

The comprehensive development of Kretschmer's Sensitive Delusion of Reference

O desenvolvimento compreensivo do Delírio Sensitivo de Referência de Kretschmer

Lívia Fukuda

Abstract

Ernst Kretschmer's description of the sensitive delusion of reference remains a significant contribution to contemporary discussions, though it is often overlooked in psychopathology. This phenomenon is characterized by a sensitive characterological basis, where the structural imbalance between sthenic and asthenic aspects, with a predominance of the latter, makes individuals susceptible to external judgments and creates a propensity to retain experiences. When faced with vexing events, this sensitive personality exhibits self-referential delusions. In his work, Kretschmer provides valuable insights that broaden our genetic understanding of psychotic conditions, initiate a multidimensional and dynamic approach to mental disorders, and challenge rigid categorical diagnoses. Kretschmer advocates for a methodology that acknowledges the fluidity between personality traits and clinical presentations, indicating a continuum between health and illness. In today's mental health panorama, where personalized diagnostic models are gaining momentum, revisiting Kretschmer's ideas through the phenomenological psychopathology perspective can enhance our understanding of personal vulnerabilities linked to specific personality developments, subthreshold psychopathological experiences, early detection of mental disorders, and the improved creation of individualized treatment approaches. This article explores the enduring significance of the Sensitive Delusion of Reference, highlighting its implications for the developmental paradigm in psychopathology.

Keywords: Sensitive delusion of reference; Sensitive character; Kretschmer; Phenomenological psychopathology.

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Lívia Fukuda
Médica graduada pela Faculdade de Medicina da Universidade de São Paulo (FMUSP). Realizou o programa de Residência Médica em Psiquiatria no Instituto de Psiquiatria do Hospital das Clínicas da Faculdade de Medicina da Universidade de São Paulo (IPq-HCFMUSP) e doutorado em Ciências da Saúde pela Faculdade de Ciências Médicas da Santa Casa de São Paulo (FCMSCSP). Membro da Sociedade Brasileira de Psicopatologia Fenômeno-Estrutural (SBPFE). Atualmente, atua como psiquiatra no Hospital do Servidor Público Estadual (IAMSPE), no Instituto de Psiquiatria do Hospital das Clínicas da Faculdade de Medicina da Universidade de São Paulo (IPq-HCFMUSP) e em consultório particular. Dedica-se ao estudo de Psicopatologia Fenomenológica.

Contato: liviafukuda@gmail.com

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Resumo

A descrição de Ernst Kretschmer do delírio sensitivo de referência continua a ser uma contribuição significativa para as discussões contemporâneas, apesar de ser frequentemente ignorado em psicopatologia. Este fenômeno caracteriza-se por uma base caracterológica sensível, onde o desequilíbrio estrutural entre os aspectos esténicos e asténicos, com predomínio destes últimos, torna-o suscetível a julgamentos externos e cria uma tendência para reter experiências. Quando submetida a acontecimentos vexatórios, esta personalidade sensitiva apresenta delírios auto-referenciais. Nesta obra, Kretschmer fornece informações valiosas que alargam a nossa compreensão genética das condições psicóticas, inicia uma abordagem multidimensional e dinâmica das perturbações mentais e desafia os diagnósticos categóricos rígidos. Kretschmer defende uma metodologia que reconhece a fluidez entre os traços de personalidade e as apresentações clínicas, indicando um *continuum* entre a normalidade e a patologia. No panorama atual da saúde mental, em que os modelos de diagnóstico personalizado estão a ganhar força, revisitar as ideias de Kretschmer através da perspectiva da psicopatologia fenomenológica pode aprofundar a nossa compreensão das vulnerabilidades pessoais ligadas a desenvolvimentos específicos da personalidade, experiências psicopatológicas sublimiares, detecção precoce de perturbações mentais e criação de abordagens de tratamento individualizadas. Este artigo explora a importância permanente do delírio sensitivo de referência, destacando as suas implicações para o paradigma do desenvolvimento em psicopatologia.

