

Schizophrenia and subjectivity

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Esquizofrenia y subjetividad

Summary

Recently, the group of symptoms known as «subjective experiences» of schizophrenia has raised a growing interest. These phenomena have been shaped through concepts like depersonalization-derealization, mental automatism, disorders of the self and autism. The authors propose to review these syndromes, as well as their relationship with subjectivity understood as consciousness of the self (or self-awareness) and the shortcomings due to such a relationship. To finish, we will provide some hints into psychopathology understood as a technique of production of intelligibility which will hopefully help to provide a better grasp of the process described above.

Palabras clave: Subjectivity. Depersonalization. Mental automatism. Disorders of the self. Autism. Psychopathology.

Resumen

Existe actualmente cierto interés por las denominadas «experiencias subjetivas» en la esquizofrenia. A lo largo de la historia de esta patología estos fenómenos han tomado forma a través de conceptos como depersonalización-desrealización, automatismo mental, trastornos del yo y autismo. Los autores se proponen revisar dichos síndromes y su asentamiento en el paradigma de la subjetividad entendida como autoconciencia, así como los límites que dicho paradigma encierra. Se concluye tratando de encuadrar este proceso dentro del asunto más amplio de una psicopatología concebida como técnica de producción de inteligibilidad.

Palabras clave: Subjetividad. Depersonalización. Automatismo mental. Trastornos del yo. Autismo. Psicopatología.

INTRODUCTION

There is a discreet, but sustained interest in subjectivity as a legitimate matter of study within schizophrenic disease. This interest has generally chosen to deal with the so-called subjective experiences, from different points of view¹⁻⁷ which share, however, a similar meaning of «subjective», superimposable to private, vague and inexact⁸. At a first glance, subjective experience is a tautological heading, after all, all experience is only of one subject. In a more rigorous meaning, experience defines the coherence form of the empiric that makes it possible to know it⁹. This coherence is reached in different ways according to the uses of the era. In regards to the subject treated herein, Modernity (within which psychiatry adopted its recognizable form) shifted the keys of legal-form coherence of the empirical to the operations of the subject⁹. This coherence is responsible, in fact, for the objectivity of knowledge, that would produce as a disposable residue that which such unfortunate

expressions such as tautology in question try to recover for common interest: the subjective as private. Thus, psychiatry and psychopathology protect certain assumptions on the singular, that which can be shared or the nature of the knowledge, as its own foundation. This will be explained in the analysis of the symptoms or syndromes that we are going to deal with here: autism, depersonalization, and disorders of the self. On the other hand, the subjective experiences find a place in the logical space thanks to the presence and failure of this modern subjectivity, of which they are a product.

In regards to the theme of the thesis of this article, we should keep in mind that subjectivity, considered as a self from which synthesis operations are performed, is considered to be responsible for permitting experience to take place. Thus, when in the key moments of the formation of the clinical concept «schizophrenia», it was necessary to transfer phenomena that could not be fit into a certain psychic function, to an activity that would provide them with intelligibility, it was shown with audacity how the order of psychopathology is based on the unsure base of this subjectivity, discussed since the beginnings of the century¹⁰⁻¹². We see a similar pattern in autism, in depersonalization and in disorders of the self. The phenomenon is identified and assigned to different discreet psychological functions. When its explanatory insufficiency becomes clear, the self appears as an ideal option, capable of reducing a multiplicity of phenomena

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to a unity that appears to be coherent. In turn, the self will not take much time in showing the aporias to which it systematically leads to and it will be substituted by a strange scattering of the phenomenon studied in different diseases, by the presence of neofunctionalistic ideas¹³ or by studies on intersubjectivity¹⁴ or common sense^{15,16}. Why doesn't the self comply with its promises of unity and order? Due to identical causes that led to, with the change of the century, language taking over in the task of assuring the possibility of experience. The self-founded self is impotent to constitute the world from it and becomes aporetic when it should explain the other and self-consciousness¹⁷. The subjective experiences that we begin with thus appear as the remains of the collapse of this paradigm, from which it is not possible to explain them except as a vague compensation of objectivity. In the conclusions, we will show how all the process can be better understood if a particular case of the difficulties faced by psychopathy is considered when intelligibility is produced from abnormal behaviors and experiences, difficulties which if analyzed in detail, would surpass the limit of an article.

