world-involving dimension of human existence undergoes distortion is here labelled *schizophrenic vulnerability* (SV). We argue that SV can manifest as both pre-reflective sensory and bodily symptomatology (e.g., hyperreflexivity) as well as reflective, reportable symptomatology such as delusions. Yet we may ask: why would the disordering of affectivity – how things feel, their quality, their valence – entail this kind of multifaceted existential vulnerability? And what role does time play?

One answer is that affect profoundly colours self-world relationships; hence abnormal feelings can have real cognitive and behavioural consequences. Following Minkowski, scholars such as Ballerini (2004) and Fuchs (2010) have explored how this vulnerability is marked by a "lack of vital contact with reality", interpreted as manifesting a failure of intersubjective attunement. On this view, an inability to share common meanings and attune to a collective temporal horizon reflects a deep-seated affective and temporal disconnect, prviously described by Di Petta and others as a "transcendental-ontological insecurity" (Ballerini, 2004; Di Petta, 2016). This ontological shift can be associated with a failure in empathic processes, leading to diminished self-affection and social disturbances (Sass & Parnas, 2003).

Yet while these ideas link affectivity outside of the individual subject to the social domain, they may not be radical enough to explain the origins of the schizophrenic vulnerability. To better understand this more radical interpretation, we need to pay closer attention to the energetic immediacy of affective encounters which point beyond individual cognition itself:

> To call what transpires in these fleeting moments *pre-subjective*, *preconscious*, *pre-discursive*, or *non-human* does not signal a naive break with established scholarly practice. When bouts of unanticipated intensity well up within routine activity, they provide an occasion for change, potentially inspiring fresh articulations of what seemed self-evident before. Affect in this sense is a generative irruption, potentially kindling transitions from established understandings toward new thoughts and new discursive and practical moves. What is at issue is a dynamic reservoir of possibility,

> spheres of potential – what is formative but not yet formed. (Slaby & Mühlhoff, 2019, p.38)

In their analysis of affect, Slaby and Mühlhoff are concerned with the positive, generative potential when "fleeting moments" of intensity irrupt into consciousness. But what exactly is the nature of the "pre-subjective" or even "non-human" that is 'disruptively irrupting' into consciousness? And what would happen when these affective irruptions are no longer fleeting but develop into a permanent condition? Such questions bring us to the core of schizophrenic vulnerability.

Additionally, Fuchs (2020, p.12) notes that even non-clinical phenomenological analyses of time typically focus on Husserlian present time-consciousness, Heidegger's existential temporality but that "only first steps have been made… towards concepts of bodily subjectivity and intersubjectivity which include their temporal dimension". Even fewer are attempts to weave these themes together, especially when discussing psychiatric disorders. In response, we investigate schizophrenic vulnerability by examining affective temporality in its existential, embodied and intersubjective dimensions. Doing so entails journeying beyond Husserl's consciousness-centric phenomenology and turning towards the temporal phenomenologies of Martin Heidegger (1927/2010) and Maurice Merleau-Ponty (1945/2012). We further highlight the partially untranslated and underexplored Italian-language scholarship, which offers penetrating insights into the phenomenology of schizophrenia that brings us closer to understanding the source of affective disruptions.

2. Phenomenology of Affective Temporality: From Consciousness to World

Sul (2022) offers a penetrating phenomenological account of affective temporality in schizophrenia utilising the consciousness-centric philosophy of phenomenological pioneer Edmund Husserl, who is most famous for his work on the immediate, 'pure' present moment. Noting this contribution, we aim to expand this analysis by incorporating Heideggerian and Merleau-Pontian phenomenological approaches. In relation to affective temporality in SSD, Heidegger's utility is in expanding our temporal horizons out from the present moment onto long-term biographical or narrative time, which we here label 'existential time', while Merleau-Ponty provides detailed analyses of embodied, intersubjective and psychopathological temporality (Fuchs, 2020). In both cases, the core locus for the symptomatology is conceivable as 'world-involving', thus serving as a theoretical complement to the EAWE scale (Sass et al., 2017).

As noted by Slaby (2017), Heidegger's notion of *Sorge* serves an analogous role to that assigned to affectivity, since each discloses particular aspects of the world as relevantly meaningful. Frequently translated as 'care', *Sorge* showcases that the temporal structure of our existence is deeply co-involved with a particular mode of living. Heidegger's phenomenology (1927/2010) aims to illustrate how the person's (*Dasein's*) activities spring from their 'care-*full*' engagement with a particular mode of life in a way inextricably linked with a non-linear, so-called 'primordial' or 'lived' temporality that lies 'outside' individual cognition. Thus, "only because Dasein is determined as temporality," can we be coherently unified agents directed toward *our own* future in a manner consistent with our past which "makes possible... the authentic potentiality-of-being-a-whole" (p.311). For this reason, Heidegger tells us "temporality reveals itself as the meaning of authentic care" while elsewhere (p.314) bluntly claims, "we cannot avoid saying that "temporality 'is' the meaning care".