Palavras-chave: Delírio sensitivo de referência; Carácter sensitivo; Kretschmer; Psicopatologia fenomenológica.

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1. Historical context

Ernst Kretschmer was born in Wüstenrot, Germany, in 1888 into a family of Protestant parish priests. He studied philosophy, history, theology, and medicine at the universities of Munich, Hamburg, and Tübingen. Initially, Kretschmer intended to become an institutional psychiatrist, but he was encouraged by Professor Robert Gaupp¹ to pursue an academic career. Gaupp soon recognized Kretschmer's intuitive and independent approach, hiring him as his assistant in 1913. Unlike the Munich school, represented by Emil Kraepelin, the Tübingen school, led by Gaupp and Kretschmer, believed in the psychophysical unity of individuals and a continuum between health and illness. Kretschmer and Gaupp also proposed expanding the concept of development to encompass delusion, emphasizing the psychological understanding of this specific pathological phenomenon, in contrast to the Heidelberg School, which included Jaspers and Schneider.

In psychiatry, Kretschmer is recognized for analyzing the Sensitive Delusion of Reference (book "SRD"; Kretschmer, 1918/2000) and creating a constitutional typology that correlates temperaments with physical types (book "Constitution and Character"; Kretschmer, 1921). While the latter study is now part of psychiatry's history, the former remains a landmark study for understanding the pathogenetic dynamics involved in forming a specific type of delusion, challenging the distinction between process and personality development described by Jaspers (Monti, 2018).

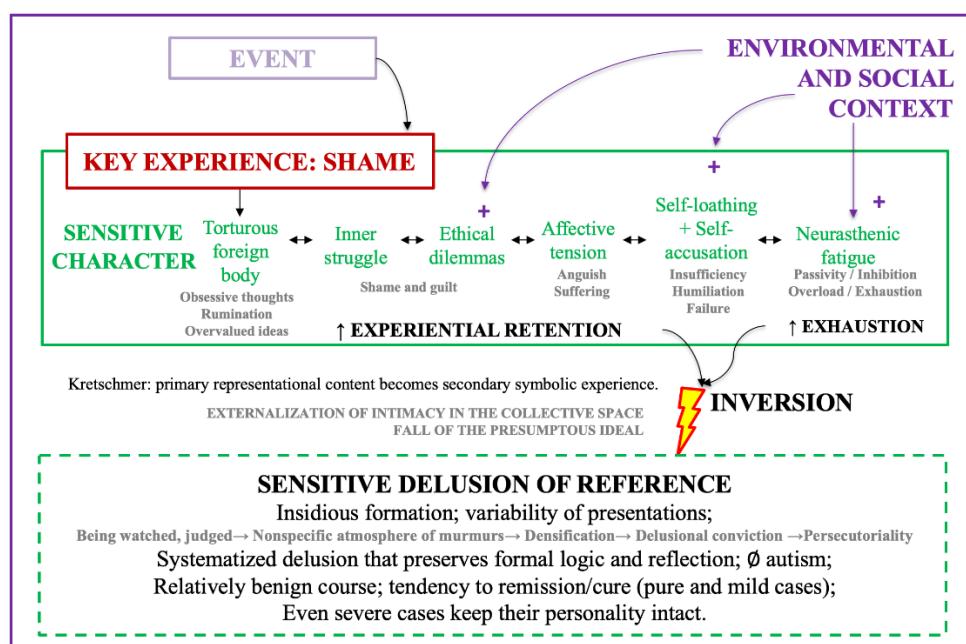
From 1914 to 1919, Kretschmer served as a doctor during World War I, working in field hospitals and rehabilitation centers for soldiers. There, he studied the connections between trauma, experience, and predisposition. The author's stance on the wars and the Nazi regime is seen as ambivalent. For instance, he resigned as president of the German Society for Psychotherapy to protest the Nazi takeover of the government; he opposed the notion of a pure race and forced sterilization. However, at another time, he signed a manifesto for racial hygiene and was a supporting member of the Nazi paramilitary

