Philosophy 2

Empathy and Indifference

Philosophical Reflections on Schizophrenia

Ignace Haaz

Globethics.net

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To my dear brother Roland Maximilien (1976-2020)

With love, remembering the joys of a Life -
We danced so much, swirled so much,
Didn't see the end of summer, all astonished,
The autumn of life has arrived.

PREAMBLE

Ethics Applied to Mental Health

In our philosophical reflections on mental health, the problems of indifference and of lack of empathy are at the core of difficulty of understanding, what these ideas refer to and of method: how do we rely on some important knowledge on such partly subjective matters. From a methodological point of view, philosophical and ethical perspectives are justified for the simple reason that professional applications of ethics lack the necessary conceptual tools to construct adequate theoretical foundations of their own practical enterprise, which include mental health and schizophrenia in particular. To clarify the concept of empathy, which serves not only to ground philosophically sentimentalism, philosophers have done important work. Among the major themes, we can mention with Stueber: 1) the problem of other minds, 2) the method of the Human Sciences, 3) the critique of empathy in the context of a hermeneutic conception of the Human Sciences, 4) the topic of the scientific exploration in psychology and empathy, and finally 5) moral philosophy, and moral psychology (Stueber, 2017, 2019[1]). We can think about a simple example to show how important the assessment of mental states can be in making decisions. In explaining why *philosophical reasoning* and *reason-based decisions* are important part of ethics J. Raz (1978) shows that a reason for us to start an action, or to refrain from acting, is not only based on competing claims or a straightforward range of reasons (reasons on the same scale). If I am mentally tired, I may not

[1] Stueber, Karsten. "Empathy". In: The Stanford Encyclopedia of Philosophy (2014 Edition), Edward N. Zalta. Debes, Remy, Karsten R. Stueber (Eds.), *Ethical Sentimentalism: New Perspectives*, Cambridge: UP, 2017.

feel ready to decide between two valid options, but on the contrary, I have a reason to exclude a range of options, knowing that my mental state does not allow me to make a sound decision. Deciding not to take into account reasons is very different from weighting reasons. While is not true that in most mental illnesses, as in schizophrenia, individuals have a pour capacity of making decisions on a permanent scale, the argument of an inadequate ground for decision-making could be considered. The presence of enduring episodes of powerful illusions, and the temporarily inability to resist the illusion when it comes to choice, although not entailing a total incapacity of making important choices constitute, we claim, powerful obstacles for reason-based decision-making in a similar way as the willing not to make a decision in the example of Raz[2]. Even if the patient could make a decision, he might prefer not willing to make it, based on some properties of his personal constitution. Being temporarily subject to a strong tendency for a mental state of low-esteem may justify protecting the person, as truly vulnerable, without denying some degree of freedom to the person and the capacity to meaningfully exercising it[3]. The weakness of the will is by excellence a subject of applied ethical concern for philosophers. Traditionally philosophers, on the one hand, analyse the problem of the free will as the problem of how our actions can be free, if there is a Being who has determined them for us in advance, and generally as looking retrospectively at the goal-directness of our actions. On the other hand, biology and medicine related views consider inborn and biological de-

[2] If the reflective self does not accept an illusion related content the individual does not strictly speaking believe it, consequently he/she has no false beliefs in the sense of laking a capacity to see the difference from right and wrong when it comes to make a choice.

[3] Contrasting those cases where individuals cannot make their own decisions: i. e. in case of severe brain damage (or very small children, those who are born with severe cognitive impairment, or as individuals in the advanced stages of dementia),

terminism, such as a forward-looking aims of prediction, in the form of large measurements.

Exclusionary Reasons

An exclusionary reason is a reason entailing the ability to do otherwise, and refusing to consider other reasons for action. This is also a necessary condition for freedom and responsibility, to be able to do otherwise, but we could assess from an anthropological point of view the nature of the abilities to do otherwise which are necessary for being a responsible agent. In some situation of life, as when we are overwhelmed by fatigue, our mental state does not permit us to weight conflicting reasons correctly, are we still able to do otherwise[4]?

When I feel super tired and know that even faced with two offers, one of a superb house at a very modest price and the other an honest offer, which is not promising anything extraordinary but which also could be acceptable, I cannot figure out which offer I should accept, even if I try several time to reconsider both offers. Why is it so? All reason to act is not simply a single scale reason of the kind (P1, P2, P3); some reason P for a subject S is a reason to refrain from considering conflicting options. When I decide to live with my partner/wife I decide, usually in the form of a promise, that many options to live with other persons should not be considered, because my promise is a kind of *second order-reason* which entails *an exclusionary reason* to consider any other options on the same level.

Reason based ethics applies to mental health in a similar manner. Why does a person, who seems *prima facie* able to decide to wake up in the morning and get him or herself a decent job, refrain from doing so,

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[4] Raz, Joseph, "Reasons for Action, Decisions and Norms", in: *Practical Reasoning*, Ed. by Joseph Raz, Oxford Readings in Philosophy, Series Editor G. J. Warnock, 1978, Oxford: OUP, p. 131; pp. 128-152.

even confronted with the best reasons to act in the world, monitored by health professionals and supported by a caring family? It seems that our initial argument, that refraining from action should most commonly be based on the ground of a reason, could be seen as not working in some cases, as we shall see in details below, across the development of the phenomenal analysis of the psychotic patient. We should only think at an example of action, which is not grounded on any reason, to see the clear limits of reason-based actions. Let us imagine a person, who could tear up the photography of his/her friend. This action could be initiated *out of rage* and without thinking that the action is good in any way. Tearing up the image of an unfaithful friend can be realised without any reason. Then we transpose this irrational move, we could say that being passive and indifferent, in the case of a schizophrenic patient, could be considered as exemplifying some sort of tendency of indifference, and not based on a solid reason. A fortiori, such attitude may not entail any ethical goal orientation. In such circumstances, a person could be hold responsible although he or she is not engaging intentionally in some reason-based action.

Reason-based conceptions of the human action could be complemented by some other ways of reasoning on the reality of the mental life. In particular, if we revise the concepts of health and the *normality of mental health*, we notice that both, far from being solid entities, are rather characterised by a kind of conceptual porosity.

Explanation and Understanding as Methods of Care

Psychiatrists, psychoanalysts, psychologists, mental health care professionals, sociologists, education institution administrators, teachers, all tried to understand psychotic patients in order to deliver an appropriate service to the person. All feel honestly that they are broadly speaking able to take responsibility for other people's personal development,

when confronted with irrational situations. To be able to assess learning objectives in relation to subjects who have mental health disabilities, to be able to react judiciously concerning mental health issues on the family level or at the workplace, are important commitments. All those who are living with a schizophrenic patient know how difficult it is to manage normal life conditions, such as a family life at home, which can be possible to some degree with schizophrenic patients, but only given the presence of professional attention to the matter of schizophrenia. On the other side the problem of schizophrenia for those who live with schizophrenic patients is much broader than what relates to the practical conditions of the organization of life. Many schizophrenic persons have found ways of integrating social and economic life. Some succeeded in building a good life and the biographies of great persons include outstanding persons as W. Blake (1757-1827), V. Van Gogh (1853-1890), and A. Strindberg (1849-1912). All were undoubtedly highly creative artists, and recognized great spirits of their time. R. D. Laing eventually uses the term "prophetic persons"[5].

A quantitative and comparative approach shows the importance of mental diseases (such as schizophrenia), in terms of social costs and enduring pain experienced by the patient in realist way which captures the tragic necessity behind this type of disease. Vos et al. compare in *the Lancet* journal (2012), the "Percentage of years lived with disability (YLDs) by 21 major cause groupings and region for 2010", with war and cardiovascular accidents, showing that mental disorders are very significant[6].

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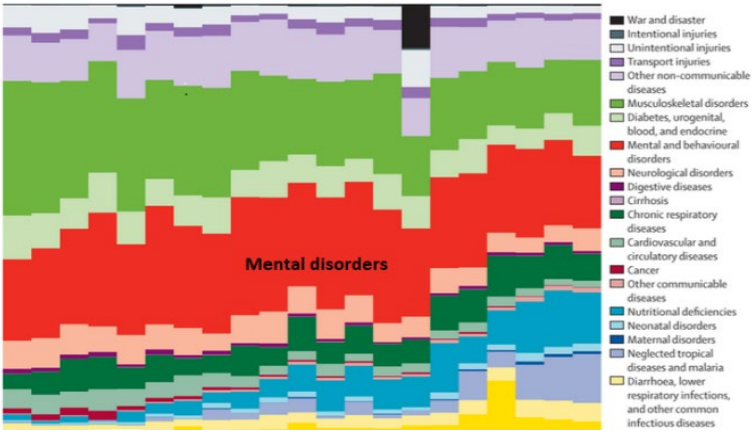
[5] Lidz, Theodore (et al.) "Schizophrenia, R. D. Laing, and The Contemporary Treatment of Psychosis: An Interview with Dr. Theodore Lidz." *Salmagundi*, no. 16 (1971): 105-36. Accessed August 26, 2020. http://www.jstor.org/stable/40546638.

[6] Vos T, Flaxman AD, Naghavi M, et al. Years lived with disability (YLDs) for 1160 sequelae of 289 diseases and injuries 1990-2010: a systematic analysis for the Global Burden of Disease Study 2010, *Lancet*. 2012;380(9859):2163-2196.



Similar figures make the relative lack of attention given to adequate theoretical foundation for knowledge on mental development and cognitive sciences, and in particular for meta-ethical views on the matter more puzzling.

In a good introduction to *Oxford Manual of Philosophy and Psychiatry* the editors show how important the two pillars of *explanation* and *comprehension* are for the concern for the ethical philosophical dimension of the human, within the natural science of psychiatry. For Karl Jaspers (1883-1969), the natural reduction to causal explanations and the empathy, as the careful listening to the testimony of the patient are both essential dimensions of the care for the schizophrenic patient. Explanatory reasons are distinct from guiding reasons in many important ways. The scientific search for causal explanations is always justified when we cannot understand the attitudes of the mentally disabled patient:

> "For much of its history, the pairing of explanation and understanding has been taken to express an opposition between natural science and human science or interpersonal understanding more broadly. Further, the opposition was taken to express the limits of both. The kind of insight offered by one was impossible to achieve by the other. This was Jaspers' view. Whilst psychiatry

> should contain both approaches, and whilst the very same events could be approached using either (he thought that every event could, in principle, be explained and, more surprisingly, all except primary delusions could also be understood), concentration on only one risked diminishing the insight[7]."

Natural science aims to discover natural causal explanations, or natural kinds, as if we collide accidentally with another person, the physical conditions could be reproduced if we would want to reconstitute the accident. Mainly these good conditions make it possible to explain the world where some accident takes place. If we have been distracted by some strong emotion, as we might remember having already felt in similar conditions, we can still refer to natural conditions, although of psychological nature. In contrast to the scientific or forensic reconstitution of a factual event many concepts are used in everyday life which are not explanatory, or at least not primarily explanatory of the natural kind, but rather which divide the world in accordance with our interests and mark out possibilities of action. They can be invitations but some signals are warnings, highlighting some imminent danger, as for example the Maori warrior dance. The famous traditional "haka", is quite expressive; by watching the dance, we are forming mentally the idea of ferocity, and an "all-purpose prescriptive (negative) ought[8]" (Monticelli, 2018).

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[7] "Introduction: Explanation and Understanding" in: K.W.M. Fulford, Martin Davies, Richard G.T. Gipps, George Graham, John Z. Sadler, Giovanni Stanghellini, and Tim Thornton (Eds.), *The Oxford Handbook of Philosophy and Psychiatry*, Oxford: OUP, 2013. DOI: 10.1093/oxfordhb/9780199579563.013.0054

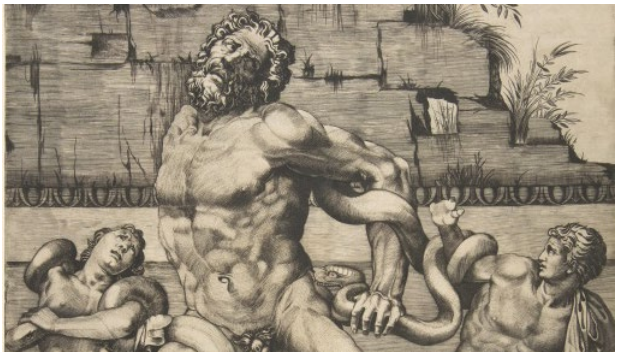
[8] Monticelli, Roberta de, "The Paradox of Axiology. A Phenomenological Approach to Value Theory", *Phenomenology and Mind*, n. 15 - 2018, 116-128, 120-121, DOI: 10.13128/Phe_Mi-24976, web: www.fupress.net/index.php/pam

Source: 2017 Rugby Championship, Bledisloe 1, Australia vs New Zealand, 19th August, ANZ Stadium, Sydney.

Red animals stand out from the crowd and remind them to keep their distance. Because of their beauty, it could be difficult for us humans to stay too far, but we should think twice before letting ourselves be fascinated by their shimmering attractions. Keep your distance is the universal negative ought injunction. But as often a degree of ambiguity subsist even if clear warnings. Little children burn themselves before realising what fire is, and if we do not control the hearth where the fire is contained, fire might become a mortal danger.

Many people in the world suffer from terrible illnesses, which modify the perception of the contact with others. If for some reason the very meaning of the kind of evidence that red means keep your distance is lost, then the system of reference in which we live would be radically modified. Consequently, deeply embedded ethical rules such as the *Golden rule*, or mutual reciprocity and empathy are deformed by the disease, as the conditions for an ethical life depends on some foundational structure of the experience, which is not totally missing, in most cases, but the structure itself is organized differently. The confidence of sharing a common living world can easily be experienced differently, if

our sensibility is modified by some organic trouble[9]. One should also simply think about situations when some evident expressions are expected, but missing for some good reasons.



Marco Dente. Laocoön and his two sons standing on a pedestal and being attacked by serpents, set before a decaying wall. Etching, ca. 1520. Metropolitan Museum NYC. The Elisha Whittelsey Collection, the Elisha Whittelsey Fund, 1949.

We may expect a person to react and scream, according to Winckelmann, who shows the priest Lacoon who does not scream, and the body attests to constraint or control, symbolizing the ideal of Greek classical education, self-improvement and the ideal of perfection (Babich, 2018[10]). Phenomenological expectation of what would not have been seen in person in similar conditions seems, if we try to step in the same shoes as the type of virtue depicted by the artiste Marco Dente a very rare and difficult enterprise. Hermeneutic criticism on empathy high-

[9] See on this matter the work of Blankenburg. See Fuchs, Thomas, Micali, Stefano (Eds.) (2014): *Wolfgang Blankenburg – Psychiatrie und Phänomenologie*. Alber, Freiburg. Straus. See also the good résumé of phenomenology applied to psychopathology: Martin, B. & Piot, M. (2011): "Approche phénoménologique de la schizophrénie. », *L'information psychiatrique*, vol. 87(10), 781-790. doi:10.3917/inpsy.8710.0781.

[10] Babich, Babette, "Winckelmann's Apollo, Nietzsche's Dionysus: Color and Music", *New Nietzsche Studies*, Vol. 10, No. 3 and 4 (Fall 2017/Winter 2018), pp.187-218, p.210.

lights that there is no unique method of the human sciences, because facts of significance, which a historian or an interpreter of literary and non-literary texts are interested in, do not solely depend on facts within the individual mind, and ultimately attitudes of empathy are contingent (Stueber, 2019).

On the ground of a needs' based ethical perspective mental health is like fire or water with regard to food ethics: it is a necessary component for life and survival and which has absolute priority. Without stability in mental life no education, family or political life is possible in any decent manner. Since mental health is composed of a character set of inclinations and dispositions, as *indifference* (or wrath, greed, lust), these could be both identified with extreme positions, and quickly dismissed. We could, given the possibility that we have some voluntary mastering of our character, eventually purge part of it, and say indifference or wrath could be kept to some degree. As managing the fire of wrath, or royal distance of indifference, healthy character balancing would achieve patience and some level of impartiality, rather than partiality or indifference. Could we not, with wrath, burn away the suffering of the self and consume the pain of others? Of course, it would be an intelligent degree of this passion not a blind compulsion, as one could dilute and perhaps completely extinguish the suffering of others, with some judicious ingredient of indifference. The Greek ethical and cognitive attitude of *epochē* is precisely reproducing similar "putting under brackets" of certain fragments of our emotional inclinations in order to entirely focus on the most essential components of our intentions.

On the one side we might be inclined to believe that wrath, sloth or indifference are parts of a "healthy, constructive force that can right wrongs and overturn social injustice". On the other side anger as indifference, could be seen simply as deadly sins, and we could hope to en-

tirely eradicate them, "because playing with fire means we'll only get burned[11]."

Our Aim, Method and Scope

Traditionally medical and paramedical professionals (often Theologians) were not prone to deal with mental health issues without inviting at some early stage, when the aim of a research is at defining the motivation, a philosopher to bring light on puzzling aspects of the human constitution, and to help to solve the issue of instability of mental life. It is of common understanding until the mid of 19th Century that since no established psychological or psychiatric science is available, philosophy of mind and philosophical ethics should play a central role. We find an essay written by Kant in 1763 "Essay on the Maladies of the Head" (1764), which shows that Kant himself did not think otherwise than it is the duty of philosophers to manage mental health issues.

To take the example of Kant as a crucial philosophical starting point, not only with regards to the aim of defining mental properties but for the method and the scope of a holistic perspective on the human being and the sciences, mental health ethics is directly related to Kant's distinction between the realm of natural science and some human essential structure of the reality. This human reality is very different from the factual and causal framework of most of the sciences. Theologians and philosophers could therefor bring thick understanding of our world and of extreme human realities such as the fear from ferocity or the fear for death, as ultimate metaphysical problem. It is not enough to teach prudence to-

[11] We refer on this line of argument to the Publisher Weekly Editorial Review of Anger, and to the book itself: Thurman, Robert A. F. *Anger: The Seven Deadly Sins*, New York Public Library Lectures in Humanities, Oxford: OUP, 2004. A study on indifference as sloth is also available, see: Wasserstein, Wendy (2006): *Sloth*: The Seven Deadly Sins, New York Public Library Lectures in Humanities, Oxford: UP.

ward flames and fires, and consequently prudence with regards to the human tragedy of madness, when family members, communities experience the loss of their relative. Deaths as human freedom are metaphysical realities of life, which means they are built into our essence of human being as crucial aporetic dimensions. One thing is to be condemned to the exile of human society; another is to suffer without any clear reason, any given transparent cause, nor any ultimate limit of our human condition.

The temptation is strong to be overwhelmed by the invitation of the irrational and incomprehensible thing, as when the tragedy that affects the fallen soldier may seem less than the paralysis that threatens the companions who must treat the injured person, live with a close relative with a disability, or explain the sudden death to close relatives.

Philosophy brings in the picture the importance of considering the human person, not only the observation and predictions of the natural objects. This has the consequence of ignoring on purpose, with Seneca or Descartes, those things that do not depend directly on our will and intelligence. Death, illness, richness are among the classical circumstances which are not entirely predictable.

Twenty Years of Experience: an Autobiography

As a student of philosophy, directed by Prof. Roberta de Monticelli at the University of Geneva, I first followed the school of ethical philosophy of phenomenology (Scheler, Husserl, etc.) with great enthusiasm, which bases ethics on an analysis of lived experience, empathy and compassion, that is, a basic understanding of the Golden Rule. In the midst of my studies, in the 1990s, I was caught up in the concrete constraints of life, meeting a sick person who no longer had the ability to feel correctly the relationship to the other, as it is the case in schizophrenia. How can we continue to live with others when we share the same

space, but that person isolates himself from a common world of experience (which philosophers call koinos kosmos)? Our work focuses on an anthropological approach to mental illness, describing how schizophrenia can distort our experience of empathy and of the presence in the world through pathological indifference. We describe factual and phenomenological perspectives on a case of schizophrenia, based on the method of Eugène Minkowski (1885-1972).

If we go back to our example, and draw the limits of an anthropological perspective on mental illness, a simple way of getting out of the question of the existential modality of our presence to others is simply to deny that we may know anything about others than external behaviours, that's denying overall the importance of an intersubjective world of existence[12]. After all, if empathy is based on the analogy of two bodies, how can we explain that we suffer looking at the sufferance of a bird, having nothing in common with the body of a bird? But do we really have nothing in common with other living beings; let us only suppose that in some case, these are very remote cousins, as with the example of the bird? It is true that having fairly different anatomical constitutions suffice to keep us at distance and not feel any living kinship?

There are easy ways of answering the objection of the possible non-existence of other minds and of the uselessness of empathy: it is either to recall ourselves that we are constantly in contact with so-called 'material values' that guide our practical life, how we experience reality as valuable. In other words, it is to take a slightly dogmatic metaethical postulate and reject "the characterisation of 'emotion' and 'feeling' generally as purely internal, subjective, non-directional feeling states", and rather

[12] See e. g. the list M. Scheler's objections to the existential approach of others as listed by Zahavi, pp. 151-2. Zahavi, Dan (2001): "Beyond Empathy Phenomenological Approaches to Intersubjectivity", *Journal of Consciousness Studies*, 8, No. 5–7, pp. 151–67. https://cfs.ku.dk/staff/ zahavi-publications/Zahavi_JCS_8_5-7.pdf

take "a view of our affective life as involving complicated intentional, conceptual syntheses of rational and non-rational content" as Wigmore rightly points out. It is following a path initiated by the phenomenologist M. Scheler and which could be explored further[13]. Significant metaethical work has been done to explore the modalities of the affective life, either as a monistic egoistic unity with Spinoza, Schopenhauer and E. v. Hartmann, or as dualism with Scheler, who sees the mind as intentionality act oriented in an essential structure of the mind. H. Bergson and E. Minkowski refer to an affective driving principle, a genetic contact with others and the world. We do not need to posit ourselves on the implications of each system, but we can notice that the notion of evolution plays as an important role in the theory of the mind, as the *vital contact* is seen as a wide capacity to engage on future-oriented ethical projects[14].

It is enough to remind us concrete examples and accept that the behaviourist model is lacking a depth of field in the perception of the presence of others. Psychosis such are schizophrenia may not be simply a mental illness, if it would be, it would probably reduce our fellow-feeling and not treat it respectfully as a phenomenon. It is worth to note that intellectual faculties could be left partly unaffected in psychosis. Of course it is possible that indifference precisely denotes a profound lack

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[13] Wigmore, Stephen Richard (2015): *An Examination of Max Scheler's Phenomenological Ethics*, PhD thesis in Philosophy, Warwick University, unpublished, 8.

