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PERSONALITY AND PSYCHOPATHOLOGY

INTRODUCTION

In the international Congress held in Pisa (November, December 1989) the theme “Personality and Psychopathology” was developed along three main directions. The first of them was organized around the analysis of the notion of “personality”, both with a descriptive profile concerning its current use in Psychiatry and with propositive and prescriptive accents.

The second direction concerned the debate on the nosographical ground, mostly about the relationship between personality and psychosis, and therefore around the concept of “borderline syndrome”. Lastly, a large psychopathological and psychodynamical reflection was developed on the question of psychotic developments from premorbid *nuclei* of personality: either in the traditional sense of “characterogenous” developments, or in the sense related to the theory of Basic-symptoms and so using a quite different concept of “personality”, here intended as a constellation of disturbing experiences which progresses, through the mediation of coping mechanisms, to the first-rank psychotic area.

THE NOTION OF “PERSONALITY” AND ITS MEANING FOR PSYCHIATRY

Sergio Moravia, asked to deliver the opening lecture as guest-philosopher, did interpret his epistemological task reacting to those trends which would like to exclude the *homo persona* from the domain of scientific knowledge as a source of “not nomologizable subjectivity”. He affirmed that the unavoidable object of any psychopathological enquiry must be that set of subjective experiences that different theoretical approaches, sometimes hastily, try to correlate with the anatomo-pathological substrata, the relational *milieu*, or the instinctual matrix. He consequently supported an empirical use of the concept of *persona*, which should represent a construction meant to designate the owner of psychic experience and to assign a central role to the individual, modal and self-reflective aspects of such experience. This operation, on the epistemological ground, is directed to oppose the two lines of the Psychiatry of this century, i. e. the mentalistic and physicalistic ones. “In each psychopathological situation – says Moravia – there is a *homo persona* who is suffering”. Such a statement stresses the hermeneutical-idiographical inclination of psychopathological research and of psychotherapeutical practice. Hence the proposal (which will be discussed) of defining the psychiatric function as the “support of those who can’t make it alone”. The theoretical background of such proposal is this: as actual existence is not the place of truth, but that of awareness, likewise psychotherapy is not the place of truth, but of the *Sorge*. Psychotherapy – Moravia prescribes from an anthropo-analytical point of view, in syntony with an influent hermeneutical current of Psychoanalysis – is the place for the production of an “horizon of meaningfulness” which organizes itself around the *persona*, defined as that polarity which synthesizes and semanticizes human vicissitudes. The task for psychiatric “care” is to help the

sufferer to reconstruct his own person, that is to re-establish the continuity of his “inner life history”.

The second propaedeutic contribution to the topic is Lorenzo Calvi’s “A phenomenological vision of Personality”. Catching phenomenologically someone’s personality implies the succession of two events: that of *eidetic intuition* and that of *praxical mimesis*. The first moment – as it is well known – consists in the bracketing of a whole set of perceptual data and preconceptions in order to give space to an intuition, presenting itself as the “seeing” in the other something essential of his way of being. The moment of the praxical mimesis consists in a sort of *koinonia*, and specifically in the intentional encounter with the other’s body transmitting its own movements, which consents to grasp the other empathically. The co-ordinates along which one can order, describe and communicate both eidetic vision and praxical mimesis (the eido-praxical synergism) may be – Calvi proposes – the three fundamental categories of the *Lebenswelt*, *i. e.* spatiality, temporality and corporeity.