DEPERSONALIZATION

Experiences of feeling strangeness of oneself and of the surrounding world or the alterations in the experience of time crosses different psychological functions in diagonal (or modules or subsystems) without it being possible to explain them from a specific deficit¹⁸. This dissemination seems to outline the negative of a superfunction on which the study can be focused. We remember that during the XIX C., «person» and «self-consciousness» corresponded almost univocally^{19,20}, they communicated through a self-consciousness considered as reflective and egologic¹⁷ and they were based on a key element of conceptual frame of the century: a self both justifying and justified, knowing and to be known²¹.

The experiences of estrangement and the model of the psychology of faculties

Almost from the first descriptions of the syndrome, (Billot in 1847, Krishaber 1872, Taine in 1876, Dugas who coined the term in 1989 and Bernard-Leroy who stressed its specific character in the same year), the term «depersonalization» refers to experiences that are assigned to the consciousness of oneself and to subtle disorders of the perceived world, and the specific faculty on which the disorder must depend should supply the burden of proof when explaining the group of isolated symptoms. In the subsequent revisions, these studies are going to be known as the «sensualistic» and mnesic thesis on depersonalization^{19,22}. Krishaber, Taine and Ribot, propose a primary disorder of the sensation based on estrangement of the perceived world and the alteration of the self-awareness. In contrast, Österreich bases it on

the preeminence of feelings. From the reference to the studies of Lipps²³, this author conceives the feelings as the conditioning elements of the states of the self²³ (*Ich-zuständlichkeiten*). In this way, the feelings make up immediate indicators, not only of essential states of the self, but also of its actions and activities. As we see, the interpretations are distinguished by the weight given to the different faculties that the origin of the disorder is attributed to. The problems that could generate the fundamental questions on identify and experience are side-stepped by a psychologicalization of the self.

Self-consciousness and reflection

In the studies of the authors that we are going to review in the following, the self becomes the key to the analysis. The disorder that translates the symptoms described should go back to an activity of synthesis, to a central self, whose belonging to an experience structure becomes modified.

In the self-consciousness model, the perspective is made once two necessary levels are separated: the process lived in by the ego (*Icherlebnis*) and the knowledge that we have of this experience, which we call self-consciousness (*Selbstbewusstsein*). The condition of possibility of self-consciousness is found in this double aspect: in each act there is a transcendental self, whose empirical performance, whose individual determination, is developed as personality (*Persönlichkeit*)²⁴. Self-consciousness then arises from a reflective return of the self (empiric) towards its own conscious processes that depend on it as self (transcendental)⁹. In this coming and going of the empirical to the transcendental, different authors will place depersonalization or disorders of the self in one pole of the relation or another.

Schilder

To understand the study of Schilder²⁵ it is essential to make a brief mention of Janet's reflections on depersonalization. In his study on obsession and psychasthenia²⁶ Janet calls feeling of loss of freedom of the action of men as «feeling of automatism». He understands «feeling of freedom» as a feeling of unity of all our tendencies, both those required by causes external to us as well as those arising from our own character. The resulting experience is that of a feeling of being dominated by actions that do not arise freely from our person; thus the feeling of automatism, that Janet relates with insufficiency for psychic synthesis to link the action with the integrity of the person.

Based on this notion of depersonalization, Schilder finds the characteristic of depersonalization in the «contradiction of the experience», that is, in the phenomenon of comparison given in an experience that would place the self against its own psychic events, presenting them in the course of its fulfillment²⁵.

This comparison between that of a present experience and the disappearance of its character of evidence converts the individual into a subject of a feeling of non-authenticity that becomes an object itself of a new act. His understanding of experience of non-authenticity as an affective quality leads Schilder to a definition of depersonalization as a state in which the individual does not recognize himself as personality.

