

On the phenomenology of delusion: the revelation of its aprioristic structures and the consequences for clinical practice

Sobre a fenomenologia do delírio: a revelação de suas estruturas apriorísticas e as consequências para a clínica

Melissa Garcia Tamelini¹

Guilherme Peres Messas²

Abstract

Phenomenological Psychopathology understands delusion as the result of changes in the aprioristic structure of consciousness. In this article, we will review the main contributions that classical and contemporary phenomenological authors have made to the theme. Departing from these psychopathological syntheses, we will discuss the structural genesis of this phenomenon, the possible evolutionary consequences of the delusional state, and its general meaning within the ontological framework of consciousness. At the same time that the analytical depth of the contributions restated here comprises the best of what has been done within the phenomenological approach, the reality is that extensive areas remain uncharted, especially when regarding the clinical consequence of these insights for clinical practice. Thus, as notes of a preliminary nature, we will make observations about the therapeutic implications of previous phenomenological findings. Among them, we shall emphasize the importance of the aprioristic sphere of consciousness in the design of a pharmacological and psychotherapeutic approach to schizophrenia worthy of the psychopathological tradition to which this contribution is affiliated.

Keywords: Phenomenological Psychopathology; Delusion; Schizophrenia; Treatment of Schizophrenia

Resumo

A psicopatologia fenomenológica entende o delírio como o resultado de modificações na estrutura apriorística da consciência. No presente artigo, faremos uma revisão crítica das principais contribuições de autores fenomenológicos clássicos e contemporâneos a respeito do tema do delírio. A partir destas sínteses psicopatológicas, indicaremos a gênese estrutural deste fenômeno, os possíveis desdobramentos evolutivos da consciência delirante, bem como o seu sentido geral dentro do arcabouço ontológico da consciência. Se, por um lado, a profundidade analítica das contribuições psicopatológicas aqui retomadas constitui o que de melhor se fez na vertente fenomenológica, restam amplos territórios a serem desenvolvidos, sobretudo no que tange às consequências clínicas desses insights. Deste modo, por fim e como apontamentos de caráter preliminar, faremos algumas observações a respeito das implicações terapêuticas dos achados fenomenológicos previamente detalhados. Dentre elas, enfatizaremos a relevância do âmbito apriorístico da consciência no projeto de uma condução clínica farmacológica e psicoterapêutica da esquizofrenia à altura da tradição psicopatológica à qual esta contribuição se filia.

Palavras-chave: Psicopatologia Fenomenológica; Delírio; Esquizofrenia; Terapêutica de esquizofrenia

¹ Universidade de São Paulo – USP – São Paulo (SP), Brazil. E-mail: melissa.tamelini@hc.fm.usp.br

² Faculdade de Ciências Médicas da Santa Casa de São Paulo (FCMSCSP), São Paulo, SP, Brazil.

E-mail: messas@fenomenoestrutural.com.br

Recebido em: 7/3/2016

Aceito em: 28/4/2016

If the delusional consciousness demands from the psychiatrist, even against their will, an eidetic experience, it is because it inhabits the territory of essence and because, in spite of appearances, the delusional statement is directed less to the real world than to the world's aprioristic conditions of possibility.

(Tatossian, 2006, p. 262)

Introduction

The plethoric attention given the theme of delusion owes its existence in large part to the fascination that this allegory of madness has always elicited. The various epistemological treatments given to this iconic manifestation of psychosis may serve as a metonymic sample of the conceptual diversity of psychopathology as a field of study. Concurrent with the psychopathological tradition, the notion of delusion, loaded with heterogeneity and conceptual slips, attempts to label substantially dissimilar experiences. Beyond these varieties, beginning with Jaspers (2000), it is assumed that a form is classically regarded as *true (Echte Wahn)*, with the remaining manifestations being only superficially similar to that (*Wahnhaften Ideen*). This primary *sui generis* and unmediated experience assumes the complete modification of personality, characteristic of the domains of schizophrenic pathology, in the strict sense of the word.

The discussion in this article focuses on the examination of this type of delusion (“true delusion”), especially by critical analysis of the main formulations of phenomenology on the topic. First, however, we must track the concept of delusion within the descriptive/clinical school of Heidelberg, in particular, to address the heuristic imperative of the implications of phenomenological development. We believe that that last orientation reflects the maturity of psychopathological thinking (Stanghellini, 2009), and that it is only within that scope that we may find compelling explanations of the phenomena within the psychopathological sphere. In the phenomenological analysis, we will track the diachronic relations of the structure of consciousness, drawing attention to the formal unfolding that will constitute the possibility of delusion, the evolutionary alternatives once this avenue is instated, and the reason for this phenomenon within the design of human consciousness. We believe that the understanding of the

delusional transformation requires direct investigation of the aprioristic dimension of experience. As a result of this exploration, new alternatives may open up to the clinical management and treatment of delusional patients.

Karl Jaspers to contemporary directions in psychopathology

Karl Jaspers (2000) has long warned that treating delusion as mere belief or mere tampering with the reality of judgment would be restrictive since the patient's criticism is not destroyed, but placed at the service of this phenomenon. For him, the primary delusional experience ("something final and extreme from the phenomenological point of view," p. 119) would be a pathological experience of unmediated character, due to a "transformation in global consciousness, which would subsequently announce itself in the judgments of reality" (p. 117). Such experience is the prototype of incomprehensibility, one of the ends of the dichotomy between comprehensible and causal connections that guides all *General Psychopathology* (2000). In this centennial work, Jaspers makes use of phenomenology as a methodological proposal, in particular for descriptive purposes, inspired by Husserl, especially in his *Logical Investigations* (Thoma, 2014). His concept of phenomenology, in contrast to that of eidetic-transcendental orientation, implies the requirement that the psychopathological analysis be strictly supported "by what is consciously experienced by the patient, in other words, to what he gives himself and gives us by means of the word" (Tatossian, 2006, p. 218). By adopting only this field of experience, Jaspers ends up imposing limits on the continuity of heuristic efforts, resigning himself to identifying a fundamental modification of existence that is at the base of delusion while refraining from proceeding in its direction (Messas, 2014).

