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From the Uncanny to the Delusional Atmosphere

A Loss of Reality Common to Neurosis and Psychosis?

De l'inquiétante étrangeté à l'atmosphère délirante

Une perte de la réalité commune à la névrose et à la psychose ?

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Abstract:

From the “uncanny” in aesthetics to the psychotic delusional atmosphere, and from the occasional disruptions of reality in neurosis to the neurological derealizations, feelings of strangeness cover a wide and heterogeneous range of experiences. These phenomena arouse a lot of clinical and epistemological issues, specially in the context of contemporary discussions of the notions of “attenuated psychosis” or “psychosis continuum”. A comparison between Janet’s and Freud’s descriptions of feelings of strangeness, and the analysis of delusional atmosphere provided by phenomenological psychiatry will lead to assess which clinical distinctions can be drawn within the experiences of strangeness, relying on different kinds of contact with one’s external and psychic reality.

Résumé:

De l'inquiétante étrangeté d'une œuvre d'art à l'atmosphère délirante psychotique, en passant par les vacillements de la réalité névrotiques, la catégorie des sentiments d'étrangeté apparaît particulièrement vaste. Or, ces phénomènes suscitent des questionnements cliniques et épistémologiques révélateurs des débats contemporains autour des notions de psychose atténuée et de continuum psychotique. La comparaison des descriptions des sentiments d'étrangeté proposées par Janet et Freud, ainsi que les analyses de l'atmosphère délirante par la psychiatrie phénoménologique, amèneront à interroger les différenciations cliniques pouvant être opérées au sein de ces phénomènes, selon les diverses modalités du rapport subjectif à la réalité mondaine et psychique.

Keywords: strangeness, delusional atmosphere, phenomenology, loss of reality, structural psychopathology

Mots-clefs: étrangeté, atmosphère délirante, phénoménologie, perte de la réalité, psychopathologie structurale

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The uncanny presents itself as a vacillation in the bearings of everyday reality that is hard to describe. It is both rare and commonly shared, and it calls into question what is evident or familiar: precisely those aspects that as a rule go unperceived but which color the usual perception of the world. Through its proximity to oneirism, to the fantasmatic sphere, or to archaic thought, the uncanny can appear to be a modality of those phenomena that are traditionally described as a “loss of reality.”

Yet, while the occasional experience of the uncanny is a light and transitory alteration, the psychiatric tradition essentially locates the uncanny in the register of psychosis, where it is thought to indicate a more radical and durable loss of contact with reality. It is thought of as a fundamental component at the moment of entering into the delusional atmosphere, indicative of a wide range of experiences described by patients: impressions of the loss of consistency of objects, perceptual or cenesthetic oddities, a sense of the radical artificiality of all entities or a sense of the imminence of the end of the world, and so on.

The polymorphous character of experiences of the uncanny invites us to examine with greater precision their clinical expressions and significations. Their occurrence in contexts as varied as aesthetic experience, the psychopathology of everyday life, the psychoses, confusional episodes, or even neurological affections, calls into question the unity of the category. Should we speak in terms of a continuum of the loss of reality that transverses these different contexts, made of gradations of intensity of the uncanny? Or is it rather a matter of experiences that are fundamentally heterogeneous in their subjective quality and in their mechanisms?

This question is closely linked to current discussions in psychiatry and psychology on the presence of “psychotic-like experiences” in the general population (Varghese, 2008) and the programs for identifying predictive signs of mitigated schizophrenia that were initiated in Australia under the aegis of P. McGorry. Indeed, these contemporary notions of mitigated

psychosis and schizophrenic prodromes draw on the conception of a psychotic continuum (Van Os, 2009), which poses with great acuity the question of whether experiences of a vacillation in the usual contact with reality are transversal or specific in character. In this article, we shall examine the various modalities of the loss of reality and its relationships with the dimensions of oneirism and fantasy, which together fall within the general category of strangeness. Furthermore, the necessity of the differentiated clinical descriptions of these phenomena and the subjective positions that underlie them will lead us to underline the clinical inadequacies of a general and deficitary conception of the loss of reality.