Störring

Störring suggests a dual structure of the self as a base for any analytic study on depersonalization; the self as object, as personality, and the self as subject. The states of depersonalization affect a self which as a subject is intact, being capable of also referring to oneself as an altered object. Thus, the depersonalization would be the expression of a modification of the self as object. This fundamental structure of the dual consciousness of the self acquires, according to Störring, the primary function of integrating the different psychic processes towards unity, from its differential involvement, the different ways of living the depersonalization that are introduced in his monography would be derived²⁷.

Disorders of the self?

Several studies of outstanding authors have brought up the states of depersonalization derealization from the category of disorder of the self. As we return to it further on, we will treat both problems jointly.

The problem of phenomenological analysis of consciousness

Phenomenological investigations have a rigorous continuity with the studies reviewed. Husserl²⁸ considers his work as a deeper study of Kant. Its affinity allows psychopathology to integrate different contributions of Husserl without harm to the deep architecture of the system, using the description of the intentional act as a primary way of relationship with the world, the possibility of basing a rigorous science of the awareness on it²⁸⁻³⁰, the concept of eidetic reduction²⁹ and the link of evidence and truth³¹ to obtain a method that would rigorously study experiences that exceed objectifying descriptions. However, the straight continuation of the phenomenological investigations will penetrate the self-consciousness model without solving its contradictions, while Husserl himself will finally exceed the potent subjectivity and understand the need of another approach. Perhaps the best example is the study of Blankenburg (and that of the psychiatrists influenced by him) that we will review later and that of Kimura Bin³². This Japanese author initiates his phenomenological analysis of depersonalization-derealization (symptomatic complex that, as Meyer, important background^{33,34} considers as two forms

of a same disorder) based on a relationship between men and world logically prior to all knowledge and feeling. When the certainty is not sustained in each meeting with the world, this quality of the self that is added to perception is lost, and this same world is reduced to a simple combination of passively captured stimuli (derealization and depersonalization) that prevents the self from acting as a totality.

The present state: dispersion

When subjectivity is abandoned as guarantee of coherence, the depersonalization syndrome suffers a process similar to that of delusion or hallucinations. Behavior or abnormal experience is isolated and broken down into as many dimensions as possible without also breaking down the information³⁵. Thus, we find sensations of irreality which is also classified according to the perceptual modality, feelings of automatization, self-observation, emotional alterations in turn composed by absent emotional subjectivity, motor expression present and the autonomic response newly absent; body image and experience of time are also altered, both in duration as well as in continuity of temporal lapse; finally cognitive symptoms are added: sensation of not having access to cognitive contents^{36,37}.

The division of the syndrome into different functions or complexes of functions stands out. If in the first theories, an attempt is made to reduce it to a single faculty and after to a specific synthetic activity, the contemporaneous psychopathology breaks it down into theoretically independent qualities and trusts its intelligibility to a statistical aggregation and to its supposed cerebral abnormality³⁸.

MENTAL AUTOMATISM AND DISORDERS OF THE SELF

Mental automatism

Mental automatism was described by Clerambault in 1905, grouping the different hallucinatory phenomena studied by the psychiatric event up to this time. We can outline its genealogy from the study of hallucination in the classical French psychopathology. To do so, a brief review of it is necessary.

The beginnings

The XVIII century witnessed the «medicalization» of the hallucinations then considered independent diseases; as exponents we have the descriptions of Nicolai (1799) and Berbiguier (1821)¹⁹. They have been considered as symptoms since the XIX century. Semiology of the hallucinations began in psychiatry with Jean-Étienne-Dominique Esquirol³⁹. Based on the psychology of the faculties of Condillac, a term will be used that origi-

nates in a «visual» model of perception, assuming that the hallucinations that affect the different sensorial modalities were somehow symmetric and uniform¹, a choice that has repercussions. In 1838, Esquirol³⁹ coined the classical definition of hallucination as perception without object. This definition, besides placing the weight of the diagnosis on a possible observer who would not perceive that referred to by hallucinated, establishes the differentiation with the illusions. While there is perception in absence of a corresponding stimulus in hallucination, in illusion, there is an object, although perceived erroneously. Their mechanisms are also different, hallucination has its origin in a cerebral or psychological alteration and illusion is caused by an error in the senses.

