Phenomenology and Psychopathology of Schizophrenia: The Views of Eugene Minkowski

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Abstract: This paper, on the psychopathology and phenomenology of schizophrenia, presents a selective summary of the work of the French psychiatrist, Eugene Minkowski (1985–1972), one of the first psychiatrists of an explicitly phenomenological persuasion. Minkowki believed that the phenomenological essence of schizophrenia (what he called the "*trouble générateur*") consists in a loss of "vital contact with reality" (VCR) and manifests itself as autism. Loss of vital contact with reality signifies a morbid change in the temporo-spatial structure of experiencing, particularly in the diminishment and modification of temporal-dynamic aspects and a corresponding predominance of spatial-static factors. The patient tries to compensate for this primary morbid process through a variety of affective-cognitive preoccupations (rich autism) or sterile intellectuoid attitudes (*autisme pauvre*). Autism signifies a morbidly modified existential pattern that affects the domains of experience and expression as well as action. Minkowski's psychopathological analyses are illustrated by brief clinical vignettes of his patients.

Keywords: autism, loss of vital contact, consciousness, durée, structural analysis, phenomenological compensation.

Introduction

In continental Europe, Eugene Minkowski is considered to be one of the most original psychopathologists of the twentieth century.[1] He is renowned for a novel view of schizophrenia as an altered existential pattern and for a radical conceptualization of psychiatric phenomenology as a method of "penetrating" to the *structure* of experiencing. His views differ substantially from the perspectives held by Bleuler (1911), Kraepelin (1899), and Jaspers (1923). Together with a Swiss psychiatrist, Ludwig Binswanger (1963), he may be considered to be the first psychiatrist of an explicitly phenomenological persuasion. Laing (1963, 1959) described Minkowski as having made "the first serious attempt in psychiatry to reconstruct the other person's lived experience." Minkowski's views on schizophrenia continue to stimulate clinical and theoretical interest (Tatossian 1979; Parnas

and Bovet 1991; Sass 1992; Cutting 1985, 1997), and his thoughts on method remain relevant. It is the purpose of this article to offer a brief but systematic introduction to Minkowski's ideas for the Anglophone reader.

The task of summarizing Minkowski's thought has not been entirely unproblematic. His style is often high-flown, metaphorical, and literary in a way that is alien to contemporary readers of professional journals. A more substantial difficulty is the fact that Minkowski can be rather unsystematic and vague; he is certainly not obsessed by analytic rigor. Minkowski is primarily a clinician, fascinated by his patients and trying to grasp and express their altered ways of experiencing. His writing is often exploratory and even experimental, leaving the details to be sorted out and systematized by others. Here, I offer not a scholarly exegesis of his thought but merely a condensed presentation that attempts to preserve rather than to modernize his original vocabulary (when this is not the case, it will be clearly indicated).

To grasp Minkowki's thought, we have to start with a brief detour to certain philosophical concepts of Henri Bergson, who influenced Minkowski from the very outset of his career. Bergson's writings, especially his doctoral dissertation in philosophy, "*Essai sur les données immédiates de la conscience*" (Bergson 1889), left a permanent imprint on Minkowski's conception of consciousness, which is reflected in most of his major ideas.

Bergson: *Durée* and *Elan Vital*

Like many phenomenologists (e.g., Merleau-Ponty 1945), Bergson viewed human subjectivity as being *embedded* in the world with the *body* acting as a mediator. He considers the essence of the *being of consciousness* (what he calls "*le moi profond*") to be a temporal unfolding—a constant flow or streaming of the *coming-to-be* (becoming, *devenir*) and the *passing away* of experiences (Bergson 1889). His term for this mode of being and manifestation of consciousness (and of life) is *durée*. *Durée*, which is ineffable but intuitively accessible, designates the continuous, irreversible, and unrepeatable flux of qualitative, non-spatial, lived experiences in all their heterogeneity. *Durée* is *not* time; rather, it is a property of being in time. (Recently, *durée* has been translated as "durance" rather than "duration" [Moore 1996].) Any intellectual, reflective, or analytic attempt to comprehend consciousness-in-*durée* will transform these lived glimpses into a series of static, immobilized elements conceived in a discontinuous "cinematographic" manner, that is, as a sequence laid out along a spatial dimension (e.g., line, series of points, parallels, etc.). In Bergson's view, all conceptions of time as objective, homogenous, discontinuous, or quantifiable are derivative; these are nothing but spatialized symbols, distorted representations of *durée*. Space could be said to be the *schema* of matter, involving characteristics of quantity, extension, homogeneity, and discontinuity (Deleuze 1988, 87). For Bergson, all potential dualities derive from the basic opposition of *durée* and space.