The Jasperian project gave space to the purposes of the clinical aspect of psychopathology, notable for his desire to promote the merger between descriptive findings and nosography (Stanghellini, 2009). Kurt Schneider, in his *Clinical Psychopathology* (1978), illustrates this pragmatic attempt to demarcate the first-rank symptoms, invaluable for diagnosing schizophrenia. Although Schneider himself had warned about the limitations of the nosological efforts (Monti & Stanghellini, 1996), his work contains the roots for the substitution of the psychopathological act by semiology. The reduction of sophisticated psychopathological descriptions to a mere search for signs and symptoms, carried out in an increasingly shallow and rushed manner, it is worth noting, impeccably meets the demands of a psychiatry discharged, so

to speak, of psychopathological diligence after the advent of psychotropics. It should come as no surprise that the inadvertent adoption of this position has brought disastrous consequences to the entire psychiatric and psychopathological field (Andreasen, 2007), which are evident when examining the issue of delusion.

Contemporary psychiatry and its dualistic assumptions “introduces the notion of a psyche that is isolated and closed in on itself. The idea of an inner man placed in an objective world, independent of him and of which he is entirely ignorant, who must reconstruct the appropriate reflection of this world one step at a time” (Tatossian, 2006, p. 219). The precedence of an external reality over consciousness will imply that changes to such reality be defined negatively in relation to a world taken as given. Thus, delusion acquires the *simplistic* appearance of a belief not shared, sustained with extraordinary conviction, impervious to logical argument and improbable content (Mullen & Gillet, 2014). Although prominent, these attributes would be merely external and not enough to define categories of delusional experience (Gorski, 2012; Walker, 1991). Nevertheless, due to the excessive facilitation governing the current psychopathological training, they eventually prevailed.

Therefore, investigations of a genuinely psychopathological nature were, so to speak, anchored to the successes of the descriptive perspective. However, according to the guidelines of this approach, delusion (*the ultimate phenomenological occurrence*) still preserved its real covert statute. Those inexorably committed to proceeding with the psychopathological task were left to venture beyond the Jaspersian project, digging within the incomprehensibility that defines delusion, and even seeking to clarify the "prehistory of comprehension" (Tatossian, 2006, p. 218). To accomplish that, the design of a new methodological proposal would be mandatory.

Thus, departing from the lack of descriptive design, phenomenology, "the systematic project of research of the “structures of subjective experience”, ascends to the rank of "foundational science for psychopathology" (Fuchs, 2010a, p. 547). The phenomenological research will clarify that said non-intelligibility of delusion results from modifications of aprioristic structures of consciousness, previous to any beliefs or representations (Kapusta, 2014). By specifying the global modification measured by Jaspers, phenomenology will redefine the place of the delusional phenomenon within possibilities inherent to the human being and will eventually destroy the idea of incomprehensibility (Stanghellini, 2004). The delusional world will be legitimized not as an unfaithful copy of an external world, but from the "autonomization

of essential moments, normally integrated as well as integrating" (Tatossian, 2006, p. 235). Delusion will be a particular type of existence in the world, which should be analyzed on a case-by-case basis and not defined in advance by its non-reality (Tatossian, 2006, p. 220). Consequently, the epistemological accent will shift naturally from the phenomenon of delusion *per se* to the conditions of possibility of delusion.

The phenomenology of delusion

Psychopathology becomes, in fact, phenomenological when taking advantage of methodological alternatives that allow the exploration of the fundamental constituents of experience, gaining distance from the epistemological limits of the Jaspersian project as well as nosological priorities. The primary hypothesis at its foundation is that the aprioristic structures of consciousness are inherently vulnerable to changes and that the psychopathological sphere derives from the disarticulation or disintegration of said structures (Basso, 2009; Fuchs, 2010a). The investigation of these pre-reflective constituents, as temporality, spatiality, corporeality and intersubjectivity provide coherence to the multiple phenomena typifying psychopathological entities, since consciousness is taken as a structured totality (Messas, 2004).

The exploration of pre-psychological regions was criticized by Jaspers (2000), who, addressing two representatives of the phenomenological tradition, Straus and von Gebattel, would qualify such intention as a trivial theoretical sketch. Tatossian, among others, refutes that assessment, arguing that the aprioristic field must be seen as immanent to experience, as a structural condition of the possibility of that experience (Tatossian, 2006; Thoma, 2014). That is, the eidetic-transcendental structures would not reside below or outside the arena of experience, which is equivalent to say that the first would not have a remote causal status in relation to the latter.

Thus, the phenomenological psychopathology will penetrate the aprioristic foundations of the experiential field, which had been neglected until then (Blankenburg, 2012). These conditions of possibility of experience, according to Charbonneau (2010, p. 20), are mainly configured by three elements: a foundation of a unit and a course of experience, a differentiation between the ontological (a Self that articulates the experience) and ontic (contents which are differentiated) poles, and, finally, an evidence inherent to the giving of the different manifestations and objects to consciousness. Therefore, coherence and formal continuity of

experience, as well as their intelligibility would not be common ontic properties, guaranteed by principle, but continuously constituted by the syntheses of these foundations, which are connected to any existence (Charbonneau, 2010).

