ARNALDO BALLERINI - MARIO ROSSI MONTI

SHAME AND DELUSION

Our contribution is based on a rereading of Ernst Kretschmer's concept of delusion in "sensitive" subjects. It would seem, in fact, that this concept - so full of theoretical, clinical, and psychodynamic implications among other things - almost sank into an incomprehensible oblivion, to the point that it had practically disappeared from contemporary psychiatric literature.

It is a matter of tracing the life motif of deluding and delusion that, both in its more structured and explicit aspects and in those more submissive and hidden, has always represented the typical example of insanity. Just the fact that delusion inescapably implies access to worlds and that it is built on them, radicalizes the gap that can seem unbridgeable between worlds and ways of thinking that are qualitatively different, between common culture and a kind of private culture. The perturbing element with respect to delusional people is represented by the disorder and the distortion from the obvious sense of reality which is the tacit background for mental processes.

The "revealing" and reconstructing function of a new world has been indicated as essential in delusional states. The disclosure, the new knowledge of a kind of reality that has always been there in the eyes of the delusional patient, constitutes a much more essential characteristic than that of the truth or falsity of the delusional content,

Although it does not constitute a single unit from the psychopathological point of view at all, delusion still remains a cornerstone of psychopathology. In fact, since the nosological entities that can contain delusion belong to different contexts, with various boundaries in different nosographic systems, it is not easy to compare clinical studies on delusion. At times, it is the delusion itself that becomes the gnoseologically discriminating element, at other times the distinctions are based on other parameters and the delusion becomes a non-essential variable in the nosographic picture. This concept oscillates between being hyperinclusive, or the opposite: adding elements to a list of diagnostic criteria. Even the relationship between delusion and schizophrenic syndromes is ambiguous: schizophrenia can be considered a delusional illness par excellence, as is traditionally done, or can be seen as a process with diverging characteristics with respect to the paranoid process, in which the ubiquity and the fundamental structural value in the normal evolution of the person are emphasized.

Certainly, according to the observational parameters, the context of the study, and the establishment or not of a therapeutic relationship, delusion can appear to be extreme nonsense or allude to a greater density of possible meanings. This is one of the paradoxes proposed by delusion: on one hand it implies a deformation of the general categories of the mind and on the other it is built by highly personalized meanings that often go back in an enigmatic or oracular way in the person's life history.

When confronted with the gnoseological check of having to define delusion as an "error", psychopathology has emphasized an analysis of the formal distortion of the psychic activity as expressed in delusion. Unexceptionable analyses have come out of this which have specified elementary forms of delusional knowledge, among which the most important role has been attributed to "delusional perception". However, the discontinuity that isolates the primary delusional experiences is, from a phenomenological point of view, anything but clear-cut. One only

need think about the forms of delusional knowledge triggered by a perception through an elaboration that has shades of the characteristics of “revelation” in the perceived object and that therefore extenuates the high degree of incomprehensibility inherent in the real “delusional perception”. Such is the case of Matussek’s “symbolic awareness of meaning” where the borderline between obsessive and delusional phenomena is shady. It is possible to sketch what Koehler (1979) called a “delusional continuum”: and if not a continuum, at least it seems to be a contiguity of experiences that go from one extreme of complete incomprehensibility to another of greater transparency. A way of understanding delusion certainly passes through the themes and the emotions that underlie them. Schematizing the former in their formal and stereotypical aspect and not grasping the emotive background in which they are set, one totally cuts off the possible link between the person and the delusion. On the other hand, the effort to understand the single case does not significantly change the incomprehensibility of the category “delusion” and it therefore takes shape as a kind of labor of Sisyphus, an impossible task, a marginal achievement, in that it has a value only in that therapeutic relationship. This is another one of the paradoxes that the study of delusion confronts us with: extreme subjectivity and therefore the highest degree of comprehensibility that one can evoke in a delusion seems to be in conflict with the categorical acquisition of more general and indispensable knowledge. Delusion seems to offer an amorphous material for observation, a pile of shapeless data. However, it is through this sort of cognitive fog that the psychiatrist’s attempt, together with the psychotic, to find a meaning in the most personal and peculiar experiences can gather a life history, a resonance between internal and external events, an emotional ground on which they are articulated and connected.