[14] A good comparative analysis on the importance of not reducing fellow-feeling but treating it as a basic phenomenon with Scheler, see: Scheler, Max, "Metaphysical theories" in: *The Nature of Sympathy*, transl. P. Heath, Hamden, Conn. Archon Books, 1970. Scheler explains feelow-feelings as differernt from 3 other types of sympathy in the broad sense: There are 1) "Immediate Community of Feeling", e.g. of one and the same sorrow 'with someone'. 2) Fellow-feeling 'about something'; rejoicing in his joy and commiserating with his sorrow. 3) Mere emotional infection, 4) True emotional identification, Part I, Sect. 1, pp. 8-35. Minkowski will add a focus on the temporal side of our essential constitution.

of the use of our highest degrees of rational capacities. But let us first consider, the charitable argument that many mental troubles such are schizophrenia, can be compatible with strong mental faculties. According to this possibility, the more the patient would be intelligent the more he would suffer from his tragic situation, which is immediately understandable. Those persons who are not remarkably intelligent are less aware of being kept under heavy medication, and would not resist taking medication which moderate their secondary symptoms such as perceptual hallucinations, and logorrhoea[15].

The paradox is consequently that the more a person is concerned by the wholeness of life, being sensible and intelligent, - and not only by his wellness, or physical biological life, the more he/she experiences psychosis as a disabling and unjust condition. The argument, based on the possible bright and intelligent trait of character of some patient finds an echo in the work of Eugène Minkowski. The French psychiatrist and philosopher clearly claimed that for many mental disorders, and for schizophrenia in particular, the issue is not about only mental intellectual discrepancies but more precisely about our *contact with the world*, with the ambiance and the sensible ecology of life[16].

As Thibaud says: "Existential psychopathology sets out to question the forms and structures of human existence. Thus, the study of clinical cases is not closed in on itself, it must rather open up on the different ways of being in the world, whether they are "normal" or "pathological". In other words, mental pathologies - and in particular psychoses - would constitute particularly relevant analysers to account for modes of human existence."

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[15] Conversation of the author with psychiatrists, Siofok, Hungary, 2019.

[16] Thibaud, Jean-Paul (2012) : « Petite archéologie de la notion d'ambiance ». In: *Communications*, 90, 2012. Les bruits de la ville. pp.155-174 ; doi : https://doi.org/10.3406/comm.2012.2659, https://www.persee.fr/doc/comm_0588-8018_2012_num_90_1_2659

Religious Perspectives and the Way Forward: Back to the Question of Reasoning

It is a well-known paradox in the religious perception of the illness that it is possible to be "weak, ill, disabled - and yet "healthy"" in the symbolic or religious sense[17]. Health and healing are important part of human life, addressed in contrasting ways by global religions, psychologists, medical doctors, educators (inclusive education) and even politics, who from time to time, ask in populist pamphlets, whether there is any reason for allowing medical rent to be given to some persons, who are not ill in the 'normal sense', but who are suspected of being cheating the insurance system[18].

Religious leaders are aware that the majority of people with illnesses and disabilities experience no physical healing. For them it is very difficult to live with this experience because many ask themselves: "Did I pray too little, believe too little, am I so a sinner that I do not deserve to be healed by God?"

According to Christian faith, healing and reconciliation are done for people with disabilities through "acceptance, integration and reintegra-

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[17] Peter Bartmann, Beate Jakob, Ulrich Laepple, Dietrich Werner (Hrsg.), *Gesundheit, Heilung und Spiritualität im deutschen Kontext Impulse zur Zukunft des heilenden Dienstes von Kirche und Diakonie Ein Grundsatzpapier aus ökumenischer, diakonischer und missionstheologischer Perspektive*, Difäm, Deutsches Institut für Ärztliche Mission, Tübingen, 2008, 20.

[18] Although it makes sense to assess and monitor insurance allocation, the very idea of mental normality is problematic as shown by the early essai on the normal and the pathologic, by Canguilhem. The way in which health and disease are defined not only in the early 19th-century at the time of the first significant progress made by medical psychatry, but equaly nowadays in the largely unconscious collective imagination, shows that the categories of the normal and the pathological are far from being objective scientific concepts. See: Georges Canguilhem (1966/2007), *The Normal and the Pathological*, transl. Carolyn R. Fawcett, NY. Brooklyn: Urzone, Inc.

tion into the middle of society"; "physical healing is only part of a holistic healing that was at stake for Jesus"[19]; this would include reconciliation between humans in the middle of the society and the interrelations of human communities, as well as between God and man. The reason for introducing a holistic perspective is that "according to Christian understanding, health should not become the main thing, without which life is "nothing" and worthless". Does it not make a different whether health is the absence of any physical condition raising our arm without feeling a strong pain in doing so, and the reasons we give direct our life, once suffer from such particular sort of pain, that our whole life seems meaningless? For those who suffer from psychic disorders, the greatest tragedy of living an authentically human life is that spiritual persons suffer even more than those mainly interested in health as "the main thing" in life.

From a global and contextual view, as well as from an anthropological comparative view in which due consideration needs to be given to this mental level health (psychopathology), consequently the relativity of the term "health" to economic and cultural perspectives needs to be mentioned, but also further means for liberation from dependencies through new ways of reasoning around psychology.

If we engage in describing humanity from the margin, and wish to use the language of reconciliation, which may be seen as a complicated language, health should not be defined as the utopic goal of maximisation of a given sum of "attainable health" only, as we find in most of the public health policies (WHO). Health needs to be further described and not conflated with the health of the majority of the population, be it at the level of a fundamental right of each individual to this "maximum attainable health". The perspective of health as inner life and as a positive energy should not be ignored, nor it should be restrained to discus-

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[19] Peter Bartmann et al., eds., *Gesundheit, Heilung und Spiritualität im deutschen Kontext*, op. cit., 22 - 23.

sions in small academic circles among philosophers. Health being the centre of our conative nature, as person able to will and desire, things which are worthy of approval and thus represent a value, is at the centre of each life.

On a global scale, as Bartmann, Jakob, Laepple and Werner show well, for "highly elderly people, the maximum achievable" is "lower than for young people"; "in countries with a simple healthcare it is lower than in countries with a well-developed health service".[20] We would then need to add that for psychotic people it is also very different from the other groups. The question is what type of maximum could some of the most serious mental illnesses allow?

A phenomenological analysis of what we call the patient-medical doctor relation may be of some use to answer this question. Within this context, one can base one's understanding on Eugène Minkowski's findings on the original attempt of using philosophical ethical lenses (and applying the competency of medical science to complement each other in the way Christian healing is traditionally seen as complementing our supposedly common sense "wellness") as a way of obtaining a greater view of deep human anthropology, than the naturalistic scientific view.

Music and mental health have been traditionally associated with each other, as demonstrated by Gaudin, who relates music to something less and something more than a language; it is a fundamental structure of the real, showing a negative analogy between the psychotic attitude of lacking a fundamental structure of existence in autism, and the structural constitution of the presence in the experience of musical artefact.[21] Of course since Pythagoras, and nearer to us in the 19th Century philosophy of music as universal language, many attempts have been made to show

[20] Ibid., 25.

[21] Yves Gaudin, "Musicothérapie et autisme: du chaos à l'organisé," (PhD diss., Université de Nice Sophia Antipolis, 2015).

that music has as much a structuring influence on affective life as a risk of excessively moving the affective boundaries of the psyche. Contrary to the view that as for music there is no such thing as a structured whole in affective life, phenomenological psychology concentrates on a holistic perspective on what makes our experiences human.

The medical and philosophical work of Eugène Minkowski's (1885-1972) is on the boundaries of medical psychiatry and Bergsonian philosophy of the unity of the mind and the structure of mental life. He was a great door opener to scientific innovation by focusing on mental health in the early 20th century, reaching wide recognition in the 21st century, well beyond the francophone, German and Polish initial boundaries of most of his written work. As an early phenomenologist, his work is well-placed in the recent and important *Maudsley Reader*, which suggests that he is a pioneer of contemporary structural phenomenology of mental disorders. His cardinal research on the ethical and essential structural disorders specific to schizophrenia is placed alongside well-established figures of psychiatrist-philosophers such as K. Jaspers and L. Binswanger.[22]

Those who have a lived experience of schizophrenia, like depression or maniac disorders - which were not included at the time of early 20th Century research on these pathologies, face the same problem today. As revealed by L. Bloc, C. Souza and V. Moreira (2016), "Currently, psychiatric diagnosis of depression occurs through standardized procedures using the following instruments: Diagnostic and Statistical Manual of

[22] Matthew R. Broome, Gareth S. Owen, and Argyris Stringaris, eds., *The Maudsley Reader in Phenomenological Psychiatry*, (Cambridge: Cambridge University Press, 2012) UP, 2012, Part II, sect. 12 and Part III, sect. 16, 89, 90, 102, 142. There is regained interest in Latin America for this chapter of medical history, philosophy of science, epistemology and ethics. See among others: A. C. T Rodrigues, "Karl Jaspers e a abordagem fenomenológica em psicopatologia," *Revista Latinoamericana de Psicopatologia Fundamental* 3, no. 4 (2005): 754-768.

Mental Disorders (DSM-V) and the International Classification of Diseases (ICD-10). These procedures follow a symptomatic logic and establish a series of criteria for diagnosis. These instruments have a descriptive and classificatory nature in which the possible conditions for the lived depression are not included."[23] It is instructive to see that not much progress has been made over a century, because looking at mental health is not only a technical question, it supposes to make the choice of adapting to a larger set of instruments, including ethical tools, in addressing mental disorders[24].

In moving from comprehension to explanation, focus is placed not only on the patient-doctor relation, but also on the philosopher-doctor relation. The descriptive focus on human psychology and empathy has a long history but the status of empathy is subject to discipline-oriented debates (Kohut, 2020[25]). Should rationality be conceived, like Bergson, Merleau-Ponty and Foucault claim*, as a second type of rationality*, facing the other form, namely reason? Critical metaethical readings suggest a careful attention be given not only to descriptive attempts of the patient's world, or the patient-doctor relation, but preventively on charac-

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[23] Lucas Bloc, Camila Souza, and Virginia Moreira, "Phenomenology of depression: Contributions of Minkowski, Binswanger, Tellenbach and Tatossian," *Revista Estudos de Psicologia* 33, no.1 (Jan./Mar. 2016): 107-116, 108, doi: 10.1590/1982-027520160001000011.

[24] The explanation of the reason of schizophrenia based on a lack of glutathione (GSH), an antioxidant that we find in plants and animals, and which is capable of preventing damage to important cellula, is one of the recent examples on this naturalistic line. This lack of GSH has been a center of focus in reacent years; observations were made in cerebrospinal fluid, prefrontal cortex and post-mortem striatum of schizophrenia patients. See: *Glutathione deficit in schizophrenia: strategies to increase glutathione levels in "in vitro" and clinical studies*, Lavoie S., 2007. 112, Doctoral dissertation, University of Lausanne, Faculty of biology and medicine, Do K.Q. (dir.).

[25] Kohut Thomas A. *Empathy and the Historical Understanding of the Human Past*, Abingdon, Routledge, 2020.

ter traits similar to pathological indifference, without yet being schizophrenia. Virtue epistemology could add a new path of reasoning on indifference, which focuses on the importance of knowledge formation for some professions (as teachers, librarians, university administrations). In the last chapter of this book, we shall look into the promising perspective of the epistemology of vices in the description of the character trait of indifference. Before becoming a natural category or symptom, the experience of the "lack of vital contact" can be either categorised as a descriptive ethical whole, or focusing on indifference seen as vice, described from the point of view of *virtue ethical* categories.

On this later perspective, indifference is *lack of astonishment*, as the sign of the absence of some essential learning attitudes. Indifference should also be understood as the *lack of scrupulousness* in the realization of an enquiry of research, or in the process of applying ethics to a learning experience and environment. *Closure and dogmatism*, contrary to impartial openness, manifest the indifference of a person, as a vice by default, on the level of the assessment of knowledge gathered in educational contexts. Disinterest and indifference, as long-term tendencies, entail the risk of a range of correlative intellectual negative virtues[26]:

1. Lack of curiosity
2. Insensibility to details
3. Obtuse character
4. Disposition of taking one's desires for realities
5. Lack of attention
6. Prone to prejudice
7. Intellectual weakness
8. Lack of care
9. Lack of objectivity
10. Conformism
11. Poor observation dispositions

[26] Zagzebski, L. (1996): *Virtues of the Mind*, Cambridge: UP.

Indifference seen as a vice by default below[27]:

Vices by default	*Virtues*	*Vices by excess*
Indifference	Impartiality	Partiality
Narrowness	Sobriety	Debauchery
Contempt of self	Humility	Pride
Cowardice	Courage	Temerity
Dispersion	Relevance	Obsession
Laxity	Reflexive equilibrium	Rigidity

If normativity is based on reasoning and willing, and if parts of the world constitute reasons for our actions, the virtue ethics orientation adds the simple fact that reason based choices are different from virtues, as virtues are dependant of gradations and a relative equilibrium. An epistemology of vices is promising in order to establish a good systematic description of the phenomenon of the lack of will and attention present in some important mental disabilities, if we aim at showing the consequence in terms of production of knowledge or the corruption of our active learning powers.

[27] Adapted from: Engel, P. (2019) : *Les vices du savoir. Essai d'éthique intellectuelle*, Marseille : Agone, 299.

1

INTRODUCTION

§1. With a romanticized prose, H. de Balzac describes, in an imaginary autobiographical narrative, a childhood friendship with Louis Lambert. The author grasps the physiognomy, the sign of what the history of medicine will successively designate as “catalepsy,” “early dementia,” and “schizophrenia.” A detour through the work of the great novelist makes it possible to produce, out of a theoretical perspective, the theme of our short philosophical essay on ethics and facts related to mental health, focusing on some mental health disorders, such as it is the case in the life of schizophrenic persons. It is around this particular personality that we shall articulate historical, theoretical and phenomenological perspectives. Let us discover in a holistic perspective a description of the singularity and universality of such human condition:

> “(...) I opened the shutters a little way, and could see the expression of Lambert's countenance. Alas! He was wrinkled, white-headed, his eyes dull and lifeless as those of the blind. His features seemed all drawn upwards to the top of his head. I made several attempts to talk to him, but he did not hear me. He was a wreck snatched from the grave, a conquest of life from death—or of death from life!

> I stayed for about an hour, sunk in unaccountable dreams, and lost in painful thought. (…) Suddenly Louis ceased rubbing his legs together, and said slowly: "The angels are white."" [28]

The writer presents, in what he calls "the expression of the physiognomy," more than a mere description of the outfit of his friend. There is a seizure on the spot of a way of being, of an atmosphere, of an encounter, whose tragic force appears by the apposition of antithetic expressions: "a conquest of life from death—or of death from life!". "The life" to which the writer refers, requires a closer examination and deepening. I propose to translate it directly into a distinction in Bleuler's psychiatry between *facts* and (ethical) *phenomena*.

§2. The genesis of the notion of "schizophrenia" leads to the relationship between doctor and patient, towards taking into account the inner lived experience. We must first distinguish, in Bleuler's work, the *facts*, or the theoretical elements taken from the empiricist framework of psychiatry. They are specific transformations of some important organic function, the medical basis for a clinical case study of the mental health disorder. On the other hand, there is the experienced *phenomenon*, that is to say practical ethical experiences, at the first person level. Here we are not any more on theoretical and abstract explanation level, but in a highly subjective impression founded in the totality of the person. A common experiences life in interaction with others, mainly through empathy, which reveals a wealth of ethical information. We can distinguish two very distinct semantical dimensions of "life". A fact touches the life (*bio*s), when it modifies an organization specific to an organic function. Osteomalacia (bone decalcification), for example, is a modification of the vital function, based on two further facts. First, there should be a physiological-chemical process, which leads to a change in the structure of the bone. Second, there should be a triggering element,

[28] Balzac, Henri de, *Louis Lambert*, trans. by Clara Bell and James Waring, The Human Comedy, http://www.gutenberg.org/files/1943/1943-h/1943-h.htm

in order to observe this disorder, such as an accidental fall for example. Facts thus presuppose in the empiricist theory two concepts, the notions of succession in time and that of causality.

Expressions such as: "the consciousness of his wasted life gave him a morose air" (Flaubert), "the most decisive actions of our life" (Gide) or, *living a distressing* or *rewarding encounter*: all encapsulate specific semantical information. Encounters, self-fulfilment and personal failure concern the sphere of the *ethos*. It is an experience much more than an acquaintance, an experience that factual knowledge is incapable of grasping, and therefore even less able to convey. Plato also refers to ethical experience, as a perception of a divine character of life:

> "There does not exist, nor will there ever exist, any treatise of mine dealing therewith [on the true meaning of the divine ethical life]. For it does not at all admit of verbal expression like other studies, but, as a result of continued application to the subject itself and communion therewith, it is brought to birth in the soul on a sudden, as light that is kindled by a leaping spark, and thereafter nourishes itself."[29]

§ 3. The history of medical science, in particular the history of psychiatry shows us relevant trials and errors on how to catch the difference between facts and the ethical attitudes embedded in mental disorders. Medical practitioners who were as well philosophers have early highlighted semantical, epistemic, conceptual and ethical perspectives, focusing on the idea of *schizophrenia* in psychiatry. They showed that it is not right to blur contrasting levels of the reality. What we call the distinction between *facts* and *phenomena* is precisely presenting the early requirement to take into account the ethical *phenomenon*, in the understanding of the living being. If the inner life experience remains con-

[29] Plato, *Epistle VII*, 341 C-D, Loeb Classical Library.

cealed when building rigorous science, escapes a gradual and transversal development of both views in important early steps of the study.

A deliberately simplified presentation of the history of psychiatry shows a relation between several classifications of empirical evidence-based *facts*, focusing on the same mental disorder. On the one hand, some precise nosographic concepts exist including the *aetiology*, or the study of the real causes or factors that are responsible of a given disorder. On the other hand, the naturalist observes signs, which account for the concept of *symptomatology*, the specific manifestations of the disease called "schizophrenia". Concepts help us to understand better what we exactly mean by these words, but do we need only natural science related concepts in order to grasp the whole reality behind the words?

Psychiatric theory and psychopathology delimit the reality, based on the method of the natural sciences. Aetiology and symptomatology mainly enumerate symptoms to provide an elementary constellation of indications. Causal elements enter in the psychological and physiological dimensions, serving to specify a modality of excess. In particular, the pathological modifications of perception, memory, ideation, judgment, and affectivity are crucial in order to form the right pathological type of mental disorder. Someone who is walking in the street in a cold winter, speaking loud for himself with melancholic attitudes, might be very impressive, when one is not accustomed to meet with mental disorder. Pathology brings some clarity, a good classification of what one needs to take in consideration, among all the manifestations, as when someone is entering a totally unknown environment, as a foreign language. Because of the degree to which perception and affectivity may be modified in some cases, we needs a map, a compass, to find the right path, through further concepts such as *hallucination*, *amnesia*, *dissociation*, *delusional ideas*. Are all these concepts, including a *profound feeling of sadness*, to be considered as facts? There are certainly facts, and natural science provides a fact-related compass, which will analyse with great

precision further entities such as *morbid euphoria* and *indifference*, the latter being very specific to autistic and schizophrenic disorders. As we shall argue, pathological processes, or the excess of one or several of elementary components of our physical, psychic and social equilibrium, should not only be analysed on the ground of a factual order of the organic life as a whole. Nevertheless, we should also collect and wisely analyse facts in the first place.

On the ground of *facts*, that is to say the *facts* of the psychiatric clinic and of psychopathology, we can attempt to grasp schematically schizophrenia as a system. We can also add the teachings of history, as there is a historical intellectual continuity between three key concepts: Emil Kraepelin's *early dementia*[30] (as premature dementia or as precocious madness), Eugen Bleuler's *schizophrenia*, and Eugène Minkowski's *generating disorder*.

History and philosophy of science provides insights on the method of knowledge formation and additional clarity on the concepts. Focusing on psychopathology and on the classification of *facts*, we can highlight the crucial disagreements between three points of views. We shall present Eugen Bleuler's innovation, based on the medical practitioner's point of view, offering a unity to the factual description of schizophrenia by comparison to his predecessor and founder of a concise and clear concept of *early dementia*: Emil Kraepelin. We shall then introduce Eugène Minkowski as the person who elaborated on the ethical dimension of this mental disorder. Let us briefly come back to the overview of these main historical, conceptual and epistemic parts of our presentation.

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[30] Emil Kraepelin, *Dementia Praecox and Paraphrenia*, transl. R. Mary Barclay, Edited by George M. Robertson, Chicago: Chicago Medical Book, 1919. Republished by Hardpress Publishing 2012. See Paul Hoff, *Emil Kraepelin und die Psychiatrie als klinische Wissenschaft. Ein Beitrag zum Selbstverständnis psychiatrischer Forschung*, Habilitationsschrift, Medizinische Fakultät der Ludwig-Maximilians-Universität, München 1992.

The entrenchment between the work of the three psychiatrists (Kraepelin, Bleuler and Minkowski) presents, at first glance, a simple continuity. Kraepelin should be acknowledged the synthesis of some nosographic subgroups, considered until him as conceptually unrelated aspects of a whole. Kraeplin constitutes the nosographic entity on early dementia, on the ground of three necessary conditions, which are in some sort of equilibrium: *the interchangeable nature of the symptoms*, *a similar heredity* and *the specificity of terminal states.* There is at this stage no mention of a single origin, a unique source of development *of an elementary psychiatric disorder*. Consequently, at this stage of the scientific progress in a largely unknown continent of our mental reality, there is no such thing as one disease. In turn, Bleuler makes a new hypothesis; he distinguishes *an elementary disorder* and *secondary symptoms*, isolating, on the one hand, very manifest disorders and a background central unique source of mental and affective regression. Secondary symptoms are delusions, hallucinations, the catatonic syndrome (state of passivity and inertia), but they are only secondary. It seems that medical science uncovered an extremely captivating fact, namely the assumption of a unique modification of the psychic functions, affecting ideation, affectivity and the will, which Bleuler recognises as schizophrenia.

The problem, to which Minkowski brings his own contribution, concerns *the epistemic way* and the *deep ethical and metaphysical dimension* in which Bleuler isolates the origin of this modification, called "schizophrenia", leading further to a disturbance of the ideation, the affectivity and the will. Conceptually, it is from the point of view of the French researcher unsatisfactory to seek in "the relaxation of associations", the main origin of a disorder, which also concerns the will and affectivity.

Minkowski's *generative disorder* provides a *holistic and comprehensive view* of schizophrenia, identifying in the overall personality, the

origin of the so-called schizophrenic transformation. Moreover, Minkowski believed that far from producing secondary symptoms such as those described by Bleuler, the mental disorder has been totally redefined. Minkowski's innovative scope is focusing on the anthropological and metaphysical foundation of the mental disorder, which concerns the totality of the personality. This is clearly as well an indication towards some ethical requirements. Let us go back however and develop gradually the construction of the different conceptual layers of the reality of schizophrenia. Only then, we shall see with convincing clarity why grasping the totality of the personality is so important. We need to justify adding a further dimension to our naturalistic primary orientation, an orientation founded on the compilation of the facts given by an honest medical approach to the reality, dealing virtually by trial and error, with the tragic defeat of reason. Struggling against the most severs diseases of the mind, the will, the affect and the personality has never been a simple recipe.

