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Delusion as psychopathological metaphor

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The equivocity of the term delusion has led to it being considered a mere artifact. In this study, its meaning is considered as a psychopathological metaphor to be able to consider the relationships of man with the distorted reality. To do so, the meaning of the concept of man must be adequately understood, and based on this, observe the relationships that man establishes with reality. This relationship is always an aspiration to truth, although not exclusively as judicative as is usually understood. From this time, a series of apparently unconnected and rare psychopathological phenomena can be joined in view of the essentially veritative relationship. This relationship has been subjected to serious and deep philosophical considerations during the XX century and has left its mark on the psychopathological concept of delusion. This equivocity of delusion, finally dependent on a psychopathology that is understood in regards to an unsatisfactory idea of man, may be explained based on a better and more purified psychopathological practice that is up-dated in regards to concepts of subjectivity and truth.

Key words:

Delusion. Psychopathology. Truth. Metaphor. Subjectivity.

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El delirio como metáfora psicopatológica

La equivocidad que posee el término delirio ha hecho que haya sido considerado un mero artefacto. En este trabajo se pretende considerar su significado como una metáfora psicopatológica para poder pensar las relaciones del hombre con la realidad distorsionadas. Para ello es menester comprender adecuadamente el significado del concepto de hombre y, desde ahí, observar las relaciones que el hombre establece con la realidad. Esta

relación siempre es una pretensión de verdad, aunque no exclusivamente judicativa como se la entiende de forma habitual. Desde ese momento, una serie de fenómenos psicopatológicos aparentemente inconexos y extraños entre sí se pueden articular en vista de esa relación esencial veritativa. Dicha relación ha sido sometida a serias y profundas consideraciones filosóficas a lo largo del siglo XX, y no ha dejado de ofrecer su impronta en el concepto psicopatológico de delirio. Esa equivocidad del delirio, finalmente dependiente de una psicopatología que se entiende respecto a una idea de hombre insatisfactoria, puede ser aclarada en función de una mejor y más depurada práctica psicopatológica puesta al día, en lo que respecta a su idea de subjetividad y verdad.

Palabras clave:

Delirio. Psicopatología. Verdad. Metáfora. Subjetividad.

INTRODUCTION

From among the problems that are always included in the meaning of the term delusion, those affecting both its extension as well as meaning (intension) are not the least important. That is, it is a fundamentally confusing concept. The fact that such an ubiquitous and frequent concept in psychiatry suffers this type of problems clearly tells us from the beginning that we are facing an essential difficulty. There is something in this concept that cannot be understood regardless of the fact that it is such a usual and characteristic event of the mental disease itself and in regards to the psychiatric activity. On the one hand, from the psychopathology view, we have the extension referred to by the many aspects that imply that it does not seem that everything can be considered under the same conceptual term. On the other hand, from the phenomenical amplitude view, in which there is a tendency to confuse it within the delusional concept, there are shifts towards aspects of life that go from belief to the ideology, passing through error, the supposition that reaches the overevaluated idea that mixes and links with the pretensions of the most elemental truths. A defining concept of delusion, capable of explaining all the

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phenomena that it includes, making an internal flexibility possible in order for the concept to adapt to the modulations that requires the complexity to which it refers and, in turn, a concept that has sufficient solidity to be able to understand the essential element it supposes, has not been offered up to now. Thus, it should not be discarded that we may be searching for a chimera, at least for the beginning objective, those that not only aim to define a concept but also establish its meaning from an excluding and excluding sense, preferably ordered from a finished, limited and defined aspect.

The conceptual history of the term delusion, its strictly psychiatric and psychopathological consideration, is interfered with by the general presupposition that frames the formation of psychiatry as a medical speciality and the inherent obligatoriness bond to it of considering this event in order to jointly approach both relationships of the subjectivity that appear in the delusion, either consciously or unconsciously: the determinant and determined. Due to this, there is a tendency to consider delusion in a manageable way while it appears as something caused by some type of disease or dysfunction in some part in which it can be justified, whether in the brain, the majority of the times, or in some other more or less recondite space of our being, more or less physical or spiritual. With this behavior, the above is solved from a single relationships, that is, including on one of the two sides, in this case, the determined, that which behaves, joins and includes all consideration of the subjectivity at one time.