Care is thus the general precondition for specific instances of affectivity and broader 'self-constancy', made possible by the fact that we live finite lives in which some things must matter more than others. It is this care-full immersion *within* and implicit commitment *to* a particular lifeworld that furnishes existential time its apparent structure. To fundamentally change one's mode of care is thus to change one's experience of time. Disruptions in one's meaningful engagement with the world at the affective or 'care-full' level (as we propose occurs in schizophrenia) thereby elicit ripple effects in the phenomenological experience *of* time, yet without breaching *Dasein's* core temporal structure (even if it may genuinely appear so to patients) because, despite undergoing radical transformation in its manifestation, it remains formally intact.

Thus, Heidegger's greatest relevance for our purposes is: 1) his emphasis on existential time and 2) his proposition that, due to care and time's co-involvement, undergoing a radical existential shift in the present can modulate one's existential future and past in lockstep. Because Heidegger sees all temporal poles [past-present-future] as inseparably interlinked, any drastic affective alteration in one is capable of eliciting alterations in the others. In Heidegger's somewhat opaque lexicon, "Anticipation of [one's] ownmost possibility comes back understandingly to one's ownmost having-been". *Dasein* can be "authentically having-been" (i.e., understand its past) only because it is inherently future-directed: "In a certain sense, having-been arises from the future" (*ibid,* p.311). Accordingly, any affective breach to

this level can deeply disrupt one's narrative self and, therefore, one's prior identity, future trajectory and current place in the world.

Developing on both Husserl's and Heidegger's philosophy, Merleau-Ponty's phenomenology helps us explicate the bodily and social dimensions of human temporality. Of particular relevance is Merleau-Ponty's exploration of affective and clinical manifestations of lived time, including how affect scaffolds the rhythms of daily life and how bodily disruptions distort protentional activity, in addition to his own account of schizophrenic phenomenology and how it impacts upon one's relationship to the world and others.

For instance, moving from the Husserlian temporal unit of present moment to a day, Merleau-Ponty (1945/2012, p.439) writes: "These three dimensions [past-present-future] are not given to us through discrete acts: I do not represent myself my day, rather, my day weighs upon me with all of its weight". Here, Merleau-Ponty wishes to highlight that whatever affective imprint that particular day has had attunes me to its passing and its 'about-to-occur' more effectively and profoundly than any explicit representation wherein I situate my chronometric 'now' onto a 24-hour clock. I am already 'propelled' forwards *by* and intermeshed *with* the various tasks and rhythms of my day in attunement with their affective colouration, which presumably holds for longer timescales of weeks, months and years also. If this affective 'weight' suddenly shifts tone, it changes whether the day appears long, short, quick or slow, fulfilling or unfulfilling and so forth.[2]

Pertinent to our current discussion, Merleau-Ponty consults the psychopathological literature to understand temporal experience and we again encounter the terminology of 'fracture':

> If the world falls to pieces or is broken apart, this is because one's own body has ceased to be a knowing body and has ceased to envelop all of the objects in a single hold; this degradation… must be related to the collapse of time, which no longer rises toward a future but rather falls back upon itself, (p.295).

Merleau-Ponty seemingly locates time's 'collapse' (more specifically, its protentional aspect) to a disruption in world-body coupling, showcasing a bodily role in a Husserlian reading of schizophrenic affective temporality (Sul, 2022). The world 'falls apart' not because time *itself* is broken but because the lived body, the precondition for felt affectivity that stands at its centre (Slaby, 2008), undergoes breakdown. Consequently, when one's body becomes

[2] In section 4, we examine a clinical disruption of this affective scaffolding in a patient who, desynchronised from social time, feels like it is nighttime during daylight hours.

affectively alienated from its surroundings, it is no longer continuously directed towards imminent possibilities situated there (Fuchs, 2020); that future, deprived of familiarity, forces the patient to feel affectively imprisoned in the here and now, with corresponding experiential abnormalities that, as we shall explore, may precipitate delusion.

Elsewhere, Merleau-Ponty *(ibid*, p.301*)* describes what we might term 'solipsistic over-absorption' into the environment when describing a patient's intense focus on a single mountain in the landscape:

> The schizophrenic patient no longer lives in the common world but in a private world; he does not go all the way to geographical space, he remains within 'the space of the landscape' [which] when cut off from the common world is considerably impoverished. This results in schizophrenic questioning: everything is amazing, absurd or unreal.

