

SOME ESSENTIAL PSYCHOPATHOLOGICAL IDEAS OF ARTHUR TATOSSIAN (1929-1995)

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Arthur Tatossian was born, lived, worked, taught and died in Marseilles. Although his parents fled from Armenia eight years before his birth, he considered himself completely French and his education was traditionally European and classical. However he had to cope with many integration problems. Di Piazza and I have looked for, translated into Italian and published, adding a critical apparatus and some comments, the main works of Arthur Tatossian, especially those of psychopathological and phenomenological aims, that assured him National and International psychiatric popularity in the seventies and eighties, but that are now mostly forgotten.

His most known and recognized masterpiece is a sort of Encyclopedic Compendium of Phenomenologic psychopathology research of the twentieth century, “La Phénoménologie des psychoses”, which we have re-edited with a phenomenological dictionary drawn from Tatossian’s text. Very few psychiatrists have read in their original language the works of Kraepelin, Bleuler, Minkowski, L. Binswanger, Tellenbach, Zutt and Kulenkampf, Blankenburg and many others, to summarize them with such philological correctness.

Some other papers and essays of Arthur Tatossian have to be quoted for their relevance: from his wide production we have chosen sixteen papers (collected in two monographs: 2001, 2004) that concern general and clinical psychopathological problems, and an essay “Œdipe en

Cacanie. Kafka, Musil et Freud” which inspired us to do a revisional survey on the cultural nature of Œdipal vicissitudes in mankind.

The majority of Tatossian works had didactic purposes or may be considered critical notes which best define some psychopathological concepts or stigmatize some superficialities or trivialities of psychiatric and psychoanalytic thinking and practices.

His more original contribution derives from Husserlian and Sartrean theories on the phenomenology of consciousness, applied to clinical psychopathology through the notions of identity and subjectivity, the Binswangerian “egology” and the Tellenbachian theories on role identity.

In this contribution I will try to explain his ideas and concepts in simplified words.

I

The basic concept of Arthur Tatossian on psychotic conditions is that psychoses are the mental states in which «a transformation of the organization of subjectivity» is «more nuclear and more exemplary than in all other human conditions» (2001).

This idea takes up the Minkowskian concept according to which «*la folie ne consiste ni dans un trouble du jugement, ni de la perception, ni de la volonté, mais dans une perturbation de la structure intime du moi*» (Minkowski, 1971).

Since his early works (“Analyses phénoménologiques de la conscience délirante”, 2001) he stated that the psychotic patient suffers from a fundamental inability to feel his mental states as his own because of the lack of a reflexive control of the constitution of experience of reality. Therefore his experience is compelled to oscillate between the opposite poles of *solipsism* (there is not a reality) and *mondification* (*Verweltlichung*), a Binswangerian concept according to which there is only the reality that controls and gives order to a completely passive subject.

This implies that there is no longer an empirical ego and the subject becomes a grammatical fiction: “I” is no more “The subject” identified with his/her personality and, as de Waelhens (1972) radically affirms, «psychotic statements are pseudo-utterances expressed by a pseudo-subject and addressed to a pseudo-other».

Another consequence is that delusions cannot be considered (as Jaspers defines them; 1964) judgement mistakes, but rather intuitive, universal, infallible and *praxis*-non-influencing statements for which

the distinction between reality and unreality is no longer pertinent. Moreover every other psychotic symptom (negative behaviour, mannerisms, compensatory attitudes, according to Minkowski), arise from the nuclear failure of subjectivity organization.

But analogous concepts may be applied to major depressive conditions (melancholy). The *typus melancholicus*, according to Tellenbach and Kraus, because of a lack in basic trust on him/herself, needs to be esteemed by others so that he/she is compelled to adhere strictly to social models and normative rules. That is to say: Ego identity = Role identity.

The pre-clinical behaviour of a pre-depressed personality (also considered an under-threshold state) characterized by a “hyperidentification to social role” is a “pathological normality” (Kraus, 1996) that indicates the weak constitution of subjectivity. In fact, each relational and social change determines a breakdown of identity and gives rise to the endocinetic transformation of melancholy in which the individual may no more constitute him/herself as a subject.

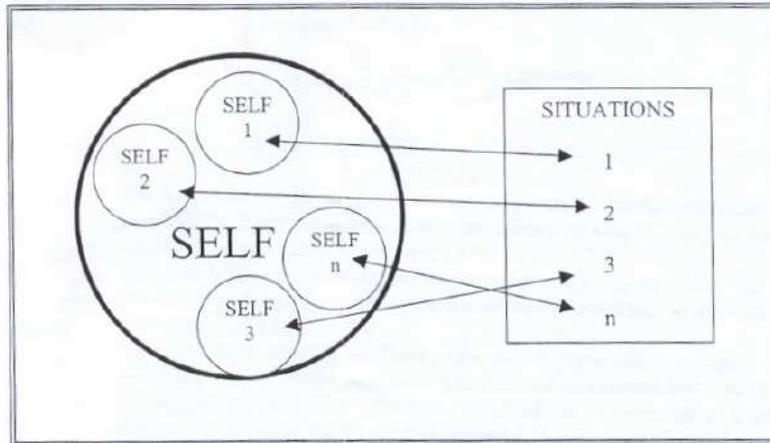
We can consequently define two typologic, psychopathological models of psychoses based on the phenomenological concept of subject: the schizophrenic individual is “A subject without an I”, who implicitly or explicitly may ask him/herself: «Who am I? I am anyone I want» (but really being no one). Otherwise the melancholic individual on the other hand is “An I without a subject”: «I am nothing (without you)», where “you” may be both another individual or a role conditioning situation.