A revision of Ernst Kretschmer’s *Der sensitive Beziehungswahn*, and of his clinical cases and the realisation of the presence - even in these cases - of experiences that indicate a formal break with the models of thinking, represent some inescapable steps if one wants to analyze the concept of psychogenic delusion, the limits and the meanings of understanding in psychopathology. Delusion in a “sensitive” person has the shape of a prototype of psychological comprehensibility for a few cases of paranoid psychoses. On the basis of a characterization imposed on the opposition between “sthenic” and “asthenic” dispositions, Kretschmer arrives at the conclusion that even in the area of paranoia, which is most typically expansive, made up of combative and fanatical personalities, one can trace an “asthenic thorn”, a vulnerable point, a “hidden focus of very old feelings of insufficiency”, by probing into the study of the individual. The case of the teacher Wagner or the analysis of the character Hans Kolhlaas, in one of Kleist’s stories, shows exactly this type of personality and above all, the combined role carried out by the interaction between the key-event, the lived experience, and the environment. Kretschmer’s fulcrum of interest is made up of the “sensitive” manifestations that are supposed to represent the mirror-like images of the expansive ones. That experience, which like a key event opens the character’s lock, constitutes the primary pathogenic experience, which is characterized by a feeling of shameful insufficiencies, an attack on one’s self-esteem. We meet with the origin of delusion in sentiments that rotate around the experience of shame.

In paranoid psychosis, we can find all the forms of mixing and passing from one extreme to the other, from “sensitive” patients psychological reactions, through vindictive paranoia and cases in which psychological and “processual” components overlap in a complex way, to the other extreme represented by typical cases of paranoid schizophrenia.

However, it is possible to gather all this only through a long and systematic relationship with the patients. In fact, Kretschmer has his paradigmatic cases in treatment for years, pushing Jaspers’s methods of comprehension through identification with the patient to the limit. This kind of comprehension is not seen so much as a possibility of reliving an isolated experience, but more as a possibility of retracing a well-developed path in an effort at genetic comprehension which outlines a trail of meaning throughout the person’s life-history, his/her world (as it is given to him/her and how he/she builds it), his/her character function models, his/her defenses and their failures.

In this way a circle of definition between Kretschmer's delusion and comprehensibility is outlined: a "sensitive" delusion is understandable, and defined "sensitive" because it is understandable. But, as far as Kretschmer is concerned, this comprehensibility comes mostly from the availability and the dedication of the observer who sometimes appears to be a real giver of meaning even in the presence of experiences, traced in some of Kretschmer's cases, that indicate a formal break with thought processes.

The point is that Kretschmer seems to be rather inattentive to the single *Erlebnis* and mostly interested in the f1ow of *Erlebnisse*. He does not emphasize specific aspects of the symptomatology as much as the comprehensibility of the person's entire life-history. This dilation of Jaspers's criteria of genetic comprehension becomes more important than the formal incomprehensibility of the isolated pathological experience, in sharp contrast with the positions of Kurt Schneider and the Heidelberg School.

The hypothesis that we can make is that even the traditional dividers that psychopathology has placed between primary delusion and psychogenic delusional development can be seen not as sharp lines of demarcation, but more as articulated spaces, sequences of pathological experiences that are closer to the idea of a "continuum" and a gradualness of pathological phenomena, each of which has a different gradient of comprehensibility.

By putting Kretschmer's character studies aside two possibilities are open to us: the removal of the lines of comprehensibility in delusion shown by his examples from psychopathology, or an enlargement of Kretschmer's indications even beyond well-defined personality limits indicated by him.

We believe that Kretschmer's formulation should be reverified today and careful attention should be given to clinical material. In fact, it is either possible to trace some formal aspects in Kretschmer's paradigmatic cases that allows us to differentiate them clearly from other situations of delusion, or else the passage that Kretschmer opened in the understanding of delusion represents a special way to enter into the world of paranoid psychosis in the wider sense. If the discriminating line that separates "sensitive" delusion from the area of paranoid psychosis is unclear, and "sensitive" delusional patients have their own symptoms and patterns of thinking in common with paranoid patients in general, then Kretschmer's operations truly open a crack in the wall of incomprehensibility, and - as Martin Roth wrote - constitute the first authoritative challenge to the dichotomy between comprehensible phenomena and developments on one hand, and incomprehensible phenomena or processes on the other.