In schizophrenia, 'solipsistic over-absorption', social alienation and questioning of one's reality appear inherently interconnected, a theme that shall frequently reemerge. Normally, shared affectivity facilitates a kind of perspectival accuracy upon one's world, allowing us to grasp how things are going, which means that its disruption can have deleterious effects for one's mental state. Extending this idea from space to time, we might think of a future or past state completely absorbing the patient's present reality (or vice versa), simultaneously cutting them off from feeling grounded in their embodied self *and* the wider public world of shared meaning. Of course, this 'absorption' is not literal but affective, whereby felt excesses of relevance concerning certain temporal phenomena overwhelm the patient in a manner not shared with his co-specifics, leading to alienation.

After highlighting some pertinent themes from earlier phenomenological accounts of time, we shall now explore how they impact upon SSD by placing these accounts into dialogue with more contemporary research.

3. Prodromal Stage as Existential Event

The prodromal phase of schizophrenia is an early, transitional stage that precedes the onset of overt psychotic symptoms and marks the emergence of schizophrenic vulnerability. During this phase, which can range from weeks to years (Larson et al., 2010), disruptions in how self is affectively embedded in the world become increasingly evident.[3] As experiential abnormalities intrude into daily life, individuals notice perceptual and affective changes in how the world shows up. On the scale of existential time, these changes primarily impact

[3] Researchers emphasize that one's attitude toward their illness influences both onset and progression (Stanghellini et al., 2022), suggesting that affective relationships towards self and world play a key role in shaping the disorder's prognosis.

the present, whereby the “here and now” feels noticeably altered compared to one’s remembered past (i.e., things seem noticeably ‘off’ compared to how one remembers them). For instance, one 47-year-old patient recounted her prodromal experience as follows:

> It began with the feeling when pressure is exerted on you to adapt, and you are not allowed to be yourself. At a certain moment, this grows into a psychosis in which I do not notice that I am not myself anymore; a wizard has taken control over me, (de Vries et al., 2013).

Thus, the onset of schizophrenia, as a radical existential event, often begins by distorting the ‘here and now’ before progressively breaching other temporal dimensions. Accordingly, a progressive detachment and suspicious attitude may grow between the patient and their new and unwelcome present reality; Stanghellini and Ballerini (2007, p.139) poignantly describe this process as: “Spellbound to ultimate questions…persons with schizophrenia lose the ‘vital’ contact with here and now reality.” This loss of ‘vital’ connection to the lived, existential present often compels individuals to seek metaphysical explanations that motivate re-evaluation of their identity. Recalling that past, present, and future are existentially interconnected, individuals may also feel compelled to re-evaluate their past and future in light of this altered ‘now’. For example, the contrast between an implicitly or explicitly remembered ‘normal’ biographical past with the new, disorienting present elicits deep-seated existential uncertainty. As one patient recounts: “There are things I’ve experienced that are totally outside the scope of my prior experiences but that I cannot describe” (Sass et al., 2017, p.3).

As the illness progresses, disruptions in self-other and self-world relationships, alongside attempts to integrate them, intensify (Sass & Parnas, 2003). Emotional responses such as confusion, suspicion, or anger toward the ‘new normal’ further challenge this already fragile sense of self. ‘Bottom-up’ sensory and affective disruptions foster heightened suspicion, existential questioning, and potentially an intensified focus on the present alongside a phenomenological diminishment of the self relative to world (Sass & Parnas, 2001, 2003). For example, patients frequently report feelings such as: “I have no self-consciousness,” or “My I-feeling is diminished” (Parnas & Handest, 2003, p.125), signalling a breakdown in the continuity of identity. Delusions (such as the aforementioned example of a “wizard” assuming control) arise not as primary *causes* but responses to these overwhelming changes in the world’s presence. Essentially, they serve as attempts to impose coherence upon a fragmenting reality, enabling individuals to reconstruct their disjointed experiences into a narrative, albeit a distorted one.

