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Disturbances of intentionality in schizophrenia and in depression

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Summary

After defining that fundamental element of psychic life which is intentionality, based on original descriptions by Franz Brentano and Edmund Husserl, the authors try to show the way in which this phenomenon is respectively altered in schizophrenia and in depression.

For understanding what occurs with respect to this in schizophrenia it is first necessary to focus on what Husserl calls "the consciousness of the interior or immanent time". The current of consciousness is not a mere succession of "nows", but of a process of dynamic self-organization, which begins to be developed as, for example, a lecture or a melody is heard. The persistence of the past in me is what Husserl called *retentio*, while he called *protentio* this permanent anticipation of the future. The intentional arc would be what connects the beginning and the end of a phrase or of a melody. This intentional arc will keep tensor, the bigger is the potency of the aim of my speech and my capacity to exclude inadequate associations. Thomas Fuchs has compared this *protentio* function with a cone, whose starting point is the "now". The more ordered is the thought and/or talk, the thinner will be the surface of the cone. In schizophrenia this cone expands and then there appears what Bleuler called "lax associations", Cameron "overinclusion" and Peters "disturbance of the field of the word". In previous works one of the authors (O. D. Z.) has developed the idea that the common denominator to all thought and/or language disturbances of schizophrenia would be the loss of the dialogic character, since context finally means co-text, text in common, agreement. Thomas Fuchs thinks that not only the alteration of thought is a consequence of the disturbance of the intentionality, but also the rest of the symptoms of schizophrenia. And thus, in delusional mood there would be a "retraction" of the intentional arc and in the paranoid ideas, an inversion of the intention-

ality and then the patient, instead of being actively thinking, perceiving and acting, is transformed in victim of the perceptions and actions of the others. Finally, this weakening of the intentionality also comes to explain the obstruction of the "life path", the ability of constructing one's own life.

In the case of melancholia, the disturbance of the intentionality would be presented in the first place in the "not-being-able-to" or inhibition (one of the fundamental symptoms of this illness) and which von Gebattel, with his concept of *Werdenshemmung* (inhibition of becoming), considered as the root of all the depressive manifestations. The disturbance of the intentionality is also showed to us in another phenomenon which has to do with temporality, which is the incapacity to anticipate.

But the other fundamental phenomena of this illness can also be seen as a disturbance of the intentionality. Thus, in what we have called "becoming a thing" or "chrematization" (1980) and Fuchs "corporealization" (2005), when the body loses its transparence, the subject cannot project himself toward the action and toward the future. Finally, the third fundamental phenomenon of melancholy, which is the alteration, inversion or suspension of the biologic rhythms, is temporal by definition and insofar they constitute the base of anticipation, there is not other possibility than its compromise be expressed in a severe disturbance of intentionality.

Key words: Phenomenology, Intentionality, Schizophrenia, Depression

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Perturbaciones de la intencionalidad en la esquizofrenia y en la depresión

Resumen

Luego de definir ese elemento fundamental de la vida psíquica que es la intencionalidad, basándose en descrip-

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ciones originales de Franz Brentano y Edmund Husserl, los autores intentan mostrar la forma en que este fenómeno se altera respectivamente en la esquizofrenia y en la depresión.

