



Formal disorders and incomprehensibility in Jaspers' psychopathology

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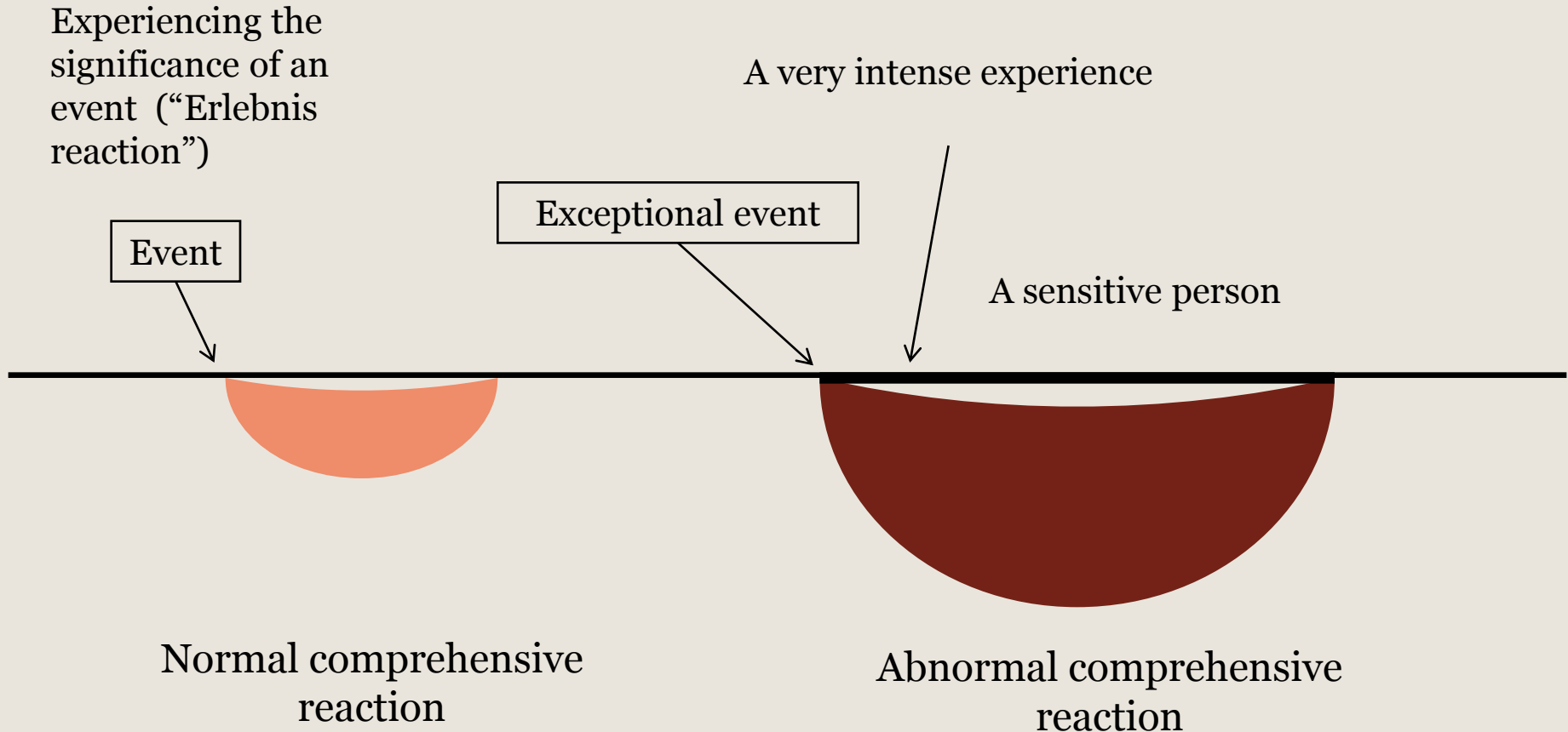
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- 100 years after the publishing of Jaspers “General psychopathology” *, we can have an overall view of his work, which summarized the spirit of his times, opening new horizons of understanding.
- Jaspers was the one who introduced the concept of “abnormal comprehensive reaction”, which in DSM-IV-TR would be diagnosed as "post-traumatic stress disorder" or "pathological mourning".
- But the world today is different from that of Jaspers’. In his times, the answer for the question: "Why is someone sad if he lost something important, especially an attachment figure?" would have been: "Because so is human nature."

* Jaspers K. *General Psychopathology*, The John Hopkins University Press, Baltimore and London, 1997;

* Jaspers K. *Allgemeine Psychopathologie*, Springer –Verlag, Berlin Heidelberg, 1954;

The Model of Jaspers' Comprehensive Reaction



Why is someone sad when he experiences loss?
Because so is human nature.

- Nowadays, evolutionary psychopathology is studying intensively the adaptive bio-psychological significance of different behaviours, for example depressive ones. Behaviours such as hibernation, submission to the aggressor, retreat when resources are reduced or for recovery after failure, are considered adaptive.
- We can find this kind of behaviours in human beings also. In addition, human mourning is considered an adaptive behaviour by society. So, it is ritualized. The same situation would be when someone, after failure, temporarily withdraws for introspection and strategic reorganization; or for meditation. Depression is not only normal, but also adaptive. And it can support creativity.