1 Dr. Robert Gaupp is inseparable from the criminal case of Professor Ernst Wagner, who was a patient tormented by feelings of humiliation due to alleged acts of zoophilia that evolved into a persecutory delusion. In 1913, Wagner set fire to the village and murdered 14 people, including his wife and four children. Gaupp maintained a 25-year relationship with Wagner, elaborating his theory on the development of paranoia (Gaupp, 1914; Neuzner, 1996). Gaupp emphasized that it was possible to unravel the link between the subject's history and the characteristics developed throughout paranoia, highlighting the decisive role of character disposition in forming the delusion (Ordóñez Fernández, 2011).

organization (Schutzstaffel). Kretschmer served as the clinical director at the University of Marburg from 1926 to 1946 and at Tübingen from 1946 to 1959. He passed away from cancer at the age of 75 on February 8, 1964, in Tübingen.

2. Kretschmer's Sensitive Delusion of Reference: characterization

Sensitive Delusion of Reference is a term well-established by Kretschmer at the beginning of the 20th century to denote a specific clinical situation characterized by the emergence of a systematized, non-bizarre delusion without hallucinatory concomitants, which partly aligns with Kraepelin's classic paranoia (1909-1915). This delusion contains self-referential content (the individual perceives that their actions are being commented on or referenced) or diffuse persecutory content, with varying degrees of conviction. The phenomenon arises from a predisposed characterological basis of a sensitive nature, influenced by specific events of existential significance. The key events touch on a particular point in the sensitive character, who feels inadequacy, failure, humiliation, and shame. The internal tension and anguish escalate, culminating in an unbearable turning point that leads to delusion (Figure 1).



In its pure form, this condition is quite rare in clinical practice but common in its fragmentary, minor, or even iterative forms (Charbonneau, 2007). There is significant

variability in presentations² due to the different proportions of sthenic/asthenic aspects in pure cases or mixed cases (combinations of sensitive and primitive, sensitive and expansive, and sensitive and cyclothymic, among others). Its course is relatively benign, with a tendency towards remission or cure (especially in pure and mild cases), and even severe cases retain their personality intact.

In the words of Kretschmer (1918/2000, p. 244): "*It [SRD] arises through the cumulative action of typical life experiences or situations on typical characterological and constitutional bases and often under the complementary effect of equally typical environmental constellations.*"

3. Triad: characterological basis + experience + environment

In his 1918 work, "Sensitive Delusion of Reference," Kretschmer aimed to replace psychopathology's static and material conception with a genetic and dynamic understanding. He examined the close relationships between a specific characterological form and a particular class of experience formation and elaboration over time (Kretschmer, 1918/2000). To this end, Kretschmer presented a comprehensive and nuanced casuistry he had systematically followed for years at the Tübingen Clinic. This approach allowed him to describe the pathogenetic interaction between a sensitive personality structure, the traumatic effects of significant emotional events, and the evolutionary trajectory toward delusion, identifying and analyzing specific sequences of experiences and meanings that permeate the patient's entire history and lifeworld. By verifying characteristics of comprehensibility and derivability, he took Jaspers's "genetic understanding" method to the extreme, applying it to psychosis (Pallagrosi et al., 2012). In the genesis of delusion, Kretschmer emphasizes the crucial role of not only the relationship between specific personality traits and a core of subjectively significant events but also the surrounding environment, which serves as a vital backdrop for the emergence of delusional experiences (Pallagrosi et al., 2012).