Para comprender lo que ocurre al respecto en la esquizofrenia es necesario primero detenerse en lo que Husserl llamara "la conciencia del tiempo interior o inmanente". La corriente de la conciencia no es una mera sucesión de "ahoras", sino de un proceso de auto-organización dinámica, que se va desarrollando a medida que se escucha, por ejemplo, una conferencia o una melodía. La persistencia en mí del pasado es lo que Husserl llamó *retentio*, mientras que a esa permanente anticipación del porvenir la llamó *protentio*. El arco intencional sería lo que conecta el comienzo y el final de una frase o de una melodía. Este arco intencional se mantendrá más tenso mientras mayor sea la potencia de la meta de mi discurso y mi capacidad de excluir asociaciones inadecuadas. Thomas Fuchs ha comparado esta función protentiva con un cono, cuyo punto de partida es el ahora. Mientras más ordenado es el pensar y/o hablar, más delgada será la superficie del cono. En la esquizofrenia este cono se amplía y entonces aparece lo que Bleuler llamara "asociaciones laxas", Cameron "sobre-inclusión" y Peters "perturbación del campo de la palabra". En trabajos anteriores uno de los autores (O. D. Z.) ha desarrollado la idea que el denominador común a todas las perturbaciones del pensamiento y/o lenguaje de la esquizofrenia sería la pérdida del carácter dialógico, por cuanto contexto significa en último término contexto, texto en común, acuerdo. Thomas Fuchs piensa que no solo la alteración del pensamiento es una consecuencia de la perturbación de la intencionalidad, sino también el resto de los síntomas de la esquizofrenia. Y así, en el humor delirante habría una "retracción" del arco intencional y en las ideas paranoídes, una inversión de la intencionalidad y entonces el paciente, en lugar de estar activamente pensando, percibiendo y actuando, se transforma en víctima de las percepciones y acciones de los otros. Por último, este debilitamiento de la intencionalidad viene a explicar también el entorpecimiento del "camino de la vida" de estos pacientes.

En el caso de la melancolía, la perturbación de la intencionalidad se presentaría en primer lugar en el "no-poder" o inhibición (uno de los síntomas fundamentales de esta enfermedad) y que von Gebattel, con su concepto de la *Werdenshemmung* (inhibición del llegar a ser), considerara como la raíz de todas las manifestaciones depresivas. La perturbación de la intencionalidad se nos muestra también en otro fenómeno que tiene que ver con la temporalidad, cual es la incapacidad de anticipar.

Pero también los otros fenómenos fundamentales de esta enfermedad pueden ser vistos como una perturbación de la intencionalidad. Así, en lo que nosotros hemos llamado "cosificación" o "crematización" (1980) y Fuchs "corporalización" (2005), al perder su cuerpo su transparencia, el sujeto no puede proyectarse hacia la acción y hacia el futuro. Por último, el tercer fenómeno fundamental de la melancolía,

cual es la alteración, inversión o suspensión de los ritmos biológicos, es temporal por definición y al constituir la base de la anticipación, no cabe sino que su compromiso se traduzca en una severa perturbación de la intencionalidad.

Palabras clave: Fenomenología, Intencionalidad, Esquizofrenia, Depresión

INTRODUCTION

For Edmund Husserl¹ the intentionality is the capital theme of phenomenology and he defines it as that "... peculiarity of the experiences of 'being conscience of something'. First of all, that marvellous peculiarity to which all enigmas of the theory of the reason and of metaphysics return, met us in the explicit *cogito*: a perception is perception of something, let us say, of a thing; a judgement is a judgement of an objective relationship; a valuation, of a value relationship; a desire, of a desired object, etc. To work refers to the work, to do, to what is done, to love, to the beloved, to rejoice, to the rejoicing, etc. In every current cogito a 'look' which irradiates from the pure Ego is directed to the 'object' which is the respective correlate of consciousness, to the thing, to the objective relation, etc., and carries out the very diverse awareness of it." (§ 84; 1950, p. 204; 1962, p. 199). But before him his master Franz Brentano², remitting himself to the scholastic thought of the "intentional inexistence of an object", had stated that "every mental phenomenon includes something like an object in itself, although not all of them do it in the same way. In the presentation of something which is presented, in the judgement about something, what is affirmed or is denied, in love the beloved, the hated in hate, in desire the desired and so on... No physical phenomenon exhibits anything like it..." (1973, pp. 88, 89). According to Brentano all the psychical or mental phenomena show this characteristic of the intentionality, but the physical phenomena do not. The intentionality would be the distinctive seal of the mental. According to Gallagher and Zahavi³ (2013, p. 174), for Brentano the intentionality would be "a generic term for pointing beyond-itself proper of consciousness". The problem would be, according to these authors, in the fact that Brentano remains in a way imprisoned in the scholastic vision of the intentional "(in)existence" of the objects in consciousness, where this inexistence must be understood as "existence in" or "interior existence". In other words, it seems that Brentano centred himself in that capacity of the mind for referring or directing to objects existing only in the mind.

