Prodromal States and Psychosis: Towards a Theory of "Mind" that would account for pre-psychotic and psychotic states

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Background:

Psychosis has been a privileged subject of study for psychiatry. It has been an elusive subject, one that has resisted centuries of attempts to build a conceptual framework sufficiently robust to explain it.

Traditionally, psychosis has been portrayed as a mental disorder resulting from a defect in/ loss of Rationality expressed mainly and manifested by Reality Distortion (hallucinations and delusions), Thought Disorder and Lack of Insight. Such a conceptualisation has been targeted by social constructionists, anti-psychiatrists and post-structuralists alike who have argued that the above notions are just by-products of hegemonic discursive practices.

A relentless pursuit of ultimate causes looked for in biological sites (genes, brain structures, neuronal networks, neurotransmitters etc), psychological theories and socio-demographic data has proved inconclusive to say the least.

In recent years, we have witnessed a threefold development in psychiatry vis-à-vis the problem of psychosis:

a) The ideal of creating a bio-psycho-social paradigm within which previously opposing views will be integrated. At present, the "stress- vulnerability" model first proposed by Joseph Zubin (Reference 1) appears to be gaining ground over the other models as a good representative of the above ideal;
b) An increased interest in the study of the phenomena that precede the onset of psychosis (ie prodromal phase). In a historical article published in 1995, Berrios suggested that the "pre-delusional state has not been well studied... although important clinical

phenomenon in that it may contain information concerning the early brain changes that assist the genesis of delusions."

c) The development of special services specifically targeting the early detection and treatment of psychosis with a hope of improving prognosis, recovery and relapse rates.

This paper focuses on the work of three French psychiatrists that reserved a special place for the prodromal phase in their conceptualisations of psychosis. Although just an outline of their respective positions, it points towards a possibility of reopening currently closed doors in our perceptions of psychosis with a hope of contributing to the ongoing debates on "Mind", "Brain", "Normality", "Psychosis", "Nature", "Nurture" and "the Stuff of Reality." The objective of this paper however is not to offer a complete summary of three different conceptualisations but to identify a certain thread of transformations within a conceptual development.It starts with C.Blondel's neutral position vis-a-vis the currently still ongoing psychogenic/organogenic divide in the aetiology of psychosis.It then continues with G.de Clerambault's concept of mental automatism,considered to be of causal significance to the pathogenesis of psychosis and presented as evidence for the biological origin of psychotic phenomena and against the ideogenic theories of the time.Finally it reaches a certainly provisional and contested conclusion in Lacan, who by turning Clerambault's argument on its head, proposes a psychogenic theory of psychosis which is not ideogenic.

Charles Blondel

Charles Blondel's view of the human mind can be described as the view of a social constructionist, avant la Lettre. His main influences were the sociological theory of Emile Durkheim, the metaphysics of Henri Bergson and Levy-Brull's study of Primitive Societies. Henri Wallon describes Blondel's view of the individual as a point of intersection between the purely social and the purely psychological. Blondel's originality was to subvert traditional philosophical formulations of that era which associated notions as "consciousness" and "free will" with individuality by boldly stating that these are socially determined by collective representations (ref: 22).

Gilson stated that for Blondel, normal consciousness is a cluster of pure psychological data bound together in terms of social frames (Reference 2). Blondel's most important book, *La Conscience Morbide* (The Morbid Consciousness, 1914) is where he makes the first systematised exposition of his ideas and an attempt to answer the question "What differentiates normal from morbid (ie psychotic) consciousness?" To understand the answer that he proposed, we will outline his main thesis as presented in an article also entitled Morbid Consciousness which summarises the ideas developed in his book (Reference 3).

1. "The collective (society) expresses itself in the individual mind by systems of ideas, rules and imperatives which were not brought to birth there merely by the environment in which the individual mind moves, but which came to it ready-made and moreover, with all the *rigidity imparted by their universalisation*." This is the position he adopts from Emile Durkheim. Blondel concludes that "*consciousness is determined by laws acting from without* and that although society does not endow man with reason, his potential reason becomes actual only as a function of a society of which he is a part."