Character, experience, and environment form a triad that, through reciprocal and accumulative action, leads to the Sensitive Delusion of Reference (Kretschmer, 1918/2000). By exploring the complexity of interrelationships among various factors in psychopathic

2 Kretschmer: "Any observer who works in depth in the clinic can discover all sorts of intermediate forms and combinations in the field of paranoid psychoses, from the psychoreactive cases of pure sensitives, the querellantes and the desiderative psychoses, to the typical destructive paranoid schizophrenics, passing through the 'multidimensional' cases, with complex interactions of psychogenic components and procedural components" (Kretschmer, 1918/2000, p.37).

manifestations, Kretschmer became a pioneer in highlighting the multidimensional diagnostic perspective. Below, we outline each component of the triad proposed by the author regarding the Sensitive Delusion of Reference.

3.1. Sensitive characterological basis or sensitive personality

According to Kretschmer (1918/2000), each character is defined by its response to an experience, considering its impression capacity, retention capacity, level of intrapsychic activity, conduction capacity, and exhaustion capacity. The capacity to make an impression relates to excitability, sensitivity, or the mobilization of interest. An experience can affect consciousness with varying intensity. The sensitive characters—deeply receptive and finely perceptive—are vulnerable to their experiences, being intensely impacted (over-excited) and attributing significant value to them. Next, maintaining the event's action as an experience alongside other representations relies on the ability to retain it. This process occurs in two phases: first, retaining the impression (preventing its immediate escape as an impulsive external reaction) and, second, fixing the impression as a lived experience within the soul's life. The intrapsychic activity involves retaining experiences, generating new emotional and representational directions, and creating new voluntary impulses. Usually, an isolated experience cannot maintain its maximum intensity due to the continuous psychic flow, which either pushes it away or absorbs it through subsequent experiences. As a result, the experience tends to fade, leading to a reduction in tension. The ability to facilitate this flow of experiences is referred to as conduction capacity. Flaws in conduction can manifest as withdrawal, hesitation, caution, and timidity. According to Kretschmer, when confronted with emotionally impactful and significant experiences, sensitive characters exhibit a conscious retention of groups of representations, accompanied by vibrant intrapsychic activity and impaired conduction capacity. Due to their strong capacity for retention, these sensitive characters internally elaborate on their experiences in silence. An introverted person typically refrains from expressing feelings and remains in a state of constant inner tension, occasionally tormented by painful past experiences. A torturous, ruminative atmosphere develops, characterized by self-criticism, self-accusations, and guilt. This configuration is also linked to low physical endurance, which can lead to exhaustion and a significant tendency toward mental overload, potentially resulting in chronic fatigue. Due to their emotional vulnerability and strong inclination toward introspection, sensitive individuals often find themselves in isolation or in a limited, familiar, and safe environment. Outwardly, they seem somewhat insecure and

lack freedom.

Kretschmer also illustrates the sensitive personality through the dialectical relationship between two polarities: a sthenic disposition of character (marked by ambition, pride, obstinacy, feelings of superiority, and power) and an asthenic disposition (marked by timidity, hypersensitivity, meticulousness, hesitation, feelings of inferiority and guilt, inhibition, secrecy, and rigid morality). Kretschmer observes that the asthenic tendency predominates in sensitive patients, but maintains a tension between these poles³. Consequently, while these individuals exhibit extraordinary mental weakness and delicate vulnerability, they also possess grand ambitions and demonstrate considerable presumption and stubbornness.

Once the retention capacity is established, as Kretschmer suggests, the temporal aspect is incorporated into the characterological analysis. This incorporation defines the habits of character or the regular patterns formed in individual psychic life through the repetition of relevant forms influenced by fundamental capacities. Fundamental directions of mind and will are outlined. In phenomenological psychopathology, these directions shape typical dynamic patterns that we refer to as constitutional styles. Kretschmer's work implies that the habits of character in the volitional and conative aspects dictate ethical quality. Environmental and social factors influence this and play a crucial role in the meaningful relationship between the self and the world. According to Kretschmer, the sensitive character exhibits a profound ethical rigidity.