Reason has the ability to isolate, immobilize, and spatialize the flow of lived experiences inherent in the *durée*, making them accessible to verbal description and analytic reflection. For Bergson, the *symbolic function* consists in the isolation, fixation, and spatialization of experiential glimpses from the flux that is *durée*; mind consists of this sort of ongoing interplay between *durée* and space, between intuition and rationality. A crucial concept in Bergsonian thought is the notion of *élan vital* (Bergson 1889, 1941), which nowadays is often portrayed and dismissed as a mystical vital force. Within Bergson's "process" metaphysics, *élan vital* refers to an ontological mode of living matter, a propensity of life to incessant evolution through an ever-increasing differentiation and complexity.[2] *Élan* is the source of the basic and future-oriented bond between the individual organism and the ambient becoming.

Élan vital combines the ingredients from opposing domains and cannot be unilaterally reduced to either of them. Thus, on the level of the individual, *élan* is the capacity to unfold in a harmonious interaction of dualities: intuition-analytic reflection, emotionality-intellect, time-space, dynamism-stasis, and so forth. Deleuze (1988, 94) describes *élan* as "a case of virtuality

in the process of being actualized, a simplicity in the process of differentiating, a totality in the process of dividing up. There is no good English translation of *élan vital*. It is sometimes translated as the "vital impulse," but this reductively objectifies the notion and fails to capture *élan*'s continuous, enduring nature. *Élan* signifies more an existential mode than simply an impulse or a mental faculty.

In summary, Bergson sees the epistemic link between the subject and his world as involving both rational, inferential processes and *intuition*, which refers to a direct, unmediated, and nondiscursive grasping of complex living wholes. Below we shall see how these concepts become integrated in Minkowski's own approach to psychopathology.

PHENOMENOLOGICAL PSYCHOPATHOLOGY AND *Trouble Générateur*

Minkowski's ideas on the nature of psychopathological investigation are a natural outgrowth of his clinical concerns. In order to help the patient, it is not enough to describe; it is also necessary to grasp empathically the essential features of the patient's experiencing. Minkowski's approach became progressively more phenomenological, more concerned with the experiential *structures* of mental disorders (Minkowski 1948). (He was familiar with Husserl's [1900] "Logical Investigations" and had studied in depth Max Scheler's [1913] work on emotions, especially "sympathy.") Minkowski tends to articulate his own views by contrasting them with the then-prevalent schools of thought in psychopathology: psychoanalysis and Jaspersian descriptive phenomenology. Minkowski was skeptical of the psychoanalytic approach both to classification and etiology. The psychoanalytic approach is mainly based on a content-oriented analysis of symptoms, but in his view, symptoms and their contents only reflect the surface of psychiatric disorders and are insufficient for psychopathological comprehension.

For similar reasons, Minkowski considered Jaspersian "phenomenology" to be unduly dependent on the clinical, symptom-oriented approach. The proper goal of a phenomenological approach is not only to accumulate detailed descriptions of symptoms, but also to penetrate beneath the level of symptoms in order to seize their underlying organizing structure. For example, apparently identical hypochondriacal symptoms may express underlying neurotic, depressive, or schizophrenic organizations. Differentiation can only be achieved here through a "structural analysis" that penetrates to essential and fundamental organizing structures. Another difference is that Minkowski's investigative procedure is not limited to a rather passive recording of the patient's verbalizations as emphasized by Jaspers, no matter how faithful this registration may be. Minkowski's phenomenological approach implies a more active investigative attitude, deployed in the intersubjective space of "*entre deux*," between a "me" and a "you."

