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## BIOGRAPHICAL ALIENATION IN CHRONIC DELIRIA

*In memory of Michel Foucault*

These few pages will attempt to analyze the relationships created in the chronically delirious person between himself and his own biography, such as he knows and has experienced it, to which he attaches himself and which dominates him without his knowing it. A few remarks to clarify our vocabulary before getting into the development of this question. We prefer the expression “*chronic deliria*”, in the plural, to the word “*psychosis*”, used in the singular. The former term is clinical, and therefore empirical, whereas the second derives from theories; and, especially, the former does not immediately imply a unity of process as opposed to the effective diversity of semiotic appearances. Moreover, the nominal adjective “*psychotic*” runs the risk of both clandestinely bringing in hidden presuppositions and of re-establishing the old presumed unity with mental alienation, which had, indeed, been exorcised by J. P. Falret by the middle of the nineteenth century.

Translated by R. Scott Walker

Let us also note that “*biography*” occupies the center of a semantic field inhabited by near synonyms: “*autobiography*” specifies that the subject himself is the author of the account; “*private diary*” presumes daily writing—*nulla dies sine linea*—without there being a projected synthesis; “*confessions*” suggests the reader’s complicity, whether Augustinian or Rousseauian; and “*memoirs*” requires a distance between the time of the events and that of their recounting. As for Victor Hugo’s *Choses vues* (“Things Seen”) or Gabriel Marcel’s *Metaphysical Diary*, they transform the tale of oneself into a concern for history or for philosophical reflection. In every case, with multiple variations, it is a matter of designating one’s own existence, appearing to oneself as an internal whole and capable of transforming oneself thereby into a continuous tale.

In French, as in classical languages or the major contemporary languages of culture, both with the *Libro della memoria* by Dante Alighieri, and *Dichtung und Wahrheit* by W. Goethe, the term designates both the *modus operandi* and the *opus operatum*. On the one hand it refers to the internal effort of thought required to grasp all of existence as a single temporality; on the other it presumes that this whole constitutes a sort of being distinct from the movement of consciousness that attempts to lay hold to it. This is what the subject himself evokes as the temporal unity and what the biographer transcribes. Biography surely pre-exists the work of the biographer, even if it forms, in contemporary historiography, a lesser genre—unless we accept that F. Braudel wrote the biography of the Mediterranean of the sixteenth century. Every subject refers himself to a biography that is certainly his own, by which he is much more possessed than he possesses it, and which is not dependent on something being written down. Familiar, each day, it remains enigmatic until death. In the last scene of *La Reine morte* Ferrante says this most cruelly. “*Dans ce répit qui me reste, avant que le sabre repasse et m’écrase, faites qu’il tranche ce noeud épouvantable de contradictions qui sont en moi, de sorte que, un instant au moins avant de cesser d’être, je sache enfin ce que je suis*”. (1954, p. 234: “In this respite remaining to me, before the saber returns and crushes me, make it cut this terrifying knot of contradictions that are in me, so that, at least one instant before I cease to be, I may finally know what I am”).

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If we do not reduce it to the sum of its possible narratives, if, in a word, we consider writing as secondary and derived, biography appears as the possible unity of a period of time that claims to constitute the truth about oneself.

We will be examining the relationships that subjects create with their own biographies within the register of chronic deliria. First we must place ourselves outside of the realm proper to mental pathology and envisage for a moment the questions raised by introspection, temporality and what J.P. Sartre, based on E. Husserl, called the *transcendence of the ego*. We will then be able to enter the field of psychiatry to analyze the development of the links between the subject and his biography, particularly in aspects of paranoia and schizophrenia. Finally we will note the effects of these considerations on meaning in the whole of psychiatric knowledge.

### I. OUTSIDE THE REALM OF MENTAL PATHOLOGY

Biography, even before becoming a temporally paginated writing, is both something which a certain effort proper to knowledge of oneself grasps, and perhaps constructs, and something whose existence does not depend completely either on this effort or on this construction, in such a manner that the latter does not produce it and that it exists prior to the former. Biography, therefore, is immanent to autobiography, and yet also transcendent, for one never becomes completely master of it and one does not constitute it, even if the illusion of transparency and of possession come into play very early. We must, then, note how much the injunction γνῶσι σεαυτόν doubly outdistances the subject who repeats it to himself, for it comes from somewhere else, and it refers to a reflexive pronoun in the accusative. This is why we are going to attempt to determine what introspection does, on the one hand, and what it cannot grasp on the other.