Depending on the phenomenological literature, and with some conceptual variation, this aprioristic or pre-reflective structure will be recognized under different nomenclatures: *Self*, *Ipsity*, *Minimal Self*, *Psychic Structure*, *Structure of conscious experience*, *Structure of existence*, among others. They all relate to a primary form of presence, the specific way in which we perceive our subjective experiences, alterity and the artifacts of the world as a unique and historically persistent subject, necessarily embodied and rooted in a context of the world (Parnas, 2011). For our present purposes, we shall restrict ourselves to the general meaning of these structures, the meaning of *condition of possibility of all and any experience* (Blankenburg, 2012), giving preference to the comprehensive denominations of the category.

At this point, it is enough to bear in mind the assumption that it is only in the aprioristic realm that our style of residence in the world, in its most diverse compositions, may be clarified. This is the case because the phenomenological project, using its Husserlian clause of intentionality, assuming that consciousness is always *consciousness of*, goes around the Cartesian separation between consciousness and the world, where, therefore, subject and object become two abstract moments of a unique structure that is presence (Merleau-Ponty, 1999). This particularity of phenomenological consciousness connects the unity of the experience of the world to pre-reflexive relations in an indissoluble manner (Parnas, 2001; Ballerini, 2011). Thus, the fundamental structures have the job to establish all the sense of the world, since there is no autonomous external reality, only the expression, in the mundane plane, of a structured whole, a *consciousness-implanted-in-the-world* (Messas, 2012, p. 189), rooted in intersubjectivity and corporeality. That which we call a *sense of reality* is nothing more than the maintenance of a constitutive style of experience and the presumption of its continuity (Husserl, 1969), the experienced correlation of the integrity of pre-intentional syntheses (Naudin, Azorin, Mishara, Wiggins & Schwartz, 2000).

The sense of reality, because of its phenomenological directive, exists in intimate connection with the so-called *common sense* (Parnas, 2013) - an apprehension originating from the reality of objects and the universality of concepts (Teixeira, 2012). Both based on the aprioristic operation that provides the basis to specific attributions of meanings or "categorical

revelations, recognizing and judgmental" (Parnas & Sass, 2001, p. 105). This basis forms the primary immersion of consciousness in the world, which is self-evident; refers to the habituality before any consent or doubt (Blankenburg, 2012; Stanghellini, 2004). Or even, to tacit belonging, to familiarity that applies as much to the delimitation of the world as it does to an image of one's self as a reflection of such world.

Thus, a sense of reality and a sense of existence, as the subject of experience, are reflections of these pre-reflexive basic attunement and engagement (Stanghellini, 2001), also called *natural attitude*. Such attitude was dissected by several authors of the phenomenological tradition, with Merleau-Ponty (1999) among others, who emphasizes that this attitude is not something intentionally adopted, but an opening to the world, an existential orientation that operates as a real foundation for more different experiences and thoughts (Ratcliffe, 2008). Heidegger, in the same direction, emphasizes an ontological certainty of attunement to the world (*Befindlichkeit*), which should not be confused with a specific body of knowledge (Varga, 2012). It should be noted that common sense - or *natural evidence* - is more properly the result of dialectical balance (Blankenburg, 2012). In his important analysis, Blankenburg (2012, p. 144) shows that natural evidence is not the only constitutive of the being in the world and that *non-evidence* is equally important. And that the *loss of natural evidence*, from which patient Anne claims to suffer, is more specifically the experienced result of the declination of the anthropological proportion guiding the relationship between the two (Blankenburg, 2012).

The idea of anthropological proportions is vital to psychopathology since the aprioristic structures of consciousness can thus be considered as a dialectic balance - inherently capable of unbalance - between possibilities immanent to man (Binswanger, 1977; Blankenburg 1982, 2012). The examination of these proportional relationships illuminates psychopathology - especially of psychosis, which arises from the sudden disruption of said balance. Thus, from the phenomenological point of view, schizophrenia would be nothing more than the phenomonic result of a breakdown in the constitutive structures of consciousness - those that serve as the foundation of the field of experience and its intrinsic relationship to reality.

Having said that, many were the analyses devoted to establishing which nuclear transformations in the dialectic structure of consciousness would correspond to the schizophrenic essence. Concepts such as the *lack of vital contact with reality* (Minkowski, 2000), the *inconsistency of natural experience* (Binswanger, 1963) and *loss of natural evidence*

(Blankenburg, 2012) are some of the most important eidetic derivatives from the distortion of the elemental dialogue between the subject and the world which characterizes the schizophrenic states. This essential modification would lead to changes to the unity and continuity of the experiential field, as well as the emancipation of its constituent elements (Blankenburg, 2012; Charbonneau, 2010; Ballerini, 2011). After the rupture of the implicit arrangements that ordained the onset of the world as such, the possibility of delusion would be finally formed.

However, delusion is not a relentless outcome of the transformation typical of schizophrenia, as seen from different clinical trajectories. The fundamental changes may unfold experientially in many ways, including in an unequivocal manner, as a pure deformity. Here, consciousness will show itself unable to outline any attempt to rebuild in the face of the structural shocks; there would be "a strangeness that does not seek to dissipate, a dissonance without astonishment," an encompassing passivity within which the "subject no longer asks and occupies himself of his own destiny" (Charbonneau, 2010, p. 67). However, before this experienced disintegration, several would be the attempts of consciousness in the formal schizophrenic course, from the prodromic to the most advanced phases, to establish some *phenomenological* compensation (Minkowski, 2000; Bovet & Parnas, 1993). These attempts at compensation encompass the withdrawal via autism, the adoption of obsessive rituals and delusion itself, as explained later.