For Minkowski, no single mental state, as a psychopathological datum, can be treated as a free-floating disconnected fragment. It is rather a *part* expressing or containing *a whole* from which it originally derives. Each single mental state therefore reflects the totality of the personality of which it is a condensed hint. The purpose of a phenomenological approach is to recreate this personal mode of experience and thereby obtain a global view of the patient (Minkowski 1948), a view that is not limited to a set of anomalous experiences or abnormal behaviors, but that reflects the patient's general existential style and relatedness to his *Umwelt*. "Ideal types"[3] or "typical cases" are especially useful precisely because they illustrate different types of intrinsic meaning-networks and thus can integrate symptoms, attitudes, and styles into more encompassing psychopathological wholes.

The goal of phenomenological investigation is to search for deep and central factors ("*facteurs de profondeur et de pénétration*"), which constitute the *essence* of a disorder. Minkowski called this essence the "*trouble générateur*." Literally translated, this means generative or generating disorder; it refers to a kernel underlying the manifest symptoms in all their variety that keeps them meaningfully interconnected or united.

Phenomena at the level of *trouble générateur* possess a certain unique spatio-temporal config-

uration that is distinctive in each specific psychiatric disorder. In this way we can conceive psychiatric disorders as possessing a two-fold nature: one defined by affective and cognitive contents ("ideo-affective"), the other *formal*, linked to the spatio-temporal configurations of experience through which the contents manifest themselves. In Minkowski's view, the content aspect is highly idiosyncratic, individually variable, and biographically contingent. It is the formal disturbance that is essential, that shapes the symptoms and provides what we would now call the validity criteria of nosological entities. The *trouble générateur*, as a formal-structural complex, may be considered to be analogous to the physiological substrate of somatic symptoms in medical diseases.

The fundamental, essential phenomena are always implicitly and virtually present in the manifest symptoms. To reach the level of essence requires an intuitive effort in the Bergsonian sense of the word: a direct, un-mediated grasping of the patient's way of being and experiencing that can only occur in the lived present of a face-to-face exchange.

> "Sitting face to face with my patient, I am meticulously writing down his utterances, and then suddenly, like in a flash, one of his sentences illuminates everything with a particular clarity, and I have a feeling of having seized a complex living whole, of having grasped the '*trouble générateur*', which now appears as the touchstone of the whole clinical picture. Here we can speak of an example of Bergsonian intuition." (Minkowski 1948, 145)

The essence so grasped is synchronically manifest; it is an a-temporal interconnectedness, persisting through successive transformations of mental states. In fact, if transposed into a temporal frame, certain phenomena may actually lose their essential significance, because they become trivialized in the search for psychogenic sequences that may encourage a false sense of causal understanding. But this is not to say that the essence is solely a diagnostic tool without any temporal and dynamic relevance. The essence or *trouble générateur* does contribute to our understanding of *successive mental states*, but it must be understood as serving a *constitutive* contribution, that is, as acting as a constraint on the manifestation of morbid phenomena. In other words, the original change in the spatio-temporal structure, the *trouble générateur*, will always color any further developments of psychopathology, including the attempts to compensate for the *trouble générateur* itself. The main purpose of phenomenological analysis is not, however, to arrive at a causal explanation of psychogenic sequences in the sense of tracing causal links between early life events and psychiatric symptoms, as exemplified by psychoanalytic theories.

Loss of the Vital Contact with Reality (VCR) in Schizophrenia

According to Minkowski, the most fundamental psychopathological feature of schizophrenia is a "loss of vital contact with reality." VCR, also called "*élan personnel*," is a key notion for Minkowski and is modeled on the Bergsonian concept of *élan vital*. It designates a certain *mode of relatedness* between a person and her *inner* and outer *ambient* world. VCR flows from the immanent dynamism of life, from the very core of personality or self, which exists in the *durée*.[4] It is an ability of that core to enter into harmonious relations with the ever-changing world. The interface between the interior and exterior, the subjective and the objective, is never sharply defined or definable because it is not static. Both the ambient world and the subjective dynamism of life are in a constant flux of becoming. Their interface is a mutual intertwining, a space of dynamic reciprocal exchanges. In an act of contemplation, for example, there will be a perpetual flow of exchanges between the contemplating subject and the matter contemplated.