2. The previous thesis does not exhaust the field of *total consciousness* since it only describes what Blondel names *clear consciousness* : " clear consciousness does not enable us to grasp immediate psychological reality. The latter underlies the former". This is the position he adopts from Henri Bergson. Blondel concludes that both Durkheim and Bergson for very different reasons, and with diverging aims, inform psychologists of *the influence exercised on the play of consciousness by society and language*.

3. If clear consciousness is determined by societal and linguistic laws "that create *a homogenous space* in which all objects perceived are placed not as mere objects of our personal perception but as *objects of all possible perceptions,* necessary and valid for others as well as ourselves," *what is a purely psychological field* (that clear consciousness cannot grasp) *constituted by*? Blondel's answer is: coenesthesia* – the realm of the private and the ineffable.(footnote1)

4. In the normal mind: " the underlying coenesthesia carries the consciousness and clear consciousness allows itself to be carried by coenesthesia without attempting to know it otherwise than in a roundabout way." Of this total consciousness, we gain a fleeting experience, but since the mental events of total consciousness are not the stuff of intelligence or action, the normal individual is always ready to correct and dismiss them. "*Whatever cannot find a place within the universe of clear consciousness settles down into the subconscious where lived rather than felt or known, it finds its seat*."

5. The crucial question that arises is: "what happens / does not happen in the morbid mind that does not happen/ happens in the normal mind, which prevents the former from submitting to the limitations set by the group with the ease and spontaneity brought to the task by the latter? Since the language of the insane is unintelligible to us, it must be because the morbid mind is in a rebellion against the conceptual system utilised by normal consciousness."

6. His answer to the above question takes issue with both Janet and his psychogenic theory that the disturbances are due to loss of reality testing and neurophysiological theories like Dupre's that disturbances such as the derealisation syndrome are caused by coenesthetic pathologies. Instead, he proposes a "breakdown" in the function of the separation between the contents of clear consciousness and the coenesthetic mass that underlies them. He takes a neutral position with regard to the origin of this breakdown and whether it is due to neurophysiological or psychological processes.

7. So what exactly happens, according to Blondel in the stages which precede the onset of hallucinations, the formation of delusions and the linguistic disturbances? He points to classical descriptions of a stage of "mystification and anxiety" which confronts the patient within the irreducible heterogeneity of his present and past experience. The patient "*loses himself in a futile search for a discursive system that will do justice to the new experience of total consciousness for which there is no equivalent in the collective representations of clear consciousness*." Contra Janet the patient does not suffer from a reality deficit, but a deadly surplus of reality produced by the mere fact that coenesthetic

data dominate the attention of his (now not so clear) consciousness. *The translation inevitably fails because there is no coenesthetic language to translate from, and not because of a pathology in coenesthesia per se, as Dupre professed. The onset and development of psychosis proper is nothing but a continuously unsuccessful attempt to counteract this initial failure.*

Gaetan de Clerambault

The name of Gaetan de Clerambault, one of the most prominent figures of French psychiatry in the twentieth century is mainly quoted in the Anglo-Saxon world in relation to his description of erotomanic delusions. However, his major contribution to psychiatry is the concept of mental automatism (**MA**) which he considered to be *the primum movens of psychosis*.

Stressing the *athematic, mechanical* and *affectively neutral character of the phenomena* of **MA** which *precedes the ideational themes of delusions and auditory hallucinations* in a causal as well as a chronological sense, he opposed the ideogenic theories of psychotic aetiopathogeny . Having presented the idea that automatisms play a causal role in the formation of delusions in chronic hallucinatory psychoses as early as 1909, he gradually developed the concept and expanded the phenomena described by it to such an extent that by 1933, even pure delusional disorders were attributed to a form of mental automatism (Reference 4). Although in contemporary terms, some of the phenomena of mental automatism would be described as prodromal symptoms, whilst others are symptoms of psychosis proper and a third category would not find its place in contemporary psychiatric semeiologies, Clerambault considered these phenomena to be the nuclear clinical symptoms of a psychotic process reflecting the disruptions / overriding of normal cortical / subcortical neuronal networks by “neoplastic” or “parasitic” ones (Reference 4).