We can draw a parallel between Kretschmer's understanding of character (Figure 2 in green) and Messas's (2021) concepts of positional sense and value sense of existential structure (Figure 2 in orange). For Kretschmer, the character is the “*whole of the individual personality in the aspect of their feelings and will*, that is, the *average image of the total of a person's reactions of temperament and will to successive experiences, transforming temporally mobile processes into materially fixed qualities*” (Kretschmer, 1918/2000, p. 58). The character and its habits described by Kretschmer can be understood as a remarkable manifestation of the pre-reflective structure of existence (or the dynamic architecture of anthropological dimensions of existence). This structure—mobile and incomplete—determines the positional sense of existence and delineates the scope of action for free acts (Messas, 2021). The value sense is secondary to the positional sense and is influenced by environmental, social, and cultural factors, shaping the hierarchy of

3 This distinguishes it from a pure asthenic character.

guiding principles and experiences in our lives. Kretschmer's ethical quality aligns with the value sense described by Messas.

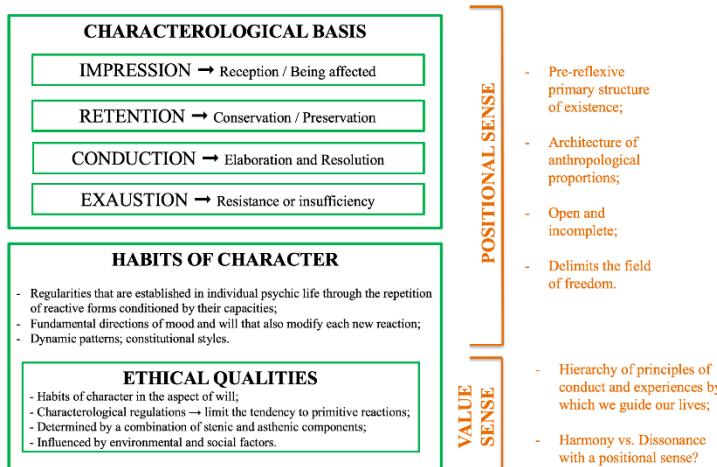


Figure 2: A parallel between Kretschmer's understanding of character (green) and Messas's concepts of positional sense and value sense of existential structure (orange).

From the perspective of phenomenological psychopathology, we can describe the sensitive individual as an anthropological disproportion characterized by fundamental aprioristic constituents of experience (immanent conditions of possibility) outlined as follows: retentive temporality; spatiality characterized by excessive proximity, with the threat of exteriorization or revelation of intimacy into the collective space; dissonance between positional sense (structurally and aprioristically fragile self) and value sense (a significant presumption about one's self-image); threatened ipseity that adheres to role identity in a compensatory manner; interpersonality accompanied by a loss of intersubjective distance, generating a problem of inclusion with the threat of exclusion; and the bodily presence of otherness, objectified and experienced excessively (Charbonneau, 2007).

3.2. *Experience*

Kretschmer's study of clinical cases demonstrates that various events with differing thematic content can lead to the development of a sensitive delusion of reference. The author categorizes the cases based on experiential actions and, to some extent, environmental actions, which account for their differences (see Table 1).