VCR provides a pre-reflective sense of limits and proportions ("latent awareness of reality"), which renders our precepts nuanced and malleable, making us adjust and modify our behavior in a contextually relevant manner but without distorting our overall goals, standards, and identity. VCR fuels the individual's orientation towards the future, which is a structuring dimension of human existence: "It is only through the future that the Self affirms itself as a living being," wrote Minkowski (1933), who transformed

Binswanger's being-in-the-world into "becoming-in-the-world."[5] *Élan vital* is a primary *datum* that one must sense after liberating oneself from the distorting effect of conceptual elaborations.

For Minkowski, as I said, the *trouble générateur* of schizophrenia is a loss of vital contact with reality. The psychopathological manifestations of this condition are primarily of a qualitative, formal order involving a peculiar distortion of the relationship between the subject and his ambient world. There is a weakening of the dynamic, flexible, malleable aspects of this relationship, with a corresponding predominance of the fixed, static, and rational elements of the spatial order. This can also be described as a lack of *attunement* to the inner and to the ambient world and a characteristic *arrest of existential temporality*.[6] Thus, the loss of VCR often appears as a "hypertrophy of static factors," expressed in the following way by one patient:

> "There is immobility around me. Things present themselves in a disconnected way…they are understood rather than experienced. They are like pantomimes performed around me, but which I am not able to join, I stay outside….Everything around me is motionless and congealed….I see the future only as a repetition of the past; there is no flow between me and the world. I can no longer give myself away to the world." (Minkowski 1927, 99–100)

Loss of vital contact must not be confused or equated with the contemporary concept of "negative symptoms," such as isolation-withdrawal or anergia-avolition (Andreasen 1987). As we shall see below, there exist both extraverted/active as well as introverted/passive styles of being deprived of the vital contact with reality.

The Nature of Schizophrenia

Minkowski was decisively influenced by the conceptual transformations in the concept of schizophrenia stimulated by Bleuler (1911) and Kretschmer (1921). Kretschmer (1921) extended the Kraepelinian distinction between the schizophrenic and affective psychoses to a more general distinction between the schizoid and cycloid types of personality, which he regarded as subclinical, characterological *variants* of the endogenous psychoses. The key difference is that whereas the cycloid always retains his contact with the surrounding world, the schizoid is rather unaffected by his surroundings and remains in merely superficial contact with it. (Note that the term "schizoid" of Kretschmer and Minkowski corresponds more closely to the current term "schizotypal" than to the Schizoid Personality Disorder of the *DSM-IV* [APA 1994].) The "schizoid" in the *DSM-IV* is mainly featured as an excessively introverted personality. Bleuler replaced the term "cycloid" with "syntonic" to emphasize this ability to remain in contact with the environment. In this way, the fundamental difference between schizophrenia and manic-depressive illness was no longer based primarily on the characteristic symptoms, but more on the nature of basic attitudes towards the surrounding world.

According to Minkowski, the schizoid existential pattern is the most fundamental mode of manifestation of the loss of vital contact with reality. In his book, *La schizophrénie*, he formulates a pathogenetic assumption that had already been sketched by Bleuler and Jung (1908) and later came to be shared by most psychiatric researchers:

> "The notion of schizophrenia, as a mental disease, can be decomposed into two factors, of different order: first, the schizoidia, which is a constitutional factor, highly specific, and temporally enduring throughout the individual's life; and, second, a noxious factor, of an evolutional nature, and which has the ability to determine a morbid mental process. This latter factor has, for itself, no definite taint, it is of a more unspecific nature, and the clinical picture to which it will lead will depend upon the ground on which it will act. Together with schizoidia, it will transform the latter into a *specific morbid process*, into *schizophrenia*." (Minkowski 1927, 50–51)

According to this framework, schizophrenia occurs only among vulnerable individuals, in the sense that the specific *schizoid/autistic vulnerability* is a necessary but not a sufficient condition for the development of the disease.