Jules Baillarger

Baillarger⁴⁰ accepted the Esquirolian definition of hallucination and differentiated two types based on the descriptions provided by the patients. On the one hand, he had the psychosensorial hallucinations, that the subjects stated that they experienced in the same way as the normal sensations and on the other hand, the psychiatric hallucinations, described by the patients as qualitatively different from the normal sensations. While in the psychosensorial hallucinations, the subjects who experienced them receive such a real impression as that produced by the normal sensations, the psychic hallucinations are completely strange to the sense organs, they lack sensorial component. The psychosensorial hallucinations are considered the result of the joint action of the imagination and of the sense organs, and the psychic ones, exclusive work of memory and imagination. However, what is of interest here is not their etiopathogeny, but the importance of the psychic hallucinations in regards to the speech domain, which includes distancing from the «visual» model of hallucination inherited from Esquirol. In spite of the fact that the Baillarger work lacks theoretical foundation that explains articulation between speech and hallucination, it still has an influence on later authors, in which the hallucinated becomes a subject that lacks hallucination on becoming the agent of its own productions⁴¹. He also places the origin of hallucinations in an organic alteration of the brain, investigating the relationship between certain automatic thoughts associated to hypnagogic states (in which automatic mental functioning is progressively installed as the control that the subjects have on its representations fails) and hallucinations.

Jules Séglas

In 1892 Jules Séglas published *Des troubles du langage chez les aliénés*, that studies the disorders of spoken, written and sign language⁴². It is based on the marking of the boundaries of psychic hallucinations from the visual model and their link with speech made by Baillarger as well as the aphasiology theory of Tamburini. In 1881

Tamburini^{43,44} had tried to separate the problem of hallucinations from the psychiatry domain. Based on the recent discoveries of central nervous system physiology, he announced the next renewal of psychology through the modern doctrine of cortical and spinal location. There had been much advance in the morphological and functional knowledge of the cortex and there was already a very exact idea on the sites of speech thanks to the problem of aphasias. Tamburini proposed a mechanism for hallucinations similar to epilepsy, considering them as the result of excitation of cortical centers. These are the axes on the thinking of Seglas. In the first place, he separated the verbal hallucinations from the rest of the hallucinatory phenomena. In the second place, he used Tamburini's production mechanism and divided them according to the excited cortical center: in the Wernicke area, the psychosensorial hallucinations were originated, in the motor areas, the motor hallucinations and in the Broca area, the verbal psychomotor hallucinations (that correspond with the psychic hallucinations of Baillarger). With this movement, Seglas finishes the route proposed by Baillarger, separating the verbal hallucinations from the pathology of perception and placing it in the area of speech⁴¹.

G. G. de Clerambault

With mental automatism⁴⁵, Clerambault gave unity to the combined hallucinatory phenomena studied by the French school, that he grouped in a single syndrome. He described it for the first time in 1905, reelaborating it and going deeper into its description during all his life; however, their general traits remained constant. This is a syndrome having an organic origin, neutral affective content and that is not related with the previous ideas of the subject, the delusional ideation thus being, if it appears, only «the reaction of an intellect and of affectiveness that have remained healthy to the automatism disorders that appear spontaneously and that surprise the patient, in most of the cases, in a real period of affective neutrality and intellectual calmness⁴⁵. The initial phenomena of the small mental automatism or passivity syndrome, that makes up the nuclei of the MA, mostly correspond with the psychic hallucinations described by Baillarger and Seglas. Clerambault divided these phenomena into: positive if they have an intrusive character, negative if they are inhibitory and mixed if both actions occur. With the progress of the picture, the tendency to verbalization develops: thinking, which was first undifferentiated, becomes auditory or verbomotor, constituting the voices with four characters: verbal, objective, individualized and thematic. H. Ey⁴⁶ grouped the phenomena by the triple automatism: ideoverbal, sensory and sensitive and psychomotor. Within the ideoverbal automatism, the phenomena of comments of acts and thoughts and echo, reading, theft and guessing of thought are found. Within sensory and sensitive automatism, all the range of visual, olfactory, gustatory and ki-

nesthetic hallucinations is found. Finally, motor automatism includes experiences of influences exerted on the body or kinesthetic hallucinations.

