Schizophrenics are described in mental disorders diagnostic handbooks as manifesting delusions, hallucinations, or thought and behavioral disorganization. It is highly improbable that the same diagnosis be applied to a person who lacks such symptomatology or shows a faded intensity, even showing severe disturbance in experiencing ipseity or intersubjectivity. Such cases are often framed as abnormal personalities, dual diagnosis, or transitory disturbance. However, these diagnoses often seem to be inefficient in describing the complexity of psychopathology and ways of living, and they do not guarantee greater efficacy in the choice of the most suitable therapeutic approach. The aim of this research is to describe from a clinic and psychometric point of view some forms of ipseity disturbance, highlighting those cases of ordinary clinical activity that suggest subapophanic psychosis.

To carry out this research, the following means have been used: individual semi-structured interview with an inductive-phenomenological approach; psychopathological and personality evaluation scales (EASE, BSABS, MMPI-2).

Drawing on Blankenburg’s work, the two clinical cases have been investigated in four main areas: 1. Transformation of the relationship with the environment; 2. Transformation of temporal aspect; 3. Transformation of the constitution of the sense of self; 4. Transformation of the intersubjective constitution.

The results of the phenomenological interviews and of the psychometric tests proved that people involved in the research present several basic symptoms and a severe disturbance of the intersubjective constitution of the sense of self. They reveal the presence of a deep core of autistic nature, and to defend it they develop compensative mechanisms, shelters that may take the shape of psychopathic traits that are only partially framed in traditional personality disorders.

From BSABS

A-Dynamic deficiencies with direct (partially direct) minus symptoms: 19 positive answers out of 20 items (among which incapacity to discriminate different emotional qualities; emptiness to present oneself; inability to split attention).

B-Increased impressionability, excitability and reification; obsessive-compulsive, phobic and depersonalization phenomena: 8 positive answers out of 14 items.

C-Cognitive thought, perception and action disorders: 22 positive answers out of 33 items (among which: interference of thoughts; pressure of thought; blocking of thoughts; disturbance of receptive speech reading; disturbance of expressive speech; disturbance of thought initiative and intentionality; enthrallment by details of perception; derealization; loss of automatic skills).

D-Cenesthesias: 4 positive answers out of 16 items.

E-Central-vegetative disturbance: 5 positive answers out of 17 items.

F-Coping strategies: 4 positive answers out of 6 items.

From EASE

A- cognition and stream of consciousness: 14 positive answers out of 17 items for a total score of 46/85.

B- Self-awareness and presence: 14 positive answers out of 18 items for a total score of 42/90.

C- Bodily experiences: 4 positive answers out of 9 items for a total score of 6/45.

D- Demarcation, Transitivity: 2 positive answers out of 5 items for a total score of 3/25.

E- Existential reorientation: 5 positive answers out of 8 items for a total score of 12/40.

From MMPI

Depressive ideation; psychasthenia; obsessive conduct; problem integrating; avoid and refuse relationships; low self-esteem; uncontrolled overstimulation of self; strict and relentless; autistic daydreams; inclination to somatize and feeling of anxiety and tension; immature mechanism of psychological defense; rumination; social withdrawal; psychomotor retardation and fatigue; concentration problem; insomnia; tendency to excessive worry for daily life; feeling of emptiness; indifference to his life.

These people show a disturbance of empathy, tend to limit their relationships to a small group of people, they seclude from the intersubjective world when they feel oppressed by the many requirements of the world-environment. They often break this seclusion, leaving their shelter, but this temporary contact with the intersubjective world has such a great impact on them that they are exhausted, blocked, progressively impoverished of their functioning abilities. They get closer to what Binswanger defined as failed existence. This symptomatological poverty allows to pick out the fundamental elements of these life experiences: the autistic core, the ipseity disturbance, the intersubjective disturbance and the altered relationship with the environment.