#### I.1. *Introspection*

The E. Littré dictionary gives only brief mention to this word: *terme didactique, examen de l'intérieur* (1982, II, p. 3290: “didactic

term, internal examination”). P. Robert’s work (1985, V, p. 712) points out that the French word was borrowed from the English around 1838, after English had created a neologism *introspicere*, meaning “to look inside” in Latin. But these origins are now distant and hardly active. To English are attributed “sit in” and “blow-up”, and to Latin *introspectio*, which it never had, while the Scottish school of Th. Reid and D. Stewart and the associationism of J. Stuart Mill are forgotten. The fact remains that, in French, the word introspection has known a fate, which goes from Main de Biran, who certainly never used it, to A. Gide, Ch. du Bos, as well as M. Proust and H.F. Amiel. The most positive aspect can be summed up well by the epigraph of *L’Immoraliste* in 1902: “I praise you, my God, for having made me such an admirable creature”, and by a thousand other strategies for consoling oneself for what the ego finds so detestable in itself.

We use the *Psalms* (139: 14) and B. Pascal (cf. 1960, p. 1126) only to recall that introspection constitutes not only a transtemporal potentiality of human existence but a historically determined cultural activity. It is part of those ways of being and of doing that M. Foucault has so correctly situated in his studies of what he calls the *concern for self* (1984, p. 51-86), the first movement of which causes an attentive return to one’s own life. It is necessary that there be both a surrounding civilization, *Weltanschauung* as W. Dilthey said, followed by K. Jaspers, an agreed manner of looking at the world, and a certain personal predisposition, so that, at the end of the twentieth century, the repeated use of introspection cannot seem to us to be a spontaneous practice of human existence, which would function everywhere and always, at least since the beginning of the australopithic era, but as a type of behavior that many cultures have not known, that some have even forbidden, and, finally, that few have considered benevolently, or even encouragingly.

To be concerned about oneself and to believe it necessary to know oneself are in fact part of the culture in which we are situated, just as the situation of Narcissus refers to this culture. Narcissism, according to each one’s tastes, can either illustrate well one of the possible occurrences, namely the risk of abusive immersion, or be alert to this, as if introspection were reduced to nothing with the exposure of the beginnings of Narcissism (G.W.,

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X, pp. 138-171; S.E., XIV, pp. 67-104). The only thing left to do is to seek to know oneself, even though first it is necessary to love oneself, at least a little. The importance of this observation does not seem to us to depend so much on the fact that the actual practice of introspection presumes both satisfaction in oneself as well as lucidity with regard to oneself. For, in the final analysis, the apogee of the reflected verb, in the French language of the twentieth century, must surely be the redundant syntagm “*se suicider*”, where Latin, more economical, said *ipsum occidere*, just like the Greek: ἐμάντόν διαχειρίτομαι. For us it seems more important to recall how much it is a matter of a paying attention to oneself that can only occur in certain cultures, and, within these, only by certain agents who put themselves in privileged, even when they prove to be dangerous, positions.

The *self* can be designated by a variety of terms: *ego*, *I*, *myself*, with the difficulties posed by those languages such as Greek, Latin and Italian, that do not employ the personal pronoun in front of the verb, or those such as German and English, that use them but always in the nominative case, so that making the distinction familiar to French philosophers between *je* and *moi* proves to be impossible. The *soi*, then appears as something existing, something knowable, and as an existing something knowable to itself. As for the word *self*, it served too long for pilots in World War I as the abbreviation for *self-induction*, referring to crystal sets, not to bring on smiles, rightly or wrongly. It remains true that for introspection, the importance given to the self and the appreciation of self constitute the *a priori* conditions of possibility that as such, in the *a posteriori* exercise, this self ultimately becomes, little by little, a sort of object that one could know objectively, that is with a sufficiently external position and without too much satisfaction.

Self and biography: as soon as the aspiration for knowledge is organized a little, it clearly appears that the desire for a certain knowledge of self, due to a lack of being able to address oneself to a reality defined outside of time, is aimed at a certain future of self, presumed auto-significant. The desire—and, perhaps, the illusion—thus concerns a sort of temporal, but simultaneous, coincidence between my autobiographical effort at grasping myself and the immanence of my autobiography. These are constituted by this effort itself, an effort exercised in time. At every instant, I can

believe I am grasping what I am, immanent to myself, thanks to the supposed coincidence and to the implicit identification of myself, as *modus operandi* of elucidation, and of me, as elucidated *opus operatum*—the immanence guaranteeing the complete transparency of both.