We are not going to enter in the philosophical discussion about the ontological status of the intentional acts neither in the problems derived from the possibility which consciousness has of "intentioning" objects which do not exist

in the reality. What interests us in this context is to study in what way this fundamental feature of the psychic, which is intentionality, can be altered in the two more important pathologies of psychiatry, schizophrenia and melancholy.

INTENTIONALITY AND SCHIZOPHRENIA

According to Husserl, beyond active and conscious intentionality, thanks to which we are always directed toward the things, there exists a basic stratum which he calls "passive synthesis", what means that in front of any object we must "synthesize a multiplicity of particular aspects for succeeding in constituting a coherent and durable image"⁴ (Fuchs, 2007). The most illustrative case of the importance of intentionality is the perception of an object or of a person. Every perception is necessarily "perspectivistic", that is to say, that one always perceives only certain aspects of the object and "apperceives" the rest. The "apperception" is a particular form of "appresentation" (Husserl⁵, 1963). Through intentionality and by means of the processes of perception/apperception or of presentation/appresentation, the Ego constitutes the object in its totality and with it the common world or *koinos cosmos*. There are different types of syntheses: spatial, temporal, identifying, causal, gestalt, etc. All these synthesis occur in an automatic form, what allows the subject to "intentionate" the object or the objects, to focus toward them and to act upon them. Merleau-Ponty⁶ coined the term "intentional arc" for denoting the narrow nexus existing between the subject as agent and the world: "The life of consciousness – as cognitive life, life of desire or perceiving life – is sustained by an 'intentional arc' which projects around us our past, our future, our human environment, our physical situation, our ideological situation, our moral situation or perhaps which makes rather that we are situated in all these relations. It is this intentional arc what allows the unity of the senses, of the senses and of the intelligence, of the sensibility and of the mobility. And it is it the one which loses its tensile force in the disease." (p. 158, French version and p. 164, German version). Thomas Fuchs⁴ (2007) has provided a simple, but very illustrative example of how the "operative intentionality" functions: "When reading we perceive a series of letters which we immediately understand as a sequence of words with meaning. The fact that we read the letters as a phrase is the product of multiples passive syntheses occurring in an automatic way. But the particular letters, as well as in another moment the sounds of a speech, are present in my perception only in an implicit way, because we are directed toward the meaning." The passive or implicit syntheses are the medium through which we perceive the world and we interact with it.

In the more profound or basic layer of mental life is found what Husserl⁷ called "the awareness of interior or immanent time" (1966). The stream of consciousness is not a

mere succession of "nows" or moments, but a process of dynamic self-organization which begins to be developed as a lecture or a melody is heard. Husserl called *retentio* this persistence of the past in me and he called *protentio* the anticipation of the future. Husserl exemplified *protentio* with the case of music: while we hear a melody we are constantly aware of the notes just played and we have a determined expectative about how the melody is going to continue. The same is valid for the sequence of a speech: I could not say what I am saying if I did not know what I am going to say nor what I already said. Strictly, every mental process has this temporal structure. The intentional arc is what connects the beginning and the end of the phrase or of the melody, or of the complete speech or of the musical piece. Now then, when I speak I am not only aware of what I say, but also of the fact that I am who talks or acts. That is the sense or the sensation of being agent of the mental process. The protentive-retentive structure makes that the conscious process necessarily implies a knowing of oneself and this is what constitutes the unity of consciousness through time.

