

Hyperreflexivity as a condition of mental disorder: A clinical and historical perspective

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Hyperreflexivity, understood as intensified self-consciousness in which subjects disengage from normal forms of involvement with nature and society, often considering themselves as objects of focal awareness, is proposed here as a condition of mental disorders, without which they would not exist. This thesis is argued from a dual perspective: clinical and historical. In the clinical perspective, it is shown that hyperreflexivity is not merely concomitant with mental disorders, but indeed has causal priority over them. Empirical evidence of a correlational, experimental and therapeutic nature, or deriving from cultural change, supports this claim of causal priority. In the historical perspective, it is shown that hyperreflexivity depends on certain historical-cultural circumstances that have prevailed since the Renaissance. These circumstances have to do with the emergence of the modern subject, displaced, autonomous and condemned to a hapless 'interior journey'. This means that mental disorders as such would not have existed prior to that era. Nor in the wake of the Renaissance would mental disorders automatically come into being, depending as they do on a reflexive, institutional clinical context, which would not emerge until practically the nineteenth century, but which would extend swiftly from then on.

La hiperreflexividad como condición de los trastornos mentales: una perspectiva clínica e histórica. La hiperreflexividad, entendida como autoconciencia intensificada en la que el sujeto se desvincula de las formas normales de implicación con la naturaleza y la sociedad tomándose a sí mismo como su propio objeto, se propone aquí como condición de los trastornos mentales, sin la cual éstos no existirían. Esta tesis es argumentada en una doble perspectiva: clínica e histórica. En la perspectiva clínica se muestra que la hiperreflexividad no es un mero concomitante de los trastornos mentales, sino que tiene prioridad causal sobre ellos. Esta prioridad causal es sostenida por evidencia empírica de tipo correlacional, experimental, terapéutica y de cambio cultural. En la perspectiva histórica se muestra que la hiperreflexividad depende de ciertas circunstancias histórico-culturales dadas a partir del Renacimiento. Estas circunstancias tienen que ver con el surgimiento del sujeto moderno, desvinculado, autónomo y abocado a un desdichado 'viaje interior'. Quiere decir que los trastornos mentales propiamente dichos no existirían antes de esta época. Después de ella, los trastornos mentales tampoco existirían de forma automática, porque dependen de un contexto clínico reflexivo, institucional, que no se empezaría a dar prácticamente hasta el siglo XIX y sería galopante en adelante.

The thesis I shall propose here is that hyperreflexivity is the condition for mental disorders to exist. I am not saying that hyperreflexivity is the original cause of mental disorders.

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According to my thesis, these derive from certain life problems —conflicts, difficulties, frustrations. The role of hyperreflexivity, I argue, is to convert these life problems into «mental disorders», that is, into sets of symptoms that have an internal cause, imply pathological modes of experience, and require specific treatment.

Given that I also understand hyperreflexivity as a historical-cultural phenomenon —and not a universal psychological process— mental disorders, on my view, would not always have existed, nor would they exist in all cultures. Life problems have never been lacking, of course, but without hyperreflexivity, I shall argue, they would not become psychological problems, but rather something else, or perhaps nothing in particular.

Once established historically, hyperreflexivity is both an institutional and an individual psychological phenomenon. This is related to the fact that certain institutions, such as clinical practices, participate in the fashioning of mental disorders. In this

sense, neither would mental disorders be natural entities «out there» waiting to be discovered, nor would clinical practices be objective systems of discovery.

But what *is* hyperreflexivity? According to Louis Sass, hyperreflexivity is an intensified form of self-consciousness in which the subject disengages from normal forms of involvement with nature and society, often taking itself, or its own experiences, as its own object (Sass, 1992, p. 37). Reflexivity being one of the loftiest conditions of the human being, hyperreflexivity emerges as a paradoxical effect of reflexivity itself, as though greater awareness of oneself brought with it a danger and an illness – as Nietzsche indeed warned.

I shall begin by considering hyperreflexivity from the current clinical perspective, and later shall consider it from a historical perspective.