Given the aridity of the dramatic reduction of the experiential perimeter - placed without mediators in *poor autism* (Minkowski, 2000) - which may even stabilize the fracture of the structure of consciousness in spite of preventing any authentic possibilities - the recourse of the delusional production seems a better alternative in terms of existential ambition. The preliminary condition for this possibility of schizophrenic manifestation, as has been said, is the dissolution of the passive syntheses of the structure of consciousness (Fuchs, 2007). In the early stages of this disease, by the work of forces that are still little understood, there will be changes in constituents as temporality, corporeality, and intersubjectivity. Disruptions to this psychic structure - a structure which in its nature is responsible for its own continuity and the prevention of occasional dispersions - reciprocally reflect as much on the *pole of the I* as in the *pole of the world*. The loss of the critical distance kept in relation to the ontic plane place it as the primary object of experience and distort the foundation on which natural evidence occurred. Therefore, findings as *depersonalization*, *hyper-reflexivity*, *decreased self-affection*, and the failure to

guarantee an unproblematic donation of reality are very peculiar to schizophrenic modification, whose equivalent is the loss of implicit confidence in the continuity and identity of the world - the so-called *loss of natural evidence* or *common sense* (Sass & Parnas, 2001, 2003; Stanghellini, 2004; Blankenburg, 2012).

This instability in the foundation of the field of experience, described by Jaspers (2000) as abnormal awareness of significance (p. 123), is composed of a paradoxical mixture of “subjectification of the world and self-dissolution” (Parnas & Sass, 2001, p. 110). The experiential field alternates between threats of dispersion - the perplexity of not understanding anything - and attempts at recovery through sudden increases in the levels of evidence of objective donations constituting it - the full unveiling of the world (Szilazi, 1996, Charbonneau, 2010). To this first blow to aprioristic structures, not always clearly defined in the course of the disease, corresponds the singular delusional mood (*Wahnstimmung*). Its key feature, the instability of the usual shades of the experiential field, would be the direct reflection of the capital attack on the constituent structures of consciousness.

This primary disarticulation, if not stagnant, would culminate in the radical dissolution of the usual style of consciousness and the annihilation of the very possibility of an I (Tamellini, 2012) - an obvious threat to existence as a whole. Thus, before this aprioristic displacement comes an urge to rebuild or even a reconstructive anticipation before the premonition of the dreadful possibility of ontological disintegration (Charbonneau, 2010). The clinical ephemerality of *Wahnstimmung* corresponds precisely to this somewhat unsustainable formal instability. Given the bewilderment of a fragmentary and unrecognized reality, the transcendental operation that constitutes delusion reintegrates the aprioristic shrapnel at the explicit level, forging a new stability in the phenomenal field through a fixed narrative. By providing an escape to the intolerable absence of the world and some explanation to its random and frightening changes (Sass & Pienkos, 2013), the abnormal attribution of meanings dilutes the lacerating tension from the previous phase.

Delusion, therefore, emerges as a *phenomenological compensation* that aims to provide a new foundation to the aprioristic sense of continuity, familiarity and stability of the field of experience. The need to constitute a theory of reality, either normal or that restored by delusion, results from the ontological energy responsible for maintaining the nuclear cohesion of the structure of consciousness (Charbonneau, 2010) - a cohesion that allows it to be a "durable form,

in spite of its movement" (Messas, 2010). Given the magnitude of this power, we can foresee that mere psychological events do not constitute sufficient cause for delusion. To the same extent, once the structural conditions are provided, mundane occurrences can trigger the onset of delusional expression.

However, this transcendental energy would still be in the service of the subject and the formation of a new design of the world only at the first level of displacement of aprioristic structures (Charbonneau, 2010, p. 67). At a second level, the possibility of establishing a coherent phenomenal field would be extinguished, and only sketches of the world would remain, a "multiplicity of inexpressible delusional micro-intuitions" (id, p. 68) - the breakdown of hebephrenic forms. Finally, the greater increase of these aprioristic changes culminate in pure autism. In addition to the restrictions of the experiential field that would give some stability to compensatory consciousness, here the subject is so indifferent to himself/herself and to the coherence of the world that, even before any occasional strangeness, there would be no reconfiguration work of reality. Within this possible spectrum of possibilities of schizophrenic structure, with structural dissolution in its raw state on one hand, and the varieties of phenomenological compensation on the other - to which Binswanger (2012) adds resignation via suicide - the delusional forms would be in a privileged position as far as resources. Not surprisingly, therefore, they would tend to be the more benign forms in the evolutionary course of the disease (Diaz-Caneja et al., 2015).

Considering what has been presented, it should already be more than clear that the delusion is *simultaneously* the corollary of a dilaceration of the aprioristic chain and the minimum restoration of its assumptions. That is, the phenomenon becomes explicit through an "*exclamatory function*" and carries a "*restorative intent*" - two phenomenological requirements - not the only ones; it is worth noting - of a subsequent and complementary character of the delusional manifestation (Charbonneau, 2010, 2011). As a narrative form, delusion denuded the situation inhabited by consciousness; its presence is a categorical witness of the modifications lived in the structure the experience - "an attempt to translate into the language of the psyche of before the unusual situation in which is found the disintegrating personality" (Minkowski, 2005, p. 180). In the course of these grave disruptions, while rebuilding the stability and continuity of the phenomenal field, delusion has a restorative intent. The restitution of the world - which brings an effective calm to the subject - born, as said earlier, from the overriding premise that

consciousness is founded in a field where its intentional attributions may become immersed. Consequently, it favors the resumption of everyday transactions that reinforce recognition both of the world itself and of one's self. Even if the reality restituted by delusion has a hostile character, the ontic threat posed by the alleged persecutors empirical subject is lesser than the ontological threat posed by the imminent loss of the transcendental Self (Fuchs, 2013).