	Group	Sensitive character	Key event
Chap. 3	Reference Erotic Delusion of Old Ladies	Helene Renner	Secret crush on her work colleague.
		Anna Feldweg	Passion for the Sunday school teacher.
		Emilie R. (Friedmann case 2)	She allegedly seduced a man who accompanied her on a walk. Seductive behavior.
Chap. 4	Delusion of Young Masturbators	Wilhelm Bruhn	Reading about masturbation. Masturbation as serious addiction.
		Bernhard Brenner	Reading about masturbation. Masturbation as addiction and sin.
		Anton Käfer	Fill in a questionnaire about spinal disorders = venereal disease.
		Joseph Pernsberger	Reading popular leaflets about masturbation = addiction.
Chap. 5 Other erotic-affective conflicts	Shy lovers	Ulrich Breiner	Love frustrations and vexatious drunkenness at a party.
		Adolf Krumm	Passion for a young woman at work. She becomes involved with their boss's son.
		Johannes Belz	Married, he falls in love with the maid.
	Disillusioned women	Sophie Schlecht	Her missing husband returns from the war and she's already in another relationship.
		Marie Ehrhard (Kehrer case)	Deceived by a married man; the man's wife is looking for her.
		Grete Held (Kehrer case)	Husband didn't want children. Reading in a popular book that coitus interruptus is bad for health, immoral and anti-religious.
		Lina Waldburg	Widow establishes erotic-sensual relationship; guilt with the deceased husband.
Chap. 6	Professional conflicts	Grierlich case 1	Impossibility of professional promotion.
		Friedrich L. (Friedman case 3)	Accused by a colleague of being a traitor in a class protest.

Tabela 1: Resumo dos casos clínicos apresentados por Kretschmer nos capítulos 3, 4, 5 e 6 do livro “Delírio Sensitivo de Referência”, destacando o evento-chave desencadeador do delírio.

The author's approach is based solely on formal principles; therefore, the contents are not predefined but must be identified in each instance (Kretschmer, 1918/2000). What is shared among all the triggering events described is that they evoke the essential subjective experiences of inadequacy, shame, failure, and ethical-moral conflict in the sensitive character. According to Kretschmer, the event acts like a key, unlocking the character and allowing the experience of shameful inadequacy to surface, which gradually becomes the focal point for a range of intense feelings that attack self-worth (Häfner, 1990; Pallagrosi et al., 2012). These events are processed uniquely by the personality. Experiences are not facts in themselves; a person's personality shapes them. Therefore, even if the event is the same, the content of the experience can differ (Hisae, 2023).

In Kretschmer, this presentation allows us to identify a shift from focusing on the triggering event itself to recognizing the crucial role of the necessary combination of the stimulus and the subject experiencing the action, enabling an event to become a subjective experience. Kretschmer's work highlights the fundamental role of character in reactions; however, events and experiences are still examined within the stimulus-reaction framework. Through Kretschmer's work, we can trace the early origins of later developments regarding the complex, intertwined interaction between the subject and the

world. We emphasize the subsequent classic dialogue in phenomenological psychopathology between Straus and Binswanger concerning events and experiences. Straus (1930) questioned how a disturbing event affects us, yet he did not investigate the relationship between events and existence. Thus, he focused on the cause, defining it as the introduction of a novelty of value for existence, which, operating from outside consciousness, has the power to transform it. This genuine alteration is a novelty, as it represents the moment when a fact escapes the constraints of its structure. In other words, for Straus, events and experiences occur as distinct moments. In response to Straus, Binswanger (1931) argued that the only causality truly at work in the mind occurs within the interiority of life (internal biography). All external factors make sense to a personality only to the extent that they act on internal conditions already provided by the fundamental structure of consciousness. This structure determines and limits the field of action and effectiveness of external facts. Thus, Binswanger asserts that the concepts of event and experience engage in the exact antithesis of individuality and the world. They are in dialectical exchange, making it impossible to think of one without considering the other. Regarding this issue, we should also mention Tellenbach's concept of situation in his 1961 work, *Melancholia*, which illustrates a unique way a person relates to the world through continuous reciprocal exchange. In this manner, the subject does not merely manage or react to a life event but actively and passively engages with their context. It is not just that the subject voluntarily faces a situation created by the environment and modifies it; they also generate specific, typical situations based on their being and personality. Thus, for Tellenbach, the situation is neither created by the environment nor the individual but represents a component of the living I-world relationship. Moving forward, Messas (2010) proposed two possibilities for understanding causality from a structural perspective: a) intact and stable structures, where external causes remain subordinate to the frameworks of the structure itself, and b) vulnerable structures that weaken, allowing sufficient autonomy for external actions to affect them.