Our intention in this short study is aimed at considering a possible terminological alternative and an explanation of its manifestation scope for this historical problem of psychiatry that roams without being resolved as yet, with the perhaps excessive aim to disrupt this all-including exigency that, shifting the search for its meaning towards a determinant scope, makes it necessary to consider the matter in a rigid and stagnant way. This, finally, as has been manifested by the long time dedicated to it, has not provided a great result in explanatory and descriptive terms. From our point of view, it is necessary to dispose of the mechanics that has always prevailed unconditionally among us and also to reduce the excluding requirements that it has, offering an *operative* concept of delusion, an articulated and flexible concept that makes it possible to apply it to the symptoms without lessening the causalistic consideration but without being defeated at once by its requirements, precisely those that have caused part of the problems that have prevented a more productive consideration as well as more specific and effective one of the phenomenon in question. The above concept assumes the name of delusion in regards to a tradition headed by the effort to consider the changing and simultaneously constant need to name the different way of interpreting reality by mankind. This concept of man is loaded with spurious meaning that must be examined in all its meanings, and as part of them, those that are important to mental patients. This study of conceptual dismantling is an

action that is unavoidable and leaves the finally incognitive character free from a logical, although not real, point of view, of this concept, that we call humanistic, so apparently understandable by itself as complex, although it continues to be inexorable to a psychopathology that needs to be understood in all its amplitude required. Since when we speak of delusion, we speak of man. That this human praxis is modulated and has hierarchies of ontological originality and procedural secondarily, in relationship with the understanding of reality, does not hinder that some pathways are also required through which this ratification or denial of the reality moves along in its argumental or evidencing process. Considering these aspects leads us to initiate the trail over some necessarily abstract generalizations in regards to how they want to capture and exhibit the ground from where there is the possibility of grasping the different forms in which delusion has usually been characterized. It is not possible to obviate the philosophic suppositions that are at the base of the different determinations of delusion because if this is done in this way, it would prevent us from dissenting on the level of the fundamental divergence, which is that which, in the last resort, gives a defined hallmark, order and shape on each and every one of the arguments. On questioning what delusion is, we must give more importance to the horizon from which this matter may not only be posed but where a response can be found. When we consider explanations or analysis that do not enter into the key to the question, remaining with incomplete interpretations, the question of what delusion is falls into insubstantial popularizations incapable of responding to the extension of the facts implied by this concept, once again reproducing a simulation of knowledge that contributes more and more to its opacity.

ON THE RELATIONSHIPS OF MAN WITH REALITY

Reality is something open and vast for man. This statement is not an axiom, but we are not going to present its descriptive content herein, that is understood from the time when we adopt an attitude other than the merely natural one, an attitude that accepts the interpretation of the middle way where our life usually develops. This means an essential difference that precisely characterizes man versus animal, above all in regards to the much trumpeted biological continuity that equally compared *zoe* with *bios* in such an inadequate way, a difference that has been manifest since the time of the Greeks. When, as now, it is systematically ignored, based on the psychocologicistic mentality that dominates us, that man is something not only different from any other inanimated being but from any other animal, this begins from a territory full of tricks that is difficult to avoid. The overwhelming presence that this fact means, this *Faktum*, since it is a fact and not a concept, idea or notion, requires two opposite, but complementary strategies by man in regards to making our stay on earth possible. On the one hand, the production or creation of concepts that make it

possible to comprise our stay is necessary, in attempts always overcome and that are overwhelmed by this vastness regularly, at the expense of a valor of the concept that seeks to organize a system. On the other hand, an effort must be made to put some distance from this impression that is basically uneasiness, where reality is imposed so strongly that it literally becomes unsupportable¹⁻³.

In this sense, the possibilities of man to live in this world depends on throwing oneself into reality, generating habits that make it possible to unfold actions of knowledge, pragmatic attitudes in the original sense of the term, that make our life an experience of reality headed by the anticipation of expectations of fulfillment of the sense governed by a horizontal intentionality, by the unquestioned familiarity with the persons, by knowledge of a totality in which we perform, because we know how to be close to the absolute. All this exemplifies the primary way of an implicit knowledge, in which without any subject, we previously know the rules that govern the order of the events of our life, the experienced life, the life that experiences the world immediately, that which, when interpreted, is loaded with sense, something obvious, confidence in which whatever is observed or behaves as expected.

The type of commitment implicit with the reality makes this daily living an action style, of a play on words in which the actors behave in a coordinated way while they follow the rules inscribed in this background knowledge that does not admit its objectivation. When the surprise arises, when an expectation is not fulfilled, then we are surprised and we go from a sequential way to consider what escapes the expectations. At this time, we began to study subjects, observe, to emphasize and put on a first level those that break the sequence of fulfillment of sense. We actively distance ourselves from our immersion in reality and go on to think, to consider that which is seen as surprising. In this way, a way of knowledge is established, secondary in the order of the experience but prior to that of the order of the basis, that undoes this background knowledge. It is transformed characteristically and installed in the predication, in the logic of the traditional subsuntion, where it is aimed to attribute sense and truth by means of the relating of a subject with a predicate. Judgments are issued that are the source of all error and all wandering.