1. The Freudian Descriptions of the Uncanny: From Aesthetic Experience to the Neurotic Loss of Reality

Freud's 1919 essay devoted to the uncanny, *Das Unheimliche*, begins with a semantic analysis that immediately places it under the sign of a fundamental duality or ambiguity: *heimlich* refers to the familiar, but also, secondarily, to the concealed, and *unheimlich* is therefore both its opposite and its equivalent. The uncanny is thus anchored in the duality that is specific to the sphere of the intimate, between the security of the known and the secret disturbance. Founded on this tension between the familiar and the hidden, the structure of the uncanny is essentially that of the dialectic of the conscious and the unconscious, of a secret that has always been known while still being profoundly ignored.

The aesthetic experience of the uncanny thus emerges in a privileged way in an equivocal in-between space. Freud underlines this formal condition of the *Unheimliche* by drawing on Hoffmann's *Tales*: the uncanny emerges when the fantastical appears within realism in a way that is hard to identify, without any change in the tone of the narrative, giving rise to a vacillation in the conventions of reading that were hitherto assumed to be settled. This duality of register is manifest in the procedures that animate inanimate bodies, which are

particularly present in “The Sandman.” However, it is not first and foremost this cognitive indecision between interpretative schemes that lends the tale its air of strangeness, but rather the evocation of archaic modes of thought and fantasies that are constitutive of the psyche, notably the fear of castration. The Sandman tears out children’s eyes, and isolated body parts appear that possess their own life. The figures of the double and of the automaton send us back to a primary repressed, to magical and animist beliefs that only endure in the state of traces that are ignored by our present-day consciousness.

The uncanny would thus mark a telescoping between two heterogeneous modalities of thought, or between fantasy and reality. In the psychopathology of everyday life, it covers a wide range of lived experience, testifying to a more or less heightened degree of derealization. Some experiences, under the influence of fatigue or mental confusion, evoke a vacillation of the real or a blurring of the distinction between dream and reality, as in false recognition or impressions of *déjà-vu*. Other experiences draw on traces of magical thought, as in the unease generated by fortuitous repetitions or coincidences that, superposing the registers of chance and desire, send us back to the archaic belief in the omnipotence of thought, or the automatism of unconscious repetition.

In 1936, Freud’s account of his passing experience of derealization on the Acropolis invites us to understand experiences of the uncanny as episodes that are particularly revealing with respect to a neurotic and fairly commonplace modality of the loss of reality. In actual fact, it is no longer a matter of the *Unheimliche*, but an *Entfremdungsgefühl* that, more than the uncanny dimension, places the subject’s alienation and the dissolution of any perspective of familiarity to the fore. Because it draws on the register of desire and the repressed, this uncanny is the less the mark of a massive and passive loss of reality than an active and defensive refusal to believe in the present perception, aiming – by means of a mechanism

that is close to that of splitting – to protect the ego from the anguishing emergence of unconscious elements. Freud then compares the function and the mechanism of these feelings of the uncanny to dreams. These defensive and oneiric dimensions of the uncanny make it an experience that is both neurotic in its essence and open to a certain continuum in gradations of intensity, to the extent that dreams and splitting constitute mechanisms that are not very specific (Maleval, 1980).

2. Strangeness and Automatism in Janet’s Psychology

Whereas Freud describes the uncanny as a manifestation of the psychopathology of everyday life, Janet sees it as a characteristic of his psychasthenic patients. It is not a matter of a neurotic refusal to believe in a perception, but an attack on the “function of the real” that is responsible for the subject’s immersion in perception and action and for feelings of presence or consistence that are necessary for this immersion. This slackening of the subject’s investment in reality results from psychological automatism, which consists of the weakening of higher functions, leading the subject to an inferior level of functioning. This automatism, which is specific to the psychoneuroses, is not the result of a destruction of mental functions as in the psychoses and neurological affections, but a lowering of psychological tension, which deprive the subject of his usual anchoring in perception and action.