Minkowski disagrees with Bleuler's definition of autism as a morbid retreat that is accompanied by a predominance of inner life. Both of the two elements in Bleuler's definition are misleading. There are extraverted schizophrenics and there are schizophrenics with a poverty of inner

life, yet both groups are nonetheless autistic. Minkowski speaks, therefore, of *autistic behavior* or activity (*comportement*), which reflects a distinctive deformation of the general attitude towards the ambient world. The difference between Bleuler and Minkowski goes to the heart of their respective conceptions of schizophrenia. For Bleuler, the loosening of associative processes is a kind of *trouble générateur*, which facilitates retreat, shutting out of reality, and promoting of unrestricted fantasy. For Minkowki, loss of vital contact with reality and autism are nearly equivalent: *autism is the range of phenomena signifying loss of vital contact with reality*.

SCHIZOPHRENIC AUTISM

Autism, as Minkowski uses the term, is an anthropological notion that describes nothing less than the entire human person. In "a progressive extinction of life," certain schizophrenic patients complain of not being able to feel. The patient is "in contradiction with the flow and dynamism of life," and this contradiction is manifest in a sentiment of emptiness, in a disaggregation of personality, and in the predominance of static, immobilized elements. Realistic thinking is shaped by the essentially pragmatic goals of human reality. Autistic thinking, on the other hand, is not oriented to a specific goal or a specific future outcome. Also, it is not oriented toward communication with other people, but remains a private, subjective event, serving only the individual in question. The person's whole existence expresses this morbid arrest of mental life.

For Minkowski, neither the disturbance of affectivity nor the idiosyncratic nature of thinking ("fundamental symptoms," according to Bleuler) define autism exhaustively. There are also forms of action and overt behavior that may be called fundamentally autistic. Such activity reflects the *trouble générateur* of loss of vital contact and prompts the clinician to suspect the diagnosis of schizophrenia.

> "For example, one patient decides to protest against the death sentence of two American anarchists, something which has provoked a public outrage; he writes a letter in his own name, unknown though to the world, and decides to deliver it personally to the American ambassador himself. He is surprised when he is firmly taken away, escorted to a police station and finally blamed by his superiors….(Minkowski 1927, 156)

> Another female patient lives with her family in a small apartment very modestly furnished. Her husband's salary barely covers the absolutely essential expenses of the household. One day the woman declares that she wants to buy a piano, in order to allow the children to take music lessons (which they previously did, when the family's financial situation was much better); the husband tries to dissuade his wife, invoking several arguments, but to no avail. She takes a job on a night shift, speaks no longer of her plan, but one day the husband finds their modest living room dominated by an immense new piano, which is in a striking contrast to the rest of the interior…There is nothing morbid in the *content* of her desire, but nevertheless there is here a lack of something humanly essential. The piano, in this particular context, is only an impediment; its majestic splendour radiates a mark of discordance on the apartment." (Minkowski 1927, 154–155)

As Minkowski points out, the desires of these patients are not morbid, but the realization is unrealistic, inappropriate, marked by a peculiar disjunction from reality. The schizophrenics act in the world without a sense for natural, contextual constraints or worldly demands. This disjunction of acting from the tacit, intersubjective constraints reflects, therefore, a loss of vital contact. Occasionally, these acts are so "unreasonable" that one may speak about "crazy actions" ("*délire en acte*").[7] From the psychopathological point of view, the existence of a "*délire en acte*" is particularly clear when the act in question is *not* reflective of a frankly delusional state but rather points to *a morbid enacting* of more trivial mental contents. In describing these cases Minkowski also speaks about "acts without a tomorrow" or "acts in short-circuit."