Several forces acted on the chief physician of Dêpot that would shape his work: a psychopathology of the hallucination subjected to constant review; the hierarchical model of the organization of the mental functions of H. Jackson, through the work performed by authors such as Seglas on the concept of automatism⁴⁷; a totally organicistic etiopathogenic position and the reliable cross-sectional diagnostic need that would make it possible to make rapid decisions, imposed by work site and type of patient examined.

If we review the evolution of the phenomenon that we are studying here, considered by the French psychiatry as «thinking that is rare to oneself»⁴⁸, we can observe an evolution: in a first moment, it falls within the wide Esquirolian definition of hallucination, characteristic of the psychology of the faculties. Then, Baillarger and Seglas, by a shifting of interest from the visual to the auditory, separate the pathology of «inner speech» from the perception disorders and finally, Seglas and mainly Clerambault explain the hallucinated as a subject alienated by his own speech. However, in spite of its descriptive richness, we still observe the lack of capacity of this model to explain the phenomenon that it tries to explain, which is no more than the form of a subject of relating with his own thinking. The successive developments suffered by the concept of hallucination, as it is used to group and explain phenomena having such diversity, ends up making this somewhat inexact and vague. The heterogeneity of the phenomena that must be considered as the pathology of hallucination is so great that it finally makes this instrument that should be accurate out of tune. A more consequent examination of the subjects' way of relationship with his thoughts, acts and affects should wait until the concept of the disorder of the self has matured.

Disorders of the self

The following studies propose collecting the states of acute depersonalization, experiences of chronic estrangement, first level symptoms of schizophrenia or phenomena of mental automatism under the category of disorders of the self. We find the first mention in the study of Pick published in 1903⁴⁹. The intellectual horizon of Pick seems to be the same that is clarified and explained by Jasper in his *General Psychopathology*. The famous formal traits of the consciousness of the self (consciousness of activity, unity, identity and opposition to the external) permit Jasper to group unequal phenomena to distribute them according to whether one trait or another is affected. The depersonalization would be an alteration of the consciousness of activity. More recent authors such as Bash (who finds the reference to the self specifically affected in depersonalization)⁵⁰, Scharfetter⁵¹⁻⁵³ and Spitzer⁵⁴ have stressed this same option. In many of these

studies, what Störing considered to be intact is considered affected, this «self subject» that we will see later is called transcendental by Spitzer.

K. Schneider

Based on the jaspersian criteria, Schneider^{55,56} reorganized the forms of depersonalization, derealization and disorder of self already described in the literature. We bring to mind that the famous study of Mayer-Gross had already been published. It divided the complex of depersonalization into two entities of depersonalization itself and derealization, that referred to estrangement of the setting, and then reduced both to a «stereotypical reactive functional expression», in the sense of Bonhöffer, with the subsequent loss of any clinical specificity value^{57,58}. As starting points, the insistence of Schneider on the difficulty to describe the experience of the self from the normal psychic life (as well as the incorrectness of the concept «consciousness» developed up to now) and, on the other hand, his interest in clearly differentiating between the act of «experience of the self», as something «formal» and the act of recognition, assessing and valuing the personality itself (that we previously called empiric self or object self) must be kept in mind. Schneider extends the four formal criteria of all consciousness of the self developed by Jaspers, formulating a fifth criterion, «experience of being there or of existence» and reforms this structure, substituting the «consciousness of activity» with «experience of mineness», since «it is not possible to speak of activity» in regards to experiencing feelings or some forms of thoughts. Thus, the experiences of estrangement, distance or irreality remain outside or inside the disorders of self according to whether they affect perceptions, feelings, volitions, instincts or thoughts. Thus, to describe the experiences of estrangement of the world perceived, an appeal is made to irreality, distance or concealment. They should not be linked to either experiences of mineness or experience of the self. Thus, while the mine or not-mine and the foreign are forms of experience of the self, the real or unreal are forms of an estrangement of the world. On the other hand, the disorders of experience of belonging to the self itself (for example and with all the caution and doubts of the world about its immediacy or elementality, the distortions of the experience of the self in thought and corporality) will be those that are considered specific to schizophrenia. Thus, Schneider divides the phenomena that Jaspers or Spitzer or Scharfetter prefer to join in formally separate spheres. However, the concept of experience of mineness will resist a greater depth since it does not seem to be possible to establish it outside of the consciousness of activity and of its tradition⁵⁹.