This *need* of delusion is not of a psychological nature, but *structural* - "it is not the schizophrenic who 'understands' himself and his existential transformation and seeks to guide himself this way - has any schizophrenic ever reported something of this kind? - But it is the *Dasein* 'in his schizophrenic condition - who understands and orients himself and the world that way. In the first case, 'understanding' means a psychological 'understanding'; in the latter, a transcendental 'understanding'" (Binswanger, 2012, p. 325). In the impenetrable limit of delusional productions, the only certainly intelligible way is the one belonging to this restorative intention of the entirety of the discourse and, consequently, we must return to it and not to its contents, which incidentally end up progressively displaced from this primordial intent (Charbonneau, 2010).

Still on this restitutive purpose of delusion, Ballerini (2011, p. 15-20) discusses the notion departing from the idea of a *horizon of significations*. What protects us from the indiscriminate expansion of this horizon of significations is the limits imposed by the healthy structure of consciousness. The expansion of this horizon, desirable if gradual, is the prerogative of movement of consciousness. However, with the change of aprioristic structures, consciousness removed from the ground of natural evidence would be confronted with a torrent of multiple and excessive meanings, an unsustainable polysemy which needs to be defended against. The restorative intention of delusion would occur through the reduction and organization of new meanings in a discourse. However, that is not an innocuous defense: the secondary reconstruction made by the delusional phenomenon is rigid, "blind to every nuance" (Ballerini, 2011, p. 20) and ultimately stifles future expansions of the horizon of meaning (Ballerini, 2006, 2011). Thus, delusion is born from an appeal before an inauthentic condition, but it ultimately accentuates while configuring a rigid and monotonous alternative, in which a theme dissipates subjectivity to dominate everything (Tatossian, 2006, p. 318).

So, the delusional strategy of replacing the ontological threat with another one of lesser existential risk demands a high price (Fuchs, 2013). The more successful in the compensation of

the fragmentation of experienced structure, the more stable the restituted world. Thus, the cost of support and safety is the exclusion of the intersubjective opening to the future. This opening vector, typical of the dialectical intersubjectivity, allows mutual relativizations, fundamental to the perspective of a reality that is always in motion (Fuchs, 2013; Messas, 2010). Thus, the continued construction of the shared world is replaced with a core of original, idiosyncratic and static coherence that, in a centripetal manner, eventually imposes its logic to new meanings. As a result, we will see the infallibility, the unreality and the universality of delusional intentionality (Tatossian, 2006) - a world of truths that do not fade - only possible because of disconnection with the intersubjective soil of consciousness and its temporal presupposition.

The move to the delusional experience - the *apophantic revelation* (Conrad, 1997) - already gives evidence of this closure to the dimension of the future - since the nature of the revelations announcing the delusion is "the impossibility of transcendence, in such manner that the experience has a finite quality, forcing existence into a pre-arranged destiny"¹ (Bovet & Parnas, 1993 p. 588). With the formation of delusion, there is a shift from the "theme as hypothesis" (*Wahnstimmung*) to "theme as thesis" (Blankenburg, (1995) - the theme moves to "enslave" the subject who is now at the mercy of the world revealed by delusion. In this scenario, the restriction on the autonomy of the individual is undeniable, due to the reversal of the intentionality of consciousness (Fuchs, 2010b), no longer allowing free possibilities of an exploration of new horizons in the world.

Therefore, even if the delusion is a *destiny structure* (Gebattel, 1966), which allows some communication and investment in the world, it is marked by its typical *closure to the future*. Binswanger (2009) has warned that a "decided openness to the world would never lead to delusion" (p. 111) and that where "existence has resigned, and the world is the only subject, there is no possibility of temporality, but only of empty time" (p. 120). This interdiction of authentic temporality, replaced by empirical strategies in the delusional structure, ends up causing a decrease and a depletion of the primary dimensions of affectivity and conation in the course of schizophrenia (Fuchs, 2013). Therefore, the schizophrenic autism - a sterile attempt of the

¹ "Blankenburg (1965) points out that the use of some general aspect of a Gestalt in a revelatory experience of delusional perception is not specific to schizophrenia patients. It is also found in normal people, especially at turning points of their life and in the creative endeavor. However, normal people are able to assimilate and transcend such an experience in a way that amplifies their future possibilities for being-in-the-world. For the schizophrenia patient, however, such experience has a quality of finitude and forces his existence into a prearranged destiny" (Bovet & Parnas, 1993 p. 588).

empirical I to take over the tasks of the faulty transcendental I² (Binswanger, 2010) - is placed in natural formal continuity with the delusional forms, already alarming in terms of *self-disempowerment* and *subjugation* of existence (Binswanger, 2012).

Up to this point, the understanding of the phenomenology of delusion seems consolidated. The studies collected here account for the profound modification of the structure of consciousness that allows the emergence of delusion. However, the inclusion of this phenomenon within the ontological needs of the aprioristic field does not close the matter, and it is necessary to explain the implications of such knowledge to clinical practice. Once again, the question of delusion illustrates the path of the psychopathology that, if initially interested in the eidetic task, now points, as the living discipline that is, toward new directions. Beyond the differentiation of the essences of psychopathological phenomena, it is more than necessary to continue the heuristic efforts especially to differentiate therapeutic strategies whose sophistication match their understanding.