However, if we attempt to avoid the literary pathos of king Ferrante whom we quoted earlier, we can use the phenomenological description for a moment. Written between 1904 and 1910, the *Vorlesungen zur Phänomenologie des inneren Zeitbewusstseins* by E. Husserl were published in 1928 by M. Heidegger and are of direct interest to us here (cf. E. Husserl, 1964, pp. 41-46; M. Merleau-Ponty, 1945, pp. 475-481). Using an ingenious graph he shows that at each moment of time the past is manifested in two manners. The first: everyone can, *hic et nunc*, (presuming, moreover, that he takes advantage of this privilege) evoke his past life as the unilinear succession of events each of which is classified with respect to the others and of which it can be thought that they truly constitute something like his biography. But we know well that it was the same the moment before, and yesterday, and last year, *und so weiter*. Whence the second manner: each one can, at the present moment, evoke a certain representation of his previous life, that is joined to the representation that he had produced the moment before, that very morning, the day before, the beginning of last week, a month earlier and so on. This second manner precludes that at a given moment each one can grasp something like the totality of his past life and indicates clearly that none of these evocations of self can claim to be superior to all the others. This means recognizing how much this metaphor of the unilinear proves to be misleading. The evocation of my past cannot be reduced to what I make of it in the present moment, for each prior moment included another, and no evocation in the second degree can succeed in enclosing all of them, for we have no metalinguistic point of view over this collection of object languages. Even if all these various evocations of my past prove to be a denumerable whole, rather than a continuous unit, it is no less true that I cannot arrive at grasping it in a way that would make me master and possessor of the whole of these wholes. Immanence is, on the one hand, the proof of an evocation, at a given moment and in particular circumstances, and,

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on the other, the impossibility of mastering the entirety of all these viewpoints.

How, in the context, does the phenomenological description recognize something like biography? It shows that each unilinear series is grasped only if it leaves aside all the others and that in fact there exists no operative grasp of the whole of all these viewpoints. However, the autobiographical narrative, that each one can keep for himself and that some know how to write, is necessarily unilinear and *must act as if* this unilinearity succeeded, despite everything, in completely mastering what it could at best only evoke. Biography is the transcendent object of this effort, which can only effectively concern fragments of immanence, but fragments that *refer* to a biography that they never encircle. Biography transcends all viewpoint—*die Abschattungen*—that we can have of it, but these viewpoints must refer to it to make us believe that we grasp it through them, whereas we never succeed in being able to master it fully.

In an article from February 1939, entitled *M. François Mauriac et la liberté* (f. 1947, pp. 36-57), J.P. Sartre noted that fictional narratives always oscillate between two poles: either describing a character's existence from the point of view of the consciousness he has of it, with all the opacity of what he cannot grasp, or else by taking the point of view of God, who knows what everything is all about and is not limited to the solipsism of anyone, him for whom *vae soli* is transformed into *felix solus*. Yet biography is a little like that. While we never grasp more than a provisional perspective, we act as if we could place ourselves in the position of God with regard to ourselves—*et sicut dii eritis*—and take the grasping of immanence for the possession of the transcendent.

Biography thus becomes something that makes possible each of the notions that we can have of it, that places itself beyond each of them and that, nevertheless, we feign to possess when we forget that it escapes us (cf. G. Lantéri-Laura, 1968, pp. 19-52 and 1968, pp. 319-334).

## 1.2. *The ungraspable*

Let us return for a moment to the level of conventional appearances. Everyone possesses his biography,<sup>1</sup> in the sense that he was able to determine a *ne varietur* narrative for it and in the sense that he knows well who he is. And the exhaustive biographical narrative, completed and fully rendered, is equivalent to the reality of the subject himself, that the subject believes to be able to know completely, thanks to the reflexive consciousness that he can have of himself, just as *Einfühlung* makes it possible for him to understand others. Biography, truth about oneself, immanent in oneself: this is the position of common sense, but also of an entire literary tradition that cultivates the consoling sentence, according to which *in interiore hominis habitat veritas*.

And yet, the phenomenological description of these attempts to grasp oneself through reflexive consciousness, such as we find both in the first volume of the *Ideen* of E. Husserl (1950, pp. 300-334) and in the article by J.P. Sartre on *Transcendance de l'Ego* (1966, pp. 74-90), clearly shows us that reflexive consciousness, if it understands that all consciousness is in fact consciousness of something, in no way grasps the subject as existing in the world, and it does not furnish the immanent knowledge that would reveal it to itself.

It is not a question of taking a subject to be mysterious, nor unfathomable nor ineffable—and introspection always remains suspect of a troubling approval that seeks to make its complicity pass for internal evidence—but perceiving that the consciousness that I may acquire of my experience at every moment makes this experience appear immanent, referring in fact to the existing subject, without giving it any transparency. As subject existing in the world, I escape from the consciousness that I may acquire of myself, and two features seem to us essential.

