

# AUTISM AND SCHIZOPHRENIA: AN INTRODUCTION FROM A PHENOMENOLOGICAL POINT OF VIEW

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Rethinking the phenomenon of autism means asking ourselves what angles of study are adopted to view it, and how it disappears when viewed from others angles. The horizon on which the concept of autism arises in its richest and most meaningful manner is undoubtedly that of phenomenological psychiatry. From a phenomenological point of view, in schizophrenia the condition that can be called the autistic mode of life can arise from a person's being confronted with a pathological crisis of the obviousness of the intersubjectivity of the world, a difficulty in the foundation of the Other, of his natural comprehensibility, so to speak. The interdependence between constitution of the Self and constitution of the Other, explains the pathological experiences that express at the same time the crisis in the relationship with oneself, with a Self that has become a stranger, and with the Self of others, which has lost the naturalness of being another subject like me, with his normal distance from me, and is often perceived by autistic person as an "enigma".

Really, the autistic person would like to have a sort of "Theory of Mind" to understand the others.

Daily life, which is normally aproblematic in its silent foundation of the constitution of the Other, appears cracked in schizophrenic autism, and autism can be its perceivable expression, like an atmosphere envel-

oping this manner of being, even before a possible delusion arises. Autism is thus at its base a sort of “void”, which can nonetheless be grasped, and which has been explored, after Eugen Bleuler, in the schizoid personality and schizophrenia as a “loss of vital contact with reality” by E. Minkowski, as “inconsistency of natural experience” by Binswanger, as “loss of natural evidence or overall crisis of ‘common sense’” by Blankenburg, all broadly overlapping theses.

These research touches on the source, the root, the condition of possibility for the manner of life we call autism to manifest, manner which often create anthropological figures revolving around the “strangeness,” the *Verschrobenheit*, as Binswanger describes it.

Autism is a concept that goes beyond psychiatric diagnoses, even if it finds in the sphere of schizophrenia its most complete and pervasive expression and characterization. It can thus be proposed that even if not all forms of autistic style are in themselves diagnosable as schizophrenic disturbances, the core forms of the schizophrenia are unthinkable except as autistic. Autism can be considered not only the most typical “defense” of schizophrenia, but in theory and conception it touches the essence of schizophrenia.

The image of retreat, of separation from the world that is common, (everyday), and in-common, (shared by all), of closure into a sort of virtual hermitage, has from the beginning been central to the identification of autism and has remained one of its most evident descriptive aspects. But the clinical descriptions that have been made of the autistic condition in its different behavioral, relational, and affective aspects concern also the capacity of the “person” to react and to take a position, so to speak, with regard to more basic generative disturbances. Thus the classic symptom “absence of the contact” may be the effort made by autistic person against the feeling to be oppressed and swallowed up by the world of the others. At bottom the spatiality of autism is not a lack of nearness, but a lack of distance.

When dealing with autism, we must not hide the problems and difficulties involved, especially in the passage from the plane of phenomenological vision to the plane of clinical psychiatry. Autism, even before being a problem for clinical psychiatry, is a problem for the tradition of general psychopathology. Above and beyond the analysis of individual pathological experiences, the concept of autism compels an anthropological attempt to move towards an approach to man as a whole. But for the psychopathological tradition deriving from Jaspers, at that point the possibilities for a “scientific” psychopathology cease. This methodological position acutely reflects precisely on the psychopathological construct of autism, in that it becomes more and

more fleeting as we move farther and farther away from an anthropophenomenological search for the person in his entirety.

The phenomenon of autism has been the guiding thread of the thought of numerous famous scholars; but studying autism is an experience of exciting insights and resignation to disappointment: a concept that seduces the mind of the psychopathologist along the path to understanding the core of schizophrenia and repeatedly disappoints the clinician's aspiration to exactness and reliability.

This is where we pay the price of the generic nature of the formula "loss of contact with reality", which while grasping an aspect that is evident in psychoses, becomes simply a synonym for "psychosis". We could maintain that, in this sense, every psychosis, even the most structurally paranoid, is autistic at least as far as delusion is concerned. But this would lead us to conceive of a sort of partial, wedge-shaped, sectorized autism; however, this seems to me to overturn the intuition of the phenomenon of autism as a mode involving the person as a whole, long before a possible delusion. So that, while not every autism is delusional, neither is every delusion autistic, in the sense described above.

Moreover, from an excursus concerning the forms that the concept of autism has taken in the history of ideas in psychiatry, one might draw the impression that more than autism, there exist various autisms. There exists a series of aporias concerning autism: "empty" or "full", "primary" or "secondary", "deficit" or "defense", and parallel to this, an insignificance on the plane of clinical specificity and the assertion of the ubiquitous presence of the phenomenon of autism in various psychiatric syndromes, given that – as Glatzel (1981, 1982) asserts – autistic traits are inherent in every psychopathological disturbance. This is certainly true, at least as regards psychotic disturbances, when one makes the altered relationship with reality the all-encompassing viewpoint on autism, without examining the manners and pathways that structure this altered relationship with reality, and above all the "core" of autism as a difficulty in the empathetic constitution of the Other, in his naturalness as a subject, making the presence of the Other a problem for the autistic person. We must not mistake an "I" that has simply withdrawn from the world, as in melancholy, for an autistic "I", as in schizophrenia, as Tatossian underlines.

There are two possibilities for an intuitive-eidetic vision such as autism to become an instrument of clinical psychiatry: that it be adopted as such within the community of experts, or that it become the theme of empirical elaborations, given the complementarity between empirical research and phenomenological thought.

In recent years, the term autism has virtually disappeared from psychiatric diagnostic manuals about schizophrenia. Nonetheless, even if the word autism practically never occurs in today's psychiatric categorizations of schizophrenia, its traces can be discerned – albeit degraded to behavioral shells, which tell us nothing about the subjectivity of the person – in the formulation of the Negative Symptoms of schizophrenia.

The opinion has been widespread, and is returning, it seems to me, that considers autism to be a central element of schizophrenia. But the autism we are thinking about today is more Minkowski's, with his vision of autism as “loss” and “void” (“*autisme pauvre*”), than the autism of E. Bleuler's original definition, broadly centered on the prevalence of inner fantasies.

In effect, the history of the attempts to define the syndrome or syndromes of the group of schizophrenias is largely a history of failures. No matter how many symptomological criteria we manage to bring together, it is the “way of being” peculiar to schizophrenia that typically colors the various symptoms. No psychotic symptom is specific to schizophrenia (but, at the most, some of them might be suspect) if it is not immersed into the autistic atmosphere.

When autism and its conditions of possibility come forth as a probable precursor of schizophrenia, we refer to situations of “imbalance” in which, for reasons connected both to intrapersonal and situational dynamics (at bottom, the separation between the I and the world is an *après coup* of reason), the style and way of living interwoven with autistic elements lose their internal norm; they do not hold any more, and the person is thrown off-balance by anguish.

This is certainly not the fated outcome of the autistic profile which, as a characteristic, embraces all the “schizophrenic spectrum”, from personality disorders to psychosis, and perhaps feathers off into conditions beyond any kind of psychiatric characterization.

Autism thus appears, on the pervasive level of absolutization of a single way of being, as the pathoplastic core of schizophrenia, which then takes expressive form in symptoms, of which retreat may be just one mode of behavior, and withdrawal into oneself may be a forced need and at the same time a means of defense.

In my opinion, the course of schizophrenia may be initiated when psychotic states of consciousness meet up with a person marked by this problem in the constitution of the Other, when the “pathology of the consciousness” (in the sense of Ey) takes form through a particular autistic fragility of the person.

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