Clinical notes on the treatment of delusion

The phenomenological psychopathology has as *leitmotiv* in the empirical dimension - it is from the direct experience with patients that this psychopathology draws and organizes its findings to eventually return and validate them. The phenomenological support of the meanings of a treatment should not be a purely theoretical or anecdotal undertaking, and requires the systematic exploration of the relevance of the available strategies, whether psychotherapeutic, whether pharmacological (Sass & Pienkos, 2013). Nevertheless, phenomenology does not allow the existence of a *uniform meaning for a treatment* - even with clearly pathological situations - and its meaning should never be taken passively as something stipulated previously or theoretically (Messas, 2010). Hence, the importance of in-depth case studies. In these final notes, some general aspects of the epistemological-clinical work to be done will be addressed briefly.

From the start, phenomenological psychopathology dissolves the rigid boundaries separating pharmacological from psychotherapeutic treatments. These measures become complementary, in spite of an asymmetric presence and different weights throughout a clinical treatment. In general terms, no therapy has been clearly evaluated from the perspective of

² Binswanger, in his latest writings, explores Husserl's distinction between transcendental and empirical subjectivity.

aprioristic structures. In a classic article, Kuhn (2005) has pointed out that it is the task of the psychopathology itself to highlight the psychic structures sensitive to pharmacological measures. However, little is known about the essential effects on the structural substrate of consciousness, both of psychotropic drugs and non-pharmacological therapies.

The fact is that the appearance of antipsychotics brought remarkable changes to the evolution of pathological processes and the everyday life of schizophrenic patients (Risbec, 2008). In the age of psychotropics, delusion was "truly decapitated" (Charbonneau, 2010, p. 65) - currently being a sparse phenomenon in the schizophrenic course, seen especially in the decompensation stage. Previously compelling and fascinating, grand delusional systematizations are now psychopathological rarities.

Kuhn (2005) anticipated that the pharmacological treatment, via modification of temporality and spatiality, could set in motion a formal succession process that probably would have been triggered *spontaneously*, but essentially more *slowly*. In theory, therefore, psychotropics would save the psychic structure from the risks inherent to a longer permanence in adulterated and unstable aprioristic conditions. Possibly, via an increase of corporeality, antipsychotics have the optional prerogative to offer stability to the changing psychotic structure. By promoting the reestablishment of solidity conditions, they mimic the restorative function of delusion, as well as other structural stabilization strategies (Tamelini, 2012). Thus, provided they are prescribed early, psychiatric drugs could anticipate the ontological need for structural reintegration, blocking the process of delusional concatenation. So far, little is known about structural and individual predictors of response to antipsychotics as well as the differences among their different types.

Once delusion is set, psychiatric drugs could contribute to the consolidation of the delusional core - making it even more stable - and containing greater intents of recruitment of the delusional narrative. Delimitation of the extent of the delusional radius would also help to make the world project more tolerable - with less emotional expressiveness, and may even make the patient somewhat indifferent to the abnormal meanings. Therefore, once certain structural stability is attained, one can postulate a possibly conservative role of antipsychotics in relation to the structure, strengthening the existing conditions. Or even of allowing the passage from one stability scenario to another. When reaching maximum consciousness stability, we would encounter a dull permanence similar to experiential restriction via the autistic solution. Thus, like

delusion, this stabilizing structural intention of medication could also demand the high price of excessive conservatism. Soon, the formal behavior would be similar to the negative forms of schizophrenia, which are specifically more impervious to medication due to an excessive formal stability. Which, in turn, implies the assumption that - with reservations - the known psychotropics are limited in relation to the integral restitution of aprioristic structures to which the roots of delusion correspond (Tamelini, 2013).

However, the adoption of meticulous work via psychotherapy is still required. This approach could align with the same purposes of stabilizing intention - shifting the necessary stability to the field of interpersonality and allowing some loosening of the rigid structural bonds of delusion or medication. If possible and successful, this exchange would bring potential gains regarding the desired possibility of re-temporalization. Regarding psychotherapeutic strategies adopted against the delusion - a phenomenon rooted in an original mode of experience and not on a simple belief - it can be anticipated that techniques that purport to refute such mode of experience through arguments and evidence that presuppose the natural attitude cannot work (Sass & Pienkos, 2013). Alternatively to this and other interventions guided by reflection, we may aim at the reconstruction of the support and pre-reflexive trust in the world and others - including via non-verbal occupational and physical approaches (Rodhes & Gipps, 2008). As a result of fortuitous improvement in minimum structural assumptions, the possibility of a true project of enhancement of the intersubjective ties becomes available (Tamelini, 2012).

At any rate, therapy should assume the immediate recognition of the structural moment and the solutions found by aprioristic stages to deal with the risk of disintegration. A question that arises, for example, distant from the simplistic current conceptions, refers to the possible consequences of hasty removal from delusion. Once the restorative function of this phenomenon is understood, there is no way to evade the consideration of the specific purpose of treatment. Nor those about assessment of the risk associated with the interference in the structural balance - either acquired at the expense of this strategy or others. Good psychopathological practice, when anticipating the formal routes of a given pathological structure, warns about the possible clinical outcomes.