Thus, we see that there are two ways of understanding reality, two ways that never appear simultaneously, because one undoes the other, it transforms it, it alters it in such a way that it is no longer what it was and it becomes a different thing. Both modalities can occur, and in fact they occur successively. They are complementary and inexorable, both being, however, so genuinely human as synchronically incompatible. These two forms, that have a reductive character, if desired, but do not renounce to reliability protect the ways of facing the presence of reality and the necessity of realizing, in a primary way in its wide ontological generality, should be understood, in turn, in relationship with

the historical interpretation that man has obtained in the West. This interpretation, together with the open character of the reality and the way of living, explaining it, include the three fundamental elements that must be considered, if not completely, something which, on the other hand, is impossible in a study of these dimensions, but at least as basic and inexcusable pieces to try to reestablish the role that delusion has and its meaning in a psychopathology.

The possibilities of speaking of delusion are derived from these two fundamental ways of considering reality. We are going to see it, and thus we group the delusion forms into two sections. We say forms in the sense that, under the support of the term delusion, a wide variety of ways of interpreting reality by the patients in whom it has only been possible to describe, subject to hierarchy, and classify with good will or with the requirement of subjecting such complexity to a reductionist criterion of occamian tradition (*entia non sunt multiplicanda praeter necessitatem*) have been grouped. We speak of delusion as a term to be able to think about something that requires thought, in the measure that it supposes a separation from daily thinking, which we call normal, of understanding ourselves and others. Here, delusion is the possibility of constructing an image, a comprehensive outline of sense, of the world in regards to transcendental significance, as an antepredicative totality; it is a metaphor. However it is a metaphor that historically includes from the meaning of insanity as an indiscriminate whole, towards more specific forms of it, forms that aim to establish nosological entities differentiated on the basis of content or, in a more advanced step, forms that aim to capture structures that make this going astray possible and its relationship with the psychophysical genesis from which it can be thought. In this pathway, that follows the steps of development and evolution of psychiatry, an attempt is made to attribute something to something, the most univocally possible, a piece of information to a disorder (semiology) or any piece of information to the same disorder (single psychosis).

ON DELUSION AS A METAPHOR TO THINK ABNORMALITIES OF THE INTERPRETATIONS OF REALITY

In this sense, Cutting believes that delusion is a historical and scientific artifact⁴ and so do we. Thus, the theory of delusion, all of it, is no more than a metaphor. It functions metaphorologically^{5,6}, as a possibility of thinking the psychopathology as a way of giving man that which exists in the special way that supposes a variation to the everyday life. As a mere variation, and thus, from the beginning, not something pathologic by itself, the possibilities are opened that this which exists, appears in unpredictable ways, lacking the sense that it usually occurs with. It must be seen how, within this unpredictability, we can see the relationship or involvement as it is morbid. In every case, showing something as something is always linked to the presump-

tion that it corresponds to an idea or concept with which it is established, if not it would be a mere nothing (*ens rationis*). And this correspondence means a veritative relationship, which fulfills the expectations to be able to say that it is true. However, we only have approaches to how the aim to truth occurs established on a concept of man (it can be subject/subjectivity) that aims to function as self-referentiality and giver of value⁷. The self-referentiality is established as possibility of achieving and closing the world in the sense of guaranteeing its meaning. Continuing, however, this way, which we call spontaneous, of meaningfully reporting reality only leads to, in the patient, matching with the interpretation (vulgar) of world. However, thinking in this way does not serve psychopathology for more time because it leads to unbalance, as is clearly shown by the history of our subject matter in its attempts (desperate) to continue with the action, adapting to the self-referential formality on which it seems that the correspondence of the two relationships, determinant and determined, of subjectivity can be convenient and finished. A subjectivity which, definitively, is taken by one of its sides, the determined, and this is extrapolated as the preeminent or exclusive, unbalancing this difficult and unstable commitment with the reality that means the veritative attitude, the radical knowledge that we heed in each case and that we are always immersed as human beings by the mere fact of living.

However, the psychopathology as a whole, and the theory of delusion specifically, should and is required to sanction, on a par with the times, the incoherences of this construct, of this artifact that has been delusion, in its changing and different metaphoric shapes to be adapted to consider the straying in regards to reality over history, with different elements but always from the supposition of an internal coherence between the idea of man, truth, reality and normality, and to be able to consider this will for truth that is always differed in its conclusion. Artifact or artifice, metaphor that says, that makes it possible to consider on the subject's side different forms of transition of truth, his/her bibliography and different moments, in degrading and incipient processes, mixed with other apparently unconnected or discontinuous phenomena in regards to delusion as hallucination or disorder of the self, depersonalization, etc. In regards to the psychopathology, it gives it an architecture and a way of systematizing that satisfies the idea of coincidence of material and form, although asymptotically. The theory of delusion is supported by the self-referentiality, which is, in turn, the metaphor that makes it possible for the Western thinking to consider the unity in which man would coincide with himself⁷. Delusion, accepting this coincidence with oneself as failure, appears as a deficit of freedom^{8,9}. However, the freedom that is at stake, understood as mere pathological shortage, product of the failure of the self-referentiality, does not make it possible to observe the essential and structural aspect, that liberty has in regards to creating the real man, by permitting him to freely grasp an abstract formality, to