Many intermediate combinations and less clear-cut or not so marked cases may obviously be observable in clinical practice, especially when drug therapies are early prescribed.

II

Going on to Tatossian’s phenomenological reductions about what happens in psychotic minds, we meet a concept that we may call “the function of ipseity”: a normal (or neurotic) individual is able to adapt to every changing situations keeping the safe feeling of having an I and of being or feeling oneself (Fig. 1). He/She doesn’t suffer from the “lack in basic trust” (Erikson, 1968) nor from “onthological insecurity” described by Ronald Laing (1969).

FIG 1. Scheme of normal (adaptive) function of ipseity (from Dalle Luche, 3)



The same concept may be expressed in “egologic” terms according to Binswanger’s phenomenological model drawn in “Melancholy and Mania”. In normality a prephenomenic “Transcendental Ego” constitutes the phenomenic “Empirical Ego”, that is to say it allows the individual all forms of concrete embodiment. This function is observed and modulated by a “Pure Ego”, which assures an observing, subjective, introspective point of view, and matches transcendental and empiric functions that are experienced as a harmonic feeling of belonging to him/herself (the schneiderian *Meinhaftigkeit*; Schneider, 1982) of psychic acts and functions. In melancholy the transcendental ego can no longer constitute an empirical ego and so the pure ego may only observe the disagreement and perceive it as a disturbance in the ego awareness, as a weakening of feelings and a loss of the “belonging to myself” feature of thought and perceptions. There is no more a cohesion of the Self and we may conclude that the “function of ipseity” is more or less severely impaired.

Another source of Tatossian’s ideas about subjectivity and identity disturbances of “I” in psychotic patients is the French philosopher Paul Ricoeur. In his fundamental text “Soi-même comme un autre” he distinguished two kinds of “identity”, the *Sameness* (*mêmeté*), the constancy of empirical traits, and *Being oneself* (*ipseité*); this last concept

expresses the continuity of self experience, independently of biographical and empirical changes.

In normal, identity consists of a dialectic between *ipséité* and *mêmeté* that constitutes the *narrative identity*. Tatossian develops these ideas applying them to clinical experience, affirming that melancholic individuals remain identical to themselves because they cannot change their empirical and role identity, meanwhile psychotic (schizophrenic) individuals cannot assume any role or empirical identity, so that their *ipséité* remains pure and solipsistic. So a “narrative identity” is no longer allowed, neither in the most accurate psychotherapeutic settings, and that the role of biographical references is always over-estimated.

III. CONCLUSION

Tatossian’s ability in summarizing some of the deepest and subtle phenomenological theorization demonstrates that “transcendental philosophy” in whatsoever form is, as Manfred Spitzer expresses in another context (1990), «an adequate conceptual framework to make sense of the patient’s disturbed mineness of experience, disturbed capacity to differentiate between “*me*” and “*not me*”, and experience of fragmented identity». This is both a trivial statement and a revolutionary perspective in observing clinical fact. This objective acknowledgment frees us from theoretical prejudices, naïve attitudes and projections on patient’s experience, and puts the observer in a neutral viewpoint that allows him/her to avoid false theories or to make transfers on his own theories instead which on the patient’s subjective reality in clinical practice, basic therapeutic mistakes.

Psychotic conditions arise from a structural deficit in constitution of reality, in the dimensions of identity and relational competences which undermines adaptative functions («because of the default in the dialectic between I and me, the schizophrenic patients cannot possess a real and authentic Self nor a partner as a real partner»; Kraus, 1996). Schizophrenic patients embody forms of existence qualitatively different that keep the individuals (phasically or chronically) out of the flow of life (reality) (lack of temporalization); also some other clinically observable psychopathological phenomena are parasitic products of these basic deficits whose contents only in appearance maintain understandable links with biography and reality.

These essential ideas of Arthur Tatossian result from a deep knowledge of both classical psychopathology and phenomenological methods. Tatossian compels us to acknowledge the subjective experience of

psychotic persons as qualitatively and structurally different from normal ones. It is not only different but cannot be otherwise, so that his/her lack of insight is not only a deficitary symptoms but quite a necessary phenomenon implied in true developed psychotic conditions.

The only instrument of the psychopathologist is his own subjectivity which in the mirror of psychotic experience acknowledges how his/her own consciousness constitutes him/herself.

Tatossian's fundamental ideas on premelancholic and prepsychotic conditions may be translated in psychodynamic terms (Kraus, but also Kohutian's self psychology).

On the other hand his conceptions of psychotic clinical states (melancholic and psychotic) should be re-formulated in scientific terms but there is a current lack of valid models of qualitative functioning of subjectivity, although a consistent amount of literature has been recently published on this topic (among others: Frith, 1995; Metzinger; Tononi and Edelman, 2000).

Common statements in these researches are that the more or less severe and lasting impairments of subjectivity functions arise from the abolition of complex reflexive loops which monitor, order, inhibit and integrate more specific cerebral functions.

The *function of subjectivity* is the more sophisticated, evolved and energy needing in the human brain.

The integrity of "subjectivity function" is the highest psychic mechanism (an idea already expressed by Pierre Janet) and the precondition of personality construction, of the sense of identity, of adaptive behaviours (Ellenberger, 1970); in a single word, of mental health.

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