Hyperreflexivity in psychopathology today

What I am calling hyperreflexivity is recognized within the clinical context under several different names, such as self-consciousness, meta-cognition, worry, rumination, self-focused attention and, of course, hyperreflexivity (Davey & Wells, 2006; Ingram, 1990; Nolen-Hoeksema, Stice, Wade, & Bohon, 2007; Sass & Parnas, 2003; Wells, 2007; Woodruff-Borden, Brothers, & Lister, 2001).

I prefer the term hyperreflexivity because, while retaining a psychological and psychopathological sense, it also has a philosophical and cultural dimension that the other terms (such as rumination or self-focused attention) lack, since the latter are conceived purely in clinical terms. Thus, hyperreflexivity will give easier access to the historical perspective to which I have referred. In any case, however, until I actually introduce this historical perspective, later in my lecture, I shall make use of the more widely used terms self-focused attention and rumination.

Self-focused attention has been defined by Rick Ingram, of San Diego State University, as «an awareness of self-referent, internally generated information that stands in contrast to an awareness of externally generated information derived through sensory receptors» (Ingram, 1990, p. 156). Self-focused attention is not necessarily pathological. Indeed, a distinction has been made between adaptive and maladaptive forms of self-focus (Watkins & Teasdale, 2004). For example, adaptive forms of self-focus, such as mindful self-awareness or acceptance, not only do not exacerbate symptoms, but can actually be therapeutic. Maladaptive or pathological self-focused attention implies a process of self-absorption, «defined by excessive, sustained, and rigid attention to information emanating from internal sources» (Ingram, 1990, p. 169). Unless I indicate otherwise, I shall be referring to self-focused attention in this maladaptive sense of self-absorption or, to use another term, rumination.

Self-focused attention has been linked to a wide range of clinical problems, including depression, anxiety, obsessive-compulsive disorder, social phobia, panic attacks, anorexia, bulimia, substance abuse and schizophrenia (Davey & Wells, 2006; Ingram, 1990; Mor & Winquist, 2002; Woodruff-Borden, Brothers, & Lister, 2001). Given the manifest ubiquity of this process, it is difficult to find any mental disorder that does not involve increased self-focused attention.

The question is whether self-focused attention is a mere companion that follows the appearance of the disorder, or whether it is actually a condition for the emergence of the disorder, as I shall try to argue. In principle, the former possibility would appear to be the most viable one, since in the presence of a disorder it is logical for it to monopolize our attention and preoccupation. We are depressed, and this leads us to focus on how we are, what we feel, what we think. However, the second option —undoubtedly paradoxical— is more interesting, since it opens up the possibility that self-focused attention might actually be a condition for the development of the disorder. We ruminate on how we are, what we feel, what we think, and this leads us to end up suffering from depression. Although the most plausible solution might be to acknowledge without further ado a reciprocal process between disorder and self-focused attention, such a process would be difficult to conceive without involving some causal priority. According to my thesis, this causal priority would lie with self-focused attention.

Such causal priority of self-focused attention is supported by empirical evidence of various types: correlational, experimental, therapeutic and cultural.

Correlational studies show that the self-focused attentional style is a vulnerability factor for negative affect. Thus, for example, students at Stanford University with more ruminative styles had longer and more severe periods of depression after the San Francisco earthquake of 1989 than those with more distracting, mastery-oriented response styles. By coincidence, Susan Nolen-Hoeksema and Jannay Morrow, leading authors in this research field working at Stanford, had measured among other variables the ruminative style of more than 200 students just ten days before the earthquake, and took advantage of this natural disaster to test the hypothesis that the ruminative style predicts depression and post-traumatic stress, which was indeed found to be the case (Nolen-Hoeksema & Morrow, 1991).

Experimental studies show that the induction of self-focused attention has adverse emotional, cognitive and behavioural effects. Experimental induction usually involves instructing some participants to focus on themselves and others to focus outside of themselves.