Within the temporal structure of the experience, the moment which is more related with intentionality is naturally *protentio*. This is an anticipation of extreme or internal events: objects in movement, music sounding, thoughts emerging. Although we are not certain of what comes, we generally move in the framework of the likely. What is likely for me is determined by my retentions, my present impressions and my intentions. The intentional arc will be maintained more tense while greater is the potency of aim of my speech and my capacity to exclude the inadequate associations. Fuchs has compared this protentive function with a cone whose point of departure is the now. In the case of a very ordinate thinking or talking, this cone is very thin and the ideas flow one behind the other, always oriented toward the aim. There are other states, instead, such as free association or dreaming, where the cone of intentionality is widened and then the ideas and the images get out of order and take any direction. In the case of the dream the situation is extreme, because there is no time vector; there is no anticipation, nor space, neither identity. The things happen before or after, a person is transformed in another, a place is at the same time another and even the character of agent of the subject is altered.

And what happens with respect to this in schizophrenia? Already Eugen Bleuler⁸ (1911, 1963), in his description of this illness, states that one of the fundamental symptoms is the alteration of the course of thinking, which can go from the laxity of associations up to disgregation. According to him, those first stages of the alteration of the schizophrenic thought would be characterized by three elements: lack of an aim idea, lack of reference to the corresponding context and "beating about the bush" (*Vorbeireden*). Years later the North American author N. Cameron⁹ (1944, 1968)

described four other fundamental features of the schizophrenic thought: asyndesis (lack of causal links), metonymy (deviated metaphors), over-inclusion (incapacity for maintaining the thought within certain limits) and, finally, the excessive tendency to generalization. Uwe Peters¹⁰ described in 1973 another new feature of the schizophrenic thought, which he called "the disturbance of the field of the word or of the phrase" (*Wortfeld-Störung und Satzfeld-Störung*) and which would consist in the following: a word or a phrase can contain an almost indefinite number of significations and its exact signification is going to be determined by the context in which the word or the phrase is pronounced; the schizophrenic patient would have difficulties for seizing this context proposed by the other. One author who has quite dealt with the theme is Blankenburg^{11,12}, who states that the central disturbances would be three: proximity and "contacts in shortcut" among the literal and metaphoric significations; insecurity with respect to the semantic subordination or reference to the context (similar to what Peters described) and, finally, weakening of the thought in alternatives, something which characterized the daily consciousness of the normal person. This would be trained for not confusing the literal and metaphoric levels, so that it is always in a level or in the other. The schizophrenic patient, instead, would confuse these semantic levels, being besides very sensible and vulnerable to the resulting ambiguities. Some years ago we ourselves¹³ worried about studying this problem (1987) and stated that the different characteristics of the schizophrenic thought described by the mentioned authors had a common denominator and that it could be considered as the basal disturbance, which is "the loss of the dialogic character of language". Since context means "co-text", text in common, convention, agreement. Not recognizing the context or not implying it or confusing a level or context with another or mixing them, etc., would mean much more than an alteration of language in the sense of an instrumental deficiency. What would occur here would be a break of a basic structure of the human existent, of Heidegger's¹⁴ "being-in" (1927, ¶ 34, p. 160), characterized by two "existenciales": *Befindlichkeit* ("being in one's body", "to feel oneself somehow", state of mind in the official translation) and *Verstehen* (comprehensiveness), being the talk or language inseparable of this last, since the talk is the "articulation of comprehensiveness". Now then, the Other also belongs to the significative articulation of the comprehensiveness of the being-in-the-world. There is no talking without listening. Heidegger¹⁴ says: "But Being-with-one-another (*Miteinandersein*, inter-personality, the "between") takes place in talking with one another and in concern with what is said-in-the-talk". (¶ 35, p. 212).