In reaction to such experiences, many patients adopt a “philosophical schema” (Stanghellini & Ballerini, 2007; Stanghellini & Fusar-Poli, 2012) that conceptually reconciles a world that seems intrusive and alien, prompting a profound re-evaluation of one’s identity and societal role. This schema often leads to obsessive ruminations on metaphysical questions concerning the nature of reality and the development of solipsistic perspectives, where the world is interpreted as a creation of one’s own mind (Stanghellini & Fusar-Poli, 2012). A new value structure emerges characterised by a distancing from common norms and the adoption of an eccentric stance (*antagonomia*) alongside beliefs in one’s radical uniqueness, often accompanied by a sense of being “chosen” or having a special mission in life (*idionomia*[4] ((Stanghellini & Fusar-Poli, 2012; Mancini et al., 2014)). Such perspectives are not merely abstract reflections but index a retreat into inflated self-awareness triggered by the overwhelming nature of the perceptual and affective changes disrupting the patient’s prior self-narrative (Stanghellini & Ballerini, 2007). This tension between self and world evolves into a dynamic struggle, with each amplifying the other’s strangeness in rotation, an interplay potentially deepening a sense of detachment and thus triggering schizophrenic vulnerability’s emergence.

The prodromal stage is therefore marked by a profound existential transformation – a novel type of *Sorge* in Heideggerian terms - whereby self and world become dynamically experienced as excessively influential in a way notably contrasted with pre-onset life. Because human beings enjoy temporal continuity, the strangeness of these experiences compared to one’s past naturally preoccupy the patient, essentially placing the existential past (‘normative’) and present (‘disrupted’) into conflict, producing an affect-laden rupture in existential time. While the structural relationship between self and world remains *formally* intact, the individual's affective tethering to it shifts dramatically, introducing an existential ‘break’ with reality, as well as, in many cases, a retreat from a negatively valanced present. Ultimately, this provokes a withdrawal into oneself in an attempt to navigate the world’s overwhelming "superabundance".

Moving on from the prodromal stage, we shall henceforth evaluate embodied and intersubjective dimensions to affective temporality in schizophrenia which, while largely overlooked, are likely interconnected (Fuchs, 2020). Specifically, we reconnect bodily (3)

[4] This will be elaborated on in Section 4.

and social (4) aspects with accounts of *both* existential *and* present time-consciousness (Sul, 2022), further exploring the disordered dynamics that mediate self and world in SSD.

4. Embodied Affective Temporality

As schizophrenia progresses, disruptions in bodily experiences become increasingly salient, reflecting a profound detachment from the body's typical role as the foundation of agency and identity in dynamic coupling with the world (Slaby, 2008). Imparting an embodied dimension to a Husserlian, present-focused account of schizophrenic affective temporality (Sul, 2022), we draw upon the examples of *diminished self-affection* (DSA) and *hyperreflexivity* (HR) (Sass, 2003, 2011). Diminished self-affection denotes when first-person experiences are displaced as external, depriving one of an implicit, taken-for-granted connection to one's body as a foundation that remains stable throughout sensorimotor experience and lies at the origin point of action (Mancini et al., 2014). Individuals may feel as if their movements, sensations, or even thoughts are no longer their own - thus no longer temporally originating in themselves - but instead controlled by some external force. For instance, some patients describe paradigmatic experiences of their body "living another life" (de Vries et al., 2013, p.4) or "being taken over by some foreign sense" (Sass et al., 2017, p.28).

In DSA, the body's reassuring place as endurant across the temporal succession of experiences becomes warped or estranged, allowing characteristic delusions concerning the body's relationship to world to arise. Indeed, recall Merleau-Ponty's (*ibid*, p.334) interpretation of schizophrenic bodily temporality: "If the world falls to pieces… this is because one's own body has ceased to be a knowing body and… envelop all of the objects in a single hold"; this "must be related to a collapse of time, which no longer rises toward a future but rather falls back upon itself". Accordingly, no longer locked in a regulatory relationship with one's environment, the affectively dis-embedded body interprets its own movements and sensations as deriving from something inherently 'outer', i.e., from 'the world out there'. Some schizophrenic persons undergoing DSA may even deny the very existence of certain body parts (Bott et al., 2016), cut off as they are from affective anchoring to the rest of the body and, consequently, the coherent temporal succession of bodily experience-in-the-world.

Frequently, such disruptions manifest phenomenologically as the world impinging upon the body, leading to the body's apparent 'absorption' into world:

> The outer world is threatening because you cannot correct the outer world, it comes directly inside. If you are psychotic, your body is living another life; it is superfluous. The focus for the body is gone; the body is negligible; hence, you neglect it. Your body goes its own way, (de Vries et al., 2013, p.4).