Thus, a study by Sonja Lyubomirsky and colleagues, also at Stanford University, compared two conditions, one of rumination and the other of distraction. The rumination condition required participants to concentrate their attention on thoughts that were emotion-focused, symptom-focused, and self-focused, though participants were not told specifically to think about negative emotions or negative personal attributes. For example, they were asked to think about «your current level of energy», «the physical sensations in your body», «what your feelings might mean», «your character and who you strive to be», and «why things turn out the way they do». In contrast, participants randomly assigned to the distraction condition concentrated their attention on thoughts that were focused externally and not related to symptoms, emotions, or the self. For example, they were asked to think about «a boat slowly crossing the Atlantic», «the expression on the face of the Mona Lisa», and «a truckload of watermelons». The results showed that those in the rumination condition, compared to those in the distraction condition, experienced more depressed mood, had more persistent thoughts, and blamed themselves more for their problems, and that they perceived their problems as more overwhelming and difficult to resolve than they actually were (Lyubomirsky, Tucker, Caldwell, & Berg, 1999).

Given that self-focused attention can be ruminative, maladaptive, or non-ruminative, adaptive, these conditions have also been experimentally induced. The maladaptive condition was defined as a form of *analytic self-focus*, consisting in analyzing and evaluating certain experiences (e.g., «Why did you feel this way?»). In turn, the adaptive condition was defined as a form of *experiential self-focus*, consisting in focusing on the experience of the moment (e.g., «How did you feel moment-by-moment?»). Participants, depressed patients, who had been instructed to focus in an *experiential way* on the symptoms, significantly reduced pathological memory (associated with poorer clinical course), but this was not the case for those who had been instructed to use an *analytic focus*, who dwelt on negative memories, according to studies by two researchers in Britain, Ed Watkins of Exeter University and John Teasdale at Cambridge (Watkins & Teasdale, 2004).

Therapeutic evidence shows that the reorientation of patients outside of themselves opens up a path to solution of their problem. This route is suggested by the studies cited above, in which distraction rather than rumination, and the experiential form of self-focused attention rather than the analytic form, are found to be adaptive. In any case, classical psychological therapies—including Existential Therapy, Strategic Therapy and Gestalt Therapy—had already brought this solution into play, prior to and independently of such studies.

But it is probably the latest generation of behavioural therapies that best represent this reorientation of patients or clients outwards, away from themselves, rescuing them from their self-reflexive circuit. I am referring in particular to Acceptance and Commitment Therapy, developed by Steve Hayes and colleagues at the University of Reno (Hayes, 2004), and Behavioral Activation, developed by Neil Jacobson and colleagues at Washington University (Dimidjian, Hollon, Dobson et al., 2006). Both begin by showing that the key to the different psychological disorders is a kind of pernicious relationship between oneself and one's own private events—anxiety, fear, sadness, intrusive thoughts, voices, etc.—which prevents us from getting on with life—solving the pressing problem, changing the situation, seizing new opportunities, clarifying and applying values, and so on.

In this regard, Acceptance and Commitment Therapy proposes the *acceptance* of such events and at the same time the *commitment* to act in the direction of values. The acceptance involved is an experiential type, similar to mindfulness. For its part, Behavioral Activation highlights the fact that the activation of behaviours aimed at contact with environmental contingencies is more effective for coming out of a depression than analysis focused on cognitions—automatic thoughts, attributions, schemas, etc.—as practised by cognitive therapy. These and other therapies succeed in showing that the reorientation of patients outside of themselves is therapeutically more effective than attempts at suppressing or analyzing private events.

Cultural changes also show that self-focused attention mediates the influences of culture on psychological symptoms. This can be observed, for example, when people from Asian cultures emigrate to Western countries. As is well known, Asian people pay more attention to interpersonal and somatic aspects of the self, while Westerners are more concerned with introspective aspects, such as thoughts, feelings, or the self itself, so to speak.

It has been seen how Asian emigrants—Chinese and Japanese—to the USA come to pay increasingly more attention to aspects of the self, and less to somatic aspects. The changes in the focus of self-attention would appear to explain the changes in the experience of depression, which includes more affective and fewer somatic symptoms as the level of Western acculturation increases, according to a study by Hongtu Chen and colleagues at Harvard Medical School (Chen, Guarnaccia, & Chung, 2003).