Such a “vision” of personality extends its perceptual field further than language (certainly not to exclude it) to an observation – far from being ethological – of behaviours, up to an analysis of intentional movements. I would like to stress that such an instrument of understanding seems to belong to the pragmatic competence of any expert psychiatrist, more than to his own conceptual or formalized possessions; whereas the possibility to catch an essential quality of a patient’s being, *e. g.* in the concrete shape of his way to go through space, and the capacity to translate and transmit such intuition, constitute a powerful vehicle of therapy. Calvi states that the prominent personality traits represent disharmonic areas in the whole pattern of someone’s personality, so that what can be seen with such an eido-praxical “vision” is actually what exceeds or what lacks: “the unbalance constitutes the individuation of the personality”. If one shares the conviction that our comprehension of the world and of ourselves is substantially metaphorical (*i. e.* only partially conceptualizable within a *strong* system of knowledge and, on the contrary, representable through images arising immediately from our experience of space and body), then there emerges the practical meaning of the skill to catch these categories of the *Lebenswelt* constituting the salient aspects of a personality. Indeed, they may sign those areas of disequilibrium, more acute sensibility and vulnerability of the patient to which we can address our communicative and therapeutical efforts. It comes into my mind a sentence by Minkowski: “Metaphors, very close to life and to the human being, orient us in this task; at the same time they avoid the inconveniences of an excessive psychopathologism”. In synthesis, Calvi’s lecture too seems to be interpretable (maybe beyond the Author’s intentions) as an exhortation to give full details of the instruments for an anthropo-phenomenologically oriented psychotherapy, and if you want also as an answer to those who still consider the anthropo-phenomenological disciplines as a contemplative luxury.

THE NOSOGRAPHICAL PROBLEM OF THE BORDER-LINE

Under the nosographical point of view, the topic of the relationship between personality and psychosis was chiefly declined in the analysis of the ambiguous and discussed notion of *border-line*. As it is well known, the historical trajectory of the *border-line* area originated in relation with the schizophrenic syndromes, and later crossed at one side the area of personality disorders and at the other the interface between the latter and affective syndromes, as a sub-affective disorder, *i. e.* as the epiphenomenon on the temperamental ground of a thymic dis-regulation. One must say that the debate of the Congress has reflected the difficulty to use in an unequivocal way the *border-line* notion, which assumes different meanings and hardly to be cumulate in a common systems of knowledge. In fact, *border-line* may address to a way of functioning of a psychological organization, a syndrome, a personality disorder, a dynamic constellation, a prognostic classification, or it may represent an adjective which indicates the border between the two classic psychosis (Stone). From all this, we may deduce the extreme precariousness of the nosographical

task accomplished without the necessary mediation of the method and language of General Psychopathology. Psychopathology is the mediator between semeiology, at one side, and nosography and the aetio-pathogenetical disciplines, at the other. The field of psychopathological enquiry is the formulation of hypothetical construction on the basis of explicit psychopathological *organizers* which group together psychiatric symptoms in a constellation. It seems that Psychiatry without Psychopathology has lost its specific object (the experiential world of the patient and its modalities and contents), its subject (the experiencing and suffering patient) and lastly the language to communicate within the scientific *synousia*.

The use of the *disphoric mood* organizer is of psychopathological interest to gather the border-line area. In this connection, Gabrieli's studies on the nosographical autonomy of dysphoria as a third field of affective disorders and the consequent hypothesis to regiment border-line syndromes as those characterized by this mood are very pertinent. The lecture delivered by Bruno Callieri is partly within this theoretical framework, but it transcends it conceiving the border-line as the "pathology of the present time", definable with the anthropological categories of *inauthenticity*, "disturbed intersubjectivity" and disturbance of the capacity to establish a dialogic relationship.

PREMORBID NUCLEI OF THE PERSONALITY AND PSYCHIATRIC ILLNESS

The questions raised on this subject during the works of the Congress are many. The need was felt to order the topic of the relationship between personality and illness according to the categories of personality disorder as premorbid personality, as subclinical illness, as complication or outcome of the pathological process. The question of the influence of personality on the oncoming illness was also discussed: is there a *pathoplastic* or *aetiological* influence of personality?

Huber and Gross illustrated a synthesis of the Bonn School studies about the relationships between basic phenomena – as "asthenic deficit of the pre-morbid person (more than of the personality)" – and clinical symptoms of the illness. Huber also questioned if there exists one and only one premorbid personality of schizophrenia and Borgna expounded, in a veritable "archeology of contemporaneity", the *status quaestionis* about the same subject regarding melancholia (*Nulla melancholia sine typus melancholicus?*).