Achievement of a discourse of recomposition of the world, a moment displaced by the abolition of the previous horizons of meaning or simple witness to a

transformed world; delusion shows us in both cases that the man without an outline of the world loses his humanity (...). The man cannot waive his horizons, his surroundings, his memory and everything that preceded it. If this is the case, he must rebuild them urgently. And, therefore, he should also give importance to the loss of delusion, whether spontaneous or not. (...) The patient cannot be deprived of his world, of which little remains, without caution. This crude and abrupt exposure to absolute nothingness can lead to disconcerting consequences, such as the suicides seen in clinical practice." (Charbonneau, 2011, p.13; p.14; free translation).

Thus, there is much to be explained about the movement prospects of the psychic structure (Messas, 2004), in the form of delusional schizophrenia or other forms in the realm of psychopathology. It is, therefore, time to revisit our clinical practice in search of new questions. The permanent hesitations before patients would be an invitation to stop, to reflect, as well as *the opportunity to clarify psychopathological structures* a little more (Binswanger, 2010). If humanity "did not choose the mental illnesses, it chose its psychiatry" and has phenomenological psychopathology at its service - inscribed within the "original task of placing the essence of the human being at the appropriate level and respecting that level when providing assistance" (Tatossian, 2006, p. 327). By choosing to exercise true psychopathology, not only would we be protecting ourselves from mechanistic and reductionist conceptions, but also sparing the enthusiasm typical of those who embrace the real dimension of the pathological human condition.

References

- Andreasen, N.C. (2007). DSM and the death of phenomenology in America: an example of unintended consequences. *Schizophrenia Bulletin*, 33(1), 108-12.
- Ballerini, A. (2006). *Délirer sur l'identité* (Second Semestre, n 7). Paris: Le Cercle Herméneutique.
- Ballerini, A. (2011). *L'enlargissement de "l'horizon des significations" dans le délire. Phénoménologie et continuité des sens*. Paris: Le Cercle Herméneutique.
- Basso, E. (2009). L'apriori nella psichiatria "fenomenologica". In E. Basso, A. Cavazzini, C. L. De Florio, *Lo Sguardo In Anticipo. Quattro studi sull'apriori* (pp. 9-48). Luca, Milano: Edizioni di Sofia.
- Binswanger, L. (1963). *Being-in-the-world: selected papers of Ludwig Binswanger*. (Edited and translated by J. Needleman). New York, NY: Basic Books.
- Binswanger, L. (1977). *Três formas da existência malograda*. Rio de Janeiro, RJ: Zahar.
- Binswanger, L. (2009). *O caso Jürg Zünd*. (Trad M. Niemeyer). São Paulo, SP: Escuta.
- Binswanger, L. (2010). *Délire*. Grenoble: Jérôme Millon.
- Binswanger, L. (2012). O caso Suzanne Urban. *Psicopatologia Fenomenológica Contemporânea*, 1(1), 198-334.
- Blankenburg, W. (1995). Phénoménologie différentielle de la perception délirante. *L'Art du Comprendre*, 3, 47-83 (1965).
- Blankenburg, W. (1982). A dialectical conception of anthropological proportions. In: A. A. J. de Koonig & F. A. Jenner (eds), *Phenomenology and Psychiatry* (pp. 35-50). London: Academic Press.
- Blankenburg, W. (2012). *La pérdida de la evidencia natural. Una contribución a la psicopatología de la esquizofrenia*. Santiago de Chile: Ediciones Universidad Diego Portales.
- Bovet, P., & Parnas, J. (1993). Schizophrenic delusions: a phenomenological approach. *Schizophrenia Bulletin*, 19(3), 579-97.
- Charbonneau, G. (2010). *Introduction à la Psychopathologie phénoménologique*. Paris: MJM Fédition.
- Charbonneau, G. (2011). Psychopathologie et phénoménologie du délire. In A. Ballerini, & G. Di Piazza (Eds.), *Délirer. Analyse du phénomène délirant*. Paris: Le Cercle Herméneutique.
- Conrad, K. (1997). *La esquizofrenia incipente*. (Trad. J. M. Belda & A. Rabano). Madrid:

Fundación Archivos de Neurobiología.

- Díaz-Caneja, C. M., Pina-Camacho, L., Rodríguez-Quiroga, A., Fraguas, D., Parellada, M., & Arango, C. (2015). Predictors of outcome in early-onset psychosis: a systematic review. *NPJ Schizophrenia*, 4,1:14005.
- Fuchs, T. (2010a). Phenomenology and Psychopathology. In D. Schmicking, & S. Gallagher (Eds), *Handbook of Phenomenology and Cognitive Science* (pp. 546-73). New York: Springer.
- Fuchs, T. (2007). The temporal structure of intentionality and its disturbance in schizophrenia. *Psychopathology*, 40(4), 229-35.
- Fuchs, T. (2013). Temporality and psychopathology. *Phenomenology and the Cognitive Sciences*, 12(1), 75-104. DOI 10.1007/s11097-010-9189-4.
- Fuchs, T. (2010b). The ghost in the machine: disembodiment in schizophrenia - two case studies. *Psychopathology*, 43(5):327-33.
- Gebattel, V. E. von. (1966). *Antropología médica* (Vol. 11). Madrid, Espanha: Rialp.
- Gorski, M. (2012). Karl Jaspers on delusion: definition by genus and specific difference. *Philosophy, Psychiatry & Psychology*, 19(2), 79-86.
- Husserl, E. (1969). *Formal and transcendental logic*. Springer Science & Business Media.
- Jaspers, K. (2000). *Psicopatologia geral*. São Paulo, SP: Atheneu.
- Kapusta, A. (2014). Delusion in the phenomenological perspective. *AVANT*, V(3), 113-25.
- Kuhn, R. (2005). Psicofarmacologia e análise existencial. *Revista Latinoamericana de Psicopatologia Fundamental*, 8(2), 221-43.
- Merleau-Ponty, M. (1999). *Fenomenologia da percepção* (2a ed). São Paulo, SP: Martins Fontes.
- Messas, G. (2004). *Psicopatologia e transformação: um esboço fenômeno-estrutural*. São Paulo, SP: Casa do Psicólogo.
- Messas, G. (2012). Observações sobre estrutura e materialidade na psicologia fenomenológica. *Psicopatologia Fenomenológica Contemporânea*, 1(1), 181-97.
- Messas, G. (2014). O sentido da fenomenologia na psicopatologia geral de Karl Jaspers. *Psicopatologia Fenomenológica Contemporânea*, 3(1), 23-47.
- Messas, G. (2010). *Ensaio sobre a estrutura vivida*. São Paulo, SP: Roca.
- Minkowski, E. (2000). *La esquizofrenia: psicopatologia de los esquizóides y los esquizofrénicos*. México, D. F.: Fondo de Cultura Económica.