Perhaps a sort of persistent f1uidity, the "imperfection" in the paranoid construction of the "sensitive" patient, offers a better way to understanding delusion. In fact, the delusional solution is typically precarious in Kretschmer's cases, often unstable and, because it does not define an unyielding distortion of the relationship with the Other once and for all, it gives shape to a delusional view of the world which is less global and less rigid. This allows us to glimpse the background emotional movements in these patients, movements that may not be exclusive to Kretschmer's syndrome and that can suggest one of the keys to understanding other paranoid states.

The analysis of a series of our clinical observations shows how "nuclei" like Kretschmer's delusion can be present everywhere in paranoid syndromes, which allows us to re-establish a bit of continuity between the person, the events, and the delusion. Putting together the series of cases of paranoid syndromes that we studied following Kretschmer's lesson, we have come up with clinical examples in which Kretschmer's dynamics are present on different levels of evidence: from a level that is immediately perceptible, to one that is more hidden and secret in the middle of the spread of productive phenomena, like a stone that falls into water and becomes less and less visible.

The world that surfaces in the contents of the delusion, and that is representative of delusion in general and its decline in a personal and unrepeatable way, is responsible for the distance at which the various forms of delusion are placed with respect to the observer, perhaps even more so than the modal structures of the delusional state. Even in the study of the cases, it seemed to us that the different level at which certain basic paranoid experiences are placed with respect to common

comprehension is reflected in the variable latency with which they are recalled, reconstructed, or constructed in the therapeutic relationship. The time it takes for a fragment of an experience to be translated, at least a bit, into a narrative story varies.

According to Kretschmer, the thread that leads us in the interpretation of delusion is represented by feelings of shame, which are described by the terms "shameful humiliation", "defeat, check-mate, humiliating insufficiency". It is this experience that allows us to re-establish an interpretative continuity between the "sensitive" personality and the delusional state. This situation or event that appears or can be revealed at the beginning of Kretschmer's delusion is always such that it represents a humiliating check-mate for the individual: a shameful wound. The fluctuation emphasized by Kohut between "humiliating shame" and "relentless anger" or "narcissistic anger", is basically a more dynamic way of reproducing the fluctuation between Kretschmer's "sthenic" and "asthenic" poles in paranoid syndromes. Even if shame is not one of the topics that psychopathology has dedicated much time to, and in spite of the difficulties of expressing it through communication channels, shame seems to have easy access to projective processes, access mediated not so much by a transformation of shame, but by a upsetting of shame in its dysphoric reverse side.

In a "sensitive" patient, delusion shows the path that goes from shame to the check of self-image in a very evident way; an image that more and more falls prey to a radical process of *Ver-Weltlichtung* in which others signal their contempt and hostility. Together with the fluctuation of Kohut's shame-anger, we can add the f1uctuation between shame for oneself and shame for the world, according to Straus's hypothesis.

"Sensitive" delusion, in which such an aspect represents the essential part of the delusional state, can perhaps serve as a model for the paranoid process. The keyevent in the "sensitive" patient works as a pivot between shame-modesty and shame-offense, between personality and history, and leads to the transformation of shame into anger or, in other words, to the creation of the persecutory ghost. It is as if in grasping the "sensitive" situation, the phenomenological modification of the delusional states curved into the existentive, and because of this, the level of comprehensibility increased.

"Sensitive" delusion is like a ray of light that illuminates an aspect that may be essential in the establishing of the delusion, but in many paranoid conditions leaves only f1eeting traces. A characteristic of schizophrenic-paranoid situations is the condensation of different meanings into one point, a kind of compression or telescoping that determines a magmatic aspect of it. If one can sometimes attenuate the condensation or partly open the pieces of telescoped meaning, then finding nuclei of Kretschmer's type inside the history of a delusional episode is not rare.

In this sense one could say that since the life-event represents the entrance key to this explosive mixture of "sthenic" and "asthenic" traits in the "sensitive" personality, Kretschmer's model could constitute the key to open another door in the direction of comprehensibility, to push back, if only a few steps, the limit of incomprehensibility.

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Prof. Arnaldo Ballerini
Via Venezia, 14
I-50121 Firenze

Dott. Mario Rossi Monti
Via G.B. Vico, 13
I-50136 Firenze