Although it has yet to be demonstrated, it can be predicted that the experience of depression in Asian countries will take on a progressively more introspective dimension the more influence they receive from Western culture. According to the Western model of depression, it can be estimated that there are currently of the order of 100 million Chinese who are depressed without knowing it. But know it they shall, as soon as the sensitization campaigns mounted by pharmaceutical companies start shaping their experience of everyday nerves, as has occurred in the West over the last 20 years. The implication is that the experience of mental disorders is to a significant extent mediated by cultural influences, observable even within the space of a few years. In any case, my interest here is in a much longer historical perspective.

In this historical viewpoint, the clinical perspective to which I have referred would be nothing more than the present-day manifestation of a phenomenon that needs to be analyzed with regard to its sources and the conditions that make it possible. With a view to taking on this historical perspective, I shall return to the term hyperreflexivity.

Hyperreflexivity in modernistic literature

This hyperreflexivity or intensified self-consciousness was already observed, well before today's clinical psychologists, by the authors of literary works in the late 19th and early 20th centuries throughout Europe, from St. Petersburg to Lisbon, from Prague to Paris. It suffices to recall a few authors and some of their hyperreflexive characters.

In St. Petersburg we find Fyodor Dostoevsky. Dostoevsky, speaking through the unnamed character in his 1864 work *Notes from the Underground*, says: «I swear, gentlemen, that to be too conscious is an illness—a real thorough-going illness. For man's everyday needs, it would have been quite enough to have the ordinary human consciousness, that is, half or a quarter of the amount which falls to the lot of a cultivated man of our unhappy nineteenth century [...] It would have been quite enough, for instance, to have the consciousness by which all so-called direct persons and men of action live.» This hyperconsciousness derives from reflection on the causes of one's own behaviour, questioning what the normal person, *l'homme de la nature et la vérité*, would take for granted, adjusted to nature and to the truth. The hapless thinking man, with his extreme sensitivity, piles up around himself, in the form of doubts and questions, a great accumulation of wretchedness and gloom.

Prague provides us with the example of Franz Kafka. Kafka himself appears as a creature of the subsoil, with his hypersensitivity, extreme self-consciousness and continual self-scrutiny. Although practically all his works offer personal proof of this problem, we shall recall only *Investigations of a Dog*, from 1922, a story whose dog-narrator acts as Kafka's *alter ego*. The dog is a kind of philosopher who, through his compulsive habit of pondering and asking about the canine condition, ends up living a

marginal and, in his own words, «solitary and withdrawn» existence.

In Paris we find Charles Baudelaire. Baudelaire both described and contributed to inventing the sensitivity of modern life. As he says, the life of large cities needs a new language: «a poetic prose, musical without rhythm and without rhyme, malleable enough to adapt to the lyrical movements of the soul, to the undulations of dreams, to the sudden starts of consciousness.» Baudelaire writes this in the preface to *Le Spleen de Paris: Petits Poèmes en Prose*, from 1864. *Spleen* is precisely the new sensitivity that Baudelaire cultivated. As you will recall, *spleen* is a complex emotion, made up of nostalgia, melancholy, disappointment, bitterness, tedium, boredom and irony. This modern experience is for Baudelaire not a mere passive sensitivity, but an authentic form of life and of experiencing the city.

From Lisbon comes Fernando Pessoa. Pessoa is another unfortunate consciousness of modern life. He gave expression to his particular Lisbonese *spleen* in his *Book of Disquiet*, a poetic diary, of prose poems written between 1913 and 1935. Pessoa's disquiet is marked by tedium, affliction, the anguish of living, in sum, by the malady of life. The malady of life is for Pessoa the illness of being conscious. «Life's basic malady, that of being conscious, comes into my body and discomfits me». Pessoa's strategy for dealing with the malady of life is the creation of heteronyms. «To create another Self that takes on our suffering, that suffers what we are suffering. Next we need to create an inner sadism, completely masochistic, that enjoys its suffering as if it were someone else's». We are talking here about a somewhat schizoid strategy, as protection against others and distancing from oneself, projecting oneself into another. Although Pessoa's highly literary self-reflexivity indeed contributes to the malady of life — with its poetic creation and its masochistic recreation — it also holds a cure.