§4. Our readings highlighted a greater continuity, between Bleuler and Minkowski in comparison with sporadic mentions to Kraepelin, the real founder of the nosography. French psychiatrist captures an early text, our assumption as Minkowski wonders: "Have we been more Bleulerian than Bleuler?"[31]

I propose in the epistemic and ethical perspective aiming at the reconstruction of the concept of "schizophrenia" to focus on the distinction between *facts* and *phenomena*, and we shall seek very consequently the justification for this antinomy in both authors' work.

Bleuler undoubtedly induced some of Minkowski's views, clear biographical elements allow for this supposition. Minkowski having been Bleuler's pupil (1914-15) the opposite assumption would have been more worth of interest. A significant element becomes important, when

[31] E. Minkowski, « Approches phénoménologiques de l'existence » in : *Au-delà du rationalisme morbide*, Paris : L'Harmattan, 1997, 195.

comparing the two works: the philosophical vocation of Minkowski. Two separate commitments with the human being, the one medical, therapeutically, the other philosophical should be underlined. Minkowski's philosophical approach relates to the deepest resources borrowed to the history of human thinking and human condition. These resources are as relevant to mental disorder as are those provided by the concepts of natural sciences, considering that they include a bold perception of mental fragility. A dual configuration of competencies helps us to escape a trivial comparison, such some sort of linear continuity.

Our analysis of two solid scientific legacies requires, on the one hand, an epistemological method for addressing the scientific formation of the concepts, on the other hand a precise evaluation of the importance of going beyond such a conceptual perspective, in relation to the very notion of schizophrenia. By epistemological perspective, I mean different methods of knowledge, aiming at breaking down the doctor-patient relationship, which presupposes, before any analysis, that this relationship is isolated as a *phenomenon*. The philosophical approach by contrast addresses the question of the usefulness of bringing together various perspectives, to enrich the conceptualization of the relationship between doctor and patient. It concerns the anthropology of a patient-world relationship, also lived, and thus also a *phenomenal* approach to the existence.

We will return, of course in detail, on each of these perspectives. When Minkowski writes, as mentioned earlier, that he may have been "more Bleulerian than Bleuler", we argue that this sentence suggests that he have been developing further in details Bleuler's *factual* orientation. This assumption introduces a methodological difference, with regard to the scope of the concept, which is an unexpected orientation and tension across the initial distinction between the philosophical field of the *phenomenon,* and a fact based Bleulerian medical concept. It is out of the scope of this study to refine and assess

the medical contribution of Minkowski in that sense, namely as enriching the extension of the concept of schizophrenia by the observation of new facts. It is of little interest, for the clarity of our presentation to elaborate on such findings, therefor we move to an explanation of the orientation of the both medical factual and ethical phenomenal perspectives.

§5. Minkowski conducts an important part of his psychiatric work, on the line of making explicit a *phenomenal* component of the "vital contact", understood as the schizophrenic patient's own perception of the ambiance, "contact with" or "sensibility to the atmosphere", a concept, we shall remind, which was initially advocated by Bleuler. There is in the facts, a methodological and conceptual continuity between the invitation to consider the value of the lived experience, made by Bleuler, and the description of this experience consolidated by Minkowski. The later understands the value of the observation made by the former, and he adds an applied ethical framework, based on an existential description of the ambiance of the schizophrenic patient.

Before examining the two directions of Minkowski's work, we first present Bleuler's empiricist psychiatric method. A presentation of psychiatric *facts* is indispensable as it aims at an understanding of the practical utility of the psychiatrist's instrument of medical semiology. This presentation aims to make the non-physician reader familiar with the tools that allow psychiatry to codify a mental or affective disorder. This science of the medical signs is divided essentially between: *the symptomatology*, *the aetiology* and *the evolution* of the psychotic affection.

I.

THE FACTS AND THE MAIN CONCEPTS OF BLEULER'S CLASSICAL PSYCHOPATHOLOGY

1

THE SYMPTOMS

"Bleuler […] neither discovered a new disease nor developed a new treatment, his fame rests […] on having invented a new disease –and, through it, a new justification for regarding the psychiatrist as a physician, the schizophrenic as a patient, and the prison where the former confines the latter as a hospital." (Szasz, *Schizophrenia*, p. 11[32])

§1. The concept of autism has not a central importance for Bleuler, although it will gradually become a point of focus for Minkowski, over his liberation from the method of his early model Bleuler. The first conceptual axis is therefore not *autism*, which will also serve as a boundary between Freud's developments of the psychoanalysis, but rather the well-known traditional concept of *symptomatology*[33], or the theory of symptoms[34] at the centre of Bleuler study. This concept will be then

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[32] Szasz, Thomas, *Schizophrenia: The Sacred Symbol of Psychiatry*, New York: Syracuse Uni. Press, 1976.

[33] Bleuler E. *Dementia Praecox oder Gruppe der Schizophrenien*. Leipzig, Germany: Deuticke; 1911. English translation by J. Zinkin as *Dementia Praecox or the Group of Schizophrenias*, Zinkin J, Editor. New York, NY: International Universities Press, 1st. Ed. 1950.

[34] Ibid. pp. 443-566.

redefined as *generating disorder* by Minkowski[35]. However, I leave aside for the moment the comparison between these two concepts, to focus exclusively on what has chronologically preceded, namely the Bleulerian heritage of the Kraepelinian clinic of "early dementia" (as "premature dementia" or "precocious madness"). This first step should allow us to precise the conceptual construction the theory of symptoms.

§2. "Autism" (*autos* oneself) means a personality characterized by difficulty in social interaction and communication. The presence of the autistic individual is literally *folded back of the self*; and this meaning does not enter the common treasure of the language until the mid of the 20th century, after the concept has been separated from the concept of schizophrenia[36]. In 1911 (Eng.:1950), Bleuler presents a psychiatric research on a group of diseases called "early dementia" in the form of a treatise: the *Dementia Praecox or the Group of Schizophrenias*[37]. The work is essentially based on a method of empiricist knowledge. This is where, for the first time, the term "autism" [Autismus] is used.

§3. To present the different symptoms, we go directly to the relationships between the concepts, following a guideline: weave a conceptual framework that focuses on "autism".

On the Bleuerian theoretical level, this concept is the occasion of an asymmetry between "the theory of symptoms" and the "symptomatology". This asymmetry indicates that Bleuler introduces autism, without

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[35] Minkowski, E. Du symptôme au trouble générateur, *Au-delà du rationalisme morbide,* pp.106-107, L'Harmattan, 1997.

[36] The psychiatrist Leo Kanner distinguishes the disorder from schizophrenia in 1943, to describe the concept and aline with today's denotation of the word; the term may have entered common language in the second half of 20th century.

[37] Ibid. See also: Andrew Moskowitz, Gerhard Heim, "Eugen Bleuler's Dementia Praecox or the Group of Schizophrenias (1911): A Centenary Appreciation and Reconsideration", *Schizophr Bull*. 2011 May; 37(3): 471–479. doi: 10.1093/schbul/sbr016

leaving to this concept an important place in his research. It is on the one hand labelled as a "secondary symptom". In other words autism is viewed as a consequence of the hereditary factor of *dissociation* ("Zerspaltung"), and consequently the assumption is on the existence of a same causal relation between hereditary factor and a *disjunction* ("Spaltung") as it also applies to autism. On the other hand, when from the theory one passes to the clinical study, that is to say to an evaluation according to the frequency of appearance of the autistic attitude, the attribute of being a "complex function" by opposition to "simple", tends to situate in terms of priority and importance autism behind disjunction. The latter is therefore conceived as the real cause, autism becoming the consequence of an "associative disorder of the thought". The theoretical choice to consider autism as a consequence and not as a cause, and therefore not to see in this concept a foundational value, but to see it as an end result of different processes (Zerspaltung, Spaltung), will be the central point of Minkowski's critique.

This choice, however, is based on an epistemological position, which must be made explicit. Bleuerian epistemology is focusing on extra-conscious factors causally related to the mental trouble, a choice which can be compared the two directions of "the explaining" (Erklären) and "the understanding" (Verstehen) made famous by Karl Jaspers[38]. Jasper's scope on the method is to clearly show the balanced importance of both explanation and comprehension. This methodological distinction entails to recognize the organic factors as organic psychological conditions of a disorder, by means of the analysis of the "extra conscious" factors of the vital functions, which underlie the disease.

§4. From an epistemological point of view, Bleuler also illustrates what Jaspers will develop further: a possible dividing line, which we should be supposedly deduce, - or simply "invent" as Szasz would put it

[38] Jaspers, Karl. *General Psychopathology*, Transl. by J. Hoenig and Marian W. Hamilton, John Hopkins Univ. Press, 1997, 2 vol.

very directly (ibid.). A first divide is then further divided when it come to the Erklären (the *explanans* and the *explanandum*). It is on one side the *pathophysiological* model, the primary process unknown as such, but causing associative disorders, and the *psychopathological,* the realm of the effects of this fundamental causing factor. The psychopathological space is only "secondary", even "accidental", and is only the result or the effects of the pathological process impacted by external circumstances. This dividing line goes through what Bleuler calls *the associative system*, the world of representations. The disease, in these symptomatic manifestations, is then only the distant echo of a pathological process whose physiopathology remains to be established[39].

§5. The concept of autism is bound to the mechanism of dissociation for Bleuler, and it means the modification of an ordinary associative framework of thought, understood as logical organization in the way we are thinking. This later is presented as a very different and unusual organization of the thoughts. Instead of tightly connecting the ideas, using solid reasons or reasoning, schizophrenic patients exhibit a loosening of associations of thoughts, jumping from one idea to another, with increasingly more fragmented connections between the thoughts. Whereas the associative laws of "contiguity" and "resemblance" do not point necessarily to the way of an isolated and always identical associative reflex, but rather refers to a heuristic mind map, based a natural associative bringing of our ideas to life, schizophrenic jumping from one idea to the other entails a behaviour accompanied with "agitated ideation". If jumping of ideas occurs without reasoning and solid structure, the behaviour might end frequently by overdetermined sets of associations. Over determination does not mean necessarily that the behaviour is a predictable behaviour. Everyone has in mind to have witnessed a

[39] We find also a good synthesis of this distinction by the German philosopher Max Scheler (1874-1928). Scheler, Max. *The Human Place in the Cosmos*, Transl. by Manfred S. Frings, Evanston: Northwestern University Press, 2008.

wrathful person, getting excited about anything and a nothing at the same time, ending with a *word salad* and inconsistency. As anger becomes a kind of fury, the loose contiguity between thoughts entails that the person repeats the same meaning more and more, with slightly different words, until the associative frame of thoughts forms a climax, and finally loses paradoxically all meaning.

While the habit of ordinary associations brings a construction of thoughts, that draws its force from the introduction of some quantitative modalities to reorder the thoughts, the autistic thought is a complicated arrangement as it is random, and it is for this reason difficult to communicate and report. Instead of being a representation of objects, as representation of things, the schizophrenic representation introduces in priority a representation of words[40]. The semantic relation of denotation, which relates language to the things out there, differs from a focus on the meaning of the words, which turns from these things known as external objects, to the language game itself. Since language no longer serves ordinary purposes of increasing knowledge and communication, it is necessary from an empiricist perspective to refocus on the mental capacity of representation of things, instead of dissolving reason and semantic into relations between words.

§6. A schizophrenic person's thoughts might be disorganized and unclear because the thinking in accompanied by a tendency to jump to the conclusion. A schizophrenic tendency exists, which relates to the poor methodological understanding of the objects of knowledge before the process of communication of the knowledge. There is also a poor capacity for judgment based on the concepts, behind the intentions. Bleuler, as a disciple of Wundt and collaborator of Freud draws in the

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[40] Freud, Sigmund, On Metapsychology: the Theory of Psychoanalysis: beyond the Pleasure Principle the Ego and the Id and other Works, In: *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, ed. and trans. James Strachey. London: The Hogarth Press, 1990.

first place on their psychological studies and methods. Relations of lexical analogy are relevant for opposing associated elements of thought, which are either "assimilated", that is to say rendered homogeneous or, "complicated"[41], in other words endowed with a disparate organization, making the whole confused. Schizophrenic patients' letters have been analysed, using these theoretical observations. Bleuler looks for answers on the origin of unattended associations. In his *Lehrbuch der Psychiatrie*[42], Bleuler shows that a patient has associated the national or geographical character "Italian" with the word "Brutus", omitting that "Brutus" probably refers to the historical figure, before Italy was constituted as a country. "Roman" not "Italian" should be the dominant element of the associated representations. Wundt considers a "threshold of clarity", as necessary for a clear association of ideas and a healthy reasoning, which rests on a "degree of activity", explaining the right productivity of the process of formation of thoughts[43].

Must we conclude that there is a problem with the degree of activity of the subject leading only to a limited threshold of clarity (confusion of the historical epoch)? To account for this passivity, one only need to make the assumption, that the schizophrenic patient is vulnerable to some sort of diversion, which brings the vulnerable person mechanically out of the world, to lock the individual in a total state of passivity.

Bleuler is, no doubt, aware of the limits inherent to the classical empiricist theory of associations as presented by Wundt, when he turns to the Freudian variant to this mechanism of diversion. It is in the analysis of dreams that Freud presents a sophisticated elaboration and a more flexible architecture of the process of association of ideas.

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[41] Eisler, Rudolf, *Wundts Philosophie und Psychologie*, pp.58-61, Leipzig, Barth, 1902. „Der Komplex von Gleichheits", „Die Ahnlichkeitsassociation", „Assimilation / Komplikation".

[42] Bleuler, E. *Lehrbuch der Psychiatrie*.

[43] Ibid., „Die herrschenden Elemente", „Die Klarheitsschwelle".

§7. A new classification of associations makes it possible to distinguish new associative relationships, the autobiographical memory coming from the dreams. Freud shows that by collecting and analysing dreams after awakening, some traumatic event appears to the patient's mind. It can further be analysed and related to older traumas, such as having been lost in a public place in the childhood. For Bleuler, the interpretation of dreams contributes to make autistic attitudes and language flaws intelligible. The process of *condensation*[44], which is the concentration of scattered thoughts, or compression, including intermediate representations, or compromises and mixed forms of representations, are new means for giving a new syntax to the associative disorganisation. The more the equivalence between terms relates to homophony and assonance, the better we get to interpret finally the extreme situation of an association of contradictory thoughts or, a double-minded thought, with convincing structural elements. *Dream work* and *dream processes* are ultimately responsible for the representability and the psychology of a psychodynamic view of our mental health, on the model of the interpretation of dreams.

It is clear enough that the extension of the processes of formation of thought, in contact with the transcription and classification of dreams, constitutes an enrichment of the theory of associations. Autistic isolation, in a self-contained presence, escapes, however, in the empiricist framework, to a precise conceptualization, when it comes to emotions and values, instead of the exteriority of language. Autism from the point of view of the empiricist theory of consciousness is the consequence of the disorganization of associative thought. Since *introspection* is the direction that the empiricist consciousness takes for observation (i.e. the consultation of associative relations), autism remains however mainly a sign of confinement of the patient in a passive interiority.

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[44] Freud, S. The Interpretation of Dreams, §E, The Primary and Secondary Processes. Repression. In: *Collected Works*, vol. V.

§8. A considerable step forward is done by Carl Gustav Jung, to these partly successful attempts to find in introspection the right way of describing autism. If autism is the consequence of a dissolution of the associative system, and if to furnish the content of the associative system denotes a direction in autistic thinking, then a new focus on proving the absence of randomness of associative thinking is crucial to the intelligence of autistic thinking. CG Jung, Bleuler's collaborator at Burghölzli, gives the concrete example of a patient, whose attitude seems to contradict the so-called passivity of autistic self-centeredness and self-absorbed nature. A person may have a "weird" behaviour for a range of different reasons, many not being related to narcissism. Jung draws our attention to the *forms of a primitive thought* (or "symbols", "imago", "archetypes"), which clashes against directed and *adapted thinking*[45], and shows that *subjective thinking* (autistic) should not be seen as infantile and over simplistic and poor associations.

One direction, which rejects the randomness of autistic thought, proceeds by comparison between, on the one hand, mythological and religious figures, and on the other, the half-conscious testimonies of a schizophrenic patient. The study of the "case of Miss Miller" is an opportunity to investigate closer segments of the associative framework, because these segments, according to Jung, have their origin in a "collective and archaic unconscious". The primitive past becomes the basis of the human psyche, directing and influencing present behaviour, as we all witness, under various forms a common primitive awareness of life, particularly through cultural and religious lenses. The very concept of the autistic withdrawal of the patient into his/her own fantasies is interestingly questioned, as being immersed into our common past do not

[45] *The Collected Works of C.G. Jung*, Edited by Gerhard Adler, Michael Fordham, Sir Herbert Read, William McGuire, Trans. by R. F.C. Hull, Princeton, 2014. In particular: vol. I, "Two Kinds of Thinking", "The Miller Fantasies: the Anamnesis", 27-28, 34ff.

entail being passive. Jung criticises the idea that unconscious fantasies and archaic processes are infantile expressions of autoerotic attitudes[46]. Several hundred symbolic elements collected by Jung display recurring characters. *The father-imago*[47], the archetype of the *mother-imago* and of the *person's character*[48] thus allow to decline families of related symbols (*the god*, *the hero*), and derived forms (fire, sun, animals).

§9. A question emerges, throughout the many ramifications between these categories, illustrating the main themes of life (love, suffering, death, incest). The subjective autistic thought and the directed thinking, both participate in a single collective unconscious, expressed by the richness of the autistic production. What is the meaning, under these conditions, of attributing to autistic isolation the character of a "*passive* interiority"? For the moment, we are not trying to answer this question, but the Freudian and Jungian developments of the concept of the associations of ideas justify the remark. The empiricist method building our representations of the interiority entails the action of reflective introspection, consciousness intentionally directed toward its imaginative content, which has metaphorical or metonymic meaning. Autism is not a vertical understanding of the psyche including a direction in depth, where a coherent thought could be in contract with the richness of our emotional life. The conscious mind conceived as a vessel in the empiricist theory, can only be a simplified, schematized image of consciousness. The "passivity" resulting from the introspection, whose associative frame is wider and deeper than an adapted way of associating ideas, should not mean doing less, but doing otherwise. Either, autistic minds are considering a much richer variety of the symbolic contents available to most of us, which are as many testimonies of the richness of the productions of a collective imagination. Taking a closer look at the empiri-

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[46] Ibid. 29.

[47] Ibid. 9.

[48] Ibid. 36-37.

cist developments of the process of association of thoughts, one realizes to what extent there is a lack for a wider method of listening to the schizophrenic autobiography. Philosophy has always used primitive allegories to convey important meaning to life. Philosophy has shaped elaborate ethical understanding of the human being through an image-driven poetical discourse. Let us leave aside the content of the representations, which has a very limited place in a theory of symptoms. Let us pursue our examination of *facts,* by the correlate necessary for every symptom, by focusing now on the *aetiology*.

2

AETIOLOGY

§1. Two aetiological directions support the empiricist representation of a regression of the individual into a passive inner life; the first stemming from Kraepelin is the legacy of the nosographic classification of mental illnesses into endogenous and exogenous disorders, which supports the idea of a hereditary organic cause of the disorder ("Zerspaltung"). This is the origin of the organogenetic position, to which Bleuler adheres without much insistence. This perspective believes to identify in the brain a physical lesion, which causes the disorder, and makes it in the strict sense a disease, superficially reinforcing the idea of passivity, induced by the very notion of disease. The second way is founding the aetiological explanation of a *psychogenetic superstructure*, which is useful because it opens the horizon of a correlation between a recurring mental content, as the obsessive repetition of an idea, and a traumatic event to which it is associated form. This framework is also based on a relationship of causality, which explains, by an organic psychological cause, the origin of autism. In this case too, autism is related to the attribute of passivity, since it is accounted for by a diversion of tendencies and desires, by means of a dynamic of repression or subduction of af-

fects and desires. The organic psyche is, for S. Freud and C.G. Jung, a system of tendencies under tension[49].

Psychogenetic theory is built on two strong assumptions from the philosophy of nature. In order to introduce the psychogenetic views of the self, we shall directly see a first example, how psychogenetic analysis is based on the main pillars of natural philosophy. Natural philosophy thematises the conditions of the possibility of today's scientific conceptions of nature and of life in the wide sense and investigates their mutual dependencies, assuming interdependencies between both realms of Life. If we take the patient of Jung, who repeats the actions of the shoemaker, day after day, year after year, in such a way that this process is thought to hide upsetting things from conscious awareness. The assumption that there is an interdependency between the repetitive and irrational gestures of the patient, who mimics the shoemaker, the unnoticed and unattended aspects of life as her possible unconscious sexual desire for this same person, and the enduring desire she has for her lost lover, long after the first occurrence of the desire. Her desire to see him again remained intact, although the reasons for expecting similar outcome vanished. The natural philosophic explanation is based on the representation of a quantity of instinctive forces, which will be at the core of the psychoanalytic method. Blind forces are seen, by the virtue of the theory of the interrelation between natural phenomena, to precisely mimic the shoemaker suggesting the precise object of her desire (the shoemaker). The psychoanalyst's explanation is based on an analogy, if

[49] We presented a very similar naturalist account of the psyche based on a dynamic of the affects, as an antirealist account of moral psychology, in our earlier work (Haaz, 2019). We called this model: “ethical normativity as a lightning rod“, and showed in a chapter of our first volume of the Globethics.net Philosophy Series, how the hypothesis of an unconscious drive, organized as a system in tension, relies on monism: „Leadership, Anti-realism and Moral Psychology“, in: Ignace Haaz, *The Value of Critical Knowledge, Ethics and Education*, Geneva: Globethics.net, 2019, p. 31ff.

not on a logical fallacy or *petitio principii*. In a similar way, as the state of sleep is seen creating a disruption from the waking state, where "censorship" allows desires to be realized, in a disguised form, in the latent and further more in the "manifest content" of the dream[50]. In the same way, an instinctual energy that remains trapped in the organic psyche, accounts for deformations of awakened thought, which consequently appears incoherent.

I propose to place this organic- and psychogenetic aetiology in a historical context, where heredity and the dynamic of the unconscious drive have been considered as important hypotheses, and assess both as plausible ways of application to main problems of mental health. This step forward should be done knowing the methodological limitation we shortly addressed, which is inherent to the naturalistic foundation of the theory of the drives and the early enthusiasm for natural philosophy and sciences.

§2. As we shall see, for Bleuler heredity concerns a necessary condition, the psychology of drives a triggering condition. The origin of this priority of heredity is the legacy of Kraepelin's distinction between manic-depressive madness, for which no cause is known, and early dementia, which is based on two parameters: one endogenous and the other reactive. By endogenous cause is meant a necessary condition related to a hereditary predisposition, of which the Mendelian theory of the constitution[51] states the principles. The theory of drives and the concept of

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[50] S. Freud, *The Interpretation of Dreams*, §2, ibid.