Without questioning the propriety of the described different forms of conceiving the essential of the schizophrenic thought, one could also understand it from the perspective of the intentionality we are treating. Thus, the three

elements which, according to Bleuler⁸, would constitute the most embracing phenomenon of the "loosening of associations": lack of an aim idea, lack of reference to the context and "beating about the bush" appear as direct expression of a weakening of the intentional arc. The same occurs with asyndesis and Cameron's⁹ (1947, 1968) overinclusion, Peters'¹⁰ disturbance of the "field of the word" and Blankenburg's^{11,12} "contacts in shortcut" between literal and metaphoric significations. If we return to the image of the cone employed by Fuchs⁴, in schizophrenia there would occur a widening of this, although not as exaggerated as in the dream activity or under the effect of mescaline. The thoughts still maintain a vector of time – unlike what occurs in the dream – but they do not follow each other in an ordinate form toward an end, as it happens in normal thinking, but they are deviated, they are contaminated with others which have no relation with the aim-idea and several simultaneous lines of thought can be also given.

An impressive example of this disturbance of language in schizophrenia and which shows all the indicated phenomena, is that of one patient of mine, whom we will call Alejandro, who, when I ask him how he has felt, he answers: "Yesterday they brought me a sandwich and I had the idea to share it ... the fact is that I have problems with my older brother, I feel inferior, he has more heroism, more pride ... I missed a teacher who taught me more 'transcendatory' (transcendental?) matters as to the formation of the virile ... my brother is more ambitious, he knows to think better than I ... we have advanced much as to medicine, infirmary, mass media and transport, but not as to the cultural, to the talked...". Bleuler's loosening of associations, the lack of reference to the context of the same Bleuler and of Peters, Cameron's overinclusion and Blankenburg's confusion of language levels are clearly observed here. But strictly, this strange language could be understood only as an alteration of the intentionality, as a weakening of it, to which it would be necessary to certainly add other specific symptoms, such as neologisms and para-answers.

Now, returning to Fuchs' statement, the interesting is that he interprets not only the alteration of thought, but almost all the symptoms of this illness as consequence of a disturbance of intentionality^{15,4} (2005, 2007). In the delusional humour of the beginning of the illness, when the patient is very perplex, blocked and invaded by significations, a sort of "retraction" of the intentional arc would have been produced and the thought and life itself stop flowing. But not only the blockings and the sensation of being paralyzed would be explained by this temporal disintegration, but also the auditory hallucinations, since when being fragmented the intentional arc, the subject loses the sense of being agent of his own experiences and actions, and then the not desired thoughts appearing in consciousness are lived as foreign. But self-reference and delusion of persecution can

also be understood as consequence of this disturbance of intentionality, since in the extreme of this not only a detention and fragmentation of the intentional activity can be produced, but an inversion of it and then the patient, instead of being actively thinking, perceiving and acting, begins to be passive victim of foreign and anonymous perceptions and actions.

These phenomena could also be interpreted as a disturbance of the harmonic exchange of intentionalities and perspectives between the Ego and the other in Blankenburg's¹⁶ (1991) sense. According to this author, it occurs in the following way: the patient is not able to put himself in the perspective of the other for looking the reality and then the other, when the intentionalities are unbalanced, is necessarily transformed in persecutor and invader, since he "intentionates" the schizophrenic, while this is not in condition of "intentioning" him. Expressed now in other words, the "directing to" of the schizophrenic patient is so weakened that he is not able to counteract the strength of the "directing to" or intentionality of the other. Jean Naudin¹⁷ (1997) has also done a fundamental contribution to the theme of the schizophrenic hallucination from the phenomenological point of view, demonstrating that this important psychopathological phenomenon has also its origin in a deep alteration of intentionality: "The hallucination does not correspond to a disturbance of the perception, but rather to a metamorphosis of feeling, a true alteration of the communication with the world ... it is a dehumanization without limits which exposes the same phenomenality of the intentional process. The fact that the hallucination is assimilated to the noema or not, the denaturalization proper of the hallucinatory experience, actualizes the noetic-noematic correlation, radically inverting it. We have called this inversion an 'inversion of the way toward the eidos'..." (p. 323).