the law, and manifest that there is neither self-referentiality nor identity nor coincidence with oneself. Thus, the concept of delusion is, in the best of the cases, a model, a metaphor to consider this supposition, always repealed and exceeded by the lack that is never closed and that cannot be brought to a close. Because the delusion does not mean division, nor is it the sample of our division in regards to truth as a coincidence with reality. The binding with reality that aims to close the knowledge fades away not in and by the delusion, as it is sometimes suggested. In reality, there is never such a binding, because there was never a division, the subjectivity is not self-referentiality that has to reconcile relationships, and the concept of delusion should be able to consider this double wandering, that has meant its conceptual unfolding. Thus, in the first place, this double wandering should be assumed, supposing that there is self-referentiality, that is that it has functioned as if the auto-referentiality was a fact and from this, link the cognitive deficits that are derived from it and, in the second place, show that as they do not exist, be capable of showing the transitions that is concluded from this way of understanding the form of facing reality from a subjectiveness that never coincides with the same person and that is burdened by its corporality. From this view, from this double assumption, we should be able to understand: a) that there are scansions in the so-called psycho(patho)logical functions and that, what we sometimes or often see with clarity and difference, offering a image of clear limits as a manifestation of the supposed function is no more than the internal requirement (supposing the indemnity of the consciousness) of the delusion expression as judgment, product of the self-referentiality achieved, performed, fulfilled, and b) that delusion, in fact in the clinic and in the history of psychiatry, shows transitions and problems of genesis from a strictly psychopathological point of view, as manifested by the equivocity and the need to actively differentiate it from hallucination, obsession, and depersonalization¹⁰⁻¹³. The latter means that it is not possible to consider the delusional exclusively from a predicative, judicative or attributive proposal of establishing the veritative relationship of man with reality, as, otherwise, has been considered, up to now, from the same beginning of the shaping stages of the psychopathology.

FUNDAMENTAL FORMS OF TRANSFORMATION OF THE SELF/WORLD RELATIONSHIP AND ITS DELUSIONAL DERIVATIONS

From the original baseline form of man being immersed in reality that is that which, as we mentioned above, can be characterized, as following a rule, doing exercise of a certain type of custom, habit, a similar commitment is shown with reality as a behavior presided by the credibility from the point of view of the external observer. An agreement is produced between man and the surrounding reality that makes both be on the same wavelength in unison, so that reality opens up to man from a certain type of horizon of

sense, from a horizontal intentionality, that makes it possible for the things and persons to appear and acquire a consistency precisely due to its mutual belonging, due to its aporetic pragmaticness. Under these conditions, the implicit character of the rules that govern the behavior of the agents in a certain context of action mean transcendental structures as condition of experience of reality. These rules are not divided by subject, and as this is not done, they remain in a background that means a list of possible interpretations of reality for this context. They are constituted as a provision of permanent sense (*Lebenswelt*). It is precisely here, in the everydayness of experience, that some alterations occur, that mean specific transformations of it that psychopathology has understood in a different way according to the perspective adopted. In the degree in which we are considering the pathology of *immediacy*¹⁴, a complete series of names have been considered: depersonalization, derealization, perplexity, disorders of the self, etc. In all of them, there is the aim of referring to a state of things that would be manifested by the decomposition of a totality that incorporates both the subject as well as the setting and that tends to stress the character of inextricable overlapping between both, as it shows that there is no division between self and world, because there is full reconciliation, or at least it functions as if this were so. That this does not deal with entities that each go separately and that this going of each one separately, as, in fact, it is usually thought, is a load that must be supported as it is subjected to the requirement of discursivity, which ends up considering real something that only occurs due to the need that imposes our discursive reasoning and our finite understanding, from which it is only possible to argue. And the psychiatrist has believed that, following our necessarily discursive way of arguing, predication constitutes the primary way of saying the real, of speaking about us, the things and the others. Nothing is further from the truth, since the above, when we speak, is not true when understanding reality. This is a source of wandering of knowledge that should be rectified and can be if we go into a more radical dimension of that which really occurs in reality. With this, we do not want to exasperate, that old and important problem of the preeminence of the meaning on the reference that affects this work¹⁵⁻¹⁷. However, we also do not want to ignore this question, and could give the clearly false impression that it is pertinent for the question and that we have not considered it. In any event, this is not the place to do it.

Understanding these pathological forms of the relationship with reality can vary substantially whenever a point of view is adopted that does not consider the subjectivity of the subject as mere self-referentiality and that considers ontological modalities achieved during the XX century that are decisively important to the characterization of the baseline concepts of those that use the historiography of delusion such as subject, world, experience, truth, interpretation, etc. Only after having achieved and having appropriated a similar group of concepts as ours, we will have the possibility of facing the question of the reach of the concept of

delusion and of its metaphoric operativeness and the implications that it has for the self-understanding itself of the psychopathology.