First of all, what I am as being existing in the world is never reduced to the consciousness that I may acquire of it, and this in

<sup>1</sup> The precise version of which is represented by the epitaph, thanks to its *imperia brevitatis*: the hierological notice seems to be the slightly extended narration of this. Prudent persons compose both while they are still alive in order to avoid solecisms and calumnious flattery. “*Ce qu’il bénissait en lui, c’était le fait d’en être débarrassé*” (Montherlant, 1954).



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two manners. On the one hand I can in fact know that I am in love or committed, but without ever being able to know fully either this love nor this commitment, which are only real to the extent that I know them and/or they escape me in part. On the other hand, my existence cannot be reduced either to this passion nor to this commitment; another part, perhaps imaginary, remains, that results in the fact that, despite the possible seriousness of my Πρᾶξις I can never identify myself therein completely.

Secondly, as J.P. Sartre wrote in the article that we mentioned above, “the ego is neither formally nor materially *in* the consciousness; it is outside, *in the world*; it is a being of the world, like the ego of others” (195, p. 13). This is why we must carefully determine that the register of what we might easily term *biographical* is certainly knowable, but without the immanence of the reflexive consciousness showing it in a fully transparent manner; it is transcendent, like the biography of others, and we must learn it little by little, by approximations, sketchily, and we will never arrive at completely evidential knowledge.

The hypothesis that a biographical knowledge of the subject will be able to determine it in an exhaustive manner rests, it seems to us, on two complementary illusions. The one consists in taking the transcendent for the immanent and in believing that the reflexive attitude furnishes knowledge of it. The other means forgetting that the subject, to the extent to which it necessarily comprises an imaginary part, cannot be known through a complete inventory, not because it might hide its secrets, but because of its essential indeterminacy.

The biographical thus tends to appear as a sort of reality, the consciousness of which would properly arrive at total self-possession, whereas this presumably achievable knowledge is based on an illusion. Biography constitutes the special temporal manner in which the ego shows itself to consciousness in a manner that makes it possible to believe that consciousness could acquire perfect mastery thereof. However, the inevitable hiatus between consciousness and the ego, the immanence of the one and the transcendental existence of the other, make this illusion both fascinating and misleading. In other works (1966, pp. 387-407) we have envisaged them as making it possible to raise the question of the unconscious relative to phenomenological thinking.

## II. IN THE REALM OF MENTAL PATHOLOGY

We are now going to ask ourselves what happens to these relationships between consciousness, the ego and biography, in the area of mental pathology. We will do it in an empirical and descriptive manner, but without presupposing at the outset various refined operations between the major nosographical categories, on the one hand, and several possible varieties of relationships between consciousness and biography. For practical reasons, and without believing that this in fact corresponds to the nature of things, we are going to take as our point of departure ordinary psychiatric taxonomy; we will center these reflections on chronic deliria, but first we will make a brief allusion to other occurrences.

### II.1. *In passing*

It is quite certain that in the realm of neuroses the relationship of the subject to his biography seems decisive, as is clearly shown by the work of S. Freud on the familial novel of the neurotic (cf. *G.W.*, vii, pp. 227-235; *S.E.*, IX, pp. 235-244), raising the problem of the connections between someone's biography and the traditions, some spoken and others hidden, of the environment in which he was raised. Several illustrations come to mind at once, depending on the generally received typology. In a certain number of cases, *the amnesia of identity* (cf. G. Daumezon and F. Caroli, 1974, No. 2, pp. 265-289) is part of this variety of current neuroses, represented by traumatic neuroses, and therein can be found the perfect example of placing the biography between parentheses. In transfer neuroses, we discover lacunae in the biography, quite typical of hysteria. In character neuroses, we could also ask ourselves about the denial of the meaning of the past biography, which can be observed in a number of psychopaths.

The catalogue of dementia requires us in serious cases to inquire about the links between the failure of the biographical narrative and something like the loss of self and, in the subjects observed at the beginning of intellectual weakening, the semiological value of that moment in which the patient can still recount his biography but in a single manner and with unchangeable formulations. The

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oligophrenia raise similar questions for us.

In the realm of acute psychoses, let us note, among others, the place occupied by biography in polymorphous delirious outbursts, both at the outset and after healing. We see here that what occurs during this episode repeats what happened initially and, quite often, does not enter organically into the biography of the patient, as he will be able to evoke it later. It is a sort of parenthesis in which the repetitive time of the delirium cannot be organized into the temporality of the subject, and the poverty of the evocations the patient may make once he has been cured reveals that the work of this type of delirium does not fit into the life work of the subject.

### II.2. *At the center: biography and chronic deliria*

#### II.2.1. *Indicators*

As we noted earlier, and despite the perhaps appealing appearance of the expression *biographical alienation in psychosis*, we prefer to use the word *delirium*, which refers simply to clinical indicators, rather than the term *psychosis*, which alludes to psychopathology and which cannot function effectively without clarifications that are poorly elucidated and, as a consequence, quite misleading.