Diminished self-affection is frequently accompanied by another phenomenon known as hyperreflexivity (Sass, 2003; Feyaerts & Sass, 2024), a state in which normally tacit or background experiences become intense, focal and preoccupying, such as an excessive awareness of bodily sensations (especially of a kinaesthetic variety) and emotional experiences (Sass & Parnas, 2003); e.g., becoming deeply aware of the act of breathing or of different sensations while walking (Nelson & Sass, 2017). This phenomenon's core temporal-affective signature is such that otherwise background sensations assume an inflated role within the present moment. Crucially, although the present's tripartite structure is retained, the patient's bodily-affective orientation to it undergoes distortion. As such, prevented from feeling the full relevance of the body's 'immediate-past' or 'imminent-future' that regulates the passage of 'now moments' (Sul, 2022), the body's *current* sensations capitalise upon this vacuum to become hyper-salient and, consequently, overwhelming.

Accordingly, as current bodily sensations become overwhelming, one struggles to see outside one's 'now' *qua* knowing body that implicitly intuits its emplacement in its surroundings and the possibilities existent there (recall Merleau-Ponty's notion of the future "falling back on itself"). This means that the present features an abnormally heightened relevance, deprivileging the body's immediate prior experiences ('retention') and implicitly expected experiences ('protention'), thereby trapping the patient there. Instead of transitioning through moment-to-moment sensations that are correctly coupled with worldly events, the patient's lived body becomes immobilized within this hyper-salient "here and now", overwhelming the patient's ability to normatively attune to just-past sensations or perceive imminent action-possibilities which remain on the edges of the present moment. Existentially, this may manifest as a "quasi-solipsism" or "ontological paranoia" (Feyaerts and Sass, 2024). Yet, returning to a central theme, this breakdown need not stem from any inability to reflectively imagine some past or future state. Nor are such states truly 'gone', structurally speaking. Rather, changes occur in how one is moved, solicited or motivated by the possibilities existent there, affectively distorting those bodily experiences which remain.

Most of the bodily phenomenological markers of schizophrenia discussed above predominantly (but not exclusively) impact the lived body's phenomenal present in Husserl's

sense. However, one can also be excessively fixated upon what already happened or what lies in the further future. This excess can completely colonise the existential bodily present, which is linked to identity. If we again recall Heidegger's temporal phenomenology, if the *existential* present, future or past becomes pathologically intensified, weakened and/or altered, so too do the other temporal poles. Heightened affective investment in one's distant biographical past may, for instance, drastically minimise the felt present, producing symptoms such as believing that one has already lived one's life and is, therefore, already dead (Bott et al., 2016)[5] whereas being too affectively invested in the future may engender eschatological delusions that overtake the existential present (Stanghellini & Ballerini, 2007).

To recap, in both diminished self-affection and hyperreflexivity (and potentially other bodily symptoms) the lived body becomes disjointed from the affective dynamics that normally regulate bodily temporal experience-in-the-world. Feeling alienated from one's body (DSA) or experiencing bodily sensations as intensified (HR) distorts one's emplacement in the succession of world-coupled sensation and experience, further disrupting the dynamic between self and world characteristic of schizophrenic vulnerability. As Feyaerts and Sass (2024) note, hyperreflexivity can elicit feelings that the world is not only structured around them but is actively organized in a way that positions their subjective consciousness as its prime referent. This loss of bodily-affective attunement with the world engenders a vicious circle, reinforcing delusional interpretations and deepening the patient's sense of detachment from social life.

5. Intersubjective Affective Temporality

Several authors (Stanghellini & Ballerini, 2007; Fuchs & Van Duppen, 2017) highlight that a key trait of schizophrenia is detachment from the public world of common sense. Indeed, Ballerini (2004) and Fuchs (2020) emphasise that intersubjective disconnect lies at the heart of schizophrenic experience, often hindering an ability to form meaningful bonds, or causing withdrawal from social interactions (Fuchs & Röhricht, 2017; Sass & Parnas, 2003). Sometimes, as Merleau-Ponty proposed, this detachment manifests as an exaggerated focus upon a certain 'slice' of experience that otherwise constitutes a wider whole for the non-schizophrenic population. As one patient recounts:

[5] Bott et al. also discuss a hypothesis in which disruption to the "affective component of the visual recognition system" leads to the delusion that one is dead, known as 'Cotard delusion'.

> I was forever making remarks and behaving in a way that would slightly alienate people. This was because I would have to grasp situations by apprehending their parts rather than grasping them intuitively and holistically.

Just as the schizophrenic person may be overly absorbed in one part of a perceived landscape (Merleau-Ponty 1945/2012), they might also be overly absorbed in one of three temporal poles; e.g., excessively conscious of present phenomena, profoundly worried about the future or confused about the reality of their past. Overabsorption in any single pole reduces affective investment in others. From here, a progressive or acute affective desynchronisation from the intersubjective temporal world occurs; one is no longer *affectively invested* in the broader flows of social time (Fuchs & Van Duppen, 2017).