It is beyond the scope and intentions of this paper to give a description and classification of the phenomena considered by Clerambault to constitute symptoms of **MA** (for this, see Reference 4). What will instead be attempted is a summary of his views on the relation

between MA and the rest of the psychotic phenomena as well as the role played by MA in the development of the psychotic process.

1. The automatic phenomena appear as three different kinds : verbal, sensory and motor. They can appear initially as isolated phenomena, usually verbal and later expand to the sensory and motor modality, or sometimes they can appear all together in the syndrome of triple automatism (Reference 5).

2. All **MAs** are initially athematic, affectively neutral and mechanical. In their most elementary form, they constitute a syndrome of "*minor automatism*" consisting of purely verbal phenomena like syllabic sets, strings of words, nonsensical utterances or purely psychic phenomena like abstract intentions and impulses or as pauses in abstract thinking and silent displays of memories. The common foundation of *all these phenomena* is a *basic abnormality in the process of elementary thinking*. The thinking process is affected in its undifferentiated aspects, that is in both the abstract and fragmentary verbal forms which represent the initial stages of elementary thinking. *They are of a mechanical nature, exactly like the disturbances that are observed in neurological conditions.*

3. MA phenomena are present in every psychotic illness (with the exception of interpretative delusions, ie delusional disorders, as was his view prior to 1933) but they are elicited in the initial athematic stage in psychoses of the insidious type. *They are the source of thematic hallucinations, delusions and affective disturbances which are secondary, psychogenic and mostly non-morbid reactions to the intrusive character of automatic phenomena.*

4. *The themes of the delusions develop in an attempt to "interpret" the automatic phenomena or borrowing from pre-existing ideas of the afflicted individual therefore they can be determined by characterological traits and preoccupations of the afflicted subject. Nevertheless, the themes of delusions do not have a direct link with a morbid process in the brain and therefore have no prognostic value.* The degree of systematisation is proportional to an individual's intelligence.

5. **MAs** do not appear in psychosis only, but in normal and subnormal conditions as well, like sleep deprivation, intoxication and euphoria. However, in these cases, they are transient phenomena whereas in psychosis they are persistent and progressive which is considered by Clerambault to be evidence of neoplastic processes in the neuronal networks.

6. *Due to the essentially neurological nature of the psychotic process of multifactor aetiology, the latency period between the time of injury and the onset of psychotic symptoms will determine the type of clinical presentation at the onset of illness.* (Extrapolation from the Law of Ribot- the longer the latency period, the more subtle the psychotic symptoms) : a) subtle MA slowly developing into systematised delusions. b) hallucinations are more prominent with intermediary latency. c) very short latencies result in motor and/or intellectual impairments.

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Jacques Lacan

If we are to believe Lacan's biographer Elizabeth Roudinesco, Lacan's relationship with Clerambault, who was his teacher, was an ambivalent one. At least once they ended up accusing each other of plagiarism (Reference 6). Nevertheless, in 1932 in his dissertation on paranoia, Lacan recognises Clerambault as his "only master in psychiatry." From then onwards, Lacan would get increasingly involved in psychoanalysis and the study of Freudian texts, which would result in a laborious re-working of Freud's second topography (Id, Ego, Superego) to a *theory that suggests that psychic as well as social reality is constituted by the knotting of three different registers, the Real, the Imaginary and the Symbolic*. The relative emphasis that Lacan placed on the *Symbolic register* is due to the fact that he considered it to be the *fundamental axis of the system – unconscious* as it becomes clear in his dictum: " the unconscious is structured as language" – a controversial notion and strictly speaking not a

Freudian one. He defended his position by pointing out that what Freud indicated as the main mechanisms of the unconscious operation ie *condensation and displacement* are nothing more than the linguistic tropes of *metaphor and metonymy*. At the same time, the term *Symbolic* refers to a pre-established order in which social reality is organised (the order of geneologies and kinship relations). This dual aspect of the Symbolic can be shown in a paradigmatic way in the tragedy of Oedipus Rex where, after the realisation that the King has married his own mother, the chorus summarises the tragic dimension of his fate: " your mother is your wife and your children are your siblings." The Symbolic, ie language, kinship relations, and the whole reality organised by them collapses.