*Chronic deliria* is thus the preferred locution, and, obviously, in the plural.

In the next few pages we will be asking what patients make of the relationship with their own biography in some of the most notable types of chronic deliria. This is not a simple operation. The very term *biography*, as we pointed out before, indicates more than one phenomenon, and we must distinguish between them. First it may refer to images the subject may have of his own existence at each moment of his life; the day before yesterday, yesterday, today, and so on; he can designate his personal history, and *biographies*, in the plural, designates this collection of images, about which it remains an open question whether they constitute a denumerable ensemble or a continuous unit, and the question of knowing if this unit so constituted can be organized as an object of knowledge.

But it can also refer to a unitary recollection of all previous recollections; for at a certain moment, the subject can no longer

take from his recollection just one or the other of his representations of himself, classified temporally, but a pluridimensional view of all these representations, presuming that it is still a matter of a representable object. These are two meanings of the term *biography* that we should not confuse, the one seemingly impressionist and the other totalizing; one characterized by its concrete nature and the other by all that it seems to unify.

*Biography* also designates the diverse manners in which the clinician can imagine the effective and concrete existence of the patient at each particular moment of his evolution and the developments in the therapeutic operations in his regard. We have, in fact, for each of the patients we are treating, a sort of representation of the whole, a succession of individual anecdotes strung together by various threads of intelligibility,<sup>2</sup> which summarizes what we think we know of their existence and that proves useful for treating them. This representation oscillates between two situations. On the one hand it changes at each interview, inevitably modifying what we had noted previously; on the other it tends to be represented as a barely mobile organization, a sort of almost unchangeable synthesis that took its lasting form when we realized that we knew the patient. It is evident that in our actual practice, we place ourselves sometimes at one point of view and sometimes at another, without ever believing ourselves completely authorized to make a definitive synthesis.

Let us note in passing that even when very successful and taken to be almost exhaustive, this synthesis, presumed complete, never furnishes anything like the *totality* of the patient. The patients we treat, even those we feel we know well, can never be summed up by the representation furnished by the clinic, psychopathology and therapy, for psychiatry defines its area of competence to include diseases afflicting subjects and not, properly speaking, the subjects themselves, as R.L. Spitzer recalls so well. "A frequently committed error is that of believing that a classification of mental problems classifies individuals, whereas in reality it is the problems of these subjects that are classified" (1983, p. 9). We must, then,

<sup>2</sup> Menders, and lace-makers as well, sew with a *white thread*; S. Freud borrowed a *red thread* from Her Majesty's Navy, which is still used to stitch fine publications. As for Parques, unfortunately we do not know the color of his thread, proof that we are hanging but by a thread: *de coloribus non est disputandum*.

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distinguish between the images that a given patient has of his biography and what we ourselves can determine. It is not a matter of our asking which of the two is more authentic, for the viewpoints cannot be superimposed, and our own remains necessarily reductive to the extent that we cannot avoid selecting therein what seems semiologically significant.

Keeping these few observations in mind, we are now going to ask ourselves how the links between the subject and his biography function in actual examples that have been furnished by the clinic for chronic deliria. We will begin with a simple frame of reference, commonly accepted, as we pointed out in 1968 in an article written with Y. Carraz. At one extremity of the range of these chronic deliria is paranoia, with its varieties legitimately distinguished one from another, and, at the other extreme, schizophrenia, for which hebephrenia represents no doubt the most serious form. We can subdivide each of these two extremities into various species or insist on the unitary specificity of both. We can postulate that there is nothing between them or that there is a series of denumerable and finite clinical types, or that a continuous unit is woven. In the first event, it is believed that a serious clinic will always decide between schizophrenia and paranoia; in the second we receive several intermediate semiotic species, few in number, designated according to E. Kraepelin into diverse paraphrenia arranged along a single axis; in the third, where no doubt we would find E. Minkowski and L. Binswanger, everything would be nuanced and below differential thresholds.

Each one can choose between these three eventualities; but whatever option may appear, we can admit that in a still semiotic and already psychopathological effort, one of the models capable of accounting for this axis and the positions possible in it means to a certain extent recognizing that the problem is that of the survival of the existing being as subject, emerging from the initial drama that certain people postulate at the outset of chronic deliria, the initial drama that calls into question the subject as such.

In this perspective, the aspects thus assumed by chronic deliria correspond to diverse strategies, making it possible for the existing being to rediscover (and reorganize) himself as subject, but unfailingly, at a certain price. In a very schematic fashion, we could say that if the existing being succeeds in restructuring himself as

subject it is always more or less as subject of the role held in his delirium, so that the systematized varieties are more apt for this than the polymorphous varieties and the subject finds a certain identity more easily in some than in others.