THE ANTEPREDICATIVE MODE OF KNOWLEDGE OF REALITY AND ITS FORMS OF BEING DELIRIOUS

Thus, there is a complete series of interpretations of delusion that should deal with this primarily pretheoretical, precomprehensive, prejudicative component that has been synchronically taken into account after the judicative for strictly historical-conceptual reasons. That is, that those delusional expressions based on false, erroneous or simply incorrect judgments have been considered in the beginning because the structure of the predication has traditionally had the shape of delusion as a judicative act, however in a consideration that respects the natural sequence of appearance of that which has been called delusional, we must first attend to the prejudicative element due to its ontological anteriority. Thus, we are going to review these evaluations of delusion, regardless of the diffuse and non-specific that they may appear to be in the beginning, in order to stress the experiential reference that is begins with and that it refers to. With this, we obtain a diversity of phenomena indicated and studied for some time in psychiatry, but as they are considered from a metaphysic perspective of the subjectivity, they have remained scattered. By this, you should understand, due to brevity, that characterization of the subjectivity of the subject constituted as self-referentiality, as we have been proposing above. Only recently have we begun to consider, although in an early and fragmentary manner, the possibility that some of these phenomena form a part of modalities of a more general experience, that considered in its essentiality, makes it possible to realize the articulated character of some conceptual productions of psychopathology, that this, treating it as an object and artifacting it, has given rise to thinking that it deals with independent and characteristic modes, with the consequence that they are considered as referring to a nosological and nosographic specificity that the clinical work habitually rejects in the fluency that is in continuous transformation that is offered by these constructs. And this independently of the fact that pure phenomena really occur that permit a compartmentalization in favor of diagnostic categorizations, which, undoubtedly, have certain entity, and sometimes, facilitate the causal connection and therapeutic approach. Do not misunderstand us, we are not in favor of a reductionist phenomenality, that seeks an identity based on the terminological obscurity and that only says everything looks the same in the dark, as Hegel reproached Schelling in his introduction of the *Phenomenology of spirit*. What we are saying is that, if the subjectivity is that which organizes and crosses all psychopathological phenomena, what must be explained is the fact that factually and historically, there are overlappings, coexistence and transitions between different psychopathologic phenomena that should be consi-

dered in and from the understanding of this deficient subjectivity that does present reflexivity but not self-referentiality^{7,18} (p. 72).

Manifestations of dissolution of the significantness and passivity of the world, of the transcendental spontaneity: hyperreflexivity

Among these forms in which the dissolution of the experience of spontaneous reality is altered, we find the phenomena of estrangement, derealization, depersonalization and disorders of the self, which, if they are not strictly speaking delusions, since because according to formal criteria they do not have the explicit judicative characteristic for which they have been considered, clearly illustrate how the basic credential collapses, opening up the way to concepts, feignings, percepts that seek to carry out the substitution necessary to repair the content vacuum, which passively adhere to any type of positional perspective, to the mere perceptive impressions, that are, by themselves, lacking meaning, this being understood in the widest meaning: spatial, temporal, sensorial, social¹⁹⁻²¹. This has led to the fact that the study of the estrangement phenomena is seen as on the verge of the delusional in the measure in which the perspective is modified, in a spectrum that includes phenomena that go from ideological constructs, overevaluated ideas, or simple beliefs socially in force when inserting an individual in a community. That which the phenomena of estrangement, depersonalization, etc., share with delusion is the common reference to subjectivity. The common difficulty in all psychopathology as it is shaped from an understanding of the subjectivity in the different moments of its operator ejection is manifested in the genesis of the products of the self-referentiality. This self-referentiality, that is always the same, is capable of offering in the different layers of its structure the possibility of articulating and showing, thanks to its going into action, the appearance of limited and defined excretions that show the potential treatment as an object and objectifier of its own activity. Consecrated activity by more than five centuries of uninterrupted work that has achieved products that appear from it as concepts, notions or isolated ideas, self-enduring: example of the hyperreflexivity²²⁻²⁴.

However, above all, the phenomena of estrangement place us in the insufficient veritative consistence that the simple comprehensions have, the perception of aspects (*Abschattungen*), incapable of shaping a real truth but, at the same time, making it possible, in its indiscriminate opening, of opening up the way to all type of new senses that can appear in more or less reiterated forms (threatening, beatified, divine experiences, etc.).

Manifestations of the incipient transformation of the subjectivity as an expression of disorders according to the setting: the predelusional

In this section, preference is given to the inclusion of all those catathymic phenomena that are found in the basis of

credential developments, some of which form a part of the steps necessary to constitute the personality itself in the evolutive pathway that characterizes the evolution of thought towards the achieving of an independent tool that is guided by its own laws, capable of offering an independence of the setting and of the closest influences from the experiential point of view²⁵⁻³⁰. This is one of the reasons why the evolution of the generalized disorders of development with schizophrenia have been traditionally brought together to the degree that this is understood from the production of an autistic world capable of generating, from its morbid rationality, worlds that can be considered, and they sometimes are, as frankly delusional.