[51] It may be useful to note that the concept of "phenomenological constitution" is a concept that has a completely different meaning, from what Mendelian research understands as "hereditary constitution". One refers to an inner life experience that a subject constitutes, for example the experience of the doctor in his relationship with his patient, distinct from the experience of the patient in relation to the world in which he lives. "The hereditary constitution" means theoretical data on innate physiological characters, based in large proportions on the laws of G. Mendel (1866-1872).

reaction are based on the presence of some key external factors, as the central building block of affective psychopathology, a model of method on which C.G Jung will be developing large and important classifications. Each of these two directions leads to the representation of a concrete lesion or disruption, which is considered at the origin of the disease. There are two ways of explaining such directions: either by describing an organic lesion, genetically transmissible, or by seeking in the meanders of a dynamics of the drives, the cause of an important decrease of the psychic energy, ultimately correlated with autistic passivity.

I propose to explain these two aetiological directions, in order to shed light on two theoretically important components of *the concept of disease* in psychiatry. We shall highlight two fundamental paradigmatic perspectives, in order to see how the psychological and physiological organic facts in psychiatry relate to each other. There is no disease, only to the extent that a trouble, which may otherwise be largely mental, has some organic physiological cause. To explain aetiology is not, therefore, from the point of view of Bleuler's empiricist psychiatry, to add to the numerous facts of the symptomatology some other similar facts, i.e. other expressions of an underlying morbid process. It is much more to give precise details of the morbid process itself. I leave aside the question of Bleuler's interest in finding the cause, distinct from the description of the symptoms[52] in his treatise, to expose a concept that, depending largely on Kraepelin's legacy, will be broadly transmitted to Minkowski.

§3. The organogenetic perspective corresponds to an “infrastructure”, which from the Bleulerian aetiology flows to the symptomatology, by means of the “Zerspaltung”, the postulate of a dissociation of the associative framework of the thought.

[52] See our chapter on the organization of the treaty.

To derive the dissociation from Mendel's theory of heredity is possible, but it is necessary to attribute a real utility to the set of facts, which the psychiatrist collects under the heading of a theory of heredity. It is not for us to pronounce on the general relevance of the theory of heredity, but to measure, if good indications are given, whether there are actual consequences on the vital functions of a patient, and whether and to what degree the point of view of the heredity is informative. We shall then look into the limits, in the historical context, in which these facts are worthy of being actually taken into account in a work which doesn't need to give equal weight to both, without a convincing reason.

W. Boven's research is quoted at different occasions by Minkowski[53], who is looking for compelling arguments on the topic of heredity in psychiatry[54], as it refers directly to "the destructive process" of Bleuler's aetiology of schizophrenia. The semantic framework in which the main arguments are presented, places the genetic approach in the historical context of the genesis of the notion of schizophrenia[55]. The application of heredity to psychiatry requires a short examination, as heredity based theories aim, for the psychiatrist, not only at answering the question of the place, where the first organic physiological cause of the disease would be located. Heredity is also referring to the context in which inherited characters may become manifest, which opens to the richness of empiricism as method in medicine aimed at learning from the experience, building on knowledge learned through systematic research. Heredity should be conceived as precious indications on some potential, rather than explaining ultimately the lack of triggering occasions for inborn qualities.

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[53] Boven, W. *L'hérédité en psychiatrie*, pp.635-48, 1924.

[54] Minkowski, E. *La schizophrénie*, note 2 p.18, Payot, 1997.

[55] Boven presents his research as being one the first already in 1915, four years after *Dementia praecox*, to focus on the application based on Mendelism and the statistical method of Weinberg to schizophrenia [p.641, §3, ibid.].

The model the Mendelian laws have found application to mental illness, as the Mendelian laws are prima facie promising features that could be used for heredity in psychiatry. Different thresholds of gravity of schizophrenia are traditionally conceived as hereditary markers. The location of the hereditary character which relates to the ontogenetic origins of the individual again opens as much questions as it provides with new helpful concepts.

§4. As reminder Mendel's *Theory of Heredity*[56] is based on three laws, derived from the observation of the distribution of two characters, after the reproduction of two different pea varieties. We shall not present the details of this theory only some issues to be considered on the path of an application of the theory to the human subject. By following the evolution of the species and rising in the animal series, the biologist sees an increase of the Mendelian characters. From the sixteen characters relevant for peas, over two hundred may be needed after we leave the plant descriptions to the description of small insects such as the Drosophila, the small fruit flies. Furthermore there might not be necessary correspondences between the particularities and the Mendelian factors. The application of heredity to psychiatry makes the whole even more complicate, with the degree of complexity of the organization first in veterinary medicine and ultimately with regards to the human species.

The different degrees of complexity at the animal stage are already impressive[57]. The problem, in a nutshell, is that confusion is always possible between two characters which are mendelizing. There are characters which require the presence of several units and there are units, which conversely require the presence of several characters. On the conceptual level the organism should be seen as a by-product of both its

[56] Mendel, G.J. „Versuche über Pflanzenhybriden", *Ver. naturforsch. Verein in Brünn*, vol. IV (1866). Résumé in P. Couillard, « Principes de l'hérédité », *Modern Biology*, pp.119-23, Ed. Holt, Montréal, 1969.

[57] Ibid., p. 638, §1.

genetic makeup and the environment. The analysis of the heredity invites us to distinguishes, a) the concepts of "gene", which is the name of the unit in question, and its correlates the "phenotype" or external factors from the environment. The "genotype" is limited to the genetic heritage. On the other hand, there might as well be b) some association in a group of factors, which are not mendelizing individually but in bulk.

The researcher might consider highly problematic to draw on schizophrenic heredity, as it requires definitive knowledge about the boundaries of the phenotype which are unknown. These developments, which make the Mendelian theory more complicate, are not to be addressed as objections against the three laws of the Austrian botanist. The introduction of the concept of chromosome confirms similar difficulties in applying the model to the human animal. Two hundred factors of *Drosophila*, associated in four groups, correspond to as many chromosomal pairs. This condition allows a representation in the space of the germinal matter, subject to the law of Mendel's segregation. It turns out that *dominance* and *recessivity*, as main concepts, are the expression of a condition to which participate "a multiplicity of factors at once, internal conditions, circumstances, and time itself[58]."

§6. Dominance and recessivity are not intrinsic properties of genes, as contemporary research shows, but can only be seen as such for binary factors called later "alleles". Furthermore there are different definitions of dominance and recessivity, in particular when we focus on inherited diseases. When we pass from Morgan's *Drosophila* on to human genetic:

> "The narrow and subtle interconnections of factors, their number, the mutual dependence of their effects, their summation by polymerization, their neutralization perhaps, explain the often in-

[58] Ibid., p. 639, §2.

> determinate, unrecognizable character of numerical proportions, in the speculations of human mendelism [...]."

As we apply Mendelian laws to psychiatry with Boven[59] we see the limits of the application of heredity as statistical model based on some selected factors across the patient's family.

Highlighting the inherited traits of several generations poses experimentally limited difficulties when studying the alleles of peas or flies. To show that a "population" of schizophrenic traits is equally distributed in all the regions of the globe is a matter of traditional statistics. To see the origin of a case of hepatitis or of a case of schizophrenia, supposes however a genealogical tree, which in general is totally lacking. Experimentation is therefore based, at best, not on *family studies*, but on *population studies*[60]. One of difficulties of studying families is to consider systematically the most impacted families, while the possibility of a recessive trait should entail to consider as well the other families[61]. The method of mathematical statistics, as Weinberg's statistics, leads to some encouraging results.

An investigation by Rüdin and by Bleuler himself on early dementia, aims to verify the very notion of an *inherited schizoid* character, on a new basis. The answer to the central question: should the inherited part be "brain-anatomical, chemical, [or] neurological characteristics is not obvious[62]. For empiricist psychology genetic factors need to be related

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[59] Ibid., p. 639, §4.

[60] As population study, we could mention Collins and al. (2011). Schizophrenia, depression and other mental, neurological and substance-use (MNS) disorders constitute 13% of the global burden of disease, surpassing both cardiovascular disease and cancer. Schizophrenia represents over 20 million cases globally in the world. Collins, P. et al. "Grand challenges in global mental health". *Nature* 475, 27–30, 2011.

[61] Ibid. p.640, §1.

[62] Kendler KS. "Eugen Bleuler's Views on the Genetics of Schizophrenia in 1917." *Schizophr Bull*. 2020;46(4):758-764. doi:10.1093/schbul/sbz131 Bleuler,

to external factors such as environmental adversity, translating latent potential into manifest illness, thus risk factors would need to be clearly identified based not only on heredity but environmental factors (Kendler, 2020).

§7. The metaphor of a tree is used by Boven to represent these factors of weakness either at the base of the trunk, or located on the top of the tree[63]. This metaphor is that of the organic life, of a life which however appears as an underground process, subject to obstacles, because it is about the very first moments in the ontogenetic development, at the origin of all vital functions. As "vascular tree" which displays a network of veins and arteries, the tree is articulated by thicker elements near the heart, elements easily perceptible and other elements finer than a hair at the end of network. The relation between heredity, the vital function, and the image of the tree serves to introduce the duality of the body and the mind and the so-called *body-mind problem*.

I quote:

> "The human soul is formed in the manner of the body which concretizes it: from its gangue of organic instincts it unfolds the delicate parts of its lineaments over the years, multiplied by a kind of dichotomy and anastomosis. If we place the obstacle to development at the very base of the trunk, the whole atrophies, if we place it in its antlers: it is a peripheral and local disorder. We could compare the genes, in their disruptive effect; to a clot obstructing more or less the vascular tree of an organ of life[64]".

E. Mendelismus bei Psychosen, speziell bei der Schizophrenie [Mendelism in the Psychoses, especially Schizophrenia], 1917, Engl. translation by Kendler, op. cite.

[63] Ibid., p.646 et 648.

[64] Ibid.

The concept of a partly manifest, partly latent disease is borrowed from the concept of recessivity[65]. Empiricist medicine has learned to build on facts based experimentations; Bleuler distinguishes the formation of schizophrenia in the embryo: "Erbschizose[66]" from the manifestation of the illness. The question that remains unanswered is where the genetic heritage of the illness is located. But being either anatomical and brain dependant, chemical, or neurological, the *Erbschizose*, which is nothing mental at early stage of individual development, deploys its effects according to Bleuler early. Therefore soon schizophrenia has a double mental and body axis. The illness is related to bio-chemical causes as related to a possible disturbance of the endocrine system. It can be brain-anatomical as related to a possible trouble of the *corpus striatum*, or related to other skeletal anomalies. Finally heredity is also concerned by the finest parts of our organic system and ultimately the whole is related to the mental dimension of schizophrenia as disorder of association and affectivity. We should now close this organogenetic perspective which was focusing on the genetic inheritance on mental illness, to focus on the specifically mental aspects.

§8. The psychogenetic theory used by Bleuler is aimed at completing the organogenetic one, in order to build autism on some scientific empirical observation, without directly evoking a causal relationship between the clinical symptom of the mental confusion and dissociation "Spaltung" (including its necessary condition namely the hereditary component called "Zerspaltung"). Specific organic and psychological mechanisms have been presented as sufficient to account for disparate elements of the anamnesis. This seems to some degree justified. In order to group remaining interrogations, they served as a central epistemic point, around which isolated morbid manifestations are placed. In order

[65] Ibid., p.641, §3.

[66] Ibid., p.646. See also Kendler, 2020; 46(4):758, ibid.

to explain science classifies what is known and moves from the unknown, towards new possible discoveries.

In *Research on the role of complexes*[67]*,* Minkowski presents the case of Marie L., which relates in 1914, to an implementation of the Bleuerian views at the confluence of those of Jung and Freud, on the psychogenetic origin of a paranoid psychosis. We should present briefly this case, as Minkowski does, in order to describe the method first based on the *anamnesis*, that is to say, the self-narration of the patient's history, then we have the perspective of the clinical symptoms, which concerns the morbid symptoms, distinct from the perspective of the desires. The distinction between these two later perspectives will lead, mediated by the constitution of the concept of *complex*, to distinguish between "a schema of conflict", between contents deliberately simplified but helpful to understand. The method further introduces *an individual scheme*, which proposes to isolate some more personal representations. Finally, the anamnesis related to the content, manifested during the delirium, is an attempt to interpret it, in the light of the previous life of the patient. At the end we shall briefly mention Freud's psychodynamic model founded on the concept of desire and the schema of conflict[68], and Jung's model which prioritizes the concept of complex.

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[67] Minkowski, E. *Recherches sur le rôle des complexes,* E, pp.219-28 and 275-81, 1921.

[68] The notion of conflict relates to a lack of metacommunication as Bateson and Mead described it. It has to do with not knowing how to communicate on communication and often in situations facing with the handling of paradoxes. G. Bateson and M. Mead, *The Balinese Character*, New York, New York Academy of Science, 1942.

§9. The clinical case:

> The anamnesis reveals a woman of "forty-two years, single, interned in the asylum of Burghölzli on August 8, 1914. On the morning of the 6th she was walking by the lake, accompanied by an eight-year-old girl and her mother. Suddenly she threw the girl into the water and rushed herself as well. They could both be saved. Marie is taken to the hospital; she is very excited, she tears the chain of her watch, breaks the windows, she throws herself on the shards of glass on the ground and thus hurts her neck and wrists. Due to this state of excitement she is transferred to the Zurich asylum. [...] A cousin of the patient provides us with information about her antecedents. [...] She was previously interned for six months, after a period of very violent excitement in 1910, she was then in Germany, at her brother who is an engineer. Marie L. has always been a rather weird, mistrustful, uncommunicative person. Being very sparing, even avaricious, was in fact partly justified, because, on the one hand, by her pathological obesity which significantly reduced her capacity to work and, on the other hand, by the fact that her brother, to whom she had entrusted her money, sent her only irregular contributions, and tended to directly exploit her. Several marriage projects had failed. In the last days Marie L. lived very retired in Nice; at the time of the declaration of war, she was in Lucerne. On August 5, Marie L. was giving obvious signs of insanity. On the arrival of her cousin, the patient declares: 'I am the Empress of Russia; you must come with me to Poland to save the country'. Then she would have pointed at her a revolver: 'I know how to shoot, I am the Empress of Russia; if I do not kill you our country is lost; I am sent by God and you are the first victim'. The next day is the tragic scene on the lake, of which we have spoken above. [...]

> During the first two months of her stay at the Burghölzli, Marie L. is in a state of extreme excitement. [...] She rushes on the nurses and tries to tear off their keys; another time she rushes furiously towards the table, on which she sees a bowl of black coffee and wants to overthrow it; she tears her clothes and undresses herself completely. [...] A more or less normal emotional reaction occurs regularly when the patient is called 'our giant lady' (Marie is pathologically obese). [...] Another circumstance seems to preoccupy the patient and to be able to recall her for a moment to reality; she salivates enormously; this seems to annoy her a lot. [...] She also hears words she cannot repeat. [...] Her bedfellow constantly tells her that she would go to hell, but this cannot be true because her place is in heaven. On earth, a gigantic struggle is going on, the heaven is at stake; she must defend the heaven, it is her mission. [...][69]".

§10. Minkowski distinguishes, mainly in terms of clinical symptoms, six characteristic disorders: "a state of excitation", "ideas of persecution" and "grandeur", "mystical ideas", and "affective reactions" that are not very pronounced[70]. The suicide and the attempt of murder have their origin in the violence expressed by her states of excitation. She brings into her delusion her father, whom she associates with her person, for the accomplishment of her ideas of greatness and mystical ideas. On the other hand, her mother and brother are involved in the delusions of persecution. While Mary L. seems to lose all contact with reality, she is very sensitive, when there is mention to her obesity and she protests about her cleanliness, when an exaggerated state of salivation occurs. One point remains obscure; it concerns the realization, by drowning, of the wish to go to heaven with the girl. Minkowski says that it is

[69] Ibid., p.220, §2.
[70] Ibid., p.221, §2.

possible that Marie was suggested, and that her state of excitement pushed her to act, motivated by the rumour of war (1914)[71].

§11. To find a direction, we must leave the level of the clinical symptoms, where the morbid manifestations are diverse and isolated, and relate this whole story to a central point, following Minkowski, which would explain all these details and fragmentary elements. It is on the level of the symbolism that this key of interpretation is to be found. What remains to be clarified is the methodological transition from the level of the "clinical symptoms" to that of the "general schema of desire". This transition is the turning point, between both perspectives. The method is based on the assumption that the symbolic tool delivered by the patient proves to be a relevant instrument. Minkowski goes further and explains that we should accept a "simplification" of the multiplicity of small details of the life of Mary L., because it is thanks to her that what seems a growing accumulation of morbid manifestations seems to find a meaning, by crystallization around a central point[72]. Minkowski distinguishes "the form", which is the specific value of a morbid symptom, and which refers to the point of view of the clinical symptoms (to the six facts mentioned above), and "the content", which must lead to the central point, that the concept of complex aims to enlighten. From a methodological point of view, the form under which content appears must deliberately be neglected by the patient. Insofar as the clinical level of symptoms is arbitrarily set aside, that the central point of a "struggle of opposing values" presents a productive descriptive schema of a diversity of "emotionally charged tendencies[73]".

§12. A structural method is used by Minkowski, which first focuses on the approach of the morbid symptoms and their clinical description, and second on a psychopathological reading of it, as a semiological

[71] Ibid., p.222, §2.
[72] Ibid., p.225, §2.
[73] Ibid., p.226, §2.

interpretation of the contents, having an independence of method to the former, but forming all together a dialectical whole. This dynamic process based method empowers Minkowski to a greater methodological autonomy from Bleuler. The notions of conflict between different tendencies, as a diverse holistic view, the explanatory lever of psychogenetic aetiology, are together not enough to justify a fully psychogenetic perspective. The genesis of the disorder is explained by the conflict between tendencies, a dynamic system of drives, but Bleuler and Minkowski clearly see that the schema of desires gives a method of description, which risks bogging down the very possibility of a psychogenetic explanation of aetiology. It lacks a perspective, which aims at "individual psychic life[74]", and which parallels the simplification deliberately introduced, at the turning point of the study of form to that of content. Minkowski presents, therefore, a fourth part in the study on complexes, where he provides a pathway to an important superstructure of the Bleuerian aetiology: the grouping of exclusively personal illustrations, assuming a method view, the linking of the content of the delusion with the patient's previous life. Recall that Minkowski noted, from the introduction of his point of view on symptoms, the problem of finding a satisfactory understanding of the project of Marie L., a project that led to the contradictory realization of the attempted murder in drowning. Before formulating an origin understandable to this obscure act, to decide if the excitement of Marie L. could decently explain everything, it might be better to look for the idea that had dominated her delirium. Minkowski shows that it is necessary to return to the anamnesis, on the origin of the content of delusions, the symptomatic form of which is no longer useful here.

§13. Two axes structure Marie's past, her family dissensions, her unhappy love and, the present, which poses the problem of the content of her delirium: on the one hand a feeling of physical inferiority and on the

[74] Ibid.

other the feeling of not having received a complete instruction. These two feelings of inferiority articulate a dependence of Mary L. with respect to her brother, by which she agrees, first to be dispossessed of her money and then against her own feelings, to give up her lover. From this double drama; Marie L. seeks without understanding in her entourage, with the possible exception of her father, to awkwardly evoke the image of her lover. She announces sometimes an exile out of Germany, sometimes an enigmatic resurrection of Poland, with the now clear goal, to signify her wish to find her lover in Poland. In the face of the difficulties of unravelling one's own personal history, the delusional conviction gradually sets in, that the whole world is the scene of demiurgic struggles. Universal struggles, between the Good, which her father embodies for her and the spiritual ideal that she covets desperately, and the Evil, her mother indifferent to her misfortune and the cold greed of her brother, whom she refuses to hate, yet. Mary begins a crusade against the bourgeois spirit, against a daily practice, which is foreign to her and embraces the abstract and vague ideas of the Good, the High, the Heaven, which symbolize, in the face of the miseries of her life, her own goodness.

According to Minkowski, the study of Marie L.'s complexes does not aim to answer to what extent these ideas are compensations for her, which enhance her own image or, if they are the expression of her lack of adaptation because of her obesity and modest education[75]. It is not a question, for Minkowski and Bleuler, of seeking from a theoretical point of view, to answer what it means to opt for a psychogenetic perspective, distinct from that of organogenetic determinism[76]. The objective as-

[75] Ibid. p.280, §2.

[76] Presenting the concepts of complex and conflict at the forefront as priority and foundational conditions almost inevitably leads to the concept of psychogenesis. Minkowski adds: “I frankly admit that this notion gives me much more of a “hard time” than that of organogenesis. Minkowski, E. « Aperçu sur l’évolution

signed to the concepts of conflict and complex is to group together the various morbid symptoms under a central point, which is a question that patient and psychiatrist face, in front of a contradiction in the patient's personal attitude. The psychogenetic explanation of a desire gone unnoticed and therefor kept unconscious is based on the idea that hidden desires continue to affect concretely our life. A psychodynamic and monistic view of the tendencies and desires means concretely trying to answer the contradiction of life, taken in the whole of the tendencies of a person, based on *the schema of the desire*. Minkowski shows, indeed, that Mary L. is victim of a state of (maniac) excitation, and the delusional idea of defending the Good, the High, the Heaven play a role giving an understandable interpretation of Marie's delirium with regards to her past, including a link that the point of view of clinical symptoms alone does not allow to draw. This link, Minkowski shows, is a *symbolic manifestation against the false idea of the Good* , which makes the patient believe in her own goodness, while she is confined in the mazes of an existence, whose meaning becomes day after day more dissonant. Marie L. realizes in drowning “a reversal action”, because she says: “to go to heaven you have to die first[77]”.

By releasing the psychological mechanisms of the schema of conflict and desire, we leave the aetiological psychogenetic framework, introducing a new focus towards the meaning of personal experiences: the inner life of the subject. The connection between organic psychic functions - as compensation on the level of affects, and experience must not lead to confusion. An examination of the history of the psychopathology of emotions shows, in this regard, different possible positions.

§14. We presented above the case study of Marie L., whom Minkowski and Bleuler treated, applying the concepts of complex, conflict

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des notions en psychopathologie », in *Au-delà du rationalisme morbide*, p.161, §4, ibid.

[77] Ibid., p.228.

and desire inherited from the new field of the psychopathology of emotions, whose leading figures in the beginning of the 20th century are Jung and Freud. To better understand these concepts, and in order to describe the historical background of the evolution of these concepts, I propose a brief overview of the framework of the history of affective psychopathology.

Minkowski and Bleuler inherit from Freud what Minkowski calls "the schema of conflict", which is a transposition of the Freudian idea *of formations of painful affects in the unconscious and of resistance, which they provoke in the ego*. Minkowski avoids the Freudian metalanguage, which leads to represent consciousness and the unconscious as a sort of container, but keeps, as we have seen the schema of opposition between tendencies and resistance (or forces of constraint). Minkowski and Bleuler show that "form" and "content" are, however, to be distinguished, as they are two different methodological perspectives, which account, on the one hand, for the intelligibility of the morbid symptom, on the other, for the understanding of relations between symptoms, taken as a whole, and the patient's past.