Cut off from the shared affectivity that otherwise regulates the normative flow of both present (Husserlian) and existential (Heideggerian) time, as Merleau-Ponty informs us: “the common world is considerably impoverished. This results in schizophrenic questioning: everything is amazing, absurd or unreal” (*ibid,* p.301). Indeed, further recall Merleau-Ponty’s insight that the day’s affective imprint orients us to its normative passing. The day’s passing is part of an intersubjectively-constituted ‘rhythm’ of life (Fuchs, 2020) that endows its various stages with their unique tonality, regulating socially normative behaviour. Tellingly, as reported by Sass et al. (2017, p.23), some persons with schizophrenia recount that “night seemed to be longer” or that “[the] middle of day seemed like night”, potentially explaining strange behaviours such as performing daytime routines at night. Yet it is not that the patient actually *sees* darkness outside; following desynchronisation, the normative affective ‘tone’ typical of day or night has been disrupted, with behaviour simply following suit.

As discussed (3)*,* due to affective detachment from the social world, schizophrenic persons increasingly question the nature of reality and social convention, grappling with ontological concerns about existence and otherness. Breakdowns in shared meaning exacerbate this process, as emotional connections are perceived as threats to the self (Froese & Krueger, 2020). Thus, in analogy with the body, a lack of affective scaffolding otherwise conferred by a shared sense of time (and space) leads us, like Descartes, to radically (and perhaps frantically) question the very foundations of our reality, certain parts of which completely overwhelm us when untethered from their social moorings. Such existential crises push individuals to either distance themselves from societal norms or adopt a sense of radical exceptionality to find stability amongst a fragmenting reality (Stanghellini & Ballerini, 2007).

Consequently, when affectively severed from co-temporality and its regulatory functions (Fuchs, 2020), patients retreat into abstract, impersonal frameworks, exacerbating

dysfunction in everyday life. Intersubjective temporality (or the breakdown thereof) thus stands as one of the numerous territories upon which SV germinates. However, to reiterate, even if patients become affectively hyper-invested in *one* temporal pole (or desynchronised from co-temporality) as described, the other temporal poles (and co-temporality) are structurally retained and not completely obliterated *in themselves*. What happens is that their capacity to affectively orient the patient in normative terms of salience, meaning, motivation, self-understanding, etc., undergo pathological alteration, typically provoking the aforementioned questioning of reality from which an idiosyncratic 'theory' about one's relationship to the world arises (Stanghellini & Ballerini, 2007). In the following section, we examine a paradigmatic case example of this.

6. Case Example: Mission Delusions

We have discussed how predominantly affect-based pathologies drastically reconfigure the patient's orientation toward the temporal poles of past, present and future, with all three constituting an existential temporal unity that, while distinctive, mutually implicate one another (Heidegger 1927/2010). As such, any clinically significant affective shift in one pole elicits corroborating shifts in the others, potentially even obfuscating in which pole a symptom originates. Moreover, such shifts profoundly co-involve one's relationship with the world and others. To clarify our point with a concrete example, let's consider the case of 'mission delusions', which exemplify the disordered dynamic between self and world while strongly implicating temporality.

Mission delusions are monothematic delusions experienced as externally mandated imperatives characterised by the conviction that self has an inflated effect on world (Stanghellini & Ballerini, 2007). These delusions typically invoke religious, spiritual or apocalyptic themes such as saving the planet from destruction or helping humanity reach a higher plane of existence (Parnas & Sass, 2001; Stanghellini & Ballerini, 2007; Bott et al., 2016).[6] Time itself might even feature as a theme of such delusions; as one patient recounts: "I thought that I was supposed to stop time, and that was my goal" (Sass et al., 2017, p.31). The existential rupture brought about by such delusions exemplifies an affect-driven pathological variant of existential time because this ultimately future-implicating sensation (e.g., *I must strive to prevent the coming apocalypse* or *I must stop time itself*) produces

[6] Other similarly future-oriented delusions that affectively distort the present may solely involve the patient. Sass et al. (2017, p.43) describe a patient for whom "the future was blocked by the conviction of a destructive and terrifying event" relating to his own execution. However, unlike mission delusions, the patient's own actions are not felt to alter the entire world.

‘ripple effects’ in the patient’s present and past based upon a radical new meaning bestowed onto one’s life.