- Minkowski, E. (2005). *Le temps vécu. Études Phénoménologiques et Psychopathologiques*. Paris: PUF.
- Monti, M. R., & Stanghellini, G. (1996). Psychopathology: an edgeless razor? *Comprehensive Psychiatry*, 37(3), 196-204.
- Mullen, R., & Gillett, G. (2014). Delusions: a different kind of belief? *Philosophy, Psychiatry & Psychology*, 21(1), 27-37.
- Naudin, J., Azorin, J-M., Mishara, A., Wiggins, O., & Schwartz, M-A. (2000). Schizophrenia and common sense: study of 3 single cases. *Psychopathology*, 33(5), 275-82.
- Parnas, J. (2011). A disappearing heritage: the clinical core of schizophrenia. *Schizophrenia Bulletin*, 37(6), 1121-30.
- Parnas, J. (2013). On psychosis: Karl Jaspers and beyond. In Stanghellini, G., & Fuchs, T. (eds), *One Century of Karl Jaspers' General Psychopathology* (208-27). Oxford, UK: Oxford University Press.
- Parnas, J., & Sass, L. (2001). Self, solipsism, and schizophrenic delusions. *Philosophy, Psychiatry & Psychology*, 8(2), 101-20.
- Ratcliffe, M. (2008). *Feelings of Being*. Oxford, UK: Oxford University Press.
- Risbec, G. (2008). “Étude phénoménologique d’une prescription d’antipsychotique chez un schizophrène” – Le Cas Franck. In G. Risbec (Sous la direction de), *Formes de la Présence dans les expériences pathologiques*. Paris: Le Cercle Herméneutique.
- Rodhes, J., & Gipps, R. T. (2008). Delusions, Certainty, and the Background. *Philosophy, Psychiatry & Psychology*, 15(4), 295-310.
- Sass, L., & Pienkos, E. (2013). Delusions: The phenomenological approach. In W. Fulford, M. Davies, G. Graham, J. Sadler & G. Stanghellini (eds.), *Oxford Handbook of Philosophy of Psychiatry* (pp. 632-57). Oxford, UK: Oxford University Press.
- Sass, L., Parnas, J. (2001). Phenomenology of self-disturbances in schizophrenia: some research findings and directions. *Philosophy, Psychiatry & Psychology*, 8(4), 347-56.
- Sass, L., Parnas, J. (2003). Schizophrenia, consciousness and the self. *Schizophrenia Bulletin*, 29(3), 427-44.
- Schneider, K. (1978). *Psicopatologia Clínica* (3a ed). São Paulo: Mestre Jou.
- Stanghellini, G. (2001). Psychopathology of common sense. *Philosophy, Psychiatry & Psychology*, 8(2/3), 201-18.

- Stanghellini, G. (2004). *Disembodied spirits and deanimated bodies. The psychopathology of common sense*. Oxford: Oxford University Press.
- Stanghellini, G. (2009). The meanings of psychopathology. *Current Opinion in Psychiatry*, 22(6), 559-64.
- Szilazi, W. (1996). Les bases d'expérience de la Daseinsanalyse de Binswanger. *L'Art du Comprendre*, 5/6.
- Tamelini, M. G. (2012). Cinética estrutural na esquizofrenia. *Psicopatologia Fenomenológica Contemporânea*, 1(1), 1-14.
- Tamelini, M. G. (2013) O processo psíquico sob a ótica fenomenológica. *Psicopatologia Fenomenológica Contemporânea*, 2(1), 91-102.
- Tatossian, A. (2006). *A Fenomenologia das Psicoses*. São Paulo: Escuta.
- Teixeira, A. B. (2012). Conhecimento e “senso comum” no pensamento de Heraldo Barbuy e de Gilberto de Mello Kujawski. *Cultura Revista de História e Teoria das Ideias*, 29 (Percurso da Filosofia do Conhecimento no século XX em Portugal e no Brasil), 107-14. Recuperado de <https://cultura.revues.org/1063>
- Thoma, S. (2014). Karl Jaspers criticism of anthropological and phenomenological psychiatry. In T. Fuchs, T. Breyer, & C. Mundt (eds.), *Karl Jaspers' Philosophy and Psychopathology* (pp. 85-98). New York: Springer.
- Varga, S. (2012). Depersonalization and the sense of realness. *Philosophy, Psychiatry & Psychology*, 19(2), 103-13.
- Walker, C. (1991). Delusion: what did Jaspers really say? *British Journal of Psychiatry*, 159(suppl. 14), 94-103.