* Brüne M. *Textbook of evolutionary psychiatry: The origins of psychopathology*, Oxford University Press, 2008

Barkow J H, Cosmides L, Tooby J (eds). *The Adapted Mind: Evolutionary Psychology and the Generation of Culture*, Oxford University Press, New York, 1992;

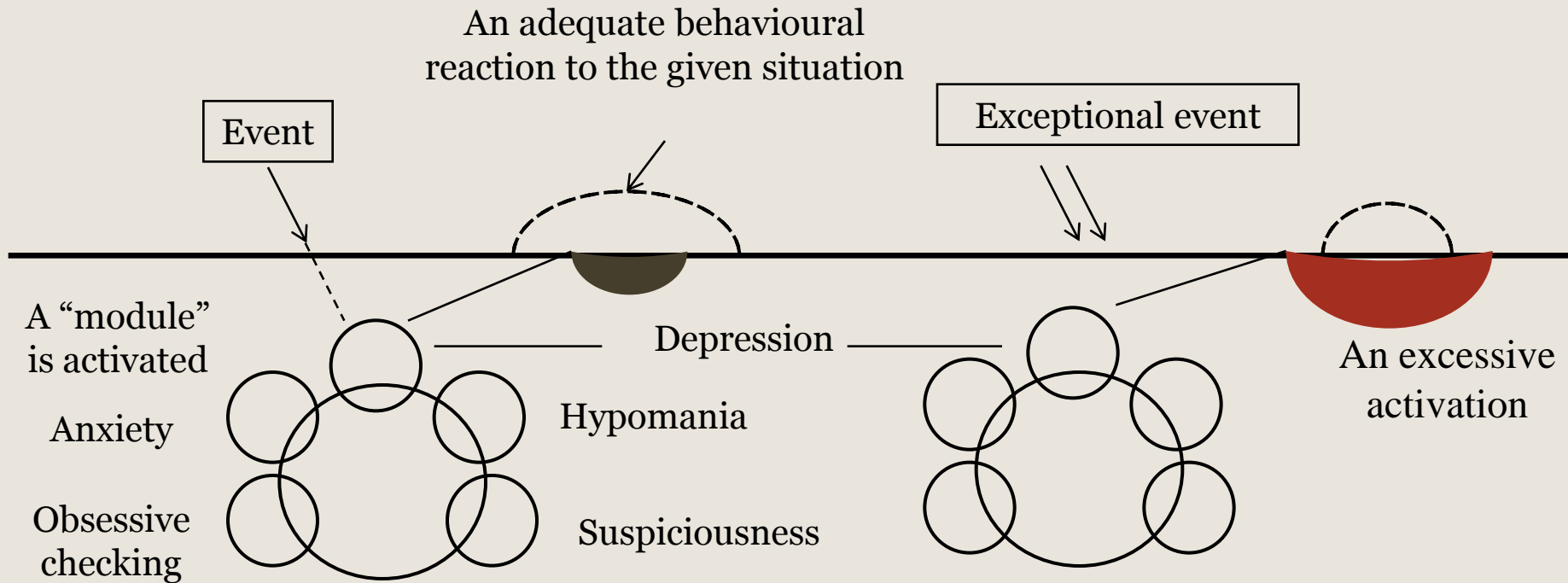
Gilbert P. *Depression: the evolution of powerlessness*. Hove: Psychology Press, 1999;

- Perhaps this is the reason why Wakefield could accuse psychiatrists for transforming people who have depressive comprehensive reactions in ill people. *

* Horwitz AV, Wakefield JC. *The Loss of Sadness: How Psychiatry Transformed Normal Sorrow into Depressive Disorder*, New York, Oxford University Press, 2007;

Wakefield JC. Taking Disorder Seriously, in Millton T, Krueger RF, Simonsen E. *Contemporary Directions in Psychopathology*, Guilford Press, New York, London, 2010;