In his 1955-1956 seminar,, Lacan hypothesises a symbolic defect in psychosis and tries to identify a psychic mechanism that would account for it. He acknowledges the merits of McAlpine's critique of Freud's analysis of the Schreber case**(footnote 2) but suggests that there is a conceptual framework that improves them both. In the same seminar, Lacan mentions both Clerambault and Blondel making positive comments about their respective contributions on the understanding of psychosis, but at the same time he rejects both their respective conceptual frameworks and their hypotheses on the mechanisms underpinning psychotic phenomena. Lacan points out that Clerambault's emphasis on the *anideic and mechanical nature of the elementary phenomena is the key that opens the door to a space where an improved conceptual articulation of the phenomenology of psychotic experience becomes possible and a novel pathogenetic mechanism can be proposed*. Paying his compliments to Clerambault for his critique of the ideogenic model, Lacan nevertheless refuses to accept the "neurological" language that Clerambault uses to support his argument for the organic origin of the phenomena. It is far more fruitful, he says, to consider them as pure manifestations of the signifier (ie the Symbolic). Furthermore, he criticises Clerambault for considering the delusions as secondary, ideogenic responses to the automatic phenomena, on grounds that the structuration of delusions appears to point towards a common mechanism at play for both the phenomena and the delusions. This mechanism depends on certain fundamental signifiers that organise the Symbolic in its linguistic and social dimensions but are missing in psychosis.

Lacan's references to Blondel are more scarce, in fact he only mentions him twice: once to acknowledge the value of Blondel's observation that the language of psychopathology defies understanding, and for a second time when he proposes to abandon Blondel's (and Bergson's) idea that there is some *irreducible reality* in the lived experience of the psychotic *that cannot be accounted for by his linguistic productions.*

This appraisal is a little bit unfair on Blondel, since Lacan's concept of the Real as "the impossible to speak of" owes something to Blondel's "ineffable coenesthesia" and Lacan's view of the Symbolic as a structure essentially external in which the psychotic subject fails to inscribe itself, is symmetrical to Blondel's who considered language to be the frame of collective representations that is imposed from without. *The difference is that whilst Blondel made broad conceptualisations of human reality in terms of consciousness, Lacan attempted to construct a framework more detailed than Blondel's in terms of the unconscious*.

There is also of course a radical difference in Lacan and Blondel's respective views of language:

Whilst for Blondel language is a rigid but transparent structure, which organises *clear consciousness* and is a *normally unproblematic medium of human communication within the social field*, for Lacan, language is the *fundamental dimension of the unconscious, hence not at all "transparent" and certainly a vehicle of all sorts of miscommunications, not only in the field of human relations, but also in the field that opens up every time someone tries to "communicate" something about himself to himself. This is the field of the "Other" – the "Other" of language and its irreducible but normally unacknowledged dimension of the Symbolic*. In relation to psychosis, Lacan postulates a radical peculiarity in the relationship between a psychotic subject and the Other of language, a peculiarity that, athough it remains unacknowledged, precedes the onset of psychosis and plays a causal role in the genesis of psychotic phenomenology. In the text that follows, we will attempt an extremely brief chrono-logical presentation of the construction and development of Lacan's psychoanalytic theory of psychosis.

1. In his 1955-1956 seminar, Lacan asks the question: *Is there a fundamental difference between psychosis and neurosis?* He starts from an observation from the experience of the psychoanalytic clinic where at times after a few weeks or months of analysis, some patients develop psychotic phenomena for the first time. Since in the psychoanalytic exchange nothing is involved other than exchange of words should we assume that the psychosis is triggered by the fact that the psychoanalytic condition asks too much of them when it asks them to speak freely? Lacan believes that there must be something fundamentally defective in the Symbolic function of these individuals (for a different view, where it is hinted that there is a "touch of madness" in psychoanalysts that drives people mad – see Reference 23).