> "One patient tells that he always enjoyed writing letters and had published a few literary essays. Gradually he stopped publishing but continued to write for himself. Finally he stopped putting his thinking in writing and said: 'the thought, which is non-registered in writing is volatile like a smoke and vanishes'….Certain patients occupy themselves with activities all the time, without a minute's pause. Another patient analyzes all his utterances and all his acts according to "principles of life." He feels that he is obliged to keep his mind

always busy and occupied; for example he even plans what to think about during a meal. Another patient, formerly an engineer, no longer speaks at all, does not move, and only responds very briefly to attempts at conversation. He explains that he finds it preferable not to act at all because all his previous attempts to act turned out to be futile." (Minkowski 1927; 166, 168–170)

Minkowski distinguishes *two forms of autism*, the "rich" and the "empty" (*autisme riche* and *autisme pauvre*). The phenomenon of dreaming is the prototype of the former, for it consists of an imaginary world in which a preponderant role is played by affective contents. This is the form that corresponds to Bleuler's (1911) original description of autism: a withdrawal from external reality to an unconstrained fantasy life. Rich autism (also called "plastic autism"), with its imaginative attitudes and dream world, testifies to a certain preservation of normal, vital elements in the affected personality.

Empty or aplastic autism, on the other hand, represents a more pure or *primary autistic state*. It is due to the morbid transformation of the personality with a loss of vital contact with reality and extinction of *élan vital*: "The schizophrenic is first and foremost a schizophrenic because he has a deficiency and not because he is a dreamer," writes Minkowski. The phenomenon of empty autism is mostly apparent in the person's inappropriate ways of acting as described above in particularly blatant form.

Schizophrenic Attitudes as "Phenomenological Compensation"

Minkowski presents a dynamic view of schizophrenic symptomatology. Certain aspects of symptomatology may be regarded as secondary, reactive, or compensatory attempts to cover up for the primary autistic defect. Minkowski refers to these as attempts of "phenomenological compensation." The mechanisms of compensation are attempts generated by the healthy part of personality, spared from the schizophrenic disaggregation, to find a new equilibrium. They are attempts to make up for a loss of contact with reality and a weakening of the dynamic factors in order not to dissolve completely. Such compensatory schizophrenic attitudes may be of varying intensity and their evolution is variable, but as a rule they rarely achieve their goals. They themselves are influenced and colored by the schizophrenic process (*trouble générateur*), as is apparent in their morbidly abstract character, lack of pragmatic value, sterility, and immobility. They are "mental stereotypes," comparable to stereotyped movements. Progressively, they come to permeate the behavior of the patient, not only in relation to emotionally significant stimuli, but also in trivial everyday circumstances. Unlike the affective tone of a normal person, the schizophrenic's emotional expression does not seem to be contextually rooted and relevant, but has a "mechanical," monotonous, or overly global quality.

Minkowski distinguishes between two types of compensatory schizophrenic attitudes. One occurs in conjunction with the rich form of autism and is marked by a distinctive affective or cognitive content—for example, excessive fantasy life, sulking, or constant regrets. The other occurs in conjunction with the empty, aplastic form of autism and is mainly characterized by a sterile, intellectuoid attitude. Although both attitudes are compensatory, there is an important difference. In the first type, the preservation of affectivity, no matter how feeble or inadequate, reflects the healthy resources of the person, while in the second type, the mechanisms of compensation are much more intimately influenced by the *trouble générateur*.

Rich Autism: Exaggerated Fantasy, Sulking, and Constant Regret

In normal fantasy or daydreaming, there is always a latent awareness of reality and a preservation of contact with the world. In schizophrenia, fantasy frequently co-exists on an equal level with reality or replaces reality altogether in determining the behavior of the patient. This morbid fantasy life rarely contains distinct and clear ideas, and its content tends to be rigid, stereotyped, and sterile. Another attitude is morbid sulking or irritability without apparent reason. Certain patients, from a very early age, display personality traits such as extreme egoism, sulking, obstinacy, or anger that tends to persist for

an inappropriately long time. Yet another type is "morbid regrets." A patient may constantly express remorse and regret in a stereotyped way: She lives only in the past, without orientation towards the future, and her statements contain no lively or affecting narrative and do not evoke any compassion in the listener. Such a patient never uses expressions such as, "If I only hadn't done this or hadn't done that," which would imply desire for some future state of affairs. She has lost all her vital contact with reality and lives in a static unchanging past. Minkowski concludes that the regrets of this patient are not actually determined by past events but, rather, reflect a morbid disaggregation of personality. It is important to remember, however, that these complaints are also vestiges of more normal regret and offer a direction for attempts to empathize with the patient's psychic life.