Unlike hysteria, which consists of a restriction of the field of consciousness, the main traits of psychasthenia are doubt and obsessions, which find their source in the feelings of incompleteness and incompletion that result from this weakening of tension. Stemming from this incompleteness, the sense of strangeness always refers back fundamentally to a form of derealization. The experience of a change in the world and the ego, the sense of emptiness or inconsistency, hold an important place in the accounts from patients that are reported by

Janet: “It was as though I were looking at the world through a veil, or a fog, or a cloud, as if I were hearing myself through a wall that separates me from reality.” Or: “All of a sudden things on the outside produced the effect of being funny; there is something that is not as it usually is. I lose the notion of exactitude. It’s like a twisting of reality.”¹

Now, it is not rare in these patients for the experiences of derealization and depersonalization to evolve towards a sense of being influenced, or a sense that the world is going to end, marking a delusional episode in psychasthenia, or else an entry into schizophrenia. Janet also notes that the feelings of strangeness can present in a way that is similar to the start of psychasthenia or paranoia. Insofar as it refers to a process of the loss of reality, the strangeness thus seems to transverse neurotic doubt, psychotic delusion, and neurological delusions. Although it appears in a prominent way in psychasthenia, its close link to oneirism and automatism as general potentialities of the psyche invites a reading that places it in a nonspecific continuum.

For Janet, the register of automatism evokes the hypotheses formulated in neurology by Jackson, which were introduced into psychology by Ribot: the pathological alterations start with the most recent and complex functions, right up to the most ancient and automatic, with the dissolution of a higher function triggering the liberation of lower tendencies that are normally inhibited. Thus, the sidelining of the constraints of the real cannot be dissociated from a growing predominance of the inner world and daydreams, both of which are cut off from any concrete realizations and escape all voluntary control. The strangeness bears witness to this slackening of the bond with the real that is correlative with a return towards automatism.

3. Strangeness and Psychotic Delusional Ambiance

In a register that is heterogeneous to the psychoneuroses described by Freud and Janet,

traditional psychiatry mentions numerous phenomena that fit into the category of strangeness at the onset of psychosis: perceptual or cenesthetic oddities, impressions that friends and family have been replaced by doubles or robots, feelings of an abrupt change in the self, diffuse perplexity and disturbance, and so on. These inaugural psychotic phenomena have been detailed in particular in phenomenology-inspired psychiatry. Thus, Jaspers sees the uncanny (*unheimlich*) as a fundamental dimension of the delusional atmosphere (*Wahnstimmung*), indicative of the qualitative transformation specific to the emergence of psychosis. It groups together the diffuse and pre-delusional feelings of change and oddness, referring not to determined objects, but rather to a coloration with respect to the world as such.

The description of this delusional mood was developed by Conrad in a 1942 study on the inaugural phases of schizophrenia in young German soldiers. He proposed to use the terms “*trema*” and “*apophony*” to name these early psychotic impressions of a world that had become strange, inconsistent, or false, often interpreted by the subject as heralding an event that would upset his or her existence or the existence of humanity. This ambient strangeness and its sense of foreboding cannot be dissociated from the phenomenon of personal signification (Neisser, 1892) or delusional perception (Schneider, 1955), conferring upon any element of the environment the value of a sign, a message that is personally destined to the subject and that has to be deciphered.

The descriptions that Conrad reports give some particular depth to the two aspects of the sense of strangeness: on the one hand, that of perplexity and feelings of artificiality, and on the other, that of a proliferation of signs and a qualitative transformation that cannot be reduced to mere derealization. For some patients, the first aspect dominates: one such patient declared, as he was looking out of the window, that it is “as if everything were artificial, as though it were a film with animals, birds, and

all the rest. There is also something wrong with my eyes: I can look at a point, but if I return to it ten minutes later, then everything has completely changed. There is something that does not agree.” Other patients describe, on the contrary, the fact that the strangeness, far from being reduced to a loss of familiarity and perceptual vividness, can consist in an increase of these same feelings: “Suddenly, the landscape changed radically, it became more beautiful, more welcoming, more familiar, as though all the thoughts were enchanted.”²