The Evolutionist Model of Reactive Experiences



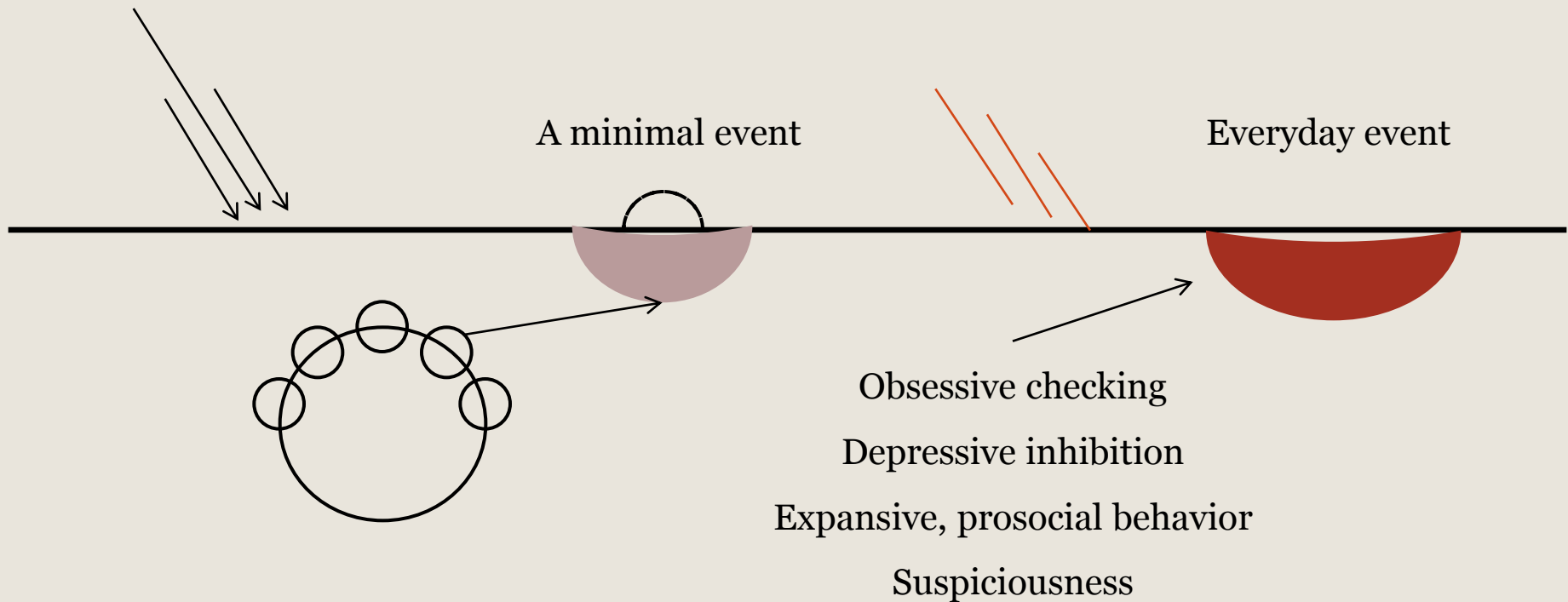
A person has at his disposal a variety of adaptive behaviours, resulted from phylogenesis and ontogenesis (cultural learning).

* Lăzărescu M. *Bazele psihopatologiei clinice*. Ed. Academiei Române, București 2010;

- Neodarwinian evolutionists strive to explain human behaviours that can become pathological, from the perspective of their adaptive and potentially creative function.
- Phobic anxiety, obsessive checking, disinhibition and gregarious exuberance during celebration can be adaptive. For this reason, they are selected and genetically and culturally transmitted. Other examples can be: jealousy, suspicion, detection of others intentions or the ability to deceive others.
- These "functional mechanisms" are part of the individual's endowment, through genetic predisposition and learning. The significance of an event does not "create" depression, anxiety, jealousy or suspicion. But it activates an adaptive module, which we own as a very useful tool.

The evolutionism model of endo-reactive experiences

Endogenous manifestation



An adaptive behavioural “module” can manifest to minimal or no solicitation.

It manifests in a deficitary, rigid, out of context and maladaptive way.

Endogenous manifestation of syndromes

- In psychopathology, we would only have an inadequate use of the adaptive functional structures that we own.
- So, the "adaptive module" of anxious alert, of uninhibited, prosocial behaviour, of depression or suspicion manifests spontaneously, unrelated to the situations in which it is adaptive. It becomes simplified, out of context, rigid, maladaptive

- The evolutionist view maintains Jaspers' idea, but reformulates it. Of course, we still need to ask the questions:

“Why does such a “dis-implication” of adaptive mechanisms occur, become prominent and dominate mental life?”

- And, in the same time, another question preoccupied Jaspers:

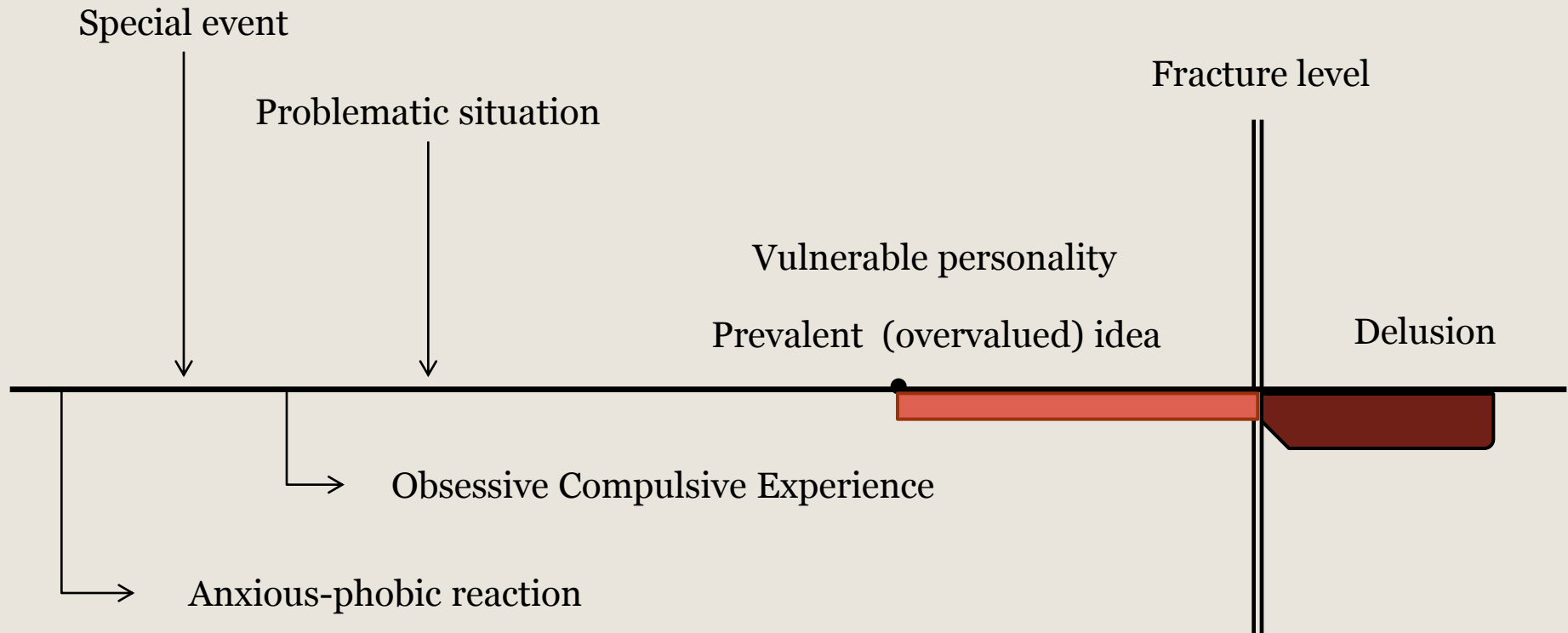
“Why does this kind of disorder occur sometimes in the form of phobia, other time in the form of obsession, in the form of a prevalent or delusional idea?”

- When discussing about the difference between form and content, Jaspers points out the fact that the same content, for example the same hypochondriac or jealousy theme, can have different forms: an anxious-phobic form, an obsessive-compulsive, prevalent or delusional one.
- These degrees are valid for a lot of themes of monothematic systematized delusions.

Themes of Systematized Delusions

Delusions related to body	Delusions related to relationships	Delusions related to personal identity and capacity
<p>Hypochondrial delusion</p> <p>Dermatotic delusion</p> <p>Delusion of infestation</p> <p>Delusion from Anorexia</p> <p>Dysmorphophobic delusion</p> <p>Osmotic delusion</p>	<p>Erotoman delusion</p> <p>Jealousy delusion</p> <p>Paranoid delusion</p> <p>Capgras substitution delusion</p> <p>Reference delusion</p>	<p>Illustrious identity delusion</p> <p>Delusion of invention</p> <p>Special mission delusion</p> <p>Delusion of special abilities, of wealth</p> <p>Delusion of guilt, of ruin</p>

Psychopathological forms and themes



Themes: Hypochondrial, Dysmorphophobic, Jealousy, Reference, Guilt etc.

- It is well-known that one of the first works of Jaspers refers to the delusion of jealousy, which he differentiates from the prevalent and abnormal development of personality, in the direction of overvalued ideas.
- In delusions, a "psychopathological process" occurs, producing a rupture, a mutation, a "fall on another psychic orbit".
- There are three defining characteristics of delusion:
 - 1 - it is experienced with great conviction, with a total subjective certainty;
 - 2 - it is insensitive to other experiences and counterarguments;
 - 3 - its content is impossible.

- One of Jaspers' concerns was to highlight the “incomprehensibility” of real delusion, which is different from the “delusion-like” conditions. The last ones can be understood as derived from previous psychopathological conditions (hallucinations, affective mood) or from the person's biography. The prototype of delusion would be, in Jaspers' view, the primary delusion.
- Transferring the problem to the incomprehensibility of primary delusion, meant being focused on a special type of delusion that is found in schizophrenia. But in this case, it goes beyond the specific mechanisms of delusion. A sudden transition takes place, making it difficult to understand what delusion is. The specific schizophrenic mechanisms can intervene, for example disorganization, depersonalization.