As we shall see the difference between form and content also indicates the boundary between the psychoanalytic method, and a different method, where these concepts are borrowed by Bleuler and Minkowski and transposed into a new dynamic of the affects.

Minkowski calls "content of the symptom" a concept similar to the "complex" which is a mentally associate set of contents. His new way of redefining this concept in psychopathology borrows from Jung as much as from Freud. Let's observe Jung's approach, which also distinguishes the aetiology of the disease from its expression. We would need to distinguish the cause: "a drop of a psychic tension" or drop of the energy of the drives, which should be explained, and the content and symbolic representations associated, which indicate the kind of modality of this drop of psychic tension, or disorganisation of the drives. In order to do

so, we shall as well finally show the limits of a common approach between Bleuler and Jung, by comparing two different uses of the concept of complex, as two different views of the aetiology, that is to say the morbid symptomatic form, which it must explain. Three distinct points of view of the explanation of the form will lead us to complete the perspective of the three authors, but a short digression might be necessary on a very brief presentation of Janet's concept of automatism.

§15. Freud's point of view relates to the methodological choice of founding human behaviour on internal reasons (desires, motives, dreams, incomplete intentions or self-deceitful intentions), shows that among internal reasons desires are seen as important, as opposed to forming beliefs, as if desires would not involve judgments or perceptions that something is a reason. A naturalist account of the underlying reasons for action based on drives closes the continuity between form and content. It rests on the idea of a conflictual dynamic, between on the one hand the necessities imposed by the reality of man in society, and on the other hand the own system of tendencies, a formidable machinery under tension, which imparts to the outside a force of constraint. Freud calls “desire”, the force on which the machinery of human tendencies feeds, and “conflict” its mode of expression, to distinguish different possible paths, between the desire and its mode of expression. Before we introduce the idea that this pre-personalist account of the human psyche based on desires could be completed by a personalist account or a belief and reason based account of the values behind emotional life and decisions, it is worth to stop on the doctrine of the drives. We see on this occasion that with “drive” we should differentiates incentives or stimuli based tendencies which are active (sexual desire, the will to be bodily active) from passive motives to refrain from action (fear, shame, resentment or inferiority complex).However this distinction doesn’t specify the intentionality or the goal oriented aspect, which in some case is missing. For the moment any conative attitude on the form I will do P, P

being the propositional content or reason for doing, might be called instincts, or drives (in German*: Drang*, *Instinkt*, *Trieb*). Utilitarian reason for action, sensual values, vital motive for action, spiritual, or highly praised religious and holy values might be disposed on the flat continuity, instead of an axiological hierarchy, based on non-naturalist reasons to belief and consequently to ground actions.

In order to shed light on the mechanism of Freudian affective psychopathology, it is sufficient to distinguish direct modes of expression, which put incentives in front of conflicts, which is considered the ordinary course of life, and there are two extraordinary paths, connecting desires and some unsuccessful bodily modes of expression. As example of this method of expression of desires we can think of hysteria and a case of paranoia. On the development of the ideas, these examples have some epistemic value as they aim following the path initiated by Freud in his psychopathology at the time of Bleuler's treaty.

The pathway between desire (or drive) and its expression in a psychology of the constraint, or a psychology of the limitation, where a structure based on the force of constraint, supposes a linear representation of time, which makes it possible to distinguish several stages concerned with the management of the constraint or limitation. There is: first a) a fixation, b) the repression, c) the failure of repression, and d) the return of the repressed[78]. We immediately see that instead of reasons

[78] To avoid going into detail in the repression process, but to avoid a misinterpretation in the text, I indicate the main concepts in Freud's psychology. The mechanism of repression: 1) "The first phase consists of the fixation which precedes and conditions all "repression". The fixation resides in the hypothesis that an impulse or an instinctual component which, not having accomplished, with the whole of the libido, the normal expected development, remains, by virtue of this developmental immobilized at an infant stage. (...) in such fixations of the instincts lies the predisposition to subsequent illness, and we can add, to now, that these fixings mainly determine the outcome of "the third phase of repression". 2) The repression, the exclusion of distressing memories, thoughts,

for action, we focus on the adventures of the instinct (libido, or the instinctual drive, the desire), and present two ways of being paralyzed by either unlimited opportunities or concrete limitations in life.

The hysteria is a painful experience, taken in the dynamics of repression (Verdrängung, refoulement), and which constitute a way of knowing the drive, through what Freud calls the "return of the repressed". Persons suffering from hysteria don't act on the ground of clear belief that there is a good reason to act or refrain from acting, but on the contrary, do as if there would be a compromise with respect to an initial representation, which caused of unacceptable pain, and which justifies a denial of the reality, but not a negation of the whole reality principle. While illness is unable to cope with the facts, the possibility remains of hiding it, of detaching from it. Hysterical pain is a common ground, an intermediate solution to deceive the conflict. Between the problematic strong and constant affection for the brother-in-law[79], made simultaneously possible but as well unacceptable by the mourning of the sister, an intermediate solution is improvised. The individual needs mentally constructed derivatives and consequently developments anxiety, phobia or hysterical pain.

By contrast to hysteria, psychosis not compromise dependant, no medium term is needed, neither a symptom nor a simple hiding from the real. Far from any omission or exaggeration specific to hysteria, psychosis is creation and transformation of the qualitative content of the delusional idea, and consequently, leads to a loss of the reality imposed by

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or feelings from the conscious mind. The psychic derivatives of these instincts originally "left behind", result in their strengthening, and in a conflict which arose between them and the self. 3) The irruption on the surface, of the return of the repressed. This irruption begins at the point of fixation and implies a regression of the libido up to this precise point.

[79] "The Loss of Reality in Neurosis and Psychosis", *Standard Edition of the Complete Psychological Works of Sigmund Freud*, Volume XIX (1923-1925): The Ego and the Id and Other Works, 2, 277-82, 1971.

the initial force of constraint. The patient is doubly ill: unable to cope with the facts, nor to detach from them without transforming them.
Three qualitative categories (*the ego, the id*[80] and *the superego)* allow, according to Freud, to redistribute what has just been seen from the point of view of *the economy of the libido* (i.e. the relation between the desire and the constraint) and the *dynamic of repression or the path of the desire*. History, the conservation of the species and the development of man since childhood, allow for Freud to account for the development of three psychic systems. The *principle of pleasure* first guides the development of early childhood, soon also leaving a place for the representative of the harsh reality of survival: *the superego*. The latter makes it possible to evolve by adopting the constraints, previously experienced as exterior and alienating. *The self* is the measure between the requirements of the other two instances. In the neurosis, a part of the *It* is repressed in the face of the subordination to reality, whereas in psychosis, the *I* is liberated from all obedience to the real, which allows a consequent subordination to the *id.*

§16. The nature and structure of the relation between the aetiology and the content of a morbid symptom, based on the economy of the libido and the dynamic of repression, founds the disagreement between Freud and his three colleagues. Jung, as Bleuler and Minkowski, doesn't agree with the form, or the morbid symptom, object of clinical description in psychiatry, as with the psychopathological side, which applies to structure the nature of the content around a central point. Jung, Bleuler and Minkowski don't think that this content is a desire in general, and more particularly, that desires are structured according to "a schema of conflict" in the patient's personal past. Having said that the approach to content as such is on both sides Jung, Bleuler and Minkowski, analogous to that of Freud, and finds its inspiration mainly in *The Interpretation of Dreams* (1900). The disagreement is on the morbid symptom,

[80] Note of the Ed: The id (Latin for "it", German: "Es", French: "le ça".

object of clinical description, it is a difference of method. Whereas Freud introduces the explanatory scheme of the repression, on the contrary Minkowski and Bleuler keep a clinic inherited from Kraepelin, and Jung agrees on the concept of *automatism* by Pierre Janet[81]. Automatism is understood as a kind of balancing of reasons, including a wide range of contrasting degrees of reality, a hierarchy ranging from the basic idea to the clear concept. As example the "rudimentary consciousness[82]" does not require a clear understanding, as images "arouse each from the other", according to an automatic operation. Janet draws the model of automatism from Condillac and his terrible animated statue, a disease called catalepsy[83]. The distinction between *automatic* and *regulated* functioning of consciousness is relevant for schizophrenic patients, accounting for the difference between *primary acts*[84], as the rudimentary states of consciousness linked only by associations, and *secondary acts*, as elaborate reasons. Jung would eventually call the inferior form of thought a symbol, as different from an allegory[85]. But Jung also shows that the symbol can be used on the contrary as "intentional interpretation strengthened by an image", which would therefore be quite the opposite of an automatism. The automatic association of images, including in a lower form of thought, has the advantage of explaining the symptomatic aspect of the complex, by means of a coagulation of the mental life, whereby automation would be the main efficient factor for action. While Janet sees a reversal evolution or degeneration of the mental capacity,

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[81] P. Janet, *L'automatisme psychologique,* Société Pierre Janet et Laboratoire de psychologie pathologique de la Sorbonne, Paris, 1973.

[82] Ibid. p. 73.

[83] Ibid. p. 34.

[84] Janet, P. « A propos de la schizophrénie », *Journal de Psychologie normale et pathologique*, p.490, §1, 1927.

[85] Jung, C. G. *The psychogenesis of mental disease,* Collected Works of C.G. Jung, t.3, p.16, Routledge and Kegan Paul, London, 1960.

the cause of automatism, Jung[86] leans toward inhibition, similar to that produced by sleep over the symbolic content of dreams[87]. It is an instinctive energy, whose decrease or increase is seen as responsible for the psychic tension, which is considered as being the regulative filter of the appearances or the inhibitions of mental representations of inferior kind as the symbols.

§17. The Jungian explanation of the decrease of vital energy, causing the automatism which in turn is regulating the symbols, i.e. the morbid form or symptom, seems incomplete as it does not provide an explanation on how symbols are in turn bound together: it rather isolates content. Freud provides an answer to this issue by looking at the effect of the trauma, and considering again a holistic structure of form and content, considers tendencies, which reinforce the effect of the trauma from tendencies which reconciles the individual with his past. In the first case, an affective shock is directly related to the resonance of the complex, in the second the complex is linked to further (desire-based, often sexual) dissatisfaction, and only indirectly to the trauma. The Freudian explanation of how constellations of meaning are built around certain facts from the life of the patient is certainly relevant. The Marie L. case, for example, has shown constellations of symbols or associations, around the failure of her love.

Taken literally, a trauma presupposes, however, a stronger relation between some illness and the experience that, as we have seen, is not shared by Jung or Bleuler and Minkowski. The personalist account of the psyche can perfectly consider to be ill and to be well at the same time, and there might be strong reasons to describe the phenomenal character of the illness in ways that are not directly related to a trauma

[86] Here I leave aside a more particular aspect of this dimension: dissensions between sexual libido for Freud and non-sexual for Jung.
[87] Ibid., p.66.

or some organic cause[88]. For Jung, the complex, which is the unity, where the discrete symbolic contents are gathered, is comparable to the "*leitmotif* of a musical work[89]". I propose to take this metaphor literally, and to stop there.

[88] See on this point the illuminating research done by Carel. Carel, H. "Can I be ill and happy?" *Philosophia 35*(2), 95– 110, 2007. Carel, H, "Ill, but Well: A Phenomenology of Well-Being in Chronic Illness". In J. Bickenbach, F. Felder, & B. Schmitz (Eds.), *Disability and the Good Human Life*, Cambridge Disability Law and Policy Series, pp. 243-270. Cambridge: Cambridge University Press. doi:10.1017/CBO9781139225632.011

[89] Ibid., note 4, p.39.

3

THE GESTALT

§ 1. In order to present a holistic view, we would need to leave behind the conceptual architecture of the psychiatrist's theoretical work, grounded in naturalism. A practical ethical direction aims at redefining the perception and the contact with others and with the world, which is so important for understanding the crucial meaning of the patient-psychiatrist empathic contact, in particular in chronical diseases such as psychoses and with schizophrenic patients. A holistic approach aims at something very different from a philosophical debate or a gathering of world views. It is all about the quality of the attention given to the patient, the inner perception or feeling of his/her affective resonance or mood, a correct interpretation of his/her behaviours. Good decisions and clear methods are needed, as they bring the intelligence necessary for the therapeutic process. An honest way of using *empirical evidence and observations* in medical sciences and *a better understanding of the human being*, rely on two different methods of knowledge. The latter is particularly concerned by the philosophical virtues of a participating empathy and dialogue, or more broadly comprehension. Both empiricist knowledge and a true and profound comprehension are key methodological approaches which should work hand in hand. A holistic approach is

intended to bring some additional tools, necessary for the very special contact needed with schizophrenic patients. Interesting work has been done by the philosophy of Gestalt to capture how to live well while being ill. Gestalt theory of our practice of perception attracted the attention of philosophers, as well as medical and paramedical professionals[90].

A broader reflection on empathy as human experience is proposed, which might have directly influenced the psychiatrist's approach in focusing on the contact with the schizophrenic patient. It is based on the premises of Gestalt theory that we will delve into the psychiatrist's thinking on the doctor-patient boundaries, looking for a focus on the lived experience, including the contact with schizophrenic patient. By looking at the whole human experience, we necessarily argue that some wide ground of human understanding of the world and of our values can be reached and in fact should colour our lives. Universality or impartiality based values differs from indifference and partiality or diverse and contextual values. By highlighting empathy and indifference, we intend to underline how the most utterly important deviations into partiality shed bright light to the most illegitimate forms of indifference: indifference based on limited capacities to consider reason based norms and impartiality[91]. Let's not go too fast and first consider what it entails

[90] The doctor-patient relationship is an important concept for health professionals, as it concerns the right balance between intimacy and power, which should benefit the patient. It is therfor a condition for ethical life and for the further establisment of professional codes of conducts in the related socio-economic sectors. Integrity and responsibility in research are also important, as the no harm principle, or the vulnerability principle: the ultimate grounds for both pillars of basic norms. See a detailed discussion on the conceptual differences between these notions Santi. Cf. Santi, María Florencia (2016): *Ética de la investigación en ciencias sociales. Un análisis de la vulnerabilidad en la investigación social*, Geneva : Globethics.net Theses No. 18.

[91] Similar views have been proposed by the important moral philosopher and legal scholar Joseph Raz. We focus into the limits of what Raz calls "attachments", and the "taming" of some desires to give meaning to our personal life,

to include a wide holistic understanding of norms. It could be done on the level of our perception of objects and applied to the structure of the human, will, attention and personality.

I propose to find in the work of Christian von Ehrenfels (*Über Gestalt Qualitäten*, 1890) the conceptual framework of a reflection on the form of the perceptual experience or Gestalt. Ultimately, we shall try to find out to what extend Minkowski has been indirectly influenced by similar reflections on the form of our experience, as Minkowski refers to the phenomenological method of Edmund Husserl, who as we shall show, directly refers to the Gestalt approach.

§ 2. It is in the context of a philosophical interrogation on perception that the origin of a reflection on the experience as holistic structure arises. A first philosophical problem is to distinguish perception and sensation. To isolate a phenomenon is to identify a sensation, which is an immediate sensory organization, from which it is possible to specify a precise formal complex. In this case, *based on our capacity of synthesis*, perception and sensation could be considered as one and the same concept[92]. By contrast, it is possible to ignore such organizational structure and say that the sensation is subjected to *an analytical aim*, which recognizes from the outset only that which satisfies a deliberately drawn perception. We don't look at the wider picture but focus on the most narrow and elementary point of view. All perceptions from this perspective entail an activity of the intelligence to extend knowledge; therefor perception would not anymore be the equivalent to a given sensation, as we find in such impressions as the melancholic tone. The dark and bor-

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which first implies the exsitance of some values: "the beauty of nature, treasures of supreme art filling the museums, the wealth of sublime music, the great number of lovers, etc." A possible absence of values in the world should be seen as absurd, not the absence of meaning in the life of a depressed person. Raz, Joseph, *Value, Respect, and Attachment*, Cambridge, UP, 19-20.

[92] Here we deliberately leave aside the distinction between inner and external perception.

ing impression of a November early morning in Switzerland, when we feel in a gloomy mood, even without looking outside the window, is not constructed piece by piece, by adding the parts of a puzzle, to obtain a justified belief, i. e. to grasp more clearly the boundaries of our lack of desire and fatigue in this season. On the contrary, an analytic view would take the sensation immediately present as identified, and add an activity of thought, saying for instance, that if we feel gloomy, this is suggested by simply looking at the humid weather and the dark sky in the early morning. It is simply natural to have similar sensations based on simple facts and observation. I would suggest taking another example: in the field of musical aesthetics to show the difference of both perspectives. We shall keep in mind the fundamental antinomy that has just been introduced: it serves to distinguish between holistic experience of the subject and an empiricist method of knowledge based on the gap between sensation and intelligence.

§ 3. Von Helmholtz presents the holistic perception in the context of a musical aesthetical experience, although being also attached to an empiricist theory of knowledge. There are two layers in his theory, a first holistic explanation of the organisation of our perception of music, a second, a measurement of the objective facts related to the totality of the perception. He orders *facts* in a construction that is a presentation of elements and relations between elements. E. g. when listening to the sound “la” we form an experience which corresponds to a relation between some facts, or a proposition confirmed by the observation. If we pluck in a precise way two rope intervals, it corresponds to the idea of a sound of four hundred and forty minute vibrations. The sound is certainly for the empiricist much about the perception of an elementary fact in the sound “la”. This is not, however, *a sound phenomenon*, since the empirical evidence-based view aims at producing a theoretical construction, which in turn aims at a knowledge, i.e. the theoretical explanation

of "the vibratory motion[93]" of a perceived object. It is the same for the relations between elementary facts, which could be further deduced. A sound, which enters into a certain proportions with the four hundred and forty vibrations, as for example the interval of eight tones in the octave, corresponds consequently to eight hundred and eighty vibrations[94]. If on the other hand, we take *a musical interval, as a musical phenomenon* coming from the experience, we see that it is on a temporal axis deeply ingrained into duration and a unified conscious experience.

§ 4. I propose to locate the origin of a description of the experience (*phenomenon)* in some remarkable work by Christian von Ehrenfels, who eventually resisted the claim to be considered the founder of the concept of Gestalt. In *Über Gestaltqualitäten*, von Ehrenfels attributes to Ernst Mach (1886) the holistic concept of a melody, as different from a simple addition of elements. The melody amplifies the logic presented through the musical interval; it is defined in relation to the totality, which has nothing to do with the sum of its constitutive parts. There is a direct awareness of a musical shape, distinct from the construction out of some atomized elements. Certainly a rationalization of the melody,

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[93] Helmholtz, Hermann von (1863): *Die Lehre von den Tonempfindungen als physiologische Grundlage fur die Theorie der Musik*, Braunschweig: Friedrich Vieweg und Sohn.

[94] Von Helmholtz presents "a feeling of melodic affinity" [§3] of sounds in the octave, this affinity is compared "to the resemblance of the faces of two close relatives" [§ 3], "the resemblance of a sound with its octave is so great, and striking, that it strikes even the least subtle ear" [§2]. The organization of sensation, although foreseen is unknown for von Helmhotz, because by analogy to "the aggregate of sensations" on the background of the retina, "non-decomposable sensory symbol" for the empiricist, the aggregate of sensations experienced on the auditory nerve goes unnoticed, "because we never direct our attention in the analysis of sensations only towards the direction necessary to arrive at an exact representation of the external world, without first worrying about the way in which we arrive at these representations themselves." [Ibid.]. (Our transl.)

through the image of the number of vibrations of a rope is possible, as the same number of vibrations should be found twice for the same melodies. Nevertheless, while listening to the two series of sounds thus produced, each sound forms an immediately recognizable totality similar to the other, without needing beforehand, comparison on the number of the vibrations[95]. Let us consider what the characteristics necessary for holistic totality are rather simple:

> "If two series of tones be begun at two different points on scale, but be made to maintain throughout the same ratios of vibration, we recognize in both the same melody, by an act of sensation, just as directly as we recognize in two geometrically similar figures, similarly situated, the same shape[96]."

It is an organization specific to sensation, which can be transposed, provided that nothing is lost during the act of transposition of each character of the form, in the transposed result, as similar form. The octave, or interval of eight tones, which can be rationalized by half the length of the string (thus twice the vibrations necessary for the tone from which the octave is formed), can be transposed into a pitch higher, without the octave losing the distinctive form of an interval of eight tones. This process is naturally fundamental when it comes to tuning different musical instruments, or in the transposition of the whole of the melody. The right transposition entails the totality, i.e. "the Gestalt of the tone[97]" of the melody; it is a sufficient and necessary condition, by

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[95] Von Ehrenfels, Christian. *On Gestalt Qualities*, §1 *Introduction: Mach on the Sensation of Melodies and Spatial Shapes*, p. 250, English translation of "Über 'Gestaltqualitäten'", *Vierteljahrsschrift für wissenschaftlische Philosophie,* 14, 1890, 249-92.

[96] Mach, Ernst, *Beiträge zur Analyse der Emfindungen*,1 Ed, Jena: Fischer, 1886, 125.

[97] Ibidem, the "tone-Gestalt".

exclusion of any different setting, which would generate the loss of the distinctive organization[98].

Edmund Husserl (1891), who is following this inspiring idea, develops the idea of "figurative moments" and "quasi-qualitative moments[99]", in his philosophy of arithmetic. Both "a row of trees", "a line of soldiers", and a "flock of birds" exemplify a same holistic concept of perception and experience. This is a characteristic quality ("Beschaffenheit[100]") of the intuition of a unitary totality of a given collection ("Menge"), sizeable at first glance, and not by the addition of scattered elements. For Husserl, the absence of a line of limit and discontinuity justifies a complex "fusion" of elements, similar to those introduced by von Ehrenfels.

§ 5. The conceptual distinction between an organizational complex, which is the particular way a content is present in an interval (i.e. the octave in "A major" for example) and its "foundation[101]", allows us to grasp, on the one hand, a contingent content of experience and on the other, a category of universality driven from the experience. The more we keep in mind this common ground of experience, the more we open the direction of a typology of possible lived inner experiences, whose applications is similar to musical aesthetics. Life can become complicated, as we see in the COVID-19 pandemic which questions our capacity to connect with a possible universal component of values, as the environment in a few months became dominated by existential anxieties and by fear. We measure in the moments of existential threat the importance of grounding our experience on rethinking reason and alternative models of reasoning.

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[98] Cf. *§ 4. Proof of the Existence of Gestalt Qualities*, p.258, ibidem.

[99] Husserl, Edmund. *Philosophie of Arithmetic,* XI, p.210.

[100] Ibid. p.203.

[101] Ibidem, "Grundlage".

The excessive media coverage of the pandemic and limitations of social life, and concrete physical activities, given in the occasion of confinement measures, show that personality disorders, lack of attention and memory are related to the preconditions for ethics. Not to be excessively indifferent is a precondition for the respect for values and the respect for people. They are not matter of ethics but the very condition for ethics. Empathy combats the attitude of indifference by an attitude oriented towards hope and the future. Its opposite, indifference, holds us back either in a legitimate way in partiality, preventing us to examine options equally valid in choosing a partial indifference to certain values or options to drive our life. Indifference may also not be legitimate when the partiality stems from an error in our rationality. This is the case when we make decisions without rightly balancing competing options or by rushing into ready-made solutions. Finally psychosis extends indifference and disinterest even much broadly.