4. A Continuum of the Loss of Reality?

For authors who align themselves with Jaspers, it is the delusional atmosphere that lends the strangeness its specific coloration of a relationship to reality that is specific to psychosis, marking out a qualitative break in the subject. This conception is thus situated at the antipodes of the hypotheses that accentuate the clinical nonspecificity of inaugural psychotic experiences, placing them in a continuum of oneirism and the dissolution of contact with reality. This hypothesis first found a clear formulation in the work of Moreau de Tours: all states of mental alienation, from transitory cannabis intoxication to chronic psychoses, lean on the same common denominator, the “primordial fact” of madness. What is at stake here is a derealization that is profoundly similar to that of dreams, where the strangeness constitutes a particularly revelatory sign. The frequency of such experiences during the onset of psychosis also marks a prodromic or mitigated form of delusion, whose loss of reality constitutes the essence of madness. While Janet, striving to found the unity and the specificity of psychathenia, did not suggest such an explicit continuum, both authors anchor strangeness in oneirism and automatism, consisting of a breach of the adaptation to reality and a predominance of affects, fantasia, and dreams: “The link of the regular association of ideas being once broken, the most bizarre and extravagant thoughts, the strangest combinations

of ideas form and are installed, as it were authoritatively, in the mind.”³

The contemporary notion of “psychotic-like experiences” also draws on a continuist conception: a statistical continuum, through the presence of such experiences, at a subclinical level, in the general population, and a chronological continuum, with psychosis conceived of as a progressive intensification of these experiences (Dominguez, 2011). These unusual experiences cover very diverse phenomena: perceptual oddities, pseudohallucinations, paranormal-type beliefs, episodes of derealization and depersonalization, occasional experiences of strangeness, references of persecution, and so on. The experiences of perceptual illusions with schizophrenic hallucinations as well as those of strangeness with delusions of personal signification would supposedly be of the same nature, their pathological character being dependent upon a threshold of intensity, frequency, and persistence. These conceptions thus give new acuity to the question of the unity and the continuity of the uncanny in its link with derealization. Beyond their distinct clinical contexts, do the uncanny of everyday psychopathology described by Freud, the psychasthenic strangeness delimited by Janet, and the strangeness of the delusional psychotic atmosphere refer to a common phenomenology that is open to continuous gradations? This question can be clarified by examining their scope and their signification in a structural psychopathology: do the experiences of strangeness possess specific traits depending on the underlying psychical organization and clinical context that may be related to structural criteria?⁴ This hypothesis would imply not only the possibility of isolating criteria that would ground clinical differentiations within these phenomena, but also, inversely, the possibility of being able to draw on precise descriptions of these experiences in order to clarify the modality of the relationship with the specific reality of the subject.

If we look at the analyses proposed by Lacan in *Seminar III*, which was devoted to a structural

approach to the psychoses, this question seems to be a delicate one. Starting with Schreber's account, various experiences that refer back to a climate of strangeness and delusional atmosphere are mentioned, in particular oddities of cenesthetic sensation, a sense of the end of the world, and impressions of general artificiality that are particularly prominent in the descriptions of "fleeting improvised men." While these phenomena are not devoid of all clinical specificity, they do not seem to possess the same dimension of structural indication as the elementary phenomenon, insofar as the latter brings the subject's relation to language and the signifier immediately to the fore, and bears witness to the foreclosure of the symbolic that is specific to psychosis. While these phenomena generally accompany elementary phenomena on the plane of language or hallucination, the diffuse experiential transformations of strangeness stem rather from a dissolution of the imaginary reference points of experience. This lived experience of strangeness and derealization bears witness both to the prevalence of the register of the imaginary in the psychotic experience, for want of a symbolic structuration of this experience, and to the failing of specular cognizance at the base of this imaginary register. To the extent that structure draws on the subject's relation to the symbolic, and that the imaginary register does not possess any structural diagnostic scope, strangeness can appear to be a prepsychotic or parapsychotic phenomenon, but one that possesses little specificity.⁵ In this sense, it may be situated on a continuum of the dissolution of usual reference points of familiar reality that goes from neurosis to psychosis, passing via neurological alterations of perception and identity.⁶ However, the phenomena that mark the onset of psychosis in the form of a "veritable chain reaction at the level of the imaginary" testify to the impossibility of any neurotic "symbolizing compromise."⁷ In this sense, they appear as a direct effect of foreclosure, and may be described as a "delocalization of jouissance" (Maleval, 1996). These elements invite a deeper

examination of the various subjective positions with respect to reality and the fantasy with experiences of strangeness at their base.