We will now see, in some detail, how the relationship with biography can allow us to follow these various strategies in the field of chronic deliria, to the extent that biography represents one of the essential indicators of the identity of the subject.

### II.2.2. *Some examples*

We will examine in turn what we could term on the one hand the paranoid style and, on the other, the paranoid style, keeping in mind the illustrations that clinical experience furnishes to each one of us.

#### II.2.2.1. *In the paranoid style*

This style, both in aspects in which exogenous and endogenous interpretations predominate as well as in those in which querulousness and the themes of prejudice occupy the first rank, seems to be characterized both by the organization of the subject and by the reduction, or the loss, of the imaginary. To illustrate the first point, we must recall for a moment a fact of semiology, essential in our opinion, in paranoid deliria, a fact that touches in part at least on the clinical and the psychopathological. When the relation with these patients has become sufficiently good that they accept to talk about themselves, and perhaps even to confide in a clinician, there comes a moment in which they explain that, thanks to a certain event, they were able, one day, to grasp the decisive significance of their biography. Their entire previous existence took on the indubitable and univocal sense of and preparing for this moment of total lucidity; and their entire previous life is there to confirm this in a most certain fashion. The fortuitous evaporates from their past, for no detail can any longer seem contingent since it sprang up on the path leading to proof, and every kind of lived experience could no longer constitute anything other than a

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confirmation, and one that quickly would become redundant and superfluous.

For several years now we have been following a patient, one of whose delirious ideas consist in believing that he is the legitimate heir to the railroads of the former Kingdom of the Two Sicilies. The inheritance was confiscated by Victor Emmanuel II, at the time of Italian unification, so that the matter involved both the Bourbons of Naples and those of Parma, the House of Savoy, the Vatican, not to mention the Republic of France, the Bank of France and several other prestigious institutions.

He grasped the sense of this affair when he remembered the words his father had confided to him on his death bed, words that were obscure at the time but that became clear on the day when he thought about them. In fact he cannot date this moment precisely, and he does not recount it in detail, but he knows well that one fine day he understood *everything*. His biography then seemed to him separated into three successive periods, the first two of which drew their meaning from the fact that they prepared the way for the third one. First of all, everything that preceded the death of his father; this was fully contingent, with completely fortuitous events. He understood nothing essential of the banal life that he was leading. Then came the *ultima verba* of his father. At the time he did not understand much of anything, but he knew that he had something there to understand. And finally, one day, he did understand. He can only date this event in a vague and variable manner, but after this revelation of the meaning of his past and his destiny, he entered into the period that still continues and in which everything that happens to him only confirms the meaning of his existence.

From then on his biography seemed clear and determined to him. Clear because it was reduced to that which prepared for and then confirmed the revelation, so much so that the category of the uncertain is from then on fully absent; determined because it appeared to him in the same manner every time that he evoked it. One and the same story functioned each time, a story without shadow and without indeterminacy, one and the same point of view that encloses the full range of the diagram of *Leçons sur la phénoménologie de la conscience intime du temps*. As E. Kraepelin has taught for a long time, and more recently J. Lacan, paranoia

includes remarkable readjustments of a person's memories, but each time more clearly deciphered, all the more so that he has never achieved, nor will he ever achieve more than confirmations.

Determined and clear, his biography will teach him nothing new, neither about himself nor about others, since he has understood *everything*. The loss of the fortuitous in the experience of the world goes together with the loss of the imaginary in the experience of self. Upon encountering someone, who knows well that he is never perfectly identified with this ego that exists in the world and that is himself, our patient remained or became once again a subject to the extent that he is fully the inheritor of the railroads of the Kingdom of the Two Sicilies, but in which he does not feel himself freer to be anything other than this. When we speak of the loss of the imaginary in the experience of self, we mean that our subject cannot, without placing himself as subject in danger, have the margin of the imaginary proper to everyone else. He can only maintain himself as subject by reducing or canceling this margin.

He does exist as subject and, in this way, he escapes the annihilation of self; but by not being more than the role assigned to him by his delirium, that is the repeated confirmation of the role he plays in it. Others, for him, also tend to be completely identified with the respective positions they occupy, and he can no longer imagine that they are, nevertheless, something else, other than by risking losing everything he has constructed and that maintains him as subject. Our patient, for example, has two grandchildren. He talks about them willingly, he is very attached to them. There is no doubt that he loves them. But observing an outburst of affectivity means forcing an unverifiable hypothesis over the clinical reality. For he can only love in them their role in the transmission of the delirious inheritance so that when he is interested in their studies, it is not so much because these are important for their future as they might imagine it, but because these studies are preparing them to inherit, or rather, he cannot *imagine* that these two grandchildren expect anything else from existence than this destiny.