Empty Autism: Morbid Rationalism and Spatial Thought

The second type of schizophrenic attitude, associated with the pure autism of the empty or aplastic form, is of a more "rational-intellectual" nature, characterized by interrogation, morbid rationalism, and predominance of static and geometric factors. In the normal person, rationality interacts with an intuitive grasp of contextual proportions and limits. The schizophrenic distortion of *élan vital* results in a disequilibrium of factors of *durée* and of space, giving way to an exaggerated, morbid domination by logical and intellectual factors.

"One patient, without frank delusions or hallucinations, has experienced, at a particular moment of his life, a sentiment of 'moral regeneration.' Ever since, he has been trying to liberate himself from 'materialistic factors' and let himself be guided by 'impersonal principles.' In the search of absolute wisdom, a condition of happiness, 'one has to subtract all distracting influences and become alone.'

He adopts (a particular) pedagogical system, changing its principle once a week: he changes between strict military discipline to a principle of absolute indulgence or 'a liberal principle of tenderness.' His utterances are determined by the chosen principle, which means that most of the time he doesn't speak at all.

Despite his philosophical interest, he stops reading in order 'not to have his thinking deformed by the external influences.' He avoids being distracted in his reflections and isolates himself in order to search his private mental sources of philosophical insight. In this patient we see a total dominance of rational factors and disappearance of the richness, flexibility and dynamism of life. The point is no longer to realize something concrete and personal but more to search for vague and impersonal universals. He acted and reacted not under the constraints of specific environmental demands but under the influence of the entire world. Finally the patient manifested an 'antithetical attitude' where the life is seen as a question of yes–no, permitted–forbidden, useful–useless." (Minkowski 1997, 51–58)

Morbid geometrism manifests itself through a domination of spatial and mathematical/numerical aspects.

"One of the patients, since the age of 16, is obsessed by the problems in building constructions. He doubts their solidity and worries about the straightness of the school walls. 'I couldn't understand that the cement between the stones was not crushed by the weight of the heavy stones.' 'The *plan* is the only thing which counts in my life. I will never disturb my plan, I would rather derange life than the plan. It is a taste for symmetry, for regularity, which attracts me in the plan. Life has neither regularity nor symmetry and it's the reason why I *fabricate* reality. It is to the brain that I ascribe all my powers. I do not believe in the existence of something unless I have demonstrated it myself. For example: a female body affects the man. Why? This is something that I must question because I do not succeed in demonstrating it myself." (Minkowski 1997, pp 59–61)

Frequently these attitudes manifest themselves by a difficulty in using the first personal pronouns "I" and "me." These are replaced by third personal descriptions (e.g., "one"), as if the schizophrenic were an external observer of himself, using general and abstract indexicals. Similarly, temporal coordinates tend to be replaced by spatial indicators, a "*where*" instead of a "*when*."

Comment and Conclusion

Minkowski was first of all an insightful and gifted clinician, and all his theoretical work was firmly anchored in clinical observations. His case descriptions and analyses are among the best

published and have been a continuing source of inspiration for generations of clinicians.

In a historical perspective, Minkowski familiarized the French reader with the ideas of Bleuler and Kretschmer and introduced the concept of schizophrenia into French psychiatry. However, his own, original impact on French psychiatry remained rather weak (Tatossian 1979) and mainly limited to a circle of psychiatrists active around a psychopathological journal, *L'Evolution Psychiatrique*. Minkowski continues to be known and respected by phenomenological psychiatrists in France, Germany, Switzerland, and other countries. He stimulated attempts to describe the anthropological Gestalt (essence) of schizophrenia (Wyrsch 1946; Müller-Suur 1962) and contributed to a discussion of epistemological aspects of psychopathology. He is becoming increasingly familiar in the Anglo-Saxon world, thanks primarily to an early introduction to his work written by Laing (1963) and to a translation of parts of *La schizophrénie* by John Cutting (Cutting and Shepherd 1987). Also in France, there has been a continuous effort to reprint or reedit Minkowski's work, encouraged by such phenomenologists as Arthur Tatossian (1979) and George Lantéri-Laura and supported by Minkowski's children.