This is a part of the question. The other refers to the time immediately before the crystallization of the delusion. That which is known as «trema» since Conrad³¹, or with Berner as «delusional atmosphere³², or previously from Jaspers as delusional mood^{33,34}, as well as the Störing perplexity feeling³⁵ or the concept of metal automatism prior to the delusional irruption of Clérambault. All that which catathymically modifies the opening of the sense or gives rise to the appearance of a delusion. The interesting of all these states called predelusionals is not subjecting them to a diachronic sequence through which delusion can be determined by its insertion in a causal sequence, but rather indicating the significant transformation that it has from the point of view of the veritative relationship understood in all its amplitude and depth.

The interrelationship with the hallucinatory

The separation between thought and perception, traditional in psychiatry since its beginnings, is responsible for the fact that the hallucinatory has categorically separated many times from the delusional, as if there were separate areas of understanding reality. In fact, historically, we find efforts that have been carried out with more or less success to make real separations between hallucinations and delusions as a consequence of deficiencies in the epistemological procedures available for such task. This irrefutably denounces the deep empiricistic impregnation that psychiatry acquired in its beginnings, above all due to the ideas of Locke. The history extends up to our days with the question of delusional perception, whose aimed diagnostic value for schizophrenia was carried out by K. Schneider and has given rise to a series of discussions on the subject that manifests the complexity of such matter³⁶⁻³⁸.

It is in the tendency to the simplification of the perceptive element, inscribed in the ancient positivist tradition, of which we find it difficult to detach ourselves in the style of Ernst Mach, that the pathway opens from which the first phase tending to distinguish delusion from the hallucinatory into a second phase, in which the simplicity and apparent originality of the data of the sensation can lead us to think that there is structural independence between both products³⁹.

The transition towards the obsessive

In the same way that it has been difficult to separate delusion from hallucination, it has been so to separate delusion from obsession. Perhaps even more when these latter two are grouped under the heading of thought disorders. The first difference established by descriptive psychopathology, strangeness of the self in the face of the insertion of the obsessive idea, becomes less specific in a view constructed by the phenomenological vision. That which allows transitions between obsessiveness and delusion is, for Balerini and Stanghellini^{11,12}, the greater or lesser indemnity of the awareness of activity, that which had been mentioned by Jaspers and later ratified with differences by Schneider as selfness (*Meinhaftigkeit*), directly linked with the concept of the disorders of the self^{33,40-42}. That which is known as psychopathological computer¹² (p. 101) is, in this case, the activity-passiveness axis of the egologic activity, that is in charge of given meaning to this action and recognizing it as significant.

The delusional crystallization of ideological, imaginative and fantastic construct forms

In the area of the formation of personality, in the passage from childhood to adolescence, we encounter the evolutive psychology that warns us that the processes of formation of assimilation schemas coexist with interpretations and through these interpretations it is possible to consider that formations created in parallel to the adaptative schemas are capable of being shaped in a closed way and that certain types of repeated behaviors create feignings that substitute opening to the reality, finally constituting constructs that are perfectly classifiable as delusions. How is it possible to distinguish some types of delusions without appealing to the concept of the primary delusional idea, avoiding the vague concept of motivational understandability, as famous as unconscious, that is at the base of the delirium notion? What type of false consciousness is that which is capable of treating as mere operatory or functional concepts as an object until constituting legal type structures, on the basis of which we subject a supposedly deviated behavior to judgment and evaluation, as has occurred paradigmatically in the near past? And what can be said about the generation of the objects of melancholy that nourish that existing in the imagination of certain cultures or ideologies, really non-presentable, and that are capable of legitimizing the most horrific atrocities and make the formation of fraudulent identities possible? What are the criteria of demarcation with the delusional in the case of development of new paradigms or scientific hypotheses? What is its veritative structure?

Preeminence of the prejudicative: recapitulation

The prejudicative function has been overlooked when constructing the concept of delusion. However it is used

when the judicative component on which the weight of delusion falls in our tradition and up to the present date overlaps, dissolves, mixes and interferes in another type of occurrences in which the subjectivity of the subject is no longer a guarantee of the self-referring indemnity to justify satisfactorily a judicative independence such as that seen in the example, that is always available, of systematized delusion, that can be used to justify frankly its functional and psychopathological independence. Thus, understanding the prejudicative aspect of it and the deep interconnection with another type of psychopathological phenomena in the same ontologic setting in which the delusion has been expressed makes us able or should make us capable of thinking: *a)* that the interconnection of man-reality-trust is the framework from which the different forms of relation/alteration with reality are crystallized and that its psychiatric metaphor has been delusion; *b)* that the veritative relationship has a prejudicative component which is more originary than the judicative, where delusion is always located, and *e)* the closed delusion formation, as a specific case, perhaps the most distinguished and most outstanding, as it is, among other things the least equivocal, is not necessarily that which best explains the metaphoric structure that makes it possible to consider the ways of establishing the veritative relationship with reality⁴³.