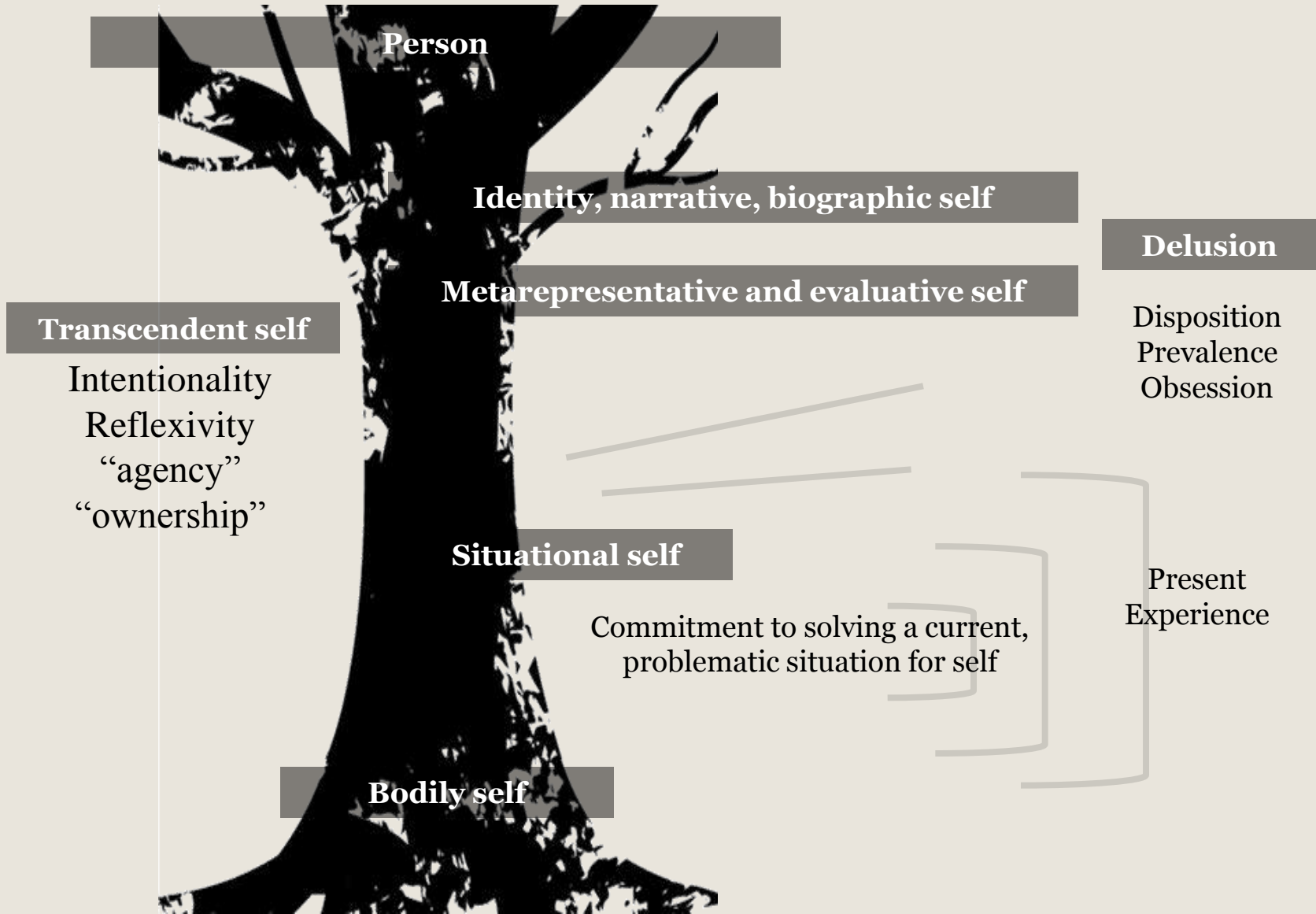
- A short reflexion on the issue highlights the fact that in all the “forms” of psychopathological display - anxiety, phobia, obsessive-compulsive, prevalent, delusional - the subject remains insensitive to new experiences and counterarguments, although he understands the abnormality of his behaviour.
- Jaspers invokes this attitude only in the case of delusion, probably because of the supposition that delusional beliefs appear from a judgemental process, from a reasoning process which could be changed through arguments.

- If we stay in the field of delusions, it is necessary to observe that the themes of monothematic delusions are not about any type of beliefs.
- The delusional idea doesn't refer to the perceptive certainty if it doesn't involve the subject's own body.
- It doesn't refer to community, religious, scientific, aesthetic or political beliefs if they don't involve the subject. In a religious delusion, the subject itself is affected. In a political one, he feels like he is personally involved. In a scientific one, he is the author. There isn't any delusional theme, regardless how impossible it seems, that doesn't refer to the subject.
- The subject is the central part of the theme, of the delusional narration. It concerns him.
- Their starting point is the concern for one's position and situation in the world, in relation to others and to self. The delusional belief responds firstly to a personal concern of the subject for himself. The delusional theme always involves the subject.
- So, the problem of "certrality" lies in the middle of delusional psychopathology.

- Reference to the theme, to the narrative aspect that delusional ideas or beliefs claim, stresses the fact that delusional pathology is placed on a different level than the present experiences. Everyone is constantly engaged in solving its problematic situations. During this process, he can become anxious, he can develop a phobic attitude of reassurance, verification or avoidance. Also, waiting for an important event to happen or living an impressive experience can lead to normal obsessive-compulsive behaviours. A comprehensive way of understanding prevalent beliefs development can also be imagined.

- In relation to its current projects, there are also long-time concerns that try to clarify the subject's position in the world in relation to others and to himself. Getting some answers and some certainty in this area brings us at the meta-representative level of the evaluative self, strongly connected to that of the biographical identity self. This could reach the psychic structure where delusion is placed. The difference between the discourse of delusional themes and currently lived experiences and long-term projects was and still is a permanent theme of psychopathology. It sends us directly to the delusion from the person's Self structure.