2. Pointing out the fact that there is *at least one that does not suffer from the Oedipus complex, Oedipus himself*, Lacan concludes that *the Oedipus complex is not a universal but rather a universal condition of culture.* " If Freud ended up constructing a myth of totems and taboos, it is because for him *the Law is there ab origine*. Human sexuality must realise itself through it and by means of it. *This fundamental law is the law of Symbolisation*."

3. Since the mechanism of repression is synonymous with the Oedipal problematics and neurotic conditions, there must be a distinct mechanism for psychosis which would exclude these problematics. The mechanism of "Verwerfung" which is a term that Freud had used to describe a certain hallucinatory phenomenon in the Wolfman's case as "the return from without of something that has been rejected within" is taken by Lacan to be the mechanism operative in psychosis responsible for the hallucinations and the delusion formations.

   Lacan translates "Verwerfung" as "forclusion" (which has been translated "foreclosure" in English) and suggests that *what is foreclosed in psychosis as an " original within" is a body of signifiers that is foundational of human culture.* There is no need to go back to the history of mankind, says Lacan, to hypothesise a moment before which human communities did not have a signifier for "Father". It is sufficient to observe that certain

people lack signifiers associated with "Father" today. *This has major consequences for their signification system.*

4. The triggering of psychosis is due to an effect of "*interpellation" from the field of the "Other" to which the pre-psychotic subject cannot respond due to the lack of signifiers that would make an "answer" possible.*

5. *The phenomena of MA that Clerambault took as evidence of the organic aetiopathogeny of psychosis are effects of the Subject's fundamental relationship of exteriority to these signifiers* (Reference 7, p.250) *and furthermore, so are the delusions.*

6. After the *"collision*" with the *"inassimilable" signifier* that introduces *an order different to the natural order,* ie the order of generations and kinship relations, the psychotic subject needs to reconstitute that order. This is exactly what Schreber did with his elaborate delusional system. Not having had himself inserted into *the universal condition of culture* through a "son" to a "father" relationship and its associated dialectics, Schreber finds a *particular solution by reconstructing the universe,* where he finds a place in reconciliation with a destiny of *deferred inevitability in relation to God*. There he finds an equilibrium and an aim that he articulates in the opening paragraph of the "open letter to Professor Flechsig" which opens his memoirs: "I do not harbour any personal grievance against any person. My aim is solely to further knowledge of truth in a vital field, that of religion" (Reference 8).

7. In 1958, Lacan published a synthetic account of his views on psychosis in the article " On a question preliminary to any possible treatment of psychosis" (Reference 6 & 9) in which he calls for a revision of psychoanalytic theory and technique for the treatment of psychosis (Reference 9) and presents " the Name of the Father" as a prototypical metaphor to which all metaphor implicitly pay respects. In his 1975-1976 seminar "Sinthome" (an archaic writing for "Symptom" which sounds like "Holy Man" in French), he presents a theory and a "reading" of James Joyce's texts through which he claims that Joyce was a psychotic subject that accomplished a successful therapeutic

analysis by writing books not meant to be read and *establishing a Name for himself exactly where he lacked one: the "Other" of Language* (Reference 11).

QUESTIONS AND INCONCLUSIONS

Lacan's theoretical work has created tensions and arguments and has been contested in France and elsewhere. Whatever its merit might be for the clinic of psychosis, it has been largely ignored by the world of Anglo-Saxon psychiatry. However, outside this world, people have tried and are still trying to work with it. Either by attempting to critically revise it (Reference 12) or elucidate it (Reference 13 & 14) advance it (Reference 15 & 16) or link it with the other schools of psychoanalytic theory and research (ref 24).

At present, from a totally different premise, a revised cognitivism is getting increasingly interested in the question of metaphor in the domain of mathematics (Reference 17), philosophy and neuroscience (Reference 18) and cognitive linguistics (Reference 19). Will this new line of enquiry add on, improve upon, correct or merely catch up with the Lacanian question? Or is it a totally different question that they are asking?

The relatively new school of neuropsychoanalysis currently attempts to inscribe itself into the field of brain research. Will "Brain" prove to be the signifier that will lead to an integration of the different psychoanalytic schools where "Mind" used to lead to divisions?