THE JUDICATIVE WAY OF KNOWLEDGE OF REALITY AND ITS DELUSION FORMS

The classic saying that the place of trust is judgment has a more conspicuous dimension here. If this has not been made clear up to now, in the matter of delusion, we are dealing with truth. Returning to ourselves, to our behavior and habits gives this view a thematic character by which aspects of the field stand out and they become considered as something isolated, independent, with the aim of subjecting it to a certainty criterion, one of ratification, that has greater internal consistency than the mere, although pristine, comprehension. We go from the horizontal intentionality to the objective intentionality. In the terminology of Zubiri, we go from logos to reason. That the place of truth is found in judgment, in the predication of something as something (*tí kata tinos*), has been the argument par excellence, that has organized thought on delusion and, indirectly, of the shaping of psychopathology. Because delusion has been, and still is, the central question of psychopathology. Thus, this concept must be measured against itself, and its difficulties must be faced in order to sufficiently say that there is a certain idea about what psychopathology is. If psychopathology has aimed to have always represented an architecturally plotted surrounding to a key concept that confers systematicity, this has been the concept of delusion. And this occurs for reasons that are not at all contingent. In the judicative assumption of delusion, the gnoseological and metaphysical problems that is part of psychopathology⁴⁴, most of the times unobservedly, of the philosophy and after of psychology, converge⁴⁴. This is because judgment is the synthesis

of concept and sensitivity, the involvement of all other functional components are carried out regardless of whether this is desired or not. In fact, in the judicative moment, the different functions of an understanding or of a compartmentalized mind are integrated. In this way, continuing along the course of affect (*Wahnstimmung*), memory, perception, reasoning, imagination, etc., we can verify how they are initiated and in action in all judicative execution. Thus, it is not rare that delusion is a key, in architectonic sense, of the psychopathological building. However, serious and deep problems that thought has tried to approach traditionally and that continue to persist in their enigmaticity hide behind the judgment.

We will only mention briefly the role of subjectivity, of the self, of the synthetic unit of apperception, etc., as something to consider, not only because it is the part that supports, links, executes, tells them in a predication or inference, but also because it opens the problem of delusion to considerations and classifications by subjects that we have already mentioned above and that give a new dimensions to the problem of delusion towards the inexcusable implication of subjectivity, regardless of the psychopathological aspect must be dealt with, which shows us this fluid character of the psychopathological forms and the transitions that must be observed and mentioned, as a specifically psychopathological task in relationship to activity, execution, *ergon*.

Of the existing agreement in regards to judgment, it can be attempted to extrapolate some criteria that make it possible to organize the problems of delusion considered as judicative problem. To do so, it is necessary to make delusion something that is self-enduring by itself, independently of another type of components of understanding, perception, imagination, memory: percepts, feignings, concepts; or, of forms understood as functions or processes that are basic to the mental activity. But, let's repeat it once again, neither the clinical reality nor the overloaded history of this eminent psychopathological and psychiatric problem allows us to do without the complexity that is inherent to it. The attempts to understand delusion as a differentiated psychopathological element, that make it something that is completely independent of the activity of the functioning subjectivity as a whole, need to attribute a knowledge of totality to delusion, a component that contradistinguishes from the remaining elements that participate in our encounter with the real to explain and give information on it; that the judgment of the reality is something completely different from imagination and perception.

This is what Ojeda supports⁴⁵ (p. 89), which beyond its difficulties to explain what delusion is, serves us to warn and mention, on the contrary, the type and grade of complexity that he assumes to argue in this way. Because, that which is delusion for this author, is something different from the imagination and perception or another type of intellectual component, something unexpected, an aim to the truth that supposes an addition to the compact act by which we face

reality as a whole. So that this understanding of the whole, in the global sense that seems to be independent of all other ingredient of our intellectual activity, is charged with the transgression of a sense of reality. Here, a resort is made to explain *obscurum per obscurius*, since this meaning of the reality cannot be other than something transcendental, which far from being true or false is complex and this complexity is not explained nor is its scope explained for the question of delusion, although it can indicate the character of truth that the concept of transcendental has, which serves to turn something to our advantage in a dismantling reading of the concept in question. But the sense of the reality, the non-thematic interpretation of our insertion in a context of sense, is something prejudicative. This allows us to mention how the differentiation of delusion as something judicative, when carried to its final consequences, appeals inexorably to an argument that includes a wider concept of truth that incorporates the prejudicative.