These references highlight the fact that intensified self-consciousness characterizes the experience of modern life. I am referring here to an experience in which people disengage from normal forms —spontaneous, ingenuous, simple— of relating to the world and society, taking themselves, or their experience, as the object of reflection. This modern experience can take various forms, from more sophisticated and poetic ones to other, more common and prosaic ones. Among the sophisticated and poetic forms would be the aesthetic reflexivity and ironic distancing of the cited authors, especially Baudelaire and Pessoa. Among the common and prosaic forms would be the 'nerves' of everyday life —anxiety, depression— and alienation —and I would include schizophrenia here. These common and prosaic forms of experience probably give rise to a large part of neuroses and psychoses, whose clinical forms, indeed, were defined in this same modern era —you will recall Kraepelin and Bleuler, not forgetting, of course, Freud.

In any case, the prosaic form of the disorder is not without its own *poetry*, not only when patients write their stories, as many do, but also when clinicians do so, in accordance with their practices —descriptions, interviews, diagnoses, explanations, protocols, and so on. *Clinical literature*, however clinical, is literature all the same. Just as the literature of writers both expresses the modern experience and contributes to experiencing it —for example, Baudelaire's *spleen* became a general sensitivity— *clinical literature* both describes and prescribes what happens to patients —for example, the current propagation of depression.

Given the role of *clinical literature* in the shaping of the experience of mental disorders, we should be talking here about institutional reflexivity, but we must continue in our quest for the sources of this modern reflexivity. If before today's clinical psychologists came the modernist figures of literature, even before them were the modern philosophers, beginning with Descartes, through Locke and Rousseau, and ending up with Kant.

Hyperreflexivity in modern philosophy

Descartes is considered the founder of the modern subject, by virtue of his famous «I think, therefore I am», in his *Discourse on Method* of 1637. The important point here is that Descartes takes self-awareness as the basis on which to build philosophy, and hence knowledge and the very existence of the world. If Descartes' contribution is to place the subject at the centre of modern philosophy, then «Descartes' error» is to conceive that subject as an immaterial substance separated from the world and from its own body. But this «error» would become established as the «official doctrine» of the modern mind, a mind supposedly self-founded and locked into itself. As Sass argues, «The essential implications of Cartesianism for the modern self might be summed up in two words: disengagement and reflexivity».

For his part, it was Locke who introduced the term «personal identity», in 1694, in the second edition of his work *An Essay Concerning Human Understanding*. The question for Locke was to understand the stability and durability of the self in spite of its divisions and discontinuities. He proposed consciousness as the condition of personal identity. The self itself —says Locke— exists insofar as its consciousness can be extended backwards to any action in the past. Being the same consciousness is what «makes a man be himself to himself, personal identity depends on that only». The self-consciousness on which identity is based is the consciousness not of a thinking substance (as in Descartes) but rather a corporeal and socially articulated one. Locke's consciousness is not so much a matter of knowledge as a matter of responsibility and self-control.

Rousseau, in his *Confessions*, completed in 1770, lends support to the interiority of the modern self. As he says, what is proposed is to reveal interiority, to expose «a man as he is inside». Rousseau finds the source of authenticity for this revelation in the self itself. Nature would be the ultimate source of authenticity. Feeling, rather than thought, would be the starting point. *I feel, therefore I exist*, could be Rousseau's motto. Indeed, in his own words: «I felt before I thought; that is the common fate of mankind». The inner, natural person described by Rousseau is self-sufficient, creator of itself. In this sense, the modern Rousseauist self, which feels and creates its own existence, would appear to be the heir to attributes previously assigned to God.