5. Strangeness, fantasy, and the loss of reality

In the image of Janet's affliction of the function of the real, numerous transversal and continuist conceptions of strangeness accentuate its dimension of derealization or of reality loss, this being the common denominator to experiences of depersonalization, false recognition, a sense of artificiality, or even cenesthetic oddities. The lost reality is essentially external, objective reality, defined as a sphere of perception and action, with this loss of contact being inseparable from an invasion of the subject by the internal and subjective sphere of affects, fantasies, and daydreams. This general model seems also to be capable of embracing the Freudian uncanny and psychotic or psychasthenic experiences: both the *Unheimliche* and the *Entfremdungsgefühl* described by Freud can in effect be attributed to a one-off failure of repression. They can also be understood as a modality of telescoping between perception and fantasy. In the same sense, the fact that Lacan situates the uncanny in the register of the imaginary could prompt us to describe it as an invasion by the fantasmatic sphere.

If, however, one follows with greater precision Lacan's analyses of the uncanny in *Seminar X* on anxiety, the structure of the experience of the uncanny appears to be founded rather on a transitory failing of the fantasmatic function. Contrary to deficitary derealization, Lacan effectively links the uncanny to the presentification, in reality, of an incarnation of the object *a*, the sign of which is anxiety. It is as an apparition that this object comes to fill the structural place of lack that is essential to the dynamic of desire and the fantasy. Thus, the sense of the uncanny marks a failure of the fantasy. The *Unheimliche* would thus consist neither of a slackening of the anchoring in perception, nor of an overflow of the real by the

fantasmatic dimension. On the contrary, it would be a matter of a direct face-to-face with a dimension that does not enter into the mediatization the fantasy, since the fantasy provides reality with its frame.⁸

The image of the double, a privileged figure of the *Unheimliche* described by Freud, illustrates in particular this experience in which a specular apparition turns any place for the lack that structures a desiring relationship with the world into an impossibility. Where fantasy's play of substitutions usually covers the loss of the object *a*, the unmasked emergence of this object refers back to that which cannot enter this imaginary dimension: the strangeness bears witness, then, to the loss of the familiarity that is usually attributed to the world through the subject's fantasmatic investment.

This strangeness is not unrelated to the dimension of oneirism, in the sense that it is located in the intermediate space that lies between the external and internal spheres. It is this in-between space that forms the specificity of the experiences of strangeness, rather than a prevalence of internal productions, fantasies, or daydreams over adaptive constraints on external reality. In this sense, the oneiric dimension of the uncanny cannot be reduced to the unforeseen emergence of the repressed or to a predominance of the fantasy:

It is not linked, as some have reckoned, to all sorts of irruptions of the unconscious. It is linked to a sort of imbalance that is produced in the fantasy, and insofar as the fantasy, crossing the limits that were initially assigned to it, comes apart and finds again the very thing that joins it to the image of the other.⁹

Understood in this way, as a presentification of the object *a* and a vacillation of the fantasy, the strangeness is, in itself, specific to neither neurosis nor psychosis (Maleval, 1996): here once again, it is open to a transversal and continuist clinical expression, from its occasional occurrences in neurosis to total invasion by the object *a* in psychosis. This continuity does not, however, lean on a deficitary continuum of the

loss of external reality, but on the subject's position in relation to the fantasy insofar as it is a support to the relation with the world.