As Stanghellini and Ballerini (2007) observe, the sudden emergence of this alternative reality can appear disconnected from the individual’s prior biography, emerging ‘out of nowhere’ to give them a new life purpose. This experience is often deeply transformative; a disruptive reconfiguration of meaning forcefully imposes itself upon reality, thus profoundly disorienting the patient. Attempting to make sense of an overwhelming sense of an affectively-charged futurity impinging upon their present, schizophrenic persons typically report premonitions about themselves in relation to the external world, giving rise to a sense of an “eschatological mission or a vocation toward a superior metaphysical understanding of the world” (Stanghellini & Ballerini, 2007, p.133).

The sensation that one’s actions have such enormous consequences for humanity is oftentimes characterised by excitement and may be interpreted as a wonderous ‘gift’ but equally as often by fear, worry or other negative emotions (Stanghellini & Ballerini, 2007). Generally, the delusion manifests as an uncanny feeling that “something is in the air” or that something disturbing is about to happen (i.e., *Wahnstimmung)* often relating to the end of the world (i.e., *Weltuntergangserlebnis* ((Di Petta, 2016; Callieri, 1982)), which only the patient has the power to influence. For instance, Sass et al., (2017, p.26) note a patient who “reports feeling the future is full of ‘deadlines by which *I would have to do things or everything would stop”*” [emphasis added]. The future of the entire world is thus dependent on which actions the individual commits.

Let’s examine the existential present’s affective signature in greater detail. Klaus Conrad (1958/2012) described the moment in which individuals first experience an enveloping sense of something important impending (*Trema*), often characterised by a pervasive sense of uneasy anticipation disclosing an “about-to-happen” sensation or enduring atmosphere. Conrad labels this state *apophany*, whereby patients perceive ordinary events or stimuli as imbued with extraordinary significance that manifests phenomenologically as something being ‘revealed’. This sense of revelation concerning a unique mission that irrupts into one’s present reality is often accompanied by periods of pronounced affective tension (potentially enduring for months or even years) that, although first anchored (or ‘revealed’) in the present, intrinsically co-involves the future in that one feels eternally beckoned by the mission’s importance, continually shaping present thought and behaviour. Post-revelation, the delusion sediments and becomes integrated into the existential self, thereby ‘infecting’

the patient's relation to their own biography. Consequently, patients may view their pre-revelation identity as erroneous and reinterpret their personal history as inevitably leading them up to this 'true calling'.

Important to note is that, on our reading, Conrad's 'apophany' might register on the scale of present time-consciousness *and* existential time, suggesting that the temporal scales are potentially linked. We might speculate that constantly unfulfilled protentions (Sul, 2022) eliciting angst and dissatisfaction may be 'explained' by the patient's *apophany*, which ultimately manifests as some great task or religious duty 'revealed' within the patient's existential present (but that references their existential future). Conversely, assuming that delusional symptomatology can exist across multiple timescales, it is also feasible that the Husserlian present remains *free* from the mission delusion (i.e., sensations in the immediate 'now' pass normally) yet existential time remains deeply affected by it, effectively colonising the patient's narrative sense of identity.

Akin to our analyses in (*3*) and (*4*), several authors have explicated such a transformative moment as time "collapsing on itself" (Merleau-Ponty, *ibid,* p.295) or a "reflexive turning back on the self" (Conrad, 1958/2012) whereby one experiences oneself as the centre of the universe, a centre around which everything else "revolves" (Mishara, 2009). Arguably, this extreme self-focus that distorts one's perceived role in the scheme of the wider world is somewhat analogous with the bodily-affective phenomenon of hyperreflexivity (whereby worldly occurrences are diminished relative to an inflated bodily present), now operating on the register of existential time.[7] Furthermore, we see how our prior discussions of intersubjectivity and solipsism may play a role in mission-based delusions. Because the patient is affectively desynchronised from social time and its regulatory power (Fuchs & Van Duppen, 2017), she becomes untethered from social meaning and norms, thus providing fertile ground for highly self-referential delusions to develop in their absence. Such an eccentric existential position further complicates one's ability to relate with others. Thus, what commences in the prodromal stage as the *world's* apparent superabundance, in select cases, progresses dialectically to a perceived superabundance of the *self's* power over the world.