Finally, Kant established the trilogy of the modern subject: thought, will and feeling, as though to unite Descartes, Locke and Rousseau. On the basis of these 'faculties', Kant developed, respectively, his three *Critiques*: *Critique of Pure Reason* (1781), *Critique of Practical Reason* (1788) and *Critique of Judgement* (1790). Each one of these 'critiques' represents an aspect of the subject: transcendental subject, practical-moral subject and aesthetic-sentimental subject. The point is that each of these subjects presents a sort of duality of ambivalence between the sovereignty of the consciousness and its alienation. Thus, the transcendental subject is at once a knowing *subject* and a primary

object of knowing. The practical-moral subject is conscious of being *free* and at the same time *shackled* to the world's causal order. The aesthetic-sentimental subject is *able to rise up* to the universal feeling of beauty and at the same time *feel terrified* by the feeling of the sublime. The modern subject is, then, a «strange empirico-transcendental doublet», in the celebrated words of Michel Foucault (Foucault, 1966/1979). The cultural and clinical implications of this strange doublet have been and continue to be developed by Sass, showing that the contradictions generated by hyper-self-consciousness and alienation are central to both modern mind and schizophrenia (Sass, 1992; 1994; 1998).

Although these philosophers and others are the founders of the modern reflexive self, they are not actually its sources. So, we must continue in our pursuit of the sources of modern reflexivity. These sources are found in certain changes that took place precisely at the beginning of the so-called Modern Era.

Sources of modern reflexivity

The Modern Era is generally situated in the European Renaissance, in the 15th century, even though it has earlier roots and does not progress at the same pace in all places. What is important to stress here is that this is the era in which the modern reflexive self has its origins. Subjectivity and individualism take on a new dimension consisting in an increasing self-consciousness about the fashioning of human identity. More particularly, the new sense of the self views the human being as agent, subject, or author —as someone responsible for his or her actions and assertions. This at that time new form of individual can be understood in relation to the role of *prudence* and *sincerity* in the social life of that era, as argued by John Martin of Trinity University in Texas (Martin, 1997).

Prudence ceased to be the ancient virtue it was —related to practical reason—and became a strategy of social relations, consisting in the art of concealing one's intentions and feelings in interactions with others. In turn, *sincerity* became the ideal of harmony between the heart and the tongue. Although there may be some, Renaissance courtiers, for example, who adopted prudence more than sincerity —subordinating honesty to decorum—, and others, such Protestant reformers, who adopted sincerity more than prudence —subordinating in this case decorum to honesty—, the majority of people probably lived somewhere between the two postures, as suggested by Polonius's advice in *Hamlet*. Polonius not only reminds Laertes to be «true» to himself, but also to «give thy thoughts no tongue» (*Hamlet*, I, 3, 59).

The point is that the interplay of prudence and sincerity gives rise to the 'interior man', as distinct from the 'exterior man'. As the German sociologist Norbert Elias put it, in this era there rises up an invisible wall between the 'interior world' and the 'external world', but also between one individual and another and between the 'self' and the 'universe' (Elias, 1939/1990). There is a new configuration of consciousness, a new configuration that implies a change in the civilizing process together with changes in anthropological conceptions, that is, in conceptions of the nature of the human being. Without such changes it would be difficult to understand the foundation of the modern self on the part of the philosophers I have cited.

The anthropological change involves man's disengagement from the surrounding structures in which he was enmeshed. Thus, communion based on a similarity between man and God gives way

to an autonomy based now on dissimilarity. From now on, there would be no greater truth than that based on one's own feelings, as Rousseau would *confess*. Likewise, the tightly-knit network of people's lives, with its congregations, its guilds, its neighbourhoods and its traditions, gives way to an urban life characterized by more freedom and autonomy. It is this era that sees the emergence of the *bourgeois*, authoritatively studied by the German sociologist Werner Sombart (Sombart, 1913/1999). The *bourgeois* is a new figure characterized by *reflexive prudence* both in business and in social relations, keeping safely tucked away one's private life and the «interior world» itself.

In turn, the change in the civilization process, brilliantly analyzed by Elias, involves a comprehensive civilizing of manners and personality, including forms of eating and of habitation, hygiene and the containment of emotions (Elias, 1939/2000). All such everyday mores tend to increase personal space and awareness of an «interior world» separate from the exterior, from others and from the universe. Contributing to this same tendency were other practices that began to emerge at this time, such as biographies and autobiographies, portraits and self-portraits, the use of mirrors and, in sum, a whole science of 'seeing oneself', which we might even refer to as «autopsy».