Holistic organisation of the experience is applied to medicine and the psychiatric discipline, as a focus on the category of the universality of some grounding desires and values, tamed to be part of what gives essentially meaning to our life, as the right quality of water and food helps to constitute our physical balance, and to reproduce our physical energy. One orientation could be to focus, whether or not there could be a Gestalt-based physiognomy of the person, an organization comparable to that of a melody, which, in serious disorders of the personality, is altered. The other could consider that any person, including ill persons deserve a specific consideration: there could be a Gestalt of the every different illness, which would accompany the knowledge about the disease, the treatment, etc. Recent work has been done on this line (e.g. Carel, 2007, 2013, 2018; Veit, 2021). Our concern is to focus on the fact that the physiognomy of schizophrenic patients is related to the fundamental moral and affective window on the human being of empathy. As long as we kept as a guideline, the empiricist method there is not much

to say about the experience of indifference/or extreme forms of partiality and the disorganisation of the thinking of the patient. The aesthetic experience sheds new light to the identification of a personality disorder, if we consider that it may concern the stages of a process, in the formation of the experience, which should not be represented in one case as in the other as simple receptivity. On the contrary we could challenge this view and come closer to the values experienced and how distortion comes into the music at some point.

The interest of an immediate experience of the Gestalt-based physiognomy of a patient, for a doctor, is not to be demonstrated. It is very likely that psychiatrists feel at the very second they first meet their patient, some sort of singularity, which would then be associated from the outset to the idea of a specific person, and eventually to some illness, as in the case of a personality disorder. These impressions could be read without effort from the mere presence of the individual. Let us come back to the theoretical elements in von Ehrenfels, which makes the physiognomy of the personality understandable as Gestalt[102].

Von Ehrenfels points out that family members are recognized not as a set of peculiarities common to a family, but as a resemblance in their totality (this not *only* as resemblance of physical nature: good shape, healthy, the attitude, body position) but as *the ethical dispositions* (by contrast to instinct and natural tendencies): *habitus*[103] (moral state, disposition of mind, manner of being, character).

This directs us resolutely in the direction of an approach which corresponds to the medical experience of feeling a personality, which is

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[102] Smith, Barry (Ed.), *Foundations of Gestalt Theory,* pp.231-478, Philosophia Verlag, München Wien, 1988. The Gestalt is a tradition which starts to develop at the beginning of the 20th century, through several schools (Leipzig, Berlin, New York, Frankfurt, Leuven, Vienna, Graz, Padua, and Florence), thus going well beyond the work of von Ehrenfels. I refer to a very substantial bibliography in Smith.

[103] Ibidem, *§9 Gestalt Qualities of Higher Order*, p. 278.

based on an existential Gestalt *as an encounter*, as M. Buber (1923) will define it later[104]. It is the feeling in the encounter of a presence, a Gestalt of both physical and moral dispositions. It is not, however, about the presentation of an "ordinary" Gestalt-based "quality" as the Gestalt of the tone and the melody. Feeling a disposition or a character is based on a much more elaborate Gestalt, composed of several Gestalten (or a Gestalt quality of "higher order[105]"). It is therefore important to distinguish two levels and to list the different kinds of the first level.

On the first level, it is never a set of individual elements, put end to end in different orders, which form a single shape or totality. It is obvious that if we reverse the notes of a melody, we change the melody, even if the sum of the notes is identical. A melody transposed into a higher tone, is similar to the one used as a reference, although a term-by-term comparison of each note, in each of the sequences, shows that there are no identical notes[106].

Two classes of sensory organizations: *temporal* and *spatial* organizations of the experience become relevant. Consequently, the taking into account of successive times, such as (falling, climbing and turning on an axis) is made possible. We differentiate them from those based solely on a spatial determination of the presentation in sensation, as the Gestalt of a visually perceived shape. Spatial or temporal axes exclude each other in a very precise sense. The example of a succession of musical notes transposed from one tone to another, illustrates the temporal genre. It differs from the presence of a white square figure on a round and black background as we see below. We have a first shape based on a focus on the black background: it is a whole appearing without much attention

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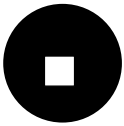
[104] Cf. Buber, Martin (1937). *I and Thou*. Translated by Ronald Gregor Smith. Edinburgh: T. & T. Clark. German original published in 1923.

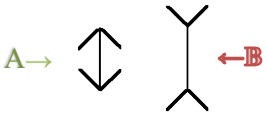
[105] Ibid.

[106] On the other hand, there might be the same relationship between two series of semitones.

given to the white figure. By contrast, the second shape, namely the internal contour on four sides, has nothing to do this the former. These two shapes are certainly successive, and for this reason they could be seen as having a temporal character, but they don't: each one does not presuppose taking into account time. Both are immediately given in the consciousness and, consequently, refer to the spatial genre.



This distinction between Gestalt-based characters, which could be immediately perceived, and others which are perceived in time, does not yet require a more refined comparison. If we focus on an activity of comparison, this first impression proves to be a wrong impression: the notion of activity of consciousness leads to the concept of higher order Gestalt. To articulate the modalities of an experience of empathy between doctor and patient, as the aesthetical experience of contemplating a painting, or listing to a melody, we need to see what comes first as a *grounding feature*, what can be considered *active*, what should on the contrary be considered *passive*. Von Ehrenfels distinguishes, on the one hand, *the presence* in the consciousness of the Gestalt which does not require mental activity and *its foundation*. Since first-order Gestalten are simply given, as in the case of the perception of the melody or of a complex shape formed by a figure and a background, much is received in a passive manner as the impression that closed and open forms below change the overall dimension of A compared to B (F. K. Müller-Lyer).



The Müller-Lyer illusion: A=B

A mental activity is necessary to bring *the foundation* to the consciousness, and by foundation we should think at an elaborated relation drawn by our imagination, which fills a singular Gestalt-based content. A line (B) terminated at each end with inward-pointing arrowheads appears longer than a line (B) with outward-pointing similar arrows on the background. In a similar logic, the presentation of a sequence of tones in a melody, as the line figure (A=B) in the Müller-Lyer complex structure, are in fact only a first stage of the aesthetic experience itself. This experience is at this very first stage quite incomplete. It must rely on the activity of imagination to find, in the first case, the tone actually presented in what has already been heard[107]. In the other, mental activity of imagination is necessary to realize that A=B by subtracting the first illusion, comparing again A to B with a more precise attention given to a dialectic between background shape and the figure in the point of focus of the attention. In most cases, in particular in visual arts, the act of forming several experiences of perception, from different angles, is utterly important in order to appreciate the work of art as an integral whole. We might ask ourselves whether some chairs are really chairs in industrial design[108]. In most cases, we need successively the touch, the organization of the components of the theme, the line, the light and the transparency to form a correct idea about a work of art such

[107] Dufrenne, Mikel. *The Phenomenology of Aesthetic Experience*, Transl. by Edward S. Casey. Studies in Phenomenology and Existential Philosophy, Evanston: Northwestern University Press 1989. We do not specify all the importance of this point for a philosophy of the aesthetic experience to come, I limit myself to indicating the very meticulous developments of M. Dufrenne, concerning the successive presentations of the "musical theme" which he also calls "musical physiognomy" (as Verdi's or Bach's special musical ambiance and tone).

[108] We invite the reader to discover our phenomenal analysis of the reality of mental objects by asking ourself what constitutes a chair, in: Haaz, Ignace. *The Value of Critical Knowledge, Ethics and Education*, Geneva: Globethics.net, 2019, 15-16.

as a painting, and assess its complex value of beauty. All these partial experiences are necessary to construct the complete aesthetic value of a portrait or a landscape. Of course we could also stay on partiality given first impressions; as they by nature 'appear as the right ones', in particular when we secretly desire to give our life some very concrete meaning. A partial value, which would be consequently tamed at our subjective measure, may be legitimately considered preferable, for us, to the lacking of some essential meaning in life.

§ 6. For von Ehrenfels, the relation between Gestalten can only be one-way, it is always based on *the foundation*, that the latter is the correlate of a complex structure simply given in the former Gestalten, as is the case with perception. There is always an internal level of perception, which fills a given content, whenever the experience supposes a connection between several Gestalten.

§ 7. The act of imagination which produces the founded content is also produced in an effort deployed to realize the whole as a totality, for von Ehrenfels, which leads to a dualistic orientation of the first concept of Gestalt. There is an extra-cerebral level, which we have called the first level, where the external perception is produced and a level, where an organic engagement is necessary, which is as well the producer of the foundation of internal perceptions. This aspect of the theory is problematic. How can we solve the body-mind problem from the dualistic perspective?

The dependence between data in consciousness and foundation is useless for K. Koffka, who attributes only to data, what he calls the organization[109], which is integrated into the brain. Koffka's (1915) stance came several years after Wertheimer's (1912) experiments with the movement. The latter had indeed demonstrated, by the decomposition of movement by means of a stroboscope, that there is an actually

[109] Koffka, K. *Principles of Gestalt Psychology*, pp.559, §2 et 560, §1, London, Paul Kegan, 1936.

perceptible quality (i.e. the dynamic character of a transcending, *a going through*), thus making the explanation of its origin obsolete as a purely intellectual process[110].

We have the theoretical elements to locate a holistic approach to mental disability with the Gestalt, which concerns the physiognomy of the person. We will be concerned by higher order Gestalten. But even if we miss some of the Gestalten that constitute it, we have the origin of a *phenomenon*, which remains to be attached now to the work and research of Bleuler, and see how this whole methodological point adds value to the illness of schizophrenic patients.

[110] Smith, B. *Gestalt Theory: An Essay in Philosophy*, §7.1, pp.37-38, ibid.

4

THE PHENOMENON

§ 1. In order to transpose the Gestalt or *phenomenon* from aesthetics to nosography, we first started in our previous chapters to see what should remain untouched in the empirical evidence-based approach of science, to remain a functional toolbox for medicine which needs to learn from the observation of similar experiences. To see how the organization of the experience or *phenomenon* adds some value to rigorous practice, we need to remain humble and follow the path of the professionals.

As Bleuler is an empiricist, our reading should be attentive from the outset, of course, to the explicit use of the empiricist method, but also to the implicit indications, which are not related to conceptual development, but to a general presentation of the treatise, where schizophrenia is described. It might be wise to distinguish between facts and a formal structure, which gives organization to the facts, as this shift in the method leads directly to point out the insufficiency of the method of empiricist knowledge.

In an analysis appearing in the medical journal *Encéphale* (1912), H. Claude summarizes the architecture of the work published under the direction of Aschaffenburg: *Handbuch der Psychiatrie* (1911), where the fourth part, directed by Bleuler, is entitled *Dementia Praecox or the Group of Schizophrenias*. The guiding idea is to show, what the organi-

zation of the treaty can bring to its content, through first a testimony of the reception, which it had in its historical context. Second, we shall see how a shift from the factual perspective emerges, based on consensual need for a larger perspective.

§2. Claude first analyses in three homogeneous parts the plan of the work. The historical context, the terminology, the definition of the disease and a symptomatology divided into two chapters, bring together the elements of the first part. In the second, a description of the forms of pathology follows. In the third, we see the evolution of early dementia. Before seeking to specify these parts, and thus to examine the psychiatric *facts* and their relations from a theoretical point of view, H. Claude introduces the element that justifies our new focus on the organization of the description. Claude shows, indeed, that "if a very great importance is given to the psychological study of the manifestations of the psychic deficit, we are surprised to note that the pathological anatomy is summed up in two pages. The same is true of aetiology, which is condensed into four pages[111]."

The surprise of H. Claude is understandable. *The manual of psychiatry* has two parts, one general, the other special; in each section a number of volumes, themselves divided into fascicles, have been assigned to various collaborators. The one concerning manic depression is attributed to E. Stransky, who devotes a careful study to its aetiology and pathology. While it is questionable to attribute a positive significance to the lack of an aetiology and pathological anatomy, it may nevertheless be signalled. Before the proper study of the theoretical content, it introduces a distance between the aetiology and the various relevant components: mainly symptomatology and evolution. What is the meaning of this difference in the organization of the sections of the treatise?

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[111] H. Claude, *Analyses*, Aschaffenburg, Manuel de psychiatrie*, Encéphale*, pp.299-300, 1912.

The presentation of what Bleuler announces as *facts* must serve to reinforce us in the intuition of a meaning to the gap in question.

§ 3. At the *XXX^th^ Congress of the Alienists and Neurologists of France*, Bleuler explains why the nosographic entity "Early dementia" should be given the designation of *schizophrenia*. After learning from Kraepelin, the two great types for psychopathologies: the cyclic manic-depressive illness, and early dementia which evolve toward prostration, Bleuler argues that early dementia appeared to be unsuitable. According to Bleuler, neither dementia nor precocity, are distinctive characteristics of the patients he is treating at Burghölzli, justifying the new proposal of "the group of schizophrenia". Bleuler's critique touches on a question of substance here. It relates directly to the chapter of evolution, since it calls into question the importance given to the duration and appearance of state of decline toward prostration in the illness, which Kraepelin refers to as (early) dementia. In doing so, there is no question of a slight change in terminology. It must be remembered that the very notion of *mental illness* is essentially based on the association between an explanation of the cause and the evolution of a disorder. To question the relationship between the evolution and aetiology of the Kraepelinian entity is to cast suspicion on the very relationship between disorder and mental illness. It is an important theoretical turn, which adds to the particular organization of the treaty, breaking the classical architecture of the Kraepelinian psychiatry.

§ 4. After a groping approach to the treaty framework, in the historical overview of the report of the *XXX^th^ Congress*, I propose to go directly to the reading of the *facts,* basing myself on Bleuler's own testimony.

Among all the *facts* concerning mental disorder, I limit myself to those, included in the general framework of the empiricist method, which relate specifically to the particular context of medicine. Apart from symptomatology and aetiology, two other methodological domains, are common to psychiatry and medicine as a whole: the study of

the form of organized beings, i.e. Anatomy, and the study of disorders, (usually organic) i.e. Pathology.

The examination of the anatomy and the pathology confirms the feeling that the organic origin of the disorder is very modest. There are many anatomic-pathological changes in the brain, according to Bleuler, but what we know is very limited, the relationship between the disorder and the brain, rest on modification which "have a sufficiently determined character", and "are not found in other psychoses". "The intensity of these modifications corresponds nearly to the severity of the primary symptoms[112]." Schizophrenia is therefore, from the empiricist point of view of psychiatry, not only a clinical entity, but also an anatomic-pathological entity. This position is clear; however, when one gets closer to the question, Bleuler does not extend, nor on the important works, which see toxic or infectious origin to states of mental confusion, states similar to the early dementia, nor on the physiological symptoms demonstrated by the anatomic-pathology. Schizophrenia is an organically-based condition, with a psychogenic superstructure for Bleuler who adds: "We know nothing specific about the nature of the organic process that is at the root of schizophrenia[113]".

After having addressed some methodological shortfalls related to the form of the theory, we can now add the insufficiency of concepts, which should adjust to form a comprehensible system.

§5 The examination of anatomy and pathology seems to justify a direction, which is rather rooted in the clinical experience. To the shortcomings of the aetiological, anatomic-pathological and evolutionary factors, we must add a practical interest of Bleuler, for the *feeling a*

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[112] Bleuler, E. La schizophrénie, *Rapport de psychiatrie du XXXè congrès des Aliénistes et Neurologistes*, Encéphale, p.626, 1926.

[113] Ibid. p.628.

trouble[114]. A psychiatric illness influences the affective sphere and requires, in order identifying the trouble to go beyond the theory, and to place ourselves in the field of the experience. The description based on the feeling of the physician shows a "characteristic rigidity" of the affective sphere, a lack of substance or "shallow affectivity" ("seichte Affectivität"), a disharmony compared to the affective modulations and the modifications that occur in the environment. On this occasion, Bleuler makes an explicit reference to the lived affective experience ("affective relation[115]"). He introduces the notion of "prognosis based on empathy" ("Gefühlsprognose" [116]) which aims at, before any reasoned diagnosis, to base the prognosis less on the appearance of classical symptoms, more on how we feel whether there is or not, emotional contact with the patient. Minkowski will complete this intuition by pointing out that "psychopathological disorders were not an overlap of symptoms, but the deep expression of a modification of the entire existence of the subject".

The *phenomenon* of "a contact with the atmosphere" is here explicitly opposed to a juxtaposed collection of *fact,* constituted by the disorder of associations. However, on the one hand.an explanation of the framework of how to describe problems related to empathy is lacking. This

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[114] To feel an affective disorder in practice means to contradict the method of the empiricist aetiology, which promotes a retreat of the observer and not a participation in sharing with the patient. This is what some translators and commentators did not deem necessary to specify, they attributed to the origin of the gap between an organo and psychogenetic explanation, a theoretical uncertainty in Bleuler's concepts. The psychiatrist is seen to take (theoretical) positions contradictory as to the hierarchy between infra and superstructure. "He (Bleuler) also could never decide whether mental disorders could be explained best on an organic or a psychogenic basis" [*Encycl. Britannica*, W. Benton, p.775, London, 1963] / or still / "We will note the apparent ambiguity of Bleuler's words, which has just denied any influence of external circumstances on schizophrenia..." [*Dementia praecox*, p. 437, note 9.]

[115] Minkowski, E. *psychiatrie et métaphysique*, R.M.M., p.349, 3-4, 1947.

[116] Bleuler, E. *Congrès de Vienne*, 1908.

would be needed in order to shape the structure which takes place in the lived experience proper to the patient, instead of normal contact and empathy. On the other hand, the empathy bringing together the psychiatrist and the patient remains a central tool for assessing the evolution of the patient, and importantly, is a cathartic tool aimed at relieving the suffering. The contact with the atmosphere is not described in an organic way, comparable to the Gestalt character of the melody with von Ehrenfels. The very contact as the conditions of this contact, have the monadic character of the *facts*[117].

What are the results of our analysis of the *dispositio* of the different parts of the *Dementia Praecox or the Group of Schizophrenias*? Aetiology, anatomopathology and evolution, the three theoretical parts (of the eleven for the totality of the book) on which the idea of mental illness is based, are paradoxically the least developed. There is neither a fixed position concerning either the organic origin, if any, of the disorder, which is based on an anatomical study, to which the author explicitly shows little attention. Nor do we find better documentation on the relation between the organic origin of the disorder and the evolution towards states of prostration. Everything is as if, with covered words, the author would guide us in these chapters through horizons without great interest, to bring out in contrast the essential.

We have introduced two opposite perspectives, which announce the meaning of the Bleuler's approach: there is a theory, which enumerates a certain number of facts (the rupture of the associations of thought, the obsession) and a practice, which indicates the proximity of an experience of feeling the contact with the atmosphere. Bleuler is faithful to an

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[117] "What matters, therefore, is less the isolated symptom taken in itself than its intensity and its extension, and above all its relationship to the psychological environment." "It must always be assumed that the reader is able to take into account the concomitant circumstances and the entire psychic constellation." Bleuler, E. *Dementia praecox*[...], p.378

empiricist construction, which leads him to express, essentially between the lines, a vision of early dementia, beyond the *facts* suggesting something radically new.

§ 6. Bleuler states that *the group of schizophrenias* no longer corresponds to a clinical entity, but includes *several* diseases; it is an explicit indication that the author is placed above the frame of the nosography. Does this perspective aim before any analysis, a presence, i.e. the schizophrenic *phenomenon* itself? To make this point explicit, there is, as we have seen, only a few textual indications, let alone explicit methodological positions in this direction. A conceptual modification affecting the nosography in its entirety opens a last path. Bleuler isolates a specific *group*, which includes a variety of morbid entities, but he never refers to a nosographic entity. He clearly states that, "for the sake of convenience", he uses this word as singular, although this group probably includes several diseases[118]. This approach is methodologically distinct from Kraepelin's. It is not a question of redefining the description of early dementia, of a revision of the pathognomonic characters, i.e. of a different analysis of the symptoms, which are only found in this disease and which are sufficient to establish the diagnosis in question, but perhaps a first step towards a specific Gestalt of this illness. A Gestalt supposes a group of elements, as we saw it, but also a specific organization (figure-background, melody), but the description of the specific structure of schizophrenia is not yet found by Bleuler. The specificity of the group lies in a set of distinctive features. On the one hand, in an evolution, either as a simple surge of delirium or as chronic trouble, the disease "cannot result in *restitutio ad integrum"*. On the other hand, in the dissociation of psychic functions, associative disorders, affective disorders and disorders of contact with the world are classical features of

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[118] Aschaffenburg, G. *Handbuch der psychiatrie*, p.5, Franz Deuticke, Leipzig, 1911. La personne du verbe est modifiée pour les besoins de la citation. The person of the verb is modified for the purposes of the citation.

this illness. Finally, there is a perspective that aims to describe psychopathic reactions that these diseases have in common. This is only a description of the theoretical limits, constituted by the set of traits relevant to the *group*, limits which have the character of elements added to each other and not of an organization similar to the Gestalt. What justifies the idea that Bleuler was also targeting a Gestalt of schizophrenia, although the relevant traits of the group are not of a Gestalt-based organization?

The originality of the psychiatrist's work lies less in the conceptualization, the collection of symptoms, than in the practical use he has made of it, in contact with patients. The content of the Bleulerian *Treaty* forges a methodological limit from the inside so to say, which prevents the grasping by empathy of the personality of the patient, because this very contact is not part of the essential characteristics of the symptomatology. The practical tasks of the therapist have been listed and communicated in the evidence-based medical approach. As the key concept of "the contact with the atmosphere" is known, but neither the structure of the treatise as a whole, which is theoretical, nor any part of the work have any deeper references to the *phenomenon* constituted by the lack of empathy or indifference of the patient.

§ 7. Bleuler has to some extent aimed at focusing on the contact with the atmosphere, which entails a deeper research on the whole of the personality, as lived experience originating from schizophrenia. The Gestalt-based vision of early dementia, if it comes to the focus, rests on theoretical presuppositions, of which the Gestalt will give several descriptions as critiques of the analytic method in psychology. The aim of this shift of method is to recognize, in the doctor-patient contact, a *philosophical phenomenal conversion* in the attitude of the analytic aim towards a consideration of the totality of the experience. This conversion

is explained and has been explored previously by the Gestalt philosophy of the perception (see M. Merleau-Ponty[119]).

We can quickly show how Gestalt theory introduces a new form of the experience on the top of the behavioural minimalist description. Let's consider the example of the moon on the horizon, seen with the naked eyes, which appears larger than at the zenith. Observed in these two positions on a telescope the shape of the moon does not seem to vary at all. Should we say the retinal image remains constant with or without a telescope, although our naked eyes see a difference? This is indeed, where the problem starts, as the empiricist asserts that the appearance of the moon is invariable. The reason is that empiricism does not deal with what we see, but with what we have to see. Explaining the conditions of this error is relevant, as it amounts to confusing physical conditions with the subjective experience. The psychiatric empiricist method reproduces a similar error by plotting a nosographic description of the experience. It is against similar issues that a study aimed at a group of diseases and not one specific disease is effective. It is in this context that, again, the Bleuerian indication of feeling the patient and not observing him/her in a detached and analytical way is important. The origin of the error of the experience allows us to grasp the genesis of the analytic attitude, which distorts the experience by introducing an irrelevant explanation[120].