6. A Strangeness Specific to Psychosis?

Does asserting a certain continuity of experiences of strangeness amount to placing them in a unique category of quasipsychotic phenomena, referring widely back to psychosis in its link with derealization, without being specific to it? This point of view would imply considering these experiences as isolated from any clinical context and any underlying psychical structure. Taking into account these dimensions invites us, on the contrary, to examine the specific coloration and the specific function of these experiences, in particular during the onset of psychosis, where they seem to be able to contribute to the delimitation of a distinct phase that precedes the delusion. In this regard, it can be instructive to draw a parallel between the analyses of structuring psychoanalysis and phenomenological psychopathology: these two approaches are effectively opposed to a deficitary conception of the loss of reality, founded on the idea of an external reality that would be directly accessible to the subject, outside of any symbolic structuring or intentional constitution.

Following in the line of phenomenological descriptions of the delusional atmosphere, L. Sass proposes a reading of the Schreber case that accords a decisive place to phenomena of strangeness. They participate in the emergence of a general coloring of the atmosphere that forms a rupture in the subject's existence, drawing on the loss of a prereflexive contact with the world, such as it is described by Husserl in his late writings. It is this loss of the immediate immersion in the world, and the loss of basic natural evidence, constituting the unperceived frame of the relationship with the world, which is the specific characteristic of subjective transformation in psychosis, in opposition to a regression to an archaic, fantasmatic, oneiric, or automatic mode of thought that stems from the predicative dimension. This

specifically psychotic strangeness translates the solipsistic attitude that results from this detachment from the world, which places the subject in the position of a spectator, and which cannot be dissociated from the development of a hyperreflexivity, at the source of a reification of mental and bodily experiences. The main feature of this strangeness of the world consists, then, in its cold, uninhabited concreteness, which the loss of natural certainties deprives of any solid foundation, which often leads the subject to preoccupations of an ontological or metaphysical order.

In keeping with Conrad's analyses, the descriptions proposed by L. Sass shed light, besides this affliction of a basic level of the relationship with the world, on phenomena of signification and of reference that confer upon this strangeness its specifically psychotic quality and prevent it from being reduced to a mere dissolution of perception. By naming this atmosphere of strangeness "troubling particularity," L. Sass underlines how the psychotic strangeness cannot be dissociated from the sense of being personally targeted by phenomena from the ambient world, phenomena that have been created expressly for the subject. These experiences, which L. Sass refers to the solipsistic positioning, are very frequent in Schreber, who qualifies them as "miracles." This is how he describes the miracle of the wasps:

These animals always appear on definite occasions and in definite order around me; they appear so frequently that there is no doubt of their being each time newly created; they cannot possibly have existed before and only been driven into my company accidentally.¹⁰

The impression that things have been newly created allows us to grasp the extreme degree of strangeness that, over and above the loss of familiarity, breaks any continuity in the apprehension of phenomena and forces the subject to recreate, from one moment to the next, the signification and the *raison d'être* behind each event.

In the analyses of the first phases of psychosis proposed by J.-C. Maleval (1996), following Lacan's line and also using Schreber's account, it is likewise their character of a subjective break that confers upon phenomena of strangeness their clinical scope in pre-delusional experiences. Where neurotic strangeness remains in the sphere of that which can be interpreted, through its link with the subject's desires and defenses, the strangeness during the onset of psychosis is marked by the subject's fundamental perplexity in the face of the upheaval of the signifier and jouissance, which is borne out by the elementary phenomena in language and the oddities of cenesthesia. The strangeness of psychosis constitutes both an imaginary dissolution and an imaginary compensation faced with the confrontation with nonmediated elements that have not been structured by the symbolic dimension. This analysis leads Maleval to underline, just as the phenomenological tradition does, the fundamental and ontological register of this perplexity, which corresponds to an absence of frame and an absence of foundation that would make significations hold up. As in Conrad's description, it is the sense of personal signification that confers upon phenomena of perplexity and strangeness their specifically psychotic coloration: it is the relation to the signifier indicated by this phenomenon that possesses a scope for the structural clinic of the psychotic experience.¹¹

The impression of being targeted by elements of the environment, which the delusion could constitute as a determined enigma, is what distinguishes the climate of strangeness in the onset of psychosis from the momentary refusal to believe in a perception's reality, or a dissolution of more lasting reference points, that can come about in neurosis. The world becomes evocative, not of repressed significations, but of strange signifiers and multiple messages, producing in the subject not an effect of alienation linked to his or her own desire and division, but rather a persecutory imbrication and a total strangeness.