Finally, this weakening of the intentionality which is found in the basis both of the constitution of the intersubjectivity and of the objective temporality of the schizophrenic patient, comes also to explain the hindering of the "way of life" characterizing them. Every experience psychiatrist who has seen serious patients in the acute departments of a psychiatric hospital or followed the evolution of others for decades, will have to remember the difficulty to relate to other people, emptiness and the sadness of these lives, where the impulse and the initiative is missing, where the others and the objects of the world do not attract, but rather invade from the multiplicity of their significations, where there is no perseverance nor, consequently, achievements. In this sense, it seems important to us to outline the benefits which can have the so called "interventions in social cognition" for the evolution of patients with schizophrenia, as it has been demonstrated by the extensive review by Laia Mas-Expósito and collaborators¹⁸ (2016). The inquiry carried out by Guillermo Lahera and collaborators¹⁹ (2016) to an im-

portant number of psychiatrist, whom the opinion respect this issue was asked, points in the same direction. But it would be a mistake to interpret this as a product of lack of will, of laziness or apathy. The schizophrenic patient cannot do another thing, because the same motor of life, which is intentionality, has failed in the constitution of the other and of the common and shared world.

INTENTIONALITY AND MELANCHOLY

We call melancholic depression an illness fundamentally compromising the mood and which has accompanied the man since his beginnings. It is a picture difficult to define, above all in its moderate forms, which are the more frequent, because its main manifestations are easily confused with normal feelings such as sadness, tiredness, grief, etc. The modern systems of classification and diagnosis, inspired in logical positivism, have attempted to identify it upon the basis of supposedly empirical criteria which try to elude both the subjectivity of the patient and that of the observer. Thus, a list of a determined number of items is established and the presence of four or five of them is demanded for affirming or denying the existence of the illness. This type of diagnosis called categorial and on which almost all the studies about depression done in the last decades are based, has conducted, as it was expected, to results on one side contradictory as to the prevalence, the evolution and the therapeutic effectiveness of psychotropic drugs and on the other, to the arousal of co-morbidities of such magnitude (example: there exists 72% of co-morbidity between major depression and generalized anxiety disorder) that they cast doubts of the existence of these same constructs.

Throughout several decades we²⁰⁻²⁸ have realized both empirical and phenomenological studies oriented to determine something like a "nuclear depressive syndrome" or perhaps more precisely, the fundamental phenomena of this illness, that is to say, those which must be always present for being able to affirm its existence²⁰⁻²⁸. Definitely, we came to the conclusion that the true depressive illness or melancholic depression consisted in the specific disturbance of three basic dimensions of the human being, all linked to corporeality: alteration of the subjective experience of the own body, of the operating body or body referred to the world and of the body in time. Each one of these dimensions or phenomena is manifested through a multiplicity of subjective and objective signs and symptoms linked with each other in a necessary way. Thus, for example, the first phenomenon, the alteration of the subjective experience of the body in sense of the German *Missbefinden* and of the French *malaise*, is shown as discouragement, anxiety, fatigability, pains, nausea, etc.; the third, the disturbance of the insertion of the body in time, is manifested as alteration, suspension or inversion of the biological rhythms; and the second, which

most interests us in this context, the alteration of the body operating in the world, corresponds more or less to the different forms of being presented the classical phenomenon of Bleuler's²⁹ (1916) and Kraepelin's³⁰ (1916) inhibition and which Binswanger³¹ (1960) and before von Gebsattel³² (1939) called *das Nicht-Können*, "not-being-able". The patient cannot think nor act, cannot pay attention, nor concentrate, nor decide; it is difficult for him to begin to move, or begin to talk; all the activities he normally realized become a torture for him, etc. It is as if the flow of life itself would have been slowed down or even stopped, as it occurs in the state of depressive stupor. This phenomenon has a fundamentally temporal character, what has been recognized since ancient times by authors like Erwin Straus³³ (1928), Eugène Minkowski³⁴ (1933) and particularly von Gebsattel³² (1939, 1954). This last author even stated that the same fundament of the depressive illness was a *Werdenshemmung*, an "inhibition of becoming". This way of conceiving the nuclear depressive syndrome has recently received a sort of confirmation in an extensive prospective study by Bárbara Olivan-Blázquez and collaborators³⁵ (2016). These authors studied a great number of subjects consulting in primary care, looking for the cases which corresponded to a depression according to DSM IV and whom they reevaluated after six and twelve months, concluding that the only symptoms maintained throughout time and which consequently could be considered as more specific, were mood compromise, anhedonia and sleep disorders. Only when these symptoms were overcome it was possible to speak of a remission of the illness. Other symptoms, such as weight loss, recurrent thoughts of death and suicide or lack of concentration, were much less frequent. The three more frequent symptoms found by these authors in their prospective study correspond exactly to the fundamental phenomena described by us: mood disturbance corresponds to corporeality compromise, incapacity to experience pleasure to the phenomenon of "not-being-able" and the disturbance of the sleep-wake cycle to the alteration of the body-time relationship.

Now then, returning to the theme of temporality, the most characteristic in depression is the incapacity to advance toward the future, the incapacity to anticipate, but the contrary is also observed, remaining imprisoned in the past, something that is put in evidence in self-reproaches and guilt feelings as result of minimal past transgressions. Let us think in those long silences of the patients who present latency in the answer and how asked later they recognize to have experienced a total emptiness forward. And what the patient experiences as "not-being-able" is also seen in objective form by the examiner in the slowness of the movements, the lost of strength of the voice and in the mentioned latency in the answers, which in extreme cases can come to total mutism. But strictly, every "directing to", every form of intentionality has been extinguished in melancholy. The objects do not attract anymore and the aims

have vanished. There remains only the chronological time, which elapses minute by minute, second by second, like a torture, and from which the patient wants to escape. This dissociation between the two temporalities distinguished by von Gebsattel³² (1954), the temporal happening (*Zeitgeschehen*) and the experience of time (*Zeiterlebnis*), is found to the base of the ideas of self-elimination of the depressives.

We have mentioned the phenomenon of anticipation with respect to the incapacity of the depressive of projecting toward the future. Then it occurs that this phenomenon is directly linked with intentionality, constituting in certain way a concrete form of being manifested the intentional activity of psychic life. This concept has besides the advantage of having been used in neurobiological investigation and it already began to appear in relation with the theory of the *Gestaltkreis* or morpho-psycho-psychological circle of Viktor von Weizsäcker and his disciples³⁶ (1947). This theory demonstrated the absolute unity of the perception and of the movement, as well as the transcendence of time in both phenomena or moments of that unity. One of the most important disciples of Weizsäcker, Alfred von Auersperg^{37,38}, created the concept of prolepsis – later also developed by Tellenbach³⁹ – for explaining that extraordinary coherence between perception and movement. For it Auersperg was inspired in the genial description made by the poet Heinrich von Kleist⁴⁰ of the duel between a swordsman and a bear tied to a stake:

"... I threw myself over it with the foil and the bear made only a brief movement with the paw and stopped the blow. I tried to deceive it with some feints, but the bear did not even move. I threw myself again over it with great decision. I am sure that with that movement I would have reached the chest of any man without mistake, but the bear made a movement faster than mine and stopped again the blow with the paw... To that I must add the tremendous seriousness of the bear, which began to remove my dominion over myself... Thus, blows and feints were alternated. I began to sweat copiously, but all was in vane, since the bear was not only able of stopping my blows as the best swordsman of the world, but because it did not even answer to my feints: looking at my eyes, as if it were able of reading my thoughts, the bear stayed standing with its paw imprisoned and a little raised and, when my blows were not serious he remained simply immobile." (p. 825).

In this story Kleist describes in an unsurpassed form what is prolepsis, that is to say, the possibility of a clearly anticipating perception: the bear anticipates each one of the movements the swordsman was going to make and thus it could adequate its defensive conduct in an infallible way. Buytendijk⁴¹ (1931) published around the same time the story of a fight between a mongoose and a cobra, in which

there occurs something similar to the described by Kleist: the fight ended by exhaustion of both animals without they had touched themselves, because each one anticipated the movement of the other. What fundamentally occurs is that there is not a time of latency between the movement of one and the reaction of the other, but both animals configure a new organic unity from the duality. Both the example of the poet von Kleist and that of the phenomenologist Buytendijk would be demonstrating that the perception is not a lineal and continuous phenomenon, as the classical physiology of the senses supposed, but intentional and discontinuous. And intentional means that it has a hypothetical character, and that anticipating hypothesis of the totality produced in the first moment of the encounter with the object begins to be confirmed or corrected in the following moments through movements which begin to be adapted to that original perceptive hypothesis. Now, if this phenomenon has been demonstrated in all the animal kingdom, with how much greater reason it will have to constitute an essential element of psychic life, if we think that the human being is always focused on the world, he is world (Heidegger's being-in-the-world¹⁴, 1927) and he is time. The phenomenon of anticipation would be the biological and in a way corporal version of intentionality and it allows to understand not only that second fundamental phenomenon of depressiveness which is inhibition or "not-being-able", but also the other two, the alteration of the experience of the body and of the biological rhythmicity.

Let us take for example the first phenomenon, the disturbance of the *Befindlichkeit*. The proper of the normal experience of the body is not to feel it. One lives "à travers les corps", tells us Sartre⁴² (1943). In daily life we scarcely feel it as limit or as a slight fatigue after work. We are always in the world, involved with the objects which interest us and anticipating the future. We are a permanent project, up to the point that we live ourselves much more as what we are going to be (in the future) than how we already were (in the past). Expressed in other words, I only can be anticipating myself to the extent that my body is transparent and is being constantly transcended. And it results that the first that occurs in depression is precisely that the body becomes opaque, dense and heavy, up to the point of restraining my natural movement toward the future. When not being able to transcend the body, a movement in the contrary direction is produced and I begin to be transformed from pro-ject into something only ject, in mere facticity. I return to my condition of thrown to the world in the sense of Heidegger's *Geworfenheit*¹⁴ (op. cit., p. 175). But ceasing to be project, to anticipate, is ceasing to live, is approaching the purely material condition of the existence, in summary, to death. In a previous study about phenomenology of depressive corporality we described as one of its essential elements a phenomenon we called first "reification" or "cadaverization"²¹ (1979) and a little later, "chrematization"²² (1980). In front

of the other the body of the depressive begins to lose more and more its "enantiotic" character (in the sense of being able of reciprocity), for progressively becoming chrematic. And "chrema" is the contrary of "physis", which is animated nature in permanent and open relation with the world. And this phenomenon of chrematization is not observed only in the extreme states, such as stupor. The patient already experiences it subjectively in the morning dejection, in the lack of forces, in that somatized anxiety which imprisons him in the body, but also in the frequent nausea and in the feeling of cold. The observer also sees the degree of chrematization of the patient, which impedes him to be anticipating, in the opacity of the look, the frown, the frontal wrinkle in omega, the paleness and particularly, in the wilting of the skin.

The temporal and therefore anticipatory character of the rhythmicity is too evident as to taking a long time over that. Our rhythms and periods represent the most material and palpable form of our material condition. All of them are disturbed in the affective disorders and in particular, in melancholic depression. Sutter⁴³ (1983) postulates that the biological level of anticipation is precisely constituted by the endogenous rhythms and in depression all these rhythms are inverted, suspended or, at least, altered: the appetite and the libido are extinguished, the digestive rhythm becomes slower or faster, the circadian and seasonal rhythms are inverted and, finally, the natural rhythmicity of the emotions, that transitory character proper of them, is suspended in depression when the patients remain for hours, days and weeks – and without oscillations– equally anxious, decayed, irritable, agitated or whatever. Now then, the motor of the biological rhythms is, certainly, the future, so that its disappearance of the existential horizon of the patient is not going to mean but a sort of movement of spin in the vacuum, whose natural consequences will be the already described phenomena of the inversion, suspension or at least alteration of the particular rhythms.

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