If disengagement brings autonomy and the development of modern society, consciousness of an «interior world» brings the hyperreflexive undermining of individuals. The situation in which modern individuals find themselves is magnificently described in John Milton's great poem *Paradise Lost*, of 1667. It suffices to recall its last two words: «solitary way». This is the future of the modern Adam and Eve. Although we knew from the poem itself that there remained for them the discovery of the «paradise within», today we know that it was not exactly a paradise. *Unhappy consciousness*, as Hegel (1807/1977) would say, *fear of freedom*, in the words of Erich Fromm (1965), *homeless mind*, in those of Peter Berger (1973), and indeed, *paradoxes of self-reflexivity*, according to Sass (1992): these made up much of what the voyage into the interior would have in store.

Two important questions arise

Having arrived at the Renaissance, where we assume the sources of modern self-reflexivity to be, two important questions arise. The first, pursuing the historical path backwards, concerns whether the individual in ancient times was not also reflexive. After all, the Greeks were told to «know thyself». And the other question, coming back to the present, would be: why did mental disorders —at least as we know them today— not appear until practically the nineteenth century, if self-reflexivity began in the fifteenth?

Let us look first of all at the question of reflexivity in the ancient world. To being with, the Delphic motto «know thyself» does not have the introspective sense of turning inwards on oneself, but rather the objective one of recognizing oneself as mortal, as distinct from the gods. In any case, the advice most widely heeded by the ancient moralists was «take care of yourself», according to Foucault (2001/2005). This care refers to the soul or *psychê*, but has more to do with discipline and virtue than with reflection in the first person. At most, it would involve an *ordinary reflexivity*, but not a *radical reflexivity*, following Charles Taylor's distinction (Taylor, 1988). *Radical reflexivity* would denote turning in on oneself in the perspective of the first

person —a turn to the self as a self—, which was not the case of the ancient reflexivity, nor could it have been. The Greek *psychê* was not a separate entity as the modern *self* would be —an object for itself—, but rather an entity linked to a whole of which it formed part —including the *polis* and the cosmos. (As we have already mentioned, this disengagement would not occur until the Renaissance.) The Greek *psychê* was more a suprapersonal entity than a strictly personal one, «the soul in me and not my soul», to use the words of the French historian of ancient Greece Jean-Pierre Vernant (1991).

In relation to this, it is interesting to consider the proliferation of practical philosophies with a marked therapeutic accent in the post-classical Hellenistic era. As Epicurus would say: «Empty is that philosopher's argument by which no human suffering is therapeutically alleviated». It was undoubtedly a period of crisis and anxiety, in which the sense of belonging to the *polis* had crumbled and the world had become a more uncertain place. People were probably more sensitive and reflexive, and hence the need for practical philosophies —just as people today need psychotherapy. On this view, the *Hellenistic psyche* could be seen as closer to the modern self than was the *classical psychê*. This may indeed be the case, but it is pertinent to point out that the Hellenistic period would be a «modern era» —with respect to the classical one— in which the previous all-encompassing structures had to some extent collapsed. Even so, Hellenistic reflexivity was more focused on «the fragility of goodness» than on the *psyche* itself (Nussbaum, 1986).

We might also consider St. Augustine, the indubitable antecedent of both Descartes and Rousseau. Although the Augustinian formula «if I am mistaken, I am» (in *De Civitate Dei*, book XI, 26) is strongly echoed in the Cartesian «I think, therefore, I am», it does not have the same implications. The *Augustine cogito* is not part of a project —as is that of Descartes— to found *all* knowledge on internal knowledge. For Augustine, what we know through our senses and through the testimony of others and of ourselves does not need foundation on internal knowledge. The Augustinian *slogan* is more directed against the ancient sceptics than erected as the foundation of knowledge (Matthews, 1992). For their part, *The Confessions* of Augustine are echoed in those of Rousseau, but they are not the same. While Augustine's interior leads to the superior (God), that of Rousseau leads to nature as an inexhaustible source within oneself. The Augustine self is *centrifugal* —situated outside the world— while that of Rousseau is *centripetal* —emanating from inside (Hartle, 1983).