In any case, from the field of brain research and genetic studies, a relatively lonely voice has raised the question "Is schizophrenia the price that Homo Sapiens pays for language?" (Reference 20). He believes that that the answer probably lies with the sex chromosomes. Is biology going to be the site where a final elucidation of the subject of psychosis is already illuminating us like "the light at the end of the tunnel"? Or is it just another "hallucination" created by a pre-determined type of predicate logic attributed to the genes? It is important to recognise that from the domain of biology, a certain "vision" has already made its apparition in a dream of "Consilience" (Reference 21). *One day, everything will make sense from the*

sub-atomic to the macro-cosmic, in a unified science. Did Schreber have "science" in mind when he wrote about "religion"? One should not forget that the aforementioned vision has already almost materialised in the field of quantum mechanics and nobody can make heads or tails (out) of it. Even Einstein refused to per/con/re-ceive God as a Gambler and preferred to look elsewhere. Is "God does not deceive" the one and only article of faith in science?

The questions proliferate ad infinitum. Whether psychiatry will ever have anything to do with them is *another* question.

Perhaps the most balanced view belongs to the pharmaceutical companies that, having identified the fact that amongst all this and the demand for a cure "the psychiatrist is like a fly on the wall", do whatever they can to offer comfort and consolation: not only pharmaca for the patients but educational supplements for their doctors too. They are welcomed with a sense of relief: "every little helps" – a phrase in which, finally, an all powerful consensus is being articulated: Charity Collectors and Managers of The Super-Market peacefully co-exist under its roof.

Footnotes:

1) Coenesthesia, a term already found in Aristotle, which can be translated as integration of all sensory information or as the common ground where all sensory information finds its support, was considered to be at the root of memory and imagination and the depository of the faculty of judgement (Reference 4). The term acquired a special status in the conceptual framework of late 19th and early 20th psychiatry, and three different "definitions" are combined:

a) The general affective tone;
b) A subjectivity (identity) that is directly or somatically experienced;
c) A neurological construct hypothesised behind the integration of all sensory information. According to Dupre, it refers to stable and personalised patterns of proprioceptive information providing the experience and background of human consciousness (Reference2)

The same author coined the term "coenesthesiopathy"which he considered as describing in the domain of the vegetative nervous system what the term hallucination describes in the domain of the sensorium. He used it to explain phenomena such as depersonalisation and derealisation (Reference 4).

2)Schreber was a German judge who in 1833 was promoted to the Superior County Court at Dresden at a relatively young age. A few weeks later, he got admitted to the psychiatric clinic of the University of Leipzig under the care of Prof Flechsig

who had treated him previously in 1884 for "severe hypochondriasis".

Immediately after his admission to hospital in Leipzig, Schreber developed severe psychotic symptoms and persecutory delusions centered around the person of Flechsig. In June 1894, he was transferred to the Sonnestein asylum near Dresden where he stayed for almost 9 years (Reference 8).

In September 1902, he was allowed to discharge himself from the asylum, by the Court of Appeal, despite the fact that he remained delusional and entirely convinced that his body was being transformed into a woman's by God who would re-create humankind through their union.

Following the publication of Schreber's memoirs, Freud would publish an analysis of the case in 1911 (Reference 10) where he attempted to give an explanatory account of the psychotic phenomena that are described in the memoirs in terms of Oedipal conflict (repressed homosexual feelings towards his father / Flechsig and fear of castration) and an additional psychic mechanism peculiar to paranoia , the mechanism of projection. Freud's paper became a classic and was considered to be the ultimate answer as a psychoanalytic theory of psychosis for many years, until McAlpine and Hunter in 1953 published a translation of the memoirs in English with a critique of Freud's analysis based on both clinical observation of psychotic patients (where interpretations of repressed homosexual wishes led to increased paranoia) and the fact that Freud's views gave a very incomplete account of Schreber's total symptomatology. McAlpine and Hunter proposed an alternative analysis of the case based on pre-Oedipal fantasies of procreation and ambisexuality whereas the transference to Flechsig is incidental and not libidinally charged (Reference 8).

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