Scharfetter

Christian Scharfetter^{51,53} described a construct with five basic dimensions of ego-consciousness: ego-identity,

ego-demarcation, ego-consistence, ego-activity and ego-vitality. This construct is defined as phenomenological and it is aimed to validate it by a field study with semi-structured interviews. However, the use of the concept «phenomenological construct» is revealed to be inexact and vague. While what it aims to do is to validate certain constructs by statistical analysis, what occurs is that a setting is obtained by which some already presupposed dimensions are expressed⁵⁴. Here we are interested in how to lessen its deficiencies, there is no other solution but that of going into in greater detail in the phenomenological assumptions (thus Blankenburg) or returning to openingly Kantian assumptions, such as those of Manfred Spitzer.

Spitzer

M. Spitzer⁵⁴ places the concept of «Ichstörungen» in the German clinical tradition and differentiates it from other concepts of the Anglo-Saxon tradition, such as those of the «passivity phenomena», «inner-outer confusion», «loss of control», «delusion of being control» and «delusion of reference», that try to explain the same disorders, considering them false judgments or inference errors. The German tradition, on the contrary, describes the disorders of the self as immediate abnormal experiences. Spitzer considers that these phenomena already form a part of the immediate experience of the patient. His vague descriptions are an expression of their «basic» condition (without it being explained if basic here means fundamental, native or perhaps preexperiential), thus, prior to their appropriate metaphoric elaboration. And, on the other hand, in the absence of theoretical model of the structure of the normal experience. To alleviate it, Spitzer chose a Kantian model. This version towards transcendental philosophy translates the conviction of the author that this would be capable of providing an adequate theoretical framework to the description, not only of the normal experience, but also of its disorders, permitting Spitzer to perform a convincing criticism of the studies of K. Schneider and Ch. Scharfetter on the disorders of the self and on the Anglo-Saxon idea of these disorders as thematic variations of the «delusional experience», however the transcendental philosophy framework that lies under the consciousness of the self of Jaspers implies, once more, going towards a central self, synthesizer of the experiences, as a solution to the heterogeneity of the symptoms studied.

It must be remembered how the group of pathological phenomena that were isolated and described as hallucination types have derived, as already occurred to us with depersonalization, from a specific, perceptive or linguistic faculty, to the relationship of the subject with him/herself, first in mental automatism but with increased vigor and lucidity in the analysis of German tradition of the disorders of the self. However, given its greater dependence on an explicit or alleged theory of the subjectivity, understood as a general subjectivity, in its specific

dimension of being capable of becoming ill, its exclusion from the present psychopathological panorama has been deeper and more extensive, so that outdated the paradigm of the self-consciousness, they must be considered again delusions. However, there is no symptom that is so central for the constitution of the schizophrenia concept after Kraepelin and none so abolished nowadays of the daily work such as autism.

AUTISM

With the concept, it is easy to see this difficulties that have been found to capture the characteristic of schizophrenia. It has not been possible to adequately overcome this painful road, so that there are insufficient or forced theoretical elaborations. However, lines of thought, basically European, have explained the schizophrenic problems in a more global and clear way, autism being one of the profitable concepts to be able to define the characteristically schizophrenic, a concept that rests on the egologic subjectivity that we have been dealing with.

