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Insufficiency of psychopathological identification in a case on non-processual schizophrenia

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A case of non-processual and primarily non-productive schizophrenia is presented. However, its evolutive development and clinical manifestations of «self» experiences alterations are prototypic of the picture they represent. Nevertheless, this case was not diagnosed during more than one decade of observation. The presentation of this patient's case history shows how clinical praxis dissociates the theory of schizophrenia from the patient's experience. The discussion elaborated from the conceptual history and the self in schizophrenia suggests that the subjective phenomena manifested in these patients cannot be approached by the present applicable operatives criteria in psychiatry nor from a unifying criterion based on an exclusive nuclear approach that aims to explain the final cause. All of this refers to the insufficiency of psychopathology as mere semiology and raises the need for a psychopathological praxis that can implement the results of the theory.

Key words:
Non-processual schizophrenia. Self. Psychopathology. Semiology.

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Insuficiencia de la identificación psicopatológica en un caso de esquizofrenia no procesual

Se presenta un caso clínico de esquizofrenia no procesual y primariamente no productiva, pero cuyo desarrollo evolutivo y manifestaciones sintomáticas de alteraciones de la vivencia del «yo» resultan prototípicas del cuadro que representan, a pesar de lo cual el caso permaneció sin diagnóstico a lo largo de toda una década de observación. A través de la exposición de la paciente se ejemplifica como la práctica clínica disocia la teoría de la experiencia del enfermo. La consiguiente discusión, elaborada desde la historia conceptual y del *self* en la esquizofrenia, sugiere que los fenómenos subjetivos que se manifiestan en estos enfermos no son abarcables a través de los criterios operativos vigentes en la psiquiatría, pero tampoco desde un criterio unificador en torno a un enfoque nuclear exclusivo que pretenda dar cuenta de la causa última. Todo ello remite hacia la insuficiencia de la psicopatología como mera semiología y la necesidad de una práctica psicopatológica capaz de poner en activo los rendimientos de la teoría.

Palabras clave:
Esquizofrenia no procesual. Self. Psicopatología. Semiología.

INTRODUCTION

The difficulties inherent to the psychopathological practice, such as the semiological deficit that molds it, are represented in the following case report in regards to concept and identification of schizophrenia.

CLINICAL CASE

M. is a 20 year old single woman without children and with no somatic personal background of interest. She is the older of two sisters, lives with her family, does not work or participate in academic activity. M. was born after a normal pregnancy and post-mature induced deliver, with a weight of 3.9 g. The evolution of her psychomotor development was normal and she attended nursery school at an early age. She went to school until 12 years of age and had her first contact with the Mental Health Consultation (infant-child) at age 10 due to behavior disorders. Her parents stated they could not establish limits for their daughter who was «indolent and obstinate». They described M. at that time as a girl having a difficult, introverted character with no friends, who had frequent range attacks when faced with minimum frustrations. They stated that there was frank rivalry between the sisters, M. being jealousy of her younger sister from the time she was born. Her performance on the verbal WISC at that time was 116. They ended her visits voluntarily 1 year later. At twelve years, she was evaluated by a psychopedagogical team of the school site due to her difficulties for interpersonal relationships that stood out by her dependence, monopolization and scotomization of the

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other, with progressive withdrawal as a consequence of her own rejection and of others to this type of interaction and to her inability to adapt to the context. She returned to the Mental Health Clinical (infant-child) at 15 years of age. Her behavior disorders persisted with marked oppositionism. Her mentioned withdrawal has been manifest and growing since then and she has become abandoned about her self-care and has failed in school, with progressive absenteeism until she completely dropped out of the studies. She ended the follow-up six months later. She reappeared in the Mental Health Clinic (adults) at 18 years of age, having been sent by a private psychotherapist for evaluation of antidepressant treatment. She began with occasional consumption of cannabis and daily intake of alcohol, initially with socialization directed purpose, reaching some very relevant amounts, both due to the precocity as to the consumption form (she took refuge in her room and drank all types of alcoholic drinks). Starting at that time, the picture acquired stabile characteristics that have persisted until the present time. She remains confined in her room, inactive, with apathy and incapacitating fear as well as anergia and anhedonia. She is progressively more limited and impoverished, whimsical and hostile, dispensing with the environment and her appearance and behavior are disorganized. The family conflictive situation is constant, disqualification being used as a form of communication. M has been labeled as «rare» since childhood. During the psychiatric evaluations, the difficulties to connect with her are seen, she being extremely concise and digressive, puerile and insipid in her reasoning and affectivity. She is shy, and her behavior is frequently interpreted as phobic. In her writings, there are phenomena of alienation, self-referentialty and suspiciousness and doubtful disorders of the «self». This enormous heterogeneity and variety of symptoms, nucleus of the underlying picture, favors different approaches that hinder their access.

An unsuccessful attempt was made for her to join the Day Hospital where M. felt displaced and with less communication due to her «mental emptiness». Once in the mini-residence, her disorganization and expressiveness improved although she continued to have unmotivated laughter, hypochondriac kinesthetic body experiences and hearing of voices manifested with scare accuracy and belief. Her refusal to return to the residential resource after the vacations led to her admission to the short hospitalization unit where no productive symptoms could be demonstrated. However, due to the evolution described, these seem likely. No previous drug treatment or treatment during her admission could induce any changes in M. who continuously presented herself as a problem seeking meaning. The presence of productivity or not would do no more than ratify a diagnostic suspicion established on the disproportion of her behaviors and progressive impoverishment and autistic withdrawal. Due to the historical course of the disorder, we believe that she has a schizophrenic type psychotic disorder. This opens up the consequent discussion on the diagnostic difficulty that this diseases seems to have when there is no processual course that is primarily productive.