Ballerini and Rossi Monti have suggested the *sensitive Beziehungswahn* as a model of the relationship between personality and delusion.

I shall develop only few of these subjects.

Within the frame of the Basic-symptoms theory of schizophrenia, Huber faced the topic of pre-morbid personality and Gross illustrated the importance of "first-level" Basic-symptoms for early diagnosis of schizophrenia and of "second-level" Basic-symptoms (more complex phenomena, closer to schneiderian first rank symptoms) as markers of (schizophrenic) process activity.

The concept of "pre-morbid personality" assumes in this contest a double meaning. On one side, there exists a constellation of experiences having the character of a subjective impairment; they are the expression of cognitive and dynamic deficiencies so called "trans-phenomenal", *i.e.* situated beyond psychopathological phenomena and connecting them to the neurological substrate. On the other side, the concept of "pre-morbid personality" refers to the *personological matrix* (Weibrecht), that is to that set of functions which, realizing the coping of Basic-symptoms, contribute to their transformation into the "end-phenomena" of schizophrenia (*i.e.* schneiderian first rank symptoms).

In short: the substrate-close *asthenic deficit* of the personality has an *aetiological* meaning, the personological matrix a *pathoplastic* one.

The Basic-symptoms theory is an elaborate evolution of the "deficit" schizophrenia conceptions. If one accepts this preconception, then one will appreciate its being centered on a sophisticated phenomenological semeiology (based on the symptoms of experience), its being so mindful of the neurological-psychopathological frontier (without the reductionistic view of the Negative-symptoms researches), its elaboration of a psychopathological *continuum* theory between sub-

clinical phenomena and psychotic end-phenomena (*serial connections* by Klosterkoetter), and lastly its proposal of a huge unifying framing of many current approaches in Psychiatry: from descriptive phenomenology to cognitive theories, from psycho-social contributions to psycho-dynamical ones.

The lecture delivered by Arnaldo Ballerini and Mario Rossi Monti is the synthesis of a wide study reproposing the kretschmerian theme of the *sensitive Beziehungswahn*. The intention to call back to memory, preserve and elaborate this crucial text of psychopathological culture has in itself a precise meaning, in this phase in which the *pendulum* of the history of Psychiatry moves in the opposite direction from Psychopathology. Some of the thematical contributions in which this hermeneutical operation is declined are the questioning of the dichotomy *Entwicklung oder Prozess*, the emphasis on psychopathological pathways as the threads of meaningfulness of the delusional experiences, the role of *shame* as a “matrix experience” in the genesis of delusion, the reflection on the function of the psychiatrist as the empathical giving of meaning to the vicissitudes of the patient. It cannot be overlooked that this *Weltanschauung*, developing the same argument of the continuity between pre-delusional and delusional experiences, is symmetrical and complementary to the background of Basic-symptoms theory. While the latter is in first place concerned with the *modal* articulations of experiences, the approach of this kretschmerian reading is centered on the historical course of the *Erlebnisse* and their thematic *contents*. All this seems to send back to two different conceptions of the notion of *endogenous*. The first sees this notion as “what develops from within” and concentrates its look on the body in which it sees the spring of the coenaesthesia (coenaesthopathy as the “cornerstone” of delusions, as Guidraud said; one must not forget that Huber’s starting point were his studies on the *coenaesthetische Schizophrenie*), and on the sense organs which are conceived as receptors and filters of simple perceptual stimuli (more that dealing with meanings). The second understands the endogenous as the area of the encounter between world-events and internal experiences (Tellenbach), as the psychic place in which a certain occurrence situated in that moment of the life-history of the subject *makes present* a certain personal meaning. Here the endogenous is – as Binswanger wrote – the “limitative principle of what *can become* the intrinsic content of an experience”.

No doubts about the fact that in different patients (as *for* different psychiatrists) one of these two forms of the endogenous might be in the foreground.

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