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[119] Merleau-Ponty, Maurice (2014). *Phenomenology of Perception*. Milton Park: Routledge, *III. The Attention and the Judgement.*

[120] This line of argument has been initiated by Berkeley, who insisted that distance cannot be directly taken into account by perception, because distance no longer belongs to sight, but to touch. For Berkeley, who does *the error of experience*, there is no sensation, which corresponds to distance. Berkeley, George (1709/2002): "Objects of Sight twofold Mediate and Immediate". *An Essay towards a New Theory of Vision*, Edited by David R. Wilkins, based on the First Edition, Ch. L. Dublin: Printed by Aaron Rhames, at the Back of Dick's Coffee-House, for Jeremy Pepyat, Bookseller in Skinner-Row.

This theoretical explanation which shows the treatment of perception by the means of adult perception, as analytic and monitored focus instead of a holitic comprehension, explains the empiricist point of view. The perception must be put in direct relation with the belief in the reality of an external world, a belief which in psychiatry concerns our fundamental assuptions on the reality of the disease. As contemporary of the very first representatives of the Gestalt, Bleuler apparently applied the precept of the error of experience to the psychiatrist's vision of early dementia. Referring to *the group* and not to the disease, it gives a valuable indication for the physician to observe what he sees, not what he must see.

What is then the immediately apparent schizophrenic experience, which should not be missed?

It is under the systematic study of the "complex" that the original element, which is the immediately apparent facet of schizophrenia, must be sought. I recall that the complex is a set of personal traits, acquired in the history of the individual, which is endowed with an emotional power and can go unnoticed. The influence of CG Jung and S. Freud, through the notion of *complex*, invites the psychiatric research of Bleuler, directly towards an understanding of the living inner experience[121]. Psychoanalysis shows the direction of a research on the inner experiences of the subject, in particular privileging the experiences of constraint and conflict. A comparative reading of the "theory of symptoms" and "the clinic[122]" of the *Dementia praecox or group of schizophrenia* reveals common points.

§8. The distance taken against the Kraepelinian nosography is an attitude analogous to that of the Gestalt, towards the empiricist dogma of a behaviour-oriented view of the mind. Psychoanalysis has the value of

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[121] Bleuler, E. *Die psychanalyse Freuds,* Sonderabduck aus dem Jahrbuch für psychopathologische Forschungen, II, Leipzig und Wien, Franz Deuticke, 1911.
[122] Ibidem, Part One and Part Ten.

seeing inner life as important, but not yet as a phenomenological approach. The disorder of associations, the states of obsession, and autism are not interpreted as simple behavioural signs, but as possible deeper paths of the subjective experience. To focus on *the phenomenon* itself and to study it as existing in the *phenomenal reality*, is not achieved by Bleuler, who remains faithful to empiricism.

§ 9. We can conclude this section noting a remark of Minkowski, about Bleuler, which corroborates a Gestalt type of vision of the disorder. Instead of imposing a differential classification, between early dementia and manic-depressive psychosis, and between dementia and schizophrenia, Bleuler always refers to a balancing and a sort of middle path between the extremes[123].

[123] Bleuler, E. Die probleme der Schizoïdie und der Syntonie, *Zeitschrift für die gesamte Neurologie und Psychiatrie*, 78, 1922.

PART II.

PHENOMENAL EXPERIENCE, EPISTEMOLOGY AND PERSONAL EXPERIENCE

1

ESTABLISHMENT OF THE EXPERIENCE OF THE DOCTOR-PATIENT RELATIONSHIP BY THE PHYSICIAN

§ 1. The description of the phenomenal experience (Gestalt), which was lacking with Bleuler's work, can be found with Minkowski's "as a phenomenological-structural method" "in sharp contrast with the reductionist tendency of an objectivist view of the psychic phenomena[124]".

It is necessary to distinguish two approaches to the phenomenal experience, each corresponding either to an epistemological method or to a philosophical phenomenological approach. On the one hand, there is the *in-depth focus on the relationship between the doctor and his patient*; on the other, we pay a great attention to *the relation between the patient and the world*. The first contributes to an epistemology, since it aims, through the contact between doctor and patient, to clarify a method of knowledge useful to medicine, which has an ethical and medical aim: to relieve suffering. The other concerns a personal approach of the subject in the world. By world we should understand in chronic diseases an anthropological access to the experience of the illness.

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[124] Bloc, L., Souza, C., Moreira, V., "Phenomenology of depression: Contributions of Minkowski, Binswanger, Tellenbach and Tatossian", *Revista Estudos de Psicologia*, Campinas, 33(1), 2016, 109.

§2. In an important text, in which Minkowski presents the epistemological meaning of *Dementia praecox or group of schizophrenias*, the author pays attention to what psychiatry can gain by explaining its method[125]. Following Minkowski, who refers to the point of view of the Swiss psychiatrist, schizophrenia is difficult to describe but everyone needs to learn to see and feel this illness better. It becomes crucial to describe the *phenomenal perspective* as not only the *doctor-patient relationship*, but also - and it becomes a bit more abstract: *the patient-in-relation-to-the-world*. As it should become clearer in the conceptual unfolding of the concept of what constitutes *the experience of the patient*, as his relationship to other persons and things in his environment, we shall introduce and built on different new concepts. It will be necessary to distinguish between several possible perspectives, to break down these concepts:

> "The objection following which the vital contact with reality is basically a very complex function, and therefore does not lend itself to serve as a point of departure, cannot be valid here. The vital contact with reality is a simple entity until we have decomposed it (...). Any [conceptual] decomposition of this entity would necessarily be from any given point of view; some [special concepts] will appear to be entirely foreign to ours [very common holistic view] and thus leave aside the very essence of the vital contact, as we have it here before the eyes[126]".

§ 3. We see in this quotation that the notion of *vital contact* refines and brings some conceptual clarity on a common understanding of empathy, as very simple and straightforward Gestalt. Contrary to Bleuler, who relates to the "relaxation of associations" indifferently *the contact*

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[125] Minkowski, E. *La schizophrénie et la notion de maladie mentale (sa conception dans l'œuvre de Bleuler),* Encéphale, p.247, 1922.

[126] Ibidem, p.249, §3. Commentary under brackets by the author.

with the atmosphere, *the autism* and *the mechanism of disjunction (Spaltung)*, Minkowski goes much deeper in the conceptual distinction between the terms. For him, the contact with the atmosphere (including autism) should not be attributed to the same conceptual level, as the associations' disorders, but strictly placed on two completely different dimensions[127]. One of the key methodological steps necessary for grasping the semantic equivalence between the affective contact with the atmosphere and the vital contact is simple: it rests, at first glance, on an inversion of the founding relationship in the aetiology. For Minkowski, the looseness of associations and the concept of contact with the atmosphere play a totally different role. The large scope of this redefinition is not on the theoretical level, but in the experience. As inner experience, this experience concerns the phenomenological meaning of the vital contact, the complex Gestalt as experience of the indecomposable physician-patient relationship, which should be understood and constituted very concretely in practice. It is in the psychiatric context; the role of the physician to initiate a good interaction with the patient, around his/her inner life narrative. Naturally, the boundaries of this inner narrative need some precise conceptual understanding to account the deformations of the personal experience, ultimately related to the very special way the individual gives meaning to his life while being ill.

The introduction to the concept of vital contact could also be done from different points of view of method, as Minkowski shows. From the point of view of the experience, it is not indispensable to list all these options. It is sufficient to grasp in its simplicity what we have here before our eyes, the experience of the vital contact as a Gestalt or foundation. This foundation built on the personal history of the patient, should bring good conceptual explanations on the type of Gestalt formed by the

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[127] Minkowski, E. Les notions bleulériennes (voie d'accès aux analyses phénoménologiques et existentielles), p.886, *Annales Médico-Psychologiques*, II, 5, 1957.

constitution of the doctor-patient experience. Empathy can be a simple Gestalt, as we just presented in our visual or musical experience. The empathy, taken in the therapeutic relation should be analysed as a complex Gestalt as we shall see with Minkowski's structural analysis of the vital contact in the doctor-patient relation. We should direct our attention, in particular, to the pretention of universality of the structure of the experience as a phenomenological science.

§ 4. "The loss of contact with reality" is a continual source of inspiration for those who seek to understand the world as "the vital situation[128] in which the doctor-patient relationship is to be made explicit. Here with modest means, the doctor can reconstruct the doctor-patient world, and understand the experience, the meaning of the mechanism of the Spaltung.

It is worth noting that the notion of Spaltung has very rich linguistic connotations. It could mean a split, a disjunction, or a dislocation. Furthermore "Zerspaltung" is translated as fission, dissociation. But this concerns the medical classification of the medial facts. In terms of experience, Minkowski proposes to consider more simply *disinterest*, as a salient feature of the contact between doctor and patient. Disinterest means a disposition not to modulate in a balanced way between joy and sadness[129]. The difference between *disinterest* and *indifference* should show more accurately, the way of being of the patient from the doctor's point of view.

§ 5. *Indifference* rests on "the image of the neutral"; it is similar to apathy, to indolence. There is here, following Minkowski, laziness, a numbness of the affectivity, in connection with other mental faculties. Indifference differs in many respects from the specific meaning of

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[128] Minkowski, E. *Indifférence, désintérêt, disjonction schizophrénique*, A, p.226, 1953.

[129] Minkowski, E. *La schizophrénie et la notion de maladie mentale,* p. 255, E, 1922.

the quality of schizophrenic contact with the doctor. While indifference supposes the absence of affective manifestation, disinterest points not to an absence, but to a very unusual kind of affective manifestation: a sort of *abrupt character*[130]. The apparently disjointed psyche means that the affectivity is *rigid*, which, in turn, entails a lack of background attention, in a discordant attitude. If there is indifference, then its overcoming can be done by manipulating the cold and the remote in this sort of attitude, by turning the remoteness against itself in some ways, and rebuilding the contact with the schizophrenic person.

A deeper understanding of the semantic of "indifference" is required, as it brings, by contrast a reflection on the meaning of "disinterest", necessary for the description of the experience of the Spaltung. Disinterest will help us to define what, in the dimension of the participation of the subject, lacks in indifference. Ordinary language serves as a guide, disinterest is based on knowing that something exists and a selective attitude; but in the negative form it appears more radical than simply interest. One can say of one thing that it is indifferent, without taking position; a position, however, is always necessary if one engages the value of disinterest. There is a same semantic path between the "break" of the schizophrenic disjunction and "disinterest", a path absent with "indifference". When we use the word "disinterest" we usually make the assumption of some quality of the personality, which should be seen as departing from the Spaltung[131]. By contrast, the language nevertheless renders a dimension of deficiency, in expressions such as: "to be interested in nothing", which does not yet highlight the "abrupt" character, established by contrast to "indifference[132]".

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[130] Minkowski, E. *Indifférence*, p.227, §3.

[131] The author refers to the disposition of being detached, synonymous with impartial and generous, the propriety of one who does not act out of personal interest.

[132] Ibidem, p.229.

§ 6. It follows from the description of the experience of the Spaltung that what succeeds genetically to it, what Bleuler, Jung and Freud have conceptualized as *the passive isolation of autism* is not passive, nor does the phenomenon of "having no interest in anything" a strong association, as Minkowski shows, with "indifference". Autism is, in fact "an act without tomorrow", "a frozen act" and "act short circuit" or an "act which does not seek to succeed".

Disinterest and indifference are part of the autistic form, which tend towards a patient experience in the world, which supposes to account for some sort of isolation. A decomposition of the vital contact will be necessary, since isolation seems to be in contradiction with the very concept of "vital contact"[133]. There are, however, in the experience, some highlights of the phenomenon of "Spaltung", which show the origin of isolation, against a background of vital contact between doctor and patient.

Minkowski further adds that disinterest entails being in the world in a negative way, through *an excessive reserve*. By lack of measure in not being interested, we usually mean *not having interest for anything*, a necessary condition for *isolation*. Reserve, as long as it is not excessive, as long as it is balanced and measured maintains slightly contact with others, often as a strategic distance which is never losing some sort of presence. When we say we have some reserve concerning something we don't mean we are impassive[134]. *Being impassive* presupposes a lack of delicacy; it aims at overcoming the measure of being two, a measure that

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[133] K. Koffka understands by the "behavioral environment", as opposed to "the physiological field", a fact, something, which has the property of being a thing, as opposed to what we cannot experience as a thing ("Things and Not-things"). He then states the categories (living / dead, artificial / natural) of what appears to be something, as well as "the constitutive properties of thingness" or ("the character of thing-ness"). Koffka, K. "The Environmental Field", Ch.III, pp. 69-74, *Principles of Gestalt Psychology*, ibid.

[134] Rogue de Fursac, J. et E. Minkowski, *Contribution à l'étude de la pensée et de l'attitude autiste,* E, p.220, 1923.

requires *discretion* and *delicacy* in order *to respect the intimacy of the neighbour*. Impassibility seems to be very close to disinterest. However, while when we show impassibility, we never do the assumption that our feeling of the natural confidence in the world is at risk, having no interest for nothing goes a step further to eventually contradict our natural trust that all personal experiences continue in a similar way. Impassibility has in common with disinterest the impression of not being related to the feeling of simplicity, which emanates, for example, from the contemplation of nature. To have no interest in anything is very far from seeking shelter in simplicity; to have no interest contradicts the general aim of conventions in the society. Consequently, the logical intersection of indifference and schizophrenic disinterest does not depend conceptually on *rest*, as not doing anything at all. It may not either relate to a seeking to integrate into reality, following *a calm and placid form of existence*, as when we are merging with nature or letting simply things go, as in *relaxation*[135] or in releasing, in our flexible options of the experiencing rest. Schizophrenic patients seems to lake a necessary attitude of *destitution* (as accepting not being in charge, not being in power). It is part of the existential attitude of psychosis to split the personality, as Tournebise shows, as strategy for survival and struggle for power[136].

It may be argued that if we aim at the experience of the lack of balance and measure proper to *isolation*, it remains invisible, as *a limitless experience* of the vital contact[137]. K. Jaspers thought following this line, that empathy is disappointing, if the very possibility of describing what is lived in common, in the doctor-patient relationship falls within limits

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[135] Ibidem, p.225.

[136] Tournebise, Thierry, Mieux comprendre la Psychose, Une surprenante modification de conscience, 2012, accessed Oct. 2020, https://www.maieusthesie.com/nouveautes/article/psychose.htm

[137] Minkowski, E. *La mesure,* p.264, R. M. M., III, 1957.

which are too narrow. The whole point of the in-depth attention focused on the vital contact is to answer this paradox.

Minkowski shows that, to a certain extent, it is still possible to describe the experience of the doctor-patient, despite precisely the confusion entailed by isolation, which seems to overwhelm the relation. It is possible to describe in negative, what remains apart from the confused being of the coexistence. We have listed different constitutions of the autistic world, which derive from the phenomenon of *having no interest in anything*. These forms are roughly equivalent, since there is not a precise genetic/phenomenal relationship between them. I mention their phenomenal profile: *the halfway stop*[138], *the goal which obstructs the horizon* or *the disappearance of the need to prioritize new things in the surrounding world*, or *not remembering the need to choose some means to integrate actions in the reality*. In any case, the relationship between doctor and patient is not at risk; even if the personal meaning of the world of the patient is nearly collapsing. *The frozen acts*, *no tomorrow*, *short circuit*, *not seeking to succeed*, are also related attitudes. Other experiences are not oriented towards the phenomenon of *stopping at mid-way*, closer to an ordinary intelligibility.

Schizophrenic rationalism and *interrogative attitude* are such cases. They are described by Minkowski as quasi ordinary life experiences. The benefit of conceptually describing these forms is that it allows us to do the transition between the constitution of the doctor's experience in relation to the patient, and the decomposition of the vital contact, which happens in parallel, a decomposition which follows as well some new concepts, described as phenomenal features.

The contact with the atmosphere passes, during the *morbid rationalism*, by the adoption of a succession of codes of conduct, which transform the course of the inner life, from a flexible line to a jerky movement. The patient goes from a period of “absolute indulgence” or laxity

[138] Minkowski, E. *La schizophrénie,* p.166, §3, ibid.

to "methods of military discipline" and, all of the sudden, back to "gentleness" and toleration. There is a rational organization of life, but it lacks any notion of sustainable coherence and wise balancing. Balancing diverse options usually means a degree of indifference, as we do not have evidence for and against the existence of something, but are equally open to various options. This is the case for buying a lottery ticket, as we decide without knowing the outcome. We may also be indifferent in a stronger way, when reason cannot decide anything, even on a basis of a random choice (as for a lottery ticket). "Life has its reasons that reason cannot formulate", we are tempted to recognize with Minkowski, by reversing Pascal's precept.

The *interrogative attitude*[139] means living in the question. Whereas when we say there is an interrogations, and we suppose a series of questions, precisely in order to go beyond the interrogative attitude. We never aim at the attitude as such, as the unique phenomenon of the question (fraglich), always to go beyond, to transcend what in our approach is something similar to the experience of a problem (problematisch). We develop a series of means for that, through an entrenchment of several questions, which do not aim at an answer taken one by one, but ultimately build an approach, which puts them in relation, in the horizon of a long and sometimes laborious solution. The question, is either enough by itself, as often the good questions of the great philosopher, either it relates to mystery, to false problems and irrationality, this is what we usually call an illegitimate partiality, when it comes to our attitudes in front of various values. The proper of the *autistic interrogation*, is overall very different, although we call it irrational for some other reasons. Autistic interrogation generates again questions on questions, without even waiting any answer, which, therefore, appears not only without any

[139] Minkowski, E. *Question, interrogation, problème,* R. M. M., p.259, §1, 3, 1970.

ground or reason, but typically as not even aiming at appearing based on some ground or reason, be it a false one.

§7. The autistic interrogation can be used to introduce the epistemological framework of the vital contact as opposed to two close attempts those of M. Heidegger and L. Binswanger[140], and some quite distinct assumptions made by S. Freud, on our way to grasp better the concept of *vital contact*.

Under *the experience of worrying* vital contact is the result of a question which, like schizophrenic questioning, is neither self-sufficient nor generating a series of questions, but rather an aim towards a *beyond the framework in which all issues make sense to us*. According to Minkowski, the vital contact turns into worries and anxiety, because despite some common source of experiences, we seek elsewhere, beyond or behind, what is already there melted in the frame our life. Seeking behind or beyond the horizon of experience, looking behind the distant past of experiences, into *the dawn of time*, out of the limits, towards what is *behind the unknown and the inaccessible* is the origin of anxiety[141]. Distinct from how we understand logical operations, which do not tend towards the experience of the void, but to some finite possible answers, anxious questions are *per se* unfinished.

Anxiety and being concerned are not, however, the only fundamental attribute of our being-in-the-world, *love* and cognitive and ethical *perfectibility* are two other attributes, much closer to the vital contact, which requires a short comparison.

Love is an encounter, as perfectibility, if by encounter we suggest the healthy vital contact with the people and the things in our surround-

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[140] See also the secondary literature work on Binswanger. Lepoutre, T. (2014). Ludwig Binswanger's "Path Towards Freud" through Psychoanalysis, Psychiatry and Philosophy. Recherches en psychanalyse, 18(2), 104a-115a. https://doi.org/10.3917/rep.018.0104

[141] Minkowski, E. Que veut dire « ancestral » ?*, Archiv für Neurologie und Psychiatrie*, LXVII, I, p.72, §2.

ing world. As sexual love or *Eros* our affective life relates to some sort of desire and attachment, as a *process of singularizing* of the uniqueness of one or the other person (considered as special, as one-of-a-kind), as in the lesson of the *Little Prince*, addressing the roses in the garden he says:

> "You are not all like my rose. As yet you are nothing. No one has tamed you, and you have tamed no one… you are beautiful, but you are empty…one could not die for you… [My rose] is more important than all the hundereds of you[142]".

Love seen as a simple tendency brings the psychodynamical perspective of Freud in the centre of the conceptual framwork. With the three levels structure of the self as *self-id-superego* with Freud, this explanation gives priority to an ego-centric notion of the subject. Freud's concept is distinct from the Bergsonian *vital contact* or an "I-you"/"I-we" form of the subject, referring to the reality of a being-together, the idea of a subjective relationship. For Minkowski love partially refers, to an expression of sexual difference, ignoring the point made by Aristophanes, that humans, conceived originally as spherical beings, may have in fact double bodies with three sexes: male-male, female-female and male-female (*ἀνδρόγυνοι*, *androgynoi*). Neither the Freudian position is suitable for Minkowski, because it derives the individual from the lowest form of sexual love in the instinct. Nor does he borrow to the theological higher form, the unconditional and "eternal love" (*ἀγάπη*, agapē). For Minkowski, a solidarity-love does not compete with the highest attribute of a very special vital contact, *under the condition of perfectibility*. It is in perfectibility that we have access to the ethical forms of forgiveness, aspiration and hope following Minkowski. These ethical forms come from the most open or global constitutions of the experienc-

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[142] *The Little Prince*, p. 68. We borrow the illustration from J. Raz, "Attachment and uniqueness", Ch. 1, in: *Value, Respect, and Attachment*. Cambridge: UP.

es, thus giving no hold to the phenomenon of singularization. Minkowski seems to refer to the classical concept of *ἀλήθεια*, *aletheia* or disclosure. In our desire, lust, possession, envy or rancour, we experience vices, and sociopathological reactions, which all in different ways contribute to close the exchanges with the environment, and condense events and close the space of human contacts. Even success to some point with its focus on the self, and utility is considered as a narrow form of progress, and considered for this reason opposed to perfectibility. It is the Bergsonian phenomenon of *being in motion*, of becoming, which is highlighted as the only leaving behind the grip of the desire, of the unnecessary attachment, of uniqueness and rancour.

We need a pro-attitude toward the object present in the character of disclosure, in caring, which could show us the direction of spiritual elevation, while keeping some focus on doing well and making progress.

Decomposing the vital contact can therefore be summarized on three attributes: care (as Germ. Sorge), love, and perfectibility, which all are complementary characters, not seen in isolation. They form our life in relation; very different from the pathological isolation at odd with the basic norms of the experience of caring for others. We shall now recapitulate and show beyond the vital contact between physician and patient, how to grasp the experience of isolation.

§8. *Being confused* and *vague* concerns some other aspects of the experience of Spaltung, as they draw the difference between an easy and difficult access to our common experience. They relate to isolation by lack of precision, but they are different in nature. We say we consciously stay for a moment in the vagueness, but don't say staying in the disposition of being confused[143]. A line is drawn between possible experience, in the doctor-patient relationship and experience that comes out of this relationship, to concern only the patient-world relationship.