To summarise, when the patient has profoundly absorbed the mission delusion into their existential identity, it is no longer a protention in strictly Husserlian terms. Rather, post-

[7] See Feyaerts & Sass (2024) for a somewhat analogous conclusion.

revelation, when ‘accepted’, the mission enters the flux of existential time, radically redefining one’s relation to their entire biography via the new affective dispensation. We learned from Heidegger that one’s involvement in a particular way of being dictates existential time’s concrete manifestation. Our deep-seated affective investment in how reality currently manifests to us dictates our self-understanding and what our past and future currently mean for our present. This entails that any radical shift in ‘Care’ brought about by a delusion whereby one feels to be the centre of the universe (and thus one’s actions have universal ramifications) reconfigures how one is projected into the future *and* how one’s entire past is received. Via affective restructuring, the mission delusion imposes itself upon the patient’s reality to rewrite their past, present and future according to its idiosyncratic logic: whatever one must undertake *always* sits in the future as an as-yet-to-be-accomplished and simultaneously at one’s back as something that was always-leading-one-up-to this point. Upon remission, patients can re-enter a normal affective relationship to existential temporality, thus recovering a relationship with their biography no longer dominated by the delusion.

5. Conclusion

Throughout this chapter, we have highlighted how affectivity impacts upon temporality. With regards to schizophrenic symptomology specifically, this phenomenon may exert a causal influence on select symptoms or rather serve as a temporal-affective ‘signature’ to the patient’s overall symptomatology. Amongst other factors, we saw how temporal experience’s affective tonality can trigger a break with one’s past in the prodromal stage, can bring both detachment *from* or hypersalience *of* background bodily sensations, can distort the larger existential and intersubjective timescales in which we are embedded and can even rewrite the very meaning of our own biographical identity in correspondence with a particular delusion.

Affectivity’s impact is sufficiently strong that disordered affectivity seemingly goes hand in hand with a disordered temporality. In a sense, then, affectivity does real work on lived experience, analogous with the role once posited for the formal structures of inner time-consciousness.[8] This deep-seated affective distortion in the patient’s temporal attunement with the wider world has been labelled ‘schizophrenic vulnerability’, and we argue that it manifests as a severe disruption in the relationship between the embodied agent and the

[8] However, it is important to note that Husserl (1928/2019) also explored the relation of affectivity (‘affection’) to temporal phenomenology.

world in which they are embedded. To see this, again consider how people with schizophrenia often find themselves overwhelmed by the world, which has widespread consequences in how they relate to others and their own body. We can make sense of this association by consulting the Italian tradition of clinical phenomenology (e.g., Callieri, 1982; Ballerini, 2004; Di Petta, 2016) and recent work on affectivity (e.g., Slaby & Mühlhoff, 2019), which conceptualizes certain affective shifts as an "irruption" of embodiment (that is, of the environmentally situated physical body) into phenomenal consciousness. This occurs because when the influences of the physical body as such reach into consciousness, this intrusion from the world cannot be grasped as such in consciousness,[9] and hence must necessarily appear as an inchoate alterity, an unstructured and novel affectivity, yet one that packs a punch – it has the weight of the world behind it.

In the case of schizophrenia, it appears that the influences of the world loom larger and more persistently compared with the non-schizophrenic population. Irruptions into lived experience show up as an inchoate shift in affectivity, as often occurs for everyone, except that, in this case, no matter the role of passive synthesis or active sense-making, the sheer alterity of this affectivity continues to stick out from the stream of consciousness like a boulder causing turbulence in a river. This rupture thereby draws attentional resources, which may further enlarge the rift. Never retreating, exhaustion follows, and the only way to restore stability and coherence is to reorient one's entire worldview in alignment with the source of the disturbance. Instead of a source of alterity temporarily poking through an otherwise coherent perspective, the entire perspective must become permanently altered in correspondence with that alterity. Schizophrenic *delusion* thus derives from a deeper, affect-laden schizophrenic *vulnerability*.

For such reasons, we have described the prodromal stage (SV's initial irruption) as an 'existential event' for the patient. The world's affective impact is also why we are compelled to react, to move whenever we are moved, why we must seek coherence in belief with regards to experience (i.e., the construction of delusional explanations); it is thus the reason why human beings are existentially vulnerable to feel overwhelmed by the world or, conversely, to drastically overestimate their power to influence the world. Indeed, as Feyaerts and Sass (2024) note, this oscillation between, or perhaps co-existence of, *both* a

diminished *and* exaggerated sense of self in relation to wider reality likely explains much of the “clinical paradox” in schizophrenia.

This tentative sketch of the complex relationship between temporality, affectivity, and the self-world relation suggests a novel research program for further encounters between clinical research, phenomenology and cognitive science. What is most exciting about this potential cross-disciplinary avenue is that it could open the door to genuine dialogue across the humanities and natural sciences. Schizophrenia, just like ‘normative’ consciousness, is located neither entirely in the phenomenological mind nor in the biological organism, but sits at the interface between them (Froese, 2020). Disruptions to the sensitive and intricate dynamic between the embodied self and the wider world, as exemplified in schizophrenic vulnerability, can thus have far-reaching consequences.

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