Bleuler

For Bleuler^{60,61}, the first thing in schizophrenia is a result of the relaxation of the tension of the associations, with the consequent break-up of the psychic event. In a conceptualizing of schizophrenia, this is going to be the pathogenic mechanism that makes it possible to understand the constellation of its symptoms. Together with the disorder of associations and affectiveness, autism is the third point of special relevance in the schizophrenic disease. According to its diagnostic specificity⁶⁰, Bleuler distinguishes fundamental and accessory symptom; and according to the pathogeny of the disease, he distinguishes primary symptoms, direct expression of the morbid condition (and, thus, only the alteration of the associations) and secondary symptoms. He places autism as a fundamental and secondary symptom, as one more element of schizophrenia, even indicating a normal way of thinking as autistic. On the other hand, on some occasion, he compares the concept of autism with that of schizophrenia^{60,61} and perceives the autistic as a unifying factor or *Form des Lebes*⁶². This contradiction has not been resolved in this study.

Bleuler defined autism as «detachment from reality accompanied by a relative or absolute predominance of the inner life, with isolation from the outside world»⁶⁰. The individual is separated from reality and withdraws into oneself or into the complexes that he/she has and that will absorb him/her completely in the future; thus, preference is given to the imaginary world in harm of reality and this state of things is translated exteriorly, above all in the serious cases, by an attitude of hostility, and, even more, of passivity and immobility regarding the world setting. The weakening of the logical functions

produces a relative predominance of the emotions and affectiveness acquires a great role in the association of ideas^{60,62,63}.

In the theoretical framework of Bleuler, the conceptual problem of autism arises in that the abnormalities of the associative act in the formation of concepts and mental representations were considered pre-eminent for the diagnosis and origin of schizophrenia⁶⁴. Thus, autism can only be considered from the concept of psychic function and from associationist psychology, so that the reality aimed at, the subjectivity and methods of joining with the real was lost or forgotten. This, which was defined by Bleuler as contact with reality is something that, for him, occurs in judgment, so that it is reasoning that should organize the world. This attitude implies beginning with a subject without a world whose task is to explain a surplus producing reality, a subject that is burdened with the task of constructing the world in which he lives. For Bleuler, the laxity of the associations are molded by work of the affectiveness in a certain direction, on which experience cannot influence, so that the autistic person is he who discards priority of intellectual coping of reality or does it in an isolated way. And this way of understanding the subjectivity leaves out the experience of you: we return again to the problem of the constitution of the World and of the Other from the own consciousness, a self referential egological subjectivity. The autism should describe a specific way of being in the reality that supposes a loss of contact with it. Thus, the associationistic psychology is narrow and limiting to explain this problem and the totality it refers to.

In this way, it is easy to see how autism is diluted into something vague, inexact and erroneous, that serves to explain different aspects of schizophrenia and becomes confusing and non-specific. However, we cannot overlook, as has been mentioned above, that autism refers directly to the self as a totality¹⁰, as some inherent to the personality in its whole, the altered nucleus in schizophrenia, substrate from the rest of the psychopathological disorders.

Heidelberg

In the Heidelberg school, we see another form of theoretical elaboration of schizophrenia that gives priority to formal diagnosis and that tries to organize the psychopathological activity from the unit of experience which is the self: thus schizophrenia is understood as a disorder referring to the self. The disorders of the self are constituted as another way of considering autism, Gruhle⁶⁵ explicitly deals with the concept of autism in relationship to the disorders of the self, linking the disorder of the experience of the self with the fundamental mood state of schizophrenia. The result of the schizophrenic condition is expressed in a disorder of the experiences of the self; the transformation of the personality as a whole. The problems caused by autism are solved as the substrate on which their manifestations are based are clarified: the

concept of the self on which the alterations of the association are produced. When the different symptoms that characterize the schizophrenic (association, affectiveness and autism) are placed on the same level, that permitted by the formal analysis of the experience of the self becomes impossible.

Rümke

In 1941⁶⁶, with the concept of *pracoxfeeling* (early feeling), an attempt is made to capture the strangeness moment that arises in a live way in the contact with the patient, the specific and immediate experience that arises in the psychiatrists, the feeling evoked in the meeting. In this way, the *pracoxfeeling* affects the person as a whole, heeding the character of strangeness as such, to that immediately apprehended. For Rümke, the weakness in the instinct of approach is fundamental in schizophrenia. And this alteration is recognized in the total expressiveness of the patient. Without it, no correct diagnosis of schizophrenia can be made. The fundamental of the *pracoxfeeling* is that it means an attempt to expand the strangeness moment to which autism seems to appeal.