Now let us turn to the question of why mental disorders did not appear until practically the end of the nineteenth century if, as we have seen, self-reflexivity emerged in the fifteenth. The truth is that «mental disorders» did exist previously, though their reflexivity was not under the clinical sign, but rather under, as it were, the *sign of Saturn* (Wittkower & Wittkower, 1963). As you will recall, Saturn was the planet of melancholy, in which the melancholics of the Renaissance took refuge. Thus, melancholy, however much suffering it caused, far from being a «mental disorder» —as would be depression today— was more than anything else an attitude of life and a personal style —contemplative, meditative, solitary, creative... As Michelangelo, one of the afflicted, would claim, «My joy is melancholy» (see Wittkower & Wittkower, 1963). The epidemic of melancholy that apparently spread throughout Europe in the 17th century continued under the *sign of Saturn*, particularly as a literary form.

As Robert Burton says in his great work *Anatomy of Melancholy*, from 1621, «I writ of melancholy, by being busy to avoid melancholy». Melancholy would still be glorified in Romanticism, where Keats would even dedicate an *Ode* to it. Later would come the *spleen* of Baudelaire — a state of mind conceived in more negative terms, but not without a certain aura of specialness. Finally, the poetic experience of melancholy would become the prosaic experience of depression.

The point is that reflexivity under any sign whatsoever becomes decisive in the shaping of subjective experience and of one's actions and reactions with regard to life, including one's own experiences. Thus, reflexivity under the *sign of Saturn* renders melancholy an aesthetic —poetic— emotion, and under the clinical sign turns it into a pathological —prosaic— emotion, which is what comes to constitute depression. What I am saying is that reflexivity begins in the Renaissance but that it only takes on psychological-psychiatric form in the 19th century, (Brady & Haapala, 2003; Misbach & Stam, 2006).

In terms of what concerns us here, this clinical reflexivity begins to become organized in an institutional way over the course of the 19th century, with the emergence of the human sciences, among them psychiatry and psychology. Indeed, it is during this period that there begin to take shape the «mental disorders» —including schizophrenia (Barrett, 1996). I am not suggesting that psychiatry and psychology create people's problems. What I am saying is that these clinical disciplines end up shaping those problems as «mental disorders» —a set of symptoms, with supposed internal cause, and so on. The «shaping» to which I refer is not only the shaping of diagnostic conceptions, but also of the «illnesses» themselves, which are formed not only by diagnostic and quasi-diagnostic forms of self-awareness but by the myriad manifestations of self-consciousness throughout modern or postmodern culture and society.

This influence of the clinical in the shaping of phenomena occurs not only, then, in the context of clinical activity, but is in fact underpinned by a whole quotidian culture that moulds people's experience and provides psychiatric and psychological idioms for relating to it. Indeed, our current culture could be characterized as a clinical culture. Thus, people have learned to understand a large part of everyday problems in clinical terms —depression, trauma, phobia— (Pérez-Álvarez & García-Montes, 2007). This use of scientific and technical knowledge and information for reinterpreting everyday life is what has been identified as *institutional reflexivity* by the British sociologist Anthony Giddens (1991). Hence, everyday experiences are continually reviewed and reinterpreted according to the tendencies of the day, in this case, psychopathologizing tendencies. And it is clear to see how institutional reflexivity undermines common sense, creating problems at the same time as it solves others.

Therefore, the answer to the question as to why mental disorders do not appear until the end of the 19th century would be found in institutional reflexivity —including the clinical culture it entails. Proof of the crucial importance of institutional reflexivity in the configuration of mental disorders would be provided by the very hyperreflexivity —self-focused attention, rumination, worry— that characterizes people in today's society and that is probably at the root of the growing psychological *malaise* or *ill-being* —depression and the like—, which is otherwise difficult to understand given the supposed society of *welfare* or *well-being* in which we live. Further proof of the importance of institutional

reflexivity —and of clinical culture— could emerge from the *discovery* of depression in China, if more than 100 million Chinese take their turn at self-focused attention, rumination, and so on, as people have in the West.

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