The difference between the circumstantially report instance of self and the narrative instance of self



- For Jaspers, the delusion itself, the prototypical delusion, the one that develops through a psychopathological process, is the primary delusion. Although described in the nineteenth century and discussed considerably later on by German and British psychopathology, the issue of primary delusion is always related to Jaspers.
- It has 2 phases:
 1. Delusional atmosphere
 2. Delusional perception

1. The occurrence of the delusional atmosphere or mood ("Basalewahnstimmung" – Conrad's "Treme"), which has different levels:
 - an unfamiliar and strange feeling that "something will happen";
 - the feeling that things have special and mysterious significance that show up to the subject through various perceptual elements (colors, numbers, phrases, events); nothing is random, everything is hiding something important for the subject
 - messages that come along with normal perception create a whirlwind around the subject, announcing the event that is going to happen to him.
- The most important element is the disruption in the process of giving meanings, labeled as reference symptoms; and the "centrality" felt by the subject.
2. On this background a formal accurate perception suddenly triggers an absurd delusional belief, totally impossible, incomprehensible; a memory or intuition can play the same role.

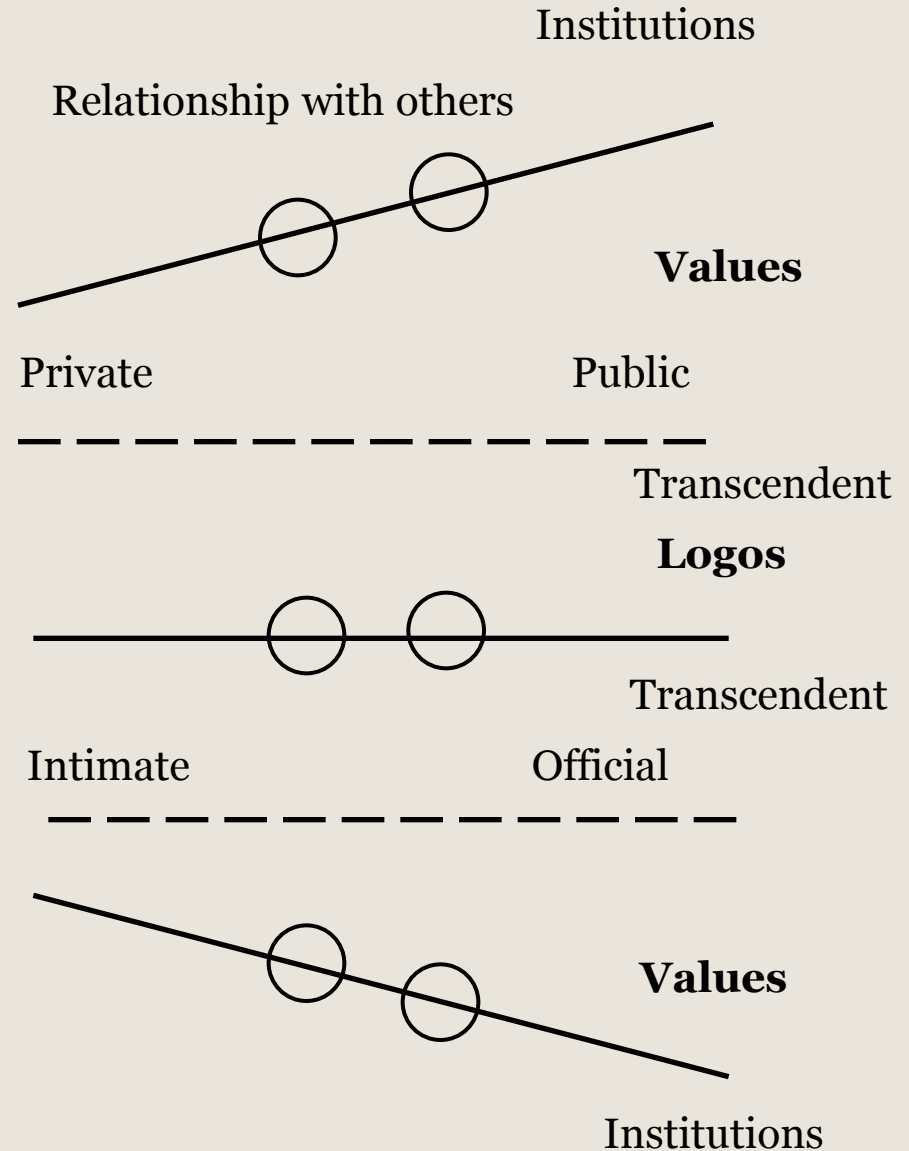
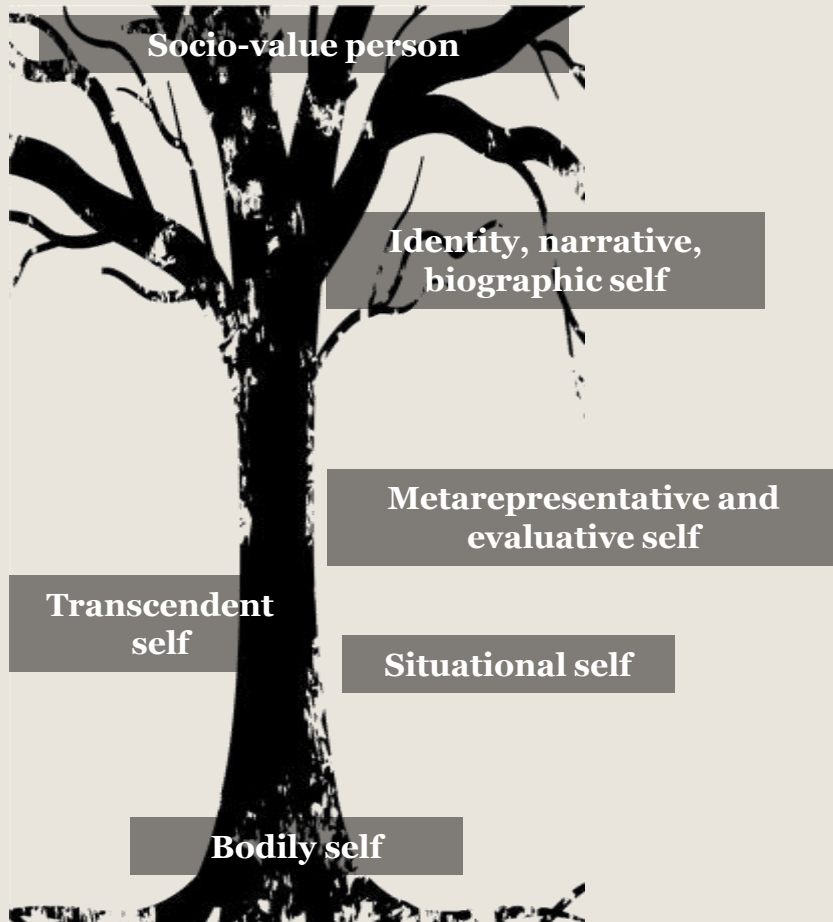
- The essential aspect of the primary delusion is the sudden transfer in an unfamiliar state of being, with meanings that cannot be explained, in which the subject passively waits for an event, connected to him, to happen; and finally, he suddenly has the revelation of his new position in the world, in relation to others and to himself.
- Neodarwinians could compare this process with one happening in biology: when an animal finds itself in a scarcely known area, where it feels a possible danger, it becomes alert; its whole body is in tension, being prepared for a possible fight.