It is beyond the scope of this summary to evaluate the contemporary relevance of Minkowski's work, but two remarks seem necessary and appropriate. First, Minkowski's view of autism/loss of VCR as a *trouble générateur* reflects a profound psychopathological insight into the very essence of schizophrenia, an insight that continues to be useful for mapping the extent of the schizophrenia spectrum concept. Second, his conceptualization of the interconnections between *symptoms*, their *structure*, and the nature of psychopathological *comprehension* is regaining its importance in a historical period in which the limitations of a purely operationalist approach to psychopathology are increasingly becoming evident.

Biographical Afterword

Eugène Minkowski was born in St. Petersburg in 1885, grew up in Poland (at that time a principate of the Russian Empire), and died in Paris in 1972. He was the second of four sons in a Jewish family. His father was a successful grain merchant and ennobled by the tsar. Minkowski began his medical studies in Warsaw but graduated in Germany, as he was forced to leave Poland for political reasons. He returned to Russia in order to obtain the Russian equivalent of his German M.D. title. In 1912, he came to Switzerland and worked as an unpaid intern in Bleuler's clinic, where his future wife was a psychologist and member of the clinic's staff.

In 1915, during World War I, Minkowski volunteered for the French army, and from that moment his life remained closely tied to France. He was multilingual and his French was perfect. He felt at home in French culture but never lost contact with his multiple origins; for example, he continued to have professional contacts in Poland until quite late in his life. From 1918, he worked in the Paris suburbs until he was nominated Chief Psychiatrist at the Saint-Anne Hospital in Paris.

During the German occupation in World War II, Minkowski refused to wear the Star of David, as Jews were ordered to do. He and his family barely avoided deportation to the concentration camps and were rescued thanks to the assistance of several friends. According to a later statement from his daughter, "My father refused to leave France in 1940 because of the same ethical reasons which led him to the French army in 1915."

Minkowski was a prolific author of journal articles and books and often spoke at international psychiatric congresses. I would recommend four of his books for reading: (1) *La schizophrénie*, in which the author presents his main ideas about schizophrenia and which is illustrated with many clinical examples, (2) *Le temps vécu*, a more philosophical-phenomenological work with accounts of lived time and lived space and descriptions of schizophrenia and melancholia, (3) *Traité de psychopathologie*, which contains a full range of Minkowski's psychopathological reflections but may be difficult to understand without prior acquaintance with his main ideas, and (4) *Au-delà du rationalisme morbide*, an excellent collection of important articles, book-excerpts, and

lectures. Also available is an interesting collection of articles called *Vers une cosmologie*.

NOTES

1. I thank Dr. Josef Parnas for his critical comments on the first draft and his help in translating this paper, which was originally written in French. Dr. Louis A. Sass is gratefully acknowledged for his kind editorial contribution.

2. Bergson's views are compatible with contemporary theories about the self-organizing nature of complex systems.

3. Originally a sociological concept developed by Max Weber and imported into psychopathology by Karl Jaspers (Schwartz and Wiggins, 1987).

4. Note that the term "personality" in Minkowski's use is not equivalent to the current notion of personality (e.g., as in Personality Disorders). Rather, it refers to a *Self* or a *subject*. Similarly, the term "life" is used by Minkowski, following Bergson, to signify an ontological dynamism linked to durée.

5. See Bovet and Parnas (1993) for a comparison of Minkowski's and Heidegger's (1927) views of temporality.

6. The term "attunement" is used by Parnas and Bovet (1991) in their description of the schizophrenic autism. These authors equate Minkowski's "loss of vital contact," Binswanger's "breakdown of natural experience" (Binswanger 1963), and Blankenburg's "loss of common sense" (Blankenburg 1969, 1971) with a disturbance in the pre-reflective, bodily intentionality (for similar views, see Tatossian 1979).

7. According to Klaus Conrad (1958), who intensively studied more than 100 first-onset cases of schizophrenia, one of the prodromal features of schizophrenia, sometimes antedating the overt psychosis by many years, consists of such a "crazy action" (Unsinnige Handlung). See Bovet and Parnas (1993) for other examples and a translation of Conrad's crucial examples.

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