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[143] Minkowski, E. *Les notions bleulériennes,* A. m-p, p.842, 5, 1957.

We have seen that the disjunction is neither the action of separation, action in relation to pragmatic demands that everyday life poses[144]. Minkowski uses rather neologisms than common language to describe what happens on the edge of vagueness and of being confused.

Nudity, as opposed to *the experience of attachment and fusion*, expresses the idea of *removing what connects us to the whole*. It is when our usual form of empathic diving into the whole richness of the experience becomes invisible[145], an attitude which escapes the doctor's empathy.

[144] Ibidem, p.841, §2, 842.

[145] Ibidem.

2

THE PATIENT'S CREATION OF THE PATIENT-WORLD EXPERIENCE

§ 1. We propose a quick reminder of the method developed to isolate the change of point of view, applied to the patient-world relationship.

The psychiatric terminology suggests we no longer touch the negative characters of schizophrenia, the expressions of what is lacking to the patient as described by terms such as indifference, affective rigidity, (absence of a guiding ideas, obsessions, etc.) This could be achieved by looking into a different direction from the therapeutic relationship between the doctor and the patient.

Minkowski uses the metaphor of the photographic plate to distinguish between lived experiences that are based on the possibilities of communication between the doctor and the patient, and those echoing a deeper layer of existence, in the stratification of the personality. "The photographic plate can be examined in the light of what it reflects, as well as what it lets through[146]". The distinction between "reflection" and "the light passing through" shows an in-depth direction, as opposed to a simple and common inner life experience. The clarification of the

[146] Minkowski, E. « La schizophrénie et la notion de maladie mentale », *L'Encéphal*, p.316, 1922.

change of points of views must leave room for the highlighting of the essential traits to the personality.

§ 2. In a remarkable study on a case of schizophrenic melancholy[147], Minkowski introduces a form/content type of structure, which allows articulating the notion of stratified personality. By structure, we must understand a totality (Ganzheit, Gestalt) and not any juxtaposed elements. Let us specify beforehand that this is an authentic anthropological study, since Minkowski lives with a patient twenty-four hours a day, a circumstance which excludes a continual medical attitude.

§ 3. The author distinguishes with regard to "delirium": "the form" or universal content of a delirium and, "the content" in the strict sense, the contingent appearance of the delirium, in relationship with particular things and people[148]. The stratification of the personality is the scale of values, which make of an experience something that opens a new horizon to the individual and project oneself towards the future. This framework can account to the lack of the same, when all strata are levelled. The temporal nature of the evidence of my existence refers to a narrower experience of the future than *waiting, choosing to act* or, *focusing on a desire*, which, in turn, are narrower than a *search for ethical action* which opens the possible the becoming[149]. Minkowski shows the extent of alienation, in relation to the experience of time, and indicates the direction of a description of the lived experience of space and alienated intersubjectivity.

Let us return to the case of schizophrenic melancholy. Once we have put the different layers of the personality, we must describe the world of

[147] Minkowski, E. « Etude psychologique et analyse phénoménologique d'un cas de mélancolie schizophrénique », *Journal de Psychologie Normale et Pathologique*, pp.543-58, 1, 1927.
[148] Ibidem.
[149] Ibidem.

the patient, distributing the structure of form and content on the different strata concerned.

§ 4. *The persecution*, which is at first sight something foolish, finds in the approach of the foundations of personality a meaning. It does not mean that any horizon to the future is immediately blocked, as is the case for the experience of the Spaltung, nor an open horizon comparable to the experience of the existence fully active and fulfilled. Persecution, always presuppose not merely an experience of pain, but also that of a subjection to something, a passivity and an element of contact, or *syntonic* personality type[150]. Persecution is therefore, in the light of the experience "perception of time and of contact with the atmosphere". It has to do with the limit of the *syntonic* constitution of the experience, which suggests as dialectical relation the *schizoid* counterpart (i.e. the experience of the Spaltung[151]). Indeed, pain sometimes stops to give way to indifference, which we know is close to the experience of the Spaltung. In the meantime, pain is the hostile background from which the whole universe is looming. The *disintegration of the personality* is not complete, but sufficient; it leads to perceiving things as they would be directed against oneself, which produces consequently pain[152]. The

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[150] Minkowski, E. *La schizophrénie,* p.33, Payot, 1997. N.B I mention the study of Lantéri-Laura (1997). In "Asymmétie du temps et de l'espace" [the assymetry of time and space] (1997, ibidem), G. Lantéri-Laura highlights the lack of analogy between schizophrenia and manic-depressive psychosis, and respectively the schizoid characters and synton characters. Indeed, according to the author, the first is the essential element of a pathological phenomenon by itself, while in the second is the degradation of a phenomenon in itself completely normal. On the one hand, the patient is more detached from reality than the normal, on the other hand we cannot say that the manic-depressive subject is more synchronized (synton) and empathic than an empathic and syntonic subject. Synton is again an element to be considered as part of a Gestalt type of structure.

[151] Ibidem.

[152] Ibidem.

persecution is not, in our opinion, the most essential Gestalt highlighted by Minkowski's description.

Schizoid characters are not, however, in a kind of "affective anaesthesia[153]", as total absence of affective tone, but an affective contact close to indifference and disinterest as we saw. It is therefore necessary to distinguish two phenomena of "persecution": a) the one close to the melancholic complaint, which concerns the form of passivity, b) the other touching the very form of the existence.

§ 5. The structure of *the spatiality*[154] of the experience is impacted as the subject cultivates the impression that birds are singing for him. When a passer-by smokes a cigarette, it is as if a signal was addressed to the patient. Space as a lived experience touches the ultimate foundations of the personality, in the structure of the *hic et nunc*. The experience of a *distance*[155] between us, others and the things of our environment, is a necessary condition for any manifestation of the *unforeseen*. The experience of *distance* thus grounds that of *coincidence* and contingency. Without distance something fortuitously encountered leads to *impression of intimately being concerned* and touched by a presence[156]. Similarly, distance is entailed in *amplitude*[157], *unmeasurable space* and an *atmosphere of solidarity*. When the experience of distance is missing, people or events are condensed, agglomerated in space and time. Since the intersubjective relations are based on some distance when our perception of this distance is modified intersubjective relations are disturbed[158].

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[153] Minkowski, E. « Anesthésie affective », Communication, *Annales Médico-Psychologiques*, p.83, 1, 1945.

[154] Minkowski, E. [...] « Cas de mélancolie schizophrénique », p.554, § 3 et 4, p.555, et 556 §1 et 2.

[155] *Lived Time: Phenomenological and Psychopathological Studies.*

[156] Ibidem.

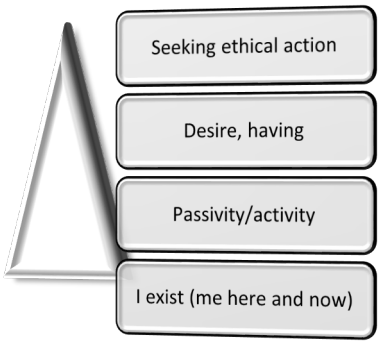
[157] Ibidem.

[158] Ibidem.

§ 6. The dialectic structure, between syntonic and schizoid constitutions, can logically lead to the other way round. The world no longer appears to aim at increasing pain, but is "the very expression of pain". Patient and world identify themselves in pain, instead of complementing one another.

§ 7. *The experience of depression* requires a finer articulation, in order to make comprehensible the phenomenon of *ruin*. It is to the extent, where we feel faint contact with the atmosphere, but also that this contact is still present, that the search for this contact is done under the appearance of the *complaint*, which concerns our passivity. Contrary to the content of persecution, the experience of *ruin* is contrary to the *desire*. We could schematically present the different successive strata of the personality for Minkowski and place the level of the ethical action as follows.

Strata of the Personality



While the experience of persecution concerns either the form of passivity or that of existence, the ruin concerns the desire. Ruin and desire show the very general phenomenon of *having* or of *property*. Ruin means the very opposite of a blooming desire, yet it is still necessary to have such a horizon of having, in order to grasp the variety of possible experiences. We may for instance describe the horizon of having, opposed to the ruin, until the very sphere of the *becoming is blurred*. The experience of *not having a penny*, in correlation with a structure of having which remains as such intact, contrasts with the experience of *not having a stomach*, where something odd arrives in the structure of having, which may then be radically transformed[159]. In correlation with a dying desire *the experience of ruin* has a content, while on the contrary in the last example; the very *structure of existence in spatiality* is concerned.

§ 8. The highest strata of the personality, the experience of *having committed a fault* concerns, a Gestalt level of affective stratification where the time horizon towards the future is the most open. It concerns the idea of *being in research towards an ethical action*: the most decentralized form of motivation. The *loss*, in the experience of the fault, should be compared to *the good*, expressing dynamism[160].

[159] Ibid.

[160] Ibid.

CONCLUSION

§ 1. What von Ehrenfels calls “Gestalt” as opposed to the fact, is not a collection of elements, but a holistic organization, which is immediately experienced, which can therefore be transposed, in the same way as a melody, the totality of which remains unchanged, even if all the elements or the notes are different. Thus the musician, who keeps the same relation between the tones and the semitones of a melody, can play it starting from different notes, the experience of the same melody is possible.

A syndrome, that is to say a set of symptomatic facts, is not a Gestalt, for the reason that no organization is immediately experienced. No order is presupposed between a certain number of isolated and simply added elements, which are put side by side in a theoretical construction. *Forgetting facts that occurred before illness*, *disorientation over time* and *fabulation* (or mythomanie, compulsive lying) as examples, are symptomatic elements characterizing the Korsakoff syndrome, a disorder related to alcoholic intoxication. Understanding the relation of intoxication to false or fantastic tales does not entail to take these symptoms in one order or the other, because facts are objects of a theoretical observation and construction and no strong emphasis is given to the immediate holistic experience, apart from the clear comprehension of the facts.

By analogy, the group of diseases that Bleuler calls “schizophrenia” is not a new pathognomonic entity, a set of symptoms that he would have enlightened the elements, but a collection of symptoms already

described by Kraepelin. The disorders of the will, a dull emotivism, whose expression goes from dementia through catalepsy and indifference, are for the latter indications of a profound decline of intelligence. In terms of symptomatology, Bleuler operates a grouping between different subgroups of the clinical theory of early dementia, which he brings together around the same fundamental disorder. In doing so, he does something more than simply juxtaposing facts but also something less than von Ehrenfels, isolating the distinctive features of the Gestalt. There is clustering around the fundamental disorder of dissociation. It is an organic and hereditary fracture, located in the brain, causing secondary attributes such as disjunction, i.e. relaxation of the frame of thought and its consequence autism, an attitude of self-isolation. Unlike the Korsakoff syndrome, which only concerns the symptomatology, Bleuler gathers many symptoms, but it also makes them derive from aetiology. By assigning the same cause to the various symptoms collected, no totality (*holon)* is needed.

§ 2. The conclusion from Bleuler's theory that there are only facts subject to an empiricist method could be certainly justified for the most part, regarding affective and cognitive development of the will, the affectivity, memory and motor-skills. The testimony of H. Claude and Minkowski, as well as the presentations by Bleuler himself of his own theory, show, however, that a multifaceted approach, open to diversity, is implicitly contained in the Bleulerian's theoretical treatment of schizophrenia. Autism and contact with the environment are already isolated in Bleuler.

Some imbalance between the symptomatology and the aetiology, between the regrouping of the morbid entities specific to schizophrenia and the explanation of the cause is possible. The empiricist psychiatrist sees a patient as he should be and not as he is, because the empiricist perception is an analytical perception, of a subject accustomed to paying attention to a particular aspect in his field.

§ 3. Jaspers and Minkowski were focusing on their side on explaining the relevant characteristics of the contact with the schizophrenic environment. The patient's experience of physician-patient contact and, an autistic presence in the world of schizophrenia, will be two explanatory directions.

Jaspers presents in correlation with a project of "description of determined psychic phenomena", which is a first attempt to weld psychiatry and phenomenology. Among the psychic peculiarities and the way in which something is present in the consciousness of a patient, it is important to deal only with *what is really inner life related experience*. There is, however, a limit for Jaspers, the limit against which we must question Minkowski's phenomenology, it is the questionable border in a broader sense, between *a penetrable psychic life* meaning a common experience, which we can feel and, a *not penetrable* one, meaning an experience beyond our ability to feel it. What escapes the common lived experience, for Jaspers, should concern the causal explanation.

§ 4. In many ways Minkowski represents a pioneer, who knew how to explore this world from which the classical notion of disease is eradicated, to give way to forms and contents of life experience. It is there that an opposition between common life forms (doctor-patient) and singular life forms (patient-world) find place. If we stop there, there is an anthropological universe that the phenomenologist describes.

§ 5. To place this description in a general study of method, would replace a set of experimental experiences, a theory of knowledge, which would require the re-examination of forms of out-of-the-ordinary experience, from the perspective of illness. This is the reason why we have isolated a study concerning different methods of knowledge, in order to compare and describe the doctor-patient relationship, simply as a constitution of an experience (disinterest, indifference) and decomposition of

the vital contact, while accepting in advance that an analysis of this contact in terms of ill vital function is possible, even acceptable.

§6. Finally we have also isolated a fully phenomenological perspective, which concerns a philosophical study of *real-life* forms, which escape the limits of the experiments made by the physician, whose study of the case of a *schizophrenic melancholy* of Minkowski is an important achievement. In this case, the patient constitutes the experiences described through the articulations between the intentional space-time structure and the various essential forms in correlation with the contents.

There was immediately a difficulty, which we encountered at the end of the study of the schizophrenic world, I mean the problematic relation between the world of the patient and the disease, which consequences it is now important to consider. The introduction of the explanation of the phenomenological compensation, which is a consequence of the schizophrenic process (vital function), in correlation with the formation of the schizophrenic constitution of the world, poses various problems, which we keep for the last chapter of this book.

In our essay we did not aim assessing the phenomenological philosophical perspective of Minkowski, as compared to later work done in this direction. We just proposed an original method of knowledge concerning two distinct relationships, that of the doctor-patient and patient-world, and we propose to accept Minkowski's work as a full-fledged and overall very promising phenomenological perspective.

POSTSCRIPT

Indifference as permanent disposition or clinical natural disposition has been challenged as natural disposition in our work, following the footsteps of the early phenomenological description of the doctor-patient relation found in the work of the psychiatrist and philosopher Eugen Minkowski. Our hypothesis was that there is deep and important significance of a certain type of knowledge, which could be categorised as an ethical descriptive knowledge of the lack of sensibility of the psychotic patient, toward what we usually understand by the words empathy, or in Minkowski's words a lack of affective contact with others. In describing the manner in which schizophrenic patients suffer from indifference as main autistic symptom we assumed that the explanation by the origin should not be taken as the main normative source of understanding of the ethical disposition concerned by the meaning of indifference as human attitude. There can be a set of conditions related to the origin of the affective trouble which are relevant and should be considered as the primary dissociative disposition. As social, cultural, or practical economic conditions can enter as condition in an explanation on the origin of some practical normative values, primary symptom should can be recognized as scientifically valid explanation of the origin of schizophrenia, but because this central causal explanation is based on the origins of the values and norms on the very human level of ethical values, these conditions doesn't suffice for the complete understanding of the normative trouble related to indifference, which has a theoretical ethical and normative status which is not reducible to these soles instrumental conditions. As for any ethical enquiry on human values and virtues the

tentative to naturalise these values and virtues can at best deliver a possible explanation but it should not be seen as part of an inclusive factor, but on the contrary ethical perspectives on mental health should be seen as theoretically autonomous. The autonomy of the realm of ethical values can be based on a phenomenological description of the world of the patient and on a refined understanding of the patient-medical doctor empathy based relation, it can also be based on a virtue epistemological perspective to some extent, but to more modest proportions, as mental health as economic exploitation, or hate speech is not per se an ethical wrong based on knowledge virtues, but on ethics and virtues at large. Nevertheless, there should be a theoretical ethical entry point to schizophrenia, related to 1) some truth value of the reasoning and the possible logical structure of judgements on the discourse of mentally ill patients, 2) a serious consideration should be taken on the epistemic cognitive value of knowledge gathered from patients relatives' discourse and based on the testimony of patients relatives, 3) there should be an epistemic analysis on the value of comparative case analysis related to the anamnesis of a set of patients, considered as sharing similar characteristics, etc. Efforts have been carried out in these directions by L. Binswanger's phenomenology. These classical phenomenological perspectives of early 20th Century, rely on existential descriptions of the patients' deformed perception of reality, and as such take seriously the ethical practical and inclusive perspective instead of basing their understanding on an ethically thin theoretical perspective based on virtue ethics, which to some important extend does not need to be considered as inclusively ethical, because it does not rely on practical ethical conditions only. As manner of a postscript, we would like to try to sketch some of these virtue ethical conditions which in our framework of mentally disabled persons have some common ground with epistemic vices related to the vice of indifference.

Aristotelian taxonomy of virtues and vices, represent indifference as vice by default of the virtue of impartiality, typically an intellectual quality of the mind, correlative to the vice by excess of partiality, virtue being the middle position between two excesses (Engel, p.299). But as we saw, there could be a situation where most of the virtues associated traditionally with the balanced use of intelligence, except the one just mentioned indifference as lack of impartiality may exist in theory, as in the case of a genius autistic personality. It is more likely that a group of associated character traits by default may as well be present as:

Vices by default	[intellectual] virtues	Vices by excess
indifference	Impartiality	partiality
narrowness	Sobriety	debauchery
Contempt of self	Humility	Pride
Cowardice	Courage	temerity
Dispersion	Relevance	obsession
Laxity	Reflexive equilibrium	rigidity

Indifference could also be seen as negative counterpart of three levels related distribution of vices inherent to either the initial motivation of an individual, the application of the motivation or the assessment ex post of the process of constituting an enquiry, whereby the intellectual component is not an intellectual virtue par excellence, as for Engel (*Les vices du savoir*, Agone, 2019, p.302) and does not merit a central or fundamental role within traditional epistemology, but an ancillary role (Baehr, J. *The Inquiring Mind*, OUP, 2011). Nevertheless, the impartial openness, which is considered a central complementary intellectual role with regards to epistemology of virtues, is the assessment result of a process of enquiry which has as initial motivation the astonishment, and as application of the motivation scruple. It is not difficult to describe the vices associated with them: closure and dogmatism are contrary of impartial openness, on the level of the assessment, lack of scruple in the realization of the enquiry, and indifference as the very first motivating

kick off, expected in the astonishment trait of learning and pedagogical attitudes. We find the entire process of the motivating first step of astonishment in the process of leaving the indifference for the unknown by Legrand and Cavalli:

> [For Legrand] that which arouses astonishment is an unknown thing, in the face of which one experiences "first of all a feeling of rout and helplessness". In a second step, from this encounter with an unknown thing, a question will arise, uncovering an "obstacle" and calling for explanations. The astonishment and the need for explanations mark in this sense a rupture, which is experienced as "a flaw in the usual universe". For this reason, in astonishment "we feel foreign in the universe which envelops us" and we experience "a momentary insufficiency" allowing us to experience "our embodied spirituality". But, "true astonishment", that is to say "the one who succeeds to surprise and […] to the pure passivity of the aggression suffered", is also characterized by a desire for enquiry. More precisely, in the astonishment, "the recognized insufficiency" is dominated by "the research/enquiry enterprise"[161].

If we take observation as the method of effectuation of the enquiry, the initial motivation should be curiosity, the model of assessment of which being objectivity. In correlation to these virtues, the negative side would then be associated with the following vices: lack of curiosity, also known as obtuse character and lack of attention. Intellectual weakness is part of the negative result in the assessment, i.e. the lack of objectivity, which is related to poor observation dispositions, and could appear as

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[161] Legrand L., *Pour une pédagogie de l'étonnement*, Neuchâtel, Delachaux et Niestlé, 1960, p. 65, 86, 87. Our translation of the quote from Cavalli: Cavalli, Chiara (2015) : « Réflexions sur l'étonnement et l'enseignement de la philosophie au pré-universitaire », *Éducation et socialisation*, 39, 2015, accessed 11 February 2020, https://doi.org/10.4000/edso.1431

insensibility to details, but also of taking one's desires for realities, be prone to prejudice, lack of care, conformism (Zagzebski, L. *Virtues of the Mind,* CUP, 1996).

Either from the perspective of the virtuous character as middle ground between two states of excess or in the perspective of a reflective analysis, or anamnesis of the particular momentum of stepping out of indifference into surprise and a process of enquiry, we should not say that madness is another kind of reason. There could be indeed a temptation for doing so, as Engel rightly explains. Foucault's structural approach is criticized without complacency for its lack of precision vis-à-vis what should be understood by "reason" or "madness":

> "Madness [for Foucault] becomes one of the very forms of reason. It integrates into it, constituting either one of its secret forces, or one of the moments of its manifestation, or a paradoxical form in which it can become aware of itself. In any case, madness only holds meaning and value in the very field of reason. [Foucault notes when speaking of Montaigne]
> Foucault's conception is false from side to side. For him, as for Heidegger, reason is only the name of an enterprise of appropriation of the cosmos by man, and madness is only the name that reason gives to its double, or its "measure": madness is madness only in relation to reason, and reason is reason only in so far as it sees madness as its double. This relativistic conception implies that there is only a difference in degree between madness and reason, and that there is neither standard of rationality, nor cognitive values that reason can embody, and consequently no set of principles to which one could be sensitive [...][162]"

[162] Engel, P. « Bêtise, sottise et esprits faux », *Les Vices du savoir. Essai d'éthique intellectuelle*, p. 463, op. cit.

Our approach, based on the careful documentation on Minkowski's method, should not be seen as embracing fully the philosophy of the mind of Bergson, nor of Minkowski, as we tried to focus what methodological incentives brought the French philosopher and psychiatrist to his original attempt, to his research on an anthropological description of the patient's world, without reducing it to the framework of Bergsonian philosophy of the mind, where we are all not only "creatures of habit and automatism, but also organisms involved in a creative evolution of becoming", *élan vital* or "creative evolution" which might ultimately run the risk of asking the question: How can we enlarge and go beyond the frames of knowledge available to us[163]", without fully answering the question otherwise than creating out of a description of the evolution of the life as genealogy of from where we come, the very conditions of where we aim for, i. e. falling in the cognitive bias of reducing the question of the ethical values to the question of the origins or to a non-cognitive, non-dualist perspective, that of the experience, lived from within by the intelligent body, as with Merleau-Ponty, enlarging the theory of the Gestalt to a philosophy of the embodiment, which affirms the possibility of a second type of rationality, facing the other form, namely reason based on computational method, reason based on a list of conditions or standards, not only on affective or perceptual sensibility.

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[163] Ansell-Pearson, Keith. "On Bergson's Reformation of Philosophy". *Journal of French and Francophone Philosophy*, [S.l.], v. 24, n. 2, p. 84-105, dec. 2016. ISSN 2155-1162. Available at: <https://jffp.pitt.edu/ojs/index.php/jffp/article/view/772/734>. Date accessed: 17 feb. 2020. doi:https://doi.org/10.5195/jffp.2016.772.

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