We could say that this loss of the imaginary in the subject is accompanied by an imaginary conquest of the world. The patient whom we have been observing as an example is hardly able to



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represent himself either for himself or for others, apart from the respective roles assigned by the delirious organization. We speak of the loss of the imaginary in the subject to mark this phenomenon. But this loss of the imaginary is accompanied by a rediscovered imaginary within the world, for the Bank of France or the House of the Bourbons of Naples are not only what they are (and this he knows more or less), but they are also and primarily a financial institution and a very old sovereign house that are busy day and night looking out for him and his affairs, just like the Vatican and the Kremlin.

Other patients would no doubt provide different aspects, but it seems to us that this relationship to biography, making it possible for the subject to reorganize as such, at the cost of a reduction in the imaginary, characterizes in a sufficiently adequate manner the field of paranoia, within the unity that we can presume for it.

However, if we are attentive to the distinction, traditional since G. de Clerambault, between network developments and sector developments, one observation seems interesting to us. In network developments, which essentially correspond to the deliria of interpretation of P. Serieux and J. Capgras, the role of the subject's imaginary sphere has entirely disappeared and his biography is completely identified with a delirious therapy that takes everything into account. In sector developments, which concern, at least approximately, deliria of prejudice, we would not say that the imaginary share is preserved a little, as if the difference were only one of quantity. It seems more exact to us to say that this part proves to be nothing for the sector of the delirium and retained for the rest.

The same is true for relations with others. In the first case, all those with whom the delirious patient has to deal cannot be handled other than through the role they play in the delirium, nothing more and nothing less. In the second event, those who play a role in the delirium are thus similarly reduced, whereas those who play no role can continue to be situated for themselves.

### II.2.2.2. *In the paranoid style*

This adjective, in the work of E. Kraepelin, referred to the types of chronic deliria that resembled paranoic delirium to the extent that they could be described, but that differed to the extent that several descriptions coexisted, with no one version ever complete and with several overlapping. However, these descriptive features, which seem still pertinent to us in clinical work at the end of the twentieth century, can be understood, at least partially, through a relationship to the biography, explained both by the disorganization of the subject and that of the imaginary. We can steer ourselves along through these two headings.

In all these paranoid deliria, unlike the various aspects of paranoia, the subject appears to himself, and shows himself to others, as lacking in internal organization to the extent that, when, he succeeds in grasping himself, he grasps himself without unity. The Bleulerian term *dissociation* denotes rather precisely such a phenomenon, just as does the term *ambivalence*. When it remains moderate, this disorganization is manifested by a more or less pronounced peculiarity. When it becomes severe, it hinders reasoning and criticism, but in the manner in which Ph. Chaslin has carefully shown that, despite all its negative effects, it still differs from dementia. “As long as there is no diminishing of memory and of judgment, no intellectual weakening, there is no dementia. And even so it is necessary for this weakening not to be dependent on confusion, on stupidity or depression. It must be pure in order for it to have its full significance of definitive intellectual weakening” (1912, p. 830; cf. G. Lantéri-Laura and M. Gros, 1984, p. 67). When the subject attempts to grasp himself, it is both his effort at understanding and the ego understood that are revealed in their disorganization.

In cases like this, when the subject makes the effort to become master of his own biography, the *opus operatum* of this *modus operandi* seems fragmented or even completely comminuted, to employ a comparison with clinical terms for a fractured kneecap. Not only are the biography and the subject’s grasping of it incomplete, they overlap diversely and complicate one another, and no unilinear framework can create of this a unified discourse. If we re-examine for a moment the graphic representation of E.

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Husserl that we discussed earlier, we can say that, in paranoid deliria, the various evocations of biography, far from being reduced to a single one, as in paranoia, or of constituting an ensemble of parallel lines, as in the normal subject, are seen to be a group of half-lines bisecting one another in a disorderly fashion. There is no gradual spread, but instead a number of branches superimposed in every direction. Mental automatism, as the impossibility for the subject of separating what belongs to his thought and what is foreign to it, corresponds quite well to this type of disorganization in which the patient can no longer grasp his biography, neither as unique nor as his own.

However, the polymorphism of delirious ideas, which prevents them from being organized into a single fictional narration in which the before produces and guarantees the after in a knowable relation, reveals that the subject is not able to understand himself as the master of his one unique delirium. Whereas in paranoia the subject maintains himself as such, as subject of his own delirium, in the plural disorganization of paranoid deliria the subject cannot identify himself in his role within the delirium, for there are several partial and incomplete roles and not a single defined role to which the ego could identify itself totally.