Considering this phenomenological psychopathology framework, we can elaborate that the sensitive structure presents typical anthropological disproportions (described at the end of item 3.1), which simultaneously contribute to individuals constructing and placing themselves in vexatious or ethically and morally conflicting situations, situations to which they are highly vulnerable and unable to withstand humiliation. This negative feedback further widens the anthropological disproportions to the point of rupture. For example, it is natural for a sensitive and fragile individual to seek support and to be

influenced by a religious discourse with which they identify. The religious role can align with their personality, helping to stabilize their weak pre-reflective sense of self. The emergence of a sexual instinct places the individual in a state of conflict or dilemma. The religious environment can exert a degree of repression, prompting the individual to suppress their desires, which increases their anguish and guilt. It is not only that the religious environment influences and shapes the individual's attitudes, but also that the person is structurally more susceptible to embracing rigid, stabilizing, and strengthening ideas. Similarly, vulnerable patients may opt to stay in provincial towns due to their concerns and fears about the risks involved in moving to larger cities or facing life's challenges. At the same time, they endure scrutiny regarding their lives through commentary, lacking the anonymity that bigger towns offer.

3.3. Environment

The environment is regarded as a complementary determinant, meaning it does not serve as an essential cause for the onset of illness (Kretschmer, 1918/2000). Environmental influences can affect both the asthenic aspect of insufficiency and the sthenic aspect of self-esteem, intensifying the tension between them in humiliating situations. According to Kretschmer (1918/2000), the environment's influence inevitably amplifies predisposed characters' tendencies until it results in sensitive deviations.

As an example of environmental influence, Kretschmer (1918/2000) cited the social conditions of provincial towns that favored the emergence of fear of gossip over even minor ethical oversights. This environment fostered a sense of suspicious and anxious self-reference alongside the pressure that narrow pietist and religious backgrounds placed on judging sexual thoughts and practices. Kretschmer, who came from a Swabian background and had a religious upbringing with a father who was a parish administrator and a rural parish priest, was familiar with the pietist environment from his own experience, which enabled him to elaborate on these considerations empathetically.

When Kretschmer discusses this environmental aspect, some of his judgments become clearer, and today they may seem outdated in light of the moral discourse of his time. The author brings together two broad categories of clinical presentations: the erotic delusion of old ladies and the delusion of young masturbators in religious or provincial contexts. However, we should not be unfair to the author. Despite emphasizing the role of erotic dissatisfaction, Kretschmer stressed that the experience of vexatious insufficiency is

not limited to the ethical-sexual sphere; it can also be expressed in other areas of life, such as the professional sphere. Going beyond Kretschmer, Charbonneau (2007) noted that sexual identity is merely one of the role identities to which the sensitive character can adhere. Sexuality gains prominence in these cases because it represents a privileged domain where the transgression of intimacy is expressed, yet it is not the only one⁴. This situation underscores the need to analyze the phenomenon of shame within a broader context.

4. Shame Phenomenon

Shame is a human emotion that affects and involves the individual as a whole (global, comprehensive, contagious) in an episodic and unstable manner. A person who feels deeply ashamed and insecure feels exposed in front of others (Kretschmer, 1918/2000).

Anthropologically, it is more than just a self-reflective emotion involving negative self-assessment; it is an emotion that reveals our relationality and our being with others (Zahavi, 2012). In this way, it represents an immanent human phenomenon, highlighting the close relationship between intrapersonal and interpersonal experiences. This human phenomenon can manifest in pathological situations with increased frequency or intensity, or in a distorted manner (for example, losing its episodic character and not dissipating).

According to Straus (1966/1971), there are two types of shame: protective and concealing. Protective shame helps maintain the boundaries of intimacy, differentiating between two ways of being in the world: the immediate and the public. This pre-reflective shame aims to safeguard the intimate sphere from invasion and is directly related to modesty (*pudeur*). Conversely, concealing shame suggests a more reflexive aspect and typically