DISCUSSION

Based on the case presented, it is demonstrated that the diagnostic «apparatus» is not prepared to deal with the subjectivity of the psychiatric patient but only to use the semiology. In conclusion, up to now, and as a starting point to the following discussion, we stress that the clinical practice dissociates theory from the patient's experience. This has led different authors over recent years to make an effort to define the schizophrenic prodrome as much as possible. Some, for example, Yung and McGorry[1], has done so from more «observable» approaches, obtaining the most frequently described prepsychotic symptoms: concentration difficulties, decreased impulses, motivations and anergia, depressed mood, sleep disorders, anxiety and social withdrawal, suspiciousness, distrust, functionality deterioration and irritability. Their frequency of appearance, however, also does not provide specificity to this type of symptoms, this group of alterations being found frequently in healthy adolescents.

All of the prodromes indicated by Yung and McGorry occurred in M. continuously. Thus, the question can be asked about what has determined that the patient had deteriorated for over almost 10 years without having being diagnosed of psychosis? The interpretation of the changes was complex because they were frequently mere intensifications of temperamental and preexisting characterial traits. According to Klosterkötter[2], psychotic symptoms, above all the deficit syndromes and formal thought disorders, have a continuous transitional and dimensional character. Then, is there really anything specific within the field of psychiatry?

When the historical evolution of the term schizophrenia was reviewed again and, with the aim of providing it with the category of definable nosological entity, the search for the basic and generic disorder in the schizophrenic patient became the fundamental task when making any attempt to approach insanity. In 1927, Minkowski[3] found the fundamental feature of schizophrenia in the impossibility to establish affective contact with the patient in that he calls «loss of vital contact with reality». For Rümke[4], the schizophrenic patient induces «praecoxfeeling» in the observer, the sensation that everything is disrupted, that is changed in regards to the standard: cold, strange and indefinable presence, absence of empathy and spontaneity. K. Schneider[5] (1959), stresses the passivity phenomena that presuppose «some patency of the barrier between the self and the world». Scharfetter[6] (1976) considers most of the delusional phenomena as compensatory reaction against «the self» disorders. As can be seen, all of these ways of determining subjectivity can be seen.

This historical reconstruction of the subjectivity reminds us that we have subsequently and repeatedly seen its destruction since it cannot be approached with the methodology used and not because it has not been manifested. This has been observed through the already mentioned classification attempts and the integrating etiological concepts for schizophrenia. However, as the dissociation persists be-

tween theory and experience of the patient, return towards that which is now called the history of the «self» is paradoxically and periodically produced. From the disorders of the «self», it tries to approach the essence of that which is characteristically psychotic, how it is glimpsed in most of the current literature that tries to approach the psychopathological nucleus underlying schizophrenia. The complexity entailed in the description of this type of disorders hinders its use as «observable» classification criteria. In spite of all this, it is the best and most complete approach to the subjective experience of the patient which, in turn, is that which best defines the schizophrenic disorder.

The disturbance of the «ipseidad» (feeling of selfness), has, according to Sass and Parnas[7], two principal aspects: diminished self-affection, which would refer to a decline in the sense of existence and hyperreflexivity, an exaggerated self-consciousness, a tendency to direct attention towards processes and phenomena that normally would be «present» or would be experiences as part of the self[8]. The diminished self-affection and hyperreflexivity disrupt the prereflexive baseline sense, this being accompanied by perceptual field alterations. In this state of hyperalertness, the daily sensorial stimuli finally sound strange and give the sensation of irritation and affective disturbance[9]. In the opinion of Blankenburg[10], the central defect of schizophrenia can be described as a «loss of natural self-evidence», of the usual orientation of the common sense towards reality[11], that allows a person to consider as fact many aspects of the social world. The loss of natural self-evidence underlies the characteristically schizophrenic perplexity and includes a feeling of not being able to maintain a consistent grasp on reality. One becomes strange to oneself, the consequence of which is that the patient must dedicate special effort to process which would normally occur automatically, leading to schizophrenic «asthenia».

The disorders of the «self» provide a unifying criterion that has been present since Bleulerian autism until the present time. This criterion aims to understand schizophrenia through the exclusive nuclear approach which presumably approaches the etiological unequivocally. The history of the schizophrenic process shows that it is not possible to understand the disease from this single all-inclusive approach, including the phenomenological. However, it is also not possible to dispense with ones ownness that is present in all the cases that mention the name of schizophrenia. However, it is true that from these subjective experiences of the patients themselves, the clinical picture of M. acquires greater «homogeneity», above all in her deficit manifestations. It would be the purest expression, free of accessory symptoms, of the fundament disorder, of what is the same, that which Diem[12] in 1903 called «dementia simplex» and that has gone on to develop an explanatory model of the schizophrenic defect[13]. «The meaning of the simple is going to become the light of the fundamental»[14]. They are the basic symptoms close to the substate of Huber[15], a model which, together with the structural one of Conrad[16], make up the fundamental cornerstones for the diagnosis.

As we have seen during this discussion, although there are theories that, whatever type they may be, unify the psychopathological heterogeneity in a single symptoms that explains the nuclear of schizophrenia (trying to determine the subjectivity as, for example, in the disorders of the self) and that refer to, therefore, the final cause, prototypic and daily patients as the case presented, this continues to puzzle and cause lack of consensus among the professionals. In conclusion, this case has served to exemplify once again the difficulty of the joint participation of the concept of schizophrenia and psychopathology. The heterogeneity of the symptoms presented, among which all of the subjective phenomena around which the psychopathological concept of schizophrenia have been unified are present, cannot be overlooked. This should alert us about the insufficiency of psychopathology as mere semiology. As it repeatedly has had different unifying theories available, its applicability in each case is not guaranteed because of its logical insufficiency in the identification procedure of the clinical manifestations.

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