- If this behavioral model, which humans also own, occurs out of context, it determines the generalized anxiety syndrome.
- This example can highlight the specificity of human psychopathology: the difference between the biological reference to the environment (Umwelt) and the reference of the human being to a "world", in Heidegger's existential meaning "in-der-Welt-sein".
- In the relation of the person with his human world, the first moments are those of the adherence and familiarity with the world (aspects which were relevant analyzed by Heidegger). In the phenomenon of depersonalization, the subject has the feeling of non-adherence to the world. He senses the world as being distant, strange, artificial, "like in a dream", as from a glass bell.

- In the delusional mood, the subject also feels the unfamiliarity of a strange world. He finds himself in the middle of messages that he cannot understand, of events that are going to happen to him and he must wait for them without doing anything. He is not “inside the world” anymore. The world is crushing on himself, on his solitude and he is disjointed from the co-participation of the others (“mitsein”).
- The complexity of human experiences, with their specificity, should not be ignored by psychopathologists and reduced to biological equivalence. Biological models can be used as a starting level above which are built specific anthropological elaborations that the 10,000 years of cultural history have generated and practiced.

- It is therefore strange that Jaspers didn't speak more explicitly about the similarity between the negative psychopathological aspect of primary delusion and the anthropological positive aspects, such as a moment of revelation, the expectance for the divine grace in the state of ecstasy, the preparation of a state of spiritual conversion, of "metanoia"; and, even easier to understand, the states of inspiration of artistic creativity.
- However, for maintaining Jaspers' spirit, the positive, adaptive creative states should be considered, their negative symmetrical condition being the primary delusion.