Conclusion

Psychopathological tradition clearly distinguishes between phenomena of the uncanny that refer to a neurotic modality of the vacillation of reality and experiences of strangeness that frequently mark the emergence of dissociation and the delusional atmosphere during the onset of psychosis.

The underlying experiences of these two types of clinical manifestation can, however, in many cases, seem to cover one similar phenomenology; a similitude that contemporary conceptions emphasize by accentuating a vast category of experiences termed “psychotic-like experiences.” The question of clinical differentiations – of a phenomenological or structural register – that may be posed with respect to experiences of the loss of reality, thus finds particular acuity and contemporary relevance.

While both Janet and Freud confer upon the sense of strangeness a revelatory value within clinical manifestations of the vacillation of

reality, Janet situates these phenomena in a continuity of the loss of the function of the real and of the predominance of automatism and oneirism, whereas Freud invites us to refer them to the subjective position with respect to the fantasy and the repression that is characteristic of neurosis.

The approach of phenomenological psychiatry strives to isolate, notably through analyses of the delusional atmosphere, the markers of a relationship with the world that specifically define the psychotic register. Psychoanalytical psychopathology and phenomenological psychopathology can, to this extent, provide elements of clinical differentiation within the sense of strangeness that go beyond the apparent similarity in the way it is lived.

For each of these two approaches, these differentiations invite us to examine, rather than a deficitary blunting of the perception of reality in its purely external dimension, the conditions of a subjective position that confers upon reality and the experience of its consistency its frame and its anchoring in intersubjectivity.

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Notes:

- ¹Janet, P. (1919). *Les obsessions et la psychasthénie*, tome I. Paris: Félix Alcan, p. 288-290.
- ²Conrad, K. (1958). *Die beginnende Schizophrenie*. Stuttgart: Thieme Verlag, p. 131-132.
- ³Moreau de Tours, J. (1845). *Du haschich et de l'aliénation mentale*. Paris: Fortin, Masson & Cie, p. 105.
- ⁴This research perspective into psychotic-like experiences has been proposed by R. Evrard (2011), in line with the work of J.-C. Maleval (1981) on the clinical and structural distinctions between neurotic and psychotic delusions.
- ⁵This conception locates Lacan in the same line as the descriptions of mental automatism given by De Clérumbault: phenomena of strangeness are part of this syndrome, but what makes the latter specific to psychosis leans on the parasitic and xenopathic character of the experiences, rather than on the character of strangeness that is also to be found in states of mental confusion.
- ⁶S. Thibierge (1999, 2009) stresses in particular this continuist understanding of phenomena of strangeness on the basis of Lacanian analyses, with the strangeness resulting also from an occasional failing of neurotic repression, from a psychotic dissolution of specular reference points, or from neurological disorders with respect to the recognition of the body image.
- ⁷Lacan, J. (1993). *The Seminar of Jacques Lacan Book III, The Psychoses, 1955-1956*, edited by J.-A. Miller, transl. by R. Grigg, New York / London: Norton & Co. / Routledge, p. 87.
- ⁸Lacan, J. (2012). "Address on Child Psychoses" (1968), translated by A. R. Price & B. Khiara-Foxton. In *Hurly-Burly, The International Lacanian Journal of Psychoanalysis*, 8, p. 273-274.
- ⁹Lacan, J. (2003). *Le Séminaire, livre VI, Le désir et son interprétation* (1958-1959), lesson of 15 April 1959.
- ¹⁰Schreber, D. P. (2000). *Memoirs of My Nervous Illness* (1903), translated by I. Macalpine & R. A. Hunter, revised reprint with an introduction by R. Dinnage, Harvard University Press, p. 186.
- ¹¹F. Sauvagnat and J.-C. Maleval (1991) thus approve Conrad's critique of M. Sécheyahé's case of Renée: the authors stress how, despite the predominance of phenomena of strangeness and derealization in the descriptions of this patient, her lived experiences are anchored more in the context of a hysteria than in a psychotic structure, due to the absence of any sense of personal signification.

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