All the arguments of delusion as erroneous judgment, as false conviction morbidly generated in the best German psychopathological tradition (Kraepelin, Hoche, Bumke) to the school of Heidelberg with Jaspers, Mayer-Gross, Gruhle (*Beziehungstezung ohne Anlass*), is based on this supposition^{46,47}. Nowadays, among us, the same position is maintained⁴⁸. So that the forms of having judicative delusions par excellence constitute the more or less pure paranoid states: schizophrenia, paranoia, sensitive delusion, paranoid reaction, late paraphrenia, etc.⁴⁹. All these forms are preferably focused on the logical process, as rational inference, in the attributive processes, in the distortions of reasoning, etc., in which emotional factors or alterations also mix in the basic process: attention, perception, memory. Thus, it is not strange that the investigation in this area has been reinforced in recent times with the contributions of the cognitive psychopathology^{50,51}.

DELUSION AS FORM OF EXPRESSION OF THE VERITATIVE DISORDER

The opposition between prejudicative and judicative covers the history of the concept of delusion. Here, we have tried to demonstrate it in the double aspect of the clinical and philosophic origin. Both sites that must be considered regardless of wanting to use another type of approaches with aims of greater veracity are capable, as far as we understand, of including the complex and diverse heterogeneity of that which has been considered as delusional. The solution consists in, therefore, demonstrating that there is no solution in the terms required and established by tradition.

Thus, the consideration of the delusion is not a third order explanation that includes the latter two, as opening or exposing of the reality and as predication, in a third and higher consideration that finds its truth in the measure that it explains, by derivation of a cause, the strange way of aiming to say the truth that the patient has uttered. There is

no such thing. There is no final reality that consists in delusion, a reality that is only accessible to the psychopathologist *sub specie naturae* because the he/she explains it, this being in the brain, in some cognitive disorder which, in turn, is derivable from another one of the brain, or it is a final cause in some psychic mechanism by which a situation of commitment or of equilibrium is reached based on, who knows, what type of situation has occurred in the patient's childhood life. What exists are primary forms of interpreting the reality that have their own ways of going astray, of becoming rigid, of closing to the opening and vastness of the reality and of casting out its overwhelming presence. There are also transitions between these forms, special types of transition between one and another. All of them have been called delusion, but the problem in the name consists in attributing the character of judgments to each one without discrimination. Thus, the internal coherence of the definitions are accepted reluctantly, and are shown to be excessively restricted or excessively simple.

What exists is a connection or disconnection of experiences based on the horizon where the patient is located, either the non-problematic world governed by implicit rules or the world of argumentative reflection presided by the explicit type predicative attitude. Saying that the delusion of the schizophrenic, which moves in the eccentricity from the anthropological perspective, weakly anchored in common sense, whether in the cenesthesia or in the meanings, in contrast to the melancholic one which is substantially centric, hypernomic, hypersyntonic, etc.⁵², does not solve the meaning of delusion, since in its tendency to inscribe it in a context of genetic understanding (phenomenological) detracts from its merely formal sense. Both are delusions but their content does not solve their meaning as such; it only tells us about its genesis. And the genesis of delusion anchors in the veritative attitude, which, in its radicality, exceeds the phenomenological analyticity; this attitude says that it can appear prejudicatively or judicatively, or move from one to the other, or anticipate perception, or mixed in obsessive reiterations, etc. What it does not say is that delusion is a metaphor to express, to say a way of our agreement with the world. The reality appears either as vastness and unassumable by a subject who does not finally reconcile with him/herself, but without achieving it, who does not stop trying to do so, on interpreting him/herself, either in response to the overwhelming presence of reality that leaves us no other possibility of warding it off by means of available interpretations in the cultural heritage within the facticity in which we develop (myths, legends, feignings). Both modalities can be the same, or occur in succession or as alternatives; all are delusion because this finally demonstrates that the response in a given situation does not allow the reality to be shown and can be understood. The circle of experience of anticipation and compliance is broken. It is a way of radically being outside of reality and that which has been called delusion, insanity, dementia, schizophrenia or melancholy, but also ideology, phantasy, lucubration, etc. Some forms of abandoning the course of experience are re-

versible, transitory, innocuous, sometime convenient, but the semantic determination of delusion has historically tended to preferentially defend those who are shown to be crystallized in obstinate judgments. This is partially correct, but a mistake is made in losing sight of the wide horizon from where it should be understood that which has been called delusion, which, in an attempt to be a determined concept, is no more than a metaphor to under a way of our agreement with reality.

The task of the psychopathologist that is derived from that stated up to now must be understood as an activity, an execution, that is capable of concluding, based on the understanding of the field of manifestations of the patient, in what situation the patient is in regards to the reality. The psychopathology is thus shaped as an activity consisting in discerning different forms of facing the reality and its modalities. The psychopathologist assigns, says, proclaims that the expression considered as delusion is useful in the means that it serves to explain what the patient says on the reality of things, of him/herself and of the others. The concept of delusion and its use has sense and clinical performance when the methods in which the action of the subject moves towards reality are joined. These methods explain the reality in an attempt to grasp and understand, from oneself, and toward his/her possession and appropriation of oneself, always through the other, since without the other, there is no truth⁵³.

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