It is in this manner that we can note an interesting meaning for *affective ambivalence*. It is not a matter so much of being astonished that the paranoid patient can, at the same time, love and hate the same person without presuming any alteration in his affectivity; it is, instead, a matter of understanding that, for him, others are what they are in his delirium, except that each one plays more than one role therein, for there is more than one delirious theme, that these roles remain fragmented and indefinite, and consequently susceptible to contradictory significations.

In this way we can examine the disorganization of the imaginary. In the case of paranoia, we have seen how the subject rediscovers himself as subject by identifying himself totally with his role in the delirium, with the reduction or the disappearance of the imaginary sphere of the self. In paranoid deliria, the patient fails to reorganize himself as subject, due to the lack of two essential conditions. On the one hand, his lived experience is altered in its very mode of thinking, because the mental automatism, developed, causes him never to be certain that it is himself who thinks in him, and that

consequently he is in the hands of an Evil Spirit. From then on, every time he tries to understand himself as subject, he never has the certitude of not being manipulated from within (cf. G. Lantéri-Laura, 1966, pp. 387-407).

On the other hand, he cannot identify himself other than in partial, incomplete and contradictory roles, so that he cannot find a fixed point in the delirium, a point that would allow him to reorganize himself as subject at the cost of sacrificing the imaginary.

Depending on the cases, he almost succeeds or he fails completely. But it is the relationship, biased from within, to a biography chopped up into disharmonic fragments that makes it possible to grasp this paranoid organization.

### III. SOME EFFECTS ON MEANING

The preceding observations on the relationship between biography and chronic deliria evidently deal with a model, which can, to a certain extent, explain the reality of an area in the field of psychiatry and nothing more. Two remarks are necessary here. On the one hand we must know that other models, quite different, can, in other manners, take this same reality into account without either one of them exercising a legitimate hegemony over the others. On the other hand, we do not believe for an instant that we have dealt with things themselves but only with one possible representation of them, one that can take into account a certain number of phenomena at the cost of a certain degree of complication.

We must also note that this model cannot make any etiological claims. It does not describe in one instant a number of incidents that occurred at a certain moment and that nourished a causal relation with chronic deliria. In particular it remains indifferent to the opposition of psychogenesis to organogenesis, which belongs to another realm.

If we were to seek for it its own realm, we could perhaps say that this model belongs to psychopathology. Since the status of this discipline seems rather uncertain to us, we believe it is more correct to situate it with regard to clinical psychiatry. Let us note that our efforts presume the existence of a sector of psychiatry,

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such as that of chronic deliria, with a more or less bipolar organization, paranoia on the one hand and schizophrenia on the other. Once this field has been admitted, with its relative homogeneity and its dualism, we can ask ourselves if we can throw and interesting and useful light on it by attempting to represent to ourselves whether the relationships between the subject and his biography are articulated in a differential manner making a certain intelligibility possible.

We return here to an hypothesis that was useful to us in earlier works (1968, pp. 19-52). It is possible to envisage the various aspects of chronic deliria as the means by which the subject attempts to reorganize himself as such, even if he has to be reduced to the role that his delirious ideas have assigned to him. Biography forms a special aspect of this reorganizational effort, for, examined from the point of view of the actual life experience of the patient, it appears as a means of grasping oneself, inasmuch as it is a history of oneself.

What we have noted can then be described in two quite distinct manners. According to one of these manners, we can oppose the two extremities of a single axis, with paranoid at one end and schizophrenic at the other; this is the image that most often comes to mind and that corresponds to the majority of habitual classifications, all the more because it handles the intermediate positions quite well, while still furnishing the means not to multiply them. It simply presumes that the realm of chronic deliria can correspond to two styles of relationship between the subject and his biography. In the first, the subject is restored as such by reducing his biography to the role it played in the deliria, whereas in the second his biography slips away from him, just as his own efforts to grasp it escape him. It is, then, a dualist model, even if it creates a situation with several interpolated aspects.

But the same model can be conceived in a slightly different and more unitary manner. All of what we understand in clinical work as chronic deliria then appears as formed of the various degrees with which it then succeeds fully, or succeeds halfway, or fails the attempt at repairing, for which paranoia furnishes the model. If, at the cost of the loss of the imaginary, the subject can succeed in finding himself as the subject of his delirium, the process of reorganization has been useful, but at a certain price. In other

cases, the costs remain but with an increasingly uncertain benefit.

We see then that it is only one model among others, and that it is only interesting if we avoid taking it for etiopathogenesis. The reference of the subject to biography appears as a function in which some of the possible alterations indicate the clinical in a manner that, at a certain level, tends to unify it while retaining a place for actually perceived semiotic diversities. There the legitimate heuristic use of a model in psychiatry ceases.

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