Minkowski

For Minkowski, autism means the nucleus of schizophrenia, the initial mental disorder would thus be the loss of vital contact with reality from which the rest of the manifestations would arise^{62,63}. This loss of contact is the essential regulating factor of the psychic life, to which the rest of the psychic functions would be subordinated. Affectiveness and autistic thought would not use up the notion of autism alone; the key would be that the schizophrenic condition would act, making a primitively autistic and uninterrupted activity appear, detached from the world, and that would paralyze the personal impulse⁶². Autism would be the way in which the patient is in relationship to reality. It is a new perspective of the subjectivity in psychopathology^{10,64}, in which the subject is already in the world, an intersubjectively established world where the schizophrenic would not be capable of fulfilling the socially assumed expectations and that is perceived as this loss of contact with the surrounding world. Rich and poor autism is distinguished. Rich autism is characterized by the construction of an imaginary world where the affective complexes determine the content of the symptoms and poor autism as a deeper involvement of a strictly intellectual order.

Blankenburg

Blankenburg⁶⁷ defines the primarily schizophrenic as loss of natural evidence that means a cut or rupture in the daily experience of the patient. We are going to contemplate how the subjectiveness is penetrated this time due

to the necessary task of solidifying its conceptual foundation. It is Blankenburg who gathers three aspects in the natural evidence that poorly adapt in the modern notion of subject. Thus, the preconceptual insertion in the world, the prereflexive agreement with the others and the prejudicial experience of the self in both complementary poles of a logically previous structure that closes the others and the world^{14,15,67,68} ends up liquidating the transcendental consciousness-subject (we see how Spitzer still tries to make it practicable) and orients towards a characteristically transcendental intersubjectiveness and finally towards the concepts of world of life and passive synthesis that makes the paradigm of the self-referent conscience shatter while it is the horizon of feeling that an individual shares with others that makes it possible for there to be subjects and agreement between them. We cannot clear up the complex clinical and psychopathological thinking of Blankenburg or that of his followers, or his philosophical framework, but it is interesting for us to insist that this response to the consideration of the subject as combination of functions, typical of the empirical-analytical thinking and that is, by any reckoning, insufficient to understand the autism threatens with making it impracticable due to its growing conceptual complexity. Thus, what has happened to it is not surprising: from a fundamental disorder of schizophrenia to an item that has disappeared from a glossary. Rejected by some due to its resistance to operationalization, others cancel the validity of the paradigm in which it had been born and in which it is comfortable and supported.

CONCLUSIONS

In another place⁷, we have shown that psychopathology should be understood as a logical process of creation of intelligibility if we have to overcome the aporias that the inherited conception has. This logical process is exercised on the experience and behavior of the patients and one of the praxic functions is the split of the combination of abnormal phenomena in groups of symptoms by the choice of some of efficacy mentioned when making a distinction. For example, the delusional perception and its role in the differential diagnosis of schizophrenia and cyclothymia based on the works of K. Schneider⁷¹. Another essential praxic function consists in grouping different phenomena so that they gain certain coherence when presented as derivatives of a single fundamental abnormality. Thus, the three syndromes treated share the way in which their intelligibility has been sought: phenomena that are difficult to understand have first been reduced to a malfunctioning faculty, due to the unavoidable failure, they have been transferred to the operating subjectivity itself, a unifying activity par excellence and it has been classified as «subjective» or «vague and inexact», to then disperse the disorder by different functions, identifying it with another one or, simply, separating it. However, if we consider the process by that which the intelligibility achieves, we will observe how it

tends to generate a universal and particular by its self-suppression as a process, that remains, we can say, hidden. In this process, metaphors and concepts that come from different settings and whose heuristic potency varies, are used. In that concerning us here, both the insufficiencies of the subjectiveness-consciousness, operator of synthesis, final foundation of the validity of knowledge, as well as the limits of psychopathology as determinant process, producer of concepts and cases included in concepts, have arrived at the abandonment of the psychopathological force, to the coagulation of the historic results of a dynamic process and to the inevitable deterioration of our capacity to understand the abnormal mental process.

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