The self is immersed within the human world

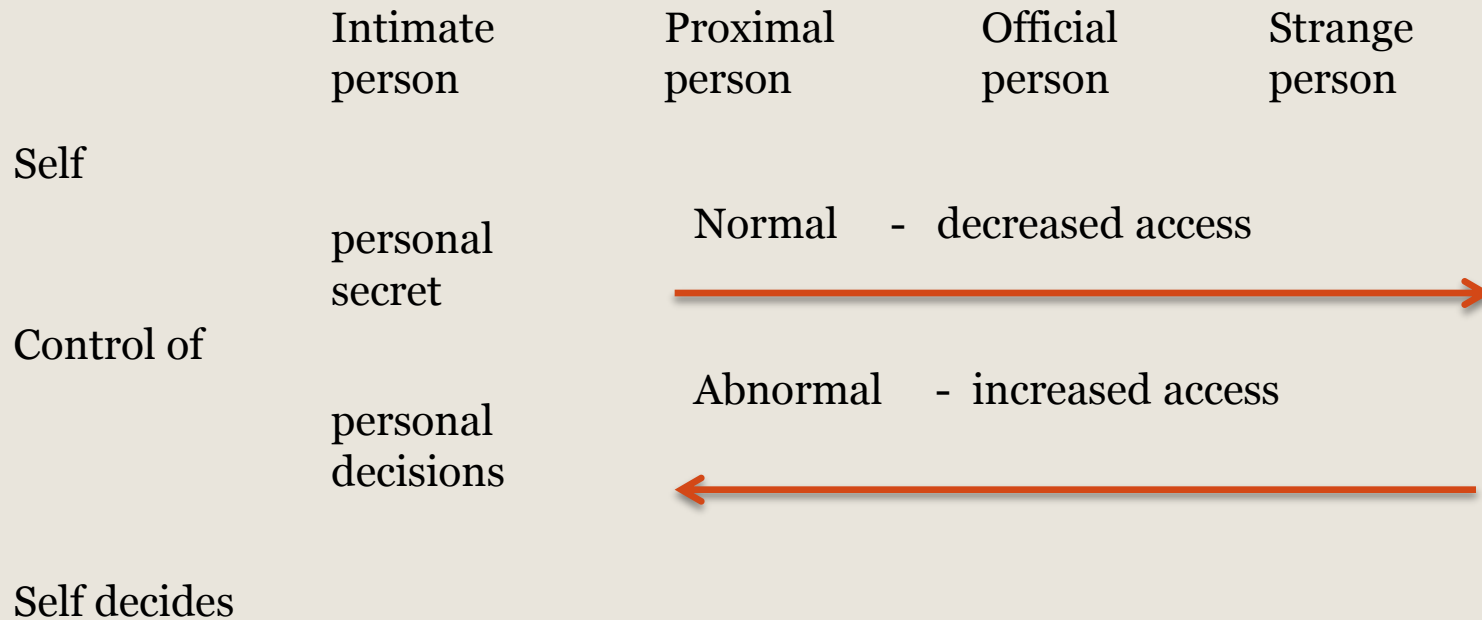


- The problem of primary delusion needs to be discussed not only in correlation with delusional psychopathology – this is the monothematic systematized delusion. But also in relation to the schizophrenia spectrum. We can meet here: disorganization, depersonalization and a special type of paranoid pathology – the control/supervision of one's intimacy.
- Primary delusion is not very frequent, the statistical studies identifying it in 3-7% of the patients with schizophrenia. But K. Schneider included the delusional perception that characterizes it, among his first rank symptoms, together with commentator auditory hallucinations, thought broadcasting, thought insertion and control of volition. These symptoms were also considered by Jaspers as incomprehensible ones.

- We know nowadays that the ability of “mentalization” or “Theory of Mind” – ToM appears at about 3 years old at every normal child. It consists in the capacity of “reading” someone’s thoughts, intentions and opinions in the situation. Every person has this ability and it becomes more and more complex throughout ontogenesis. So that we naturally know that the others know what our thoughts and intentions are. But this fact is an implicit aspect of our experiences.

- On the other hand, Bowlby's attachment theory shows us that our decisions and opinions are strongly influenced by those of our attachment figures'. And by the ones of persons we are intimately related to. This fact also remains in the implicit area of our experiences, together with the certainty that strangers don't have access to our secrets, thoughts and intimate decisions.

- During ontogenesis, an intra-psychic structure of the Self develops, which organizes the relationships with the others, on an intimate-public diagram.



What remain his personal secrets

What are his own personal decisions

“agency”, “ownership”

- In Schneider's first rank symptoms, these implicit and controlled experiences become "dis-implicated" and they occupy the attention of our subjective-reflexive experiences. Why does this happen? The structure of intra-psychic intimate-public diagram is now disorganized.
- Of course, we cannot understand the mechanism directly. But, by following Jaspers' direction, we can try to make it more comprehensible.

- Things are the same with suspiciousness and delusion of control. Neodarwinist evolutionist psychiatrists argue pretty comprehensibly how “the social brain” has evolved during the 1.000.000 years of anthropogenesis, due to the adaptive interpersonal collaboration. To accomplish an efficient collaboration one has to be suspicious enough and to be able to know when someone is cheating him. And, when needed, to be able to cheat back. These adaptive mechanisms of interrelationships have been anchored in the social brain of humans during evolution. And sometimes, they become prominent, “jump out of the normal orbit” and act rigid, maladaptive, in the form of paranoid delusion.
- The fact that the persons closed to us know our intimate life and the fact that state institutions have the authority to spy the intimate life of suspect citizens, even by phone listening or video recording, are well known subjects, accepted by everybody.
- But what is the pathological mechanism through which they become, from implicit, explicit and take control of the person’s experiences, alienating him? This question becomes, of course, a study theme for psychopathology.

Jaspers' primary delusion is integrated in a more complex disorganization of the personality's psychic structure

Correlated psychopathology

Public control of
intimacy

Symptoms of reference
centrality

Schneider's first rank symptoms

Commentary voice

Transparence

Influence

Primary delusion

- The challenge Jaspers launched, regarding the abnormal comprehensible reactions and the psychopathological process, remains as actual as it was 100 years ago. Even if we can understand incomprehensibility in a different way, by building interpretative models that can define more precisely the aspects we are searching for.
- This kind of models requires the analysis of some essential syndromes:
 - disorganization
 - depersonalization
 - paranoid delusions that invades intimacy

- The problems raised by Jaspers in psychopathology are not only persistent. But they keep refining and they are still analyzed and discussed nowadays.
- This is the reason why we can still consider Jaspers the father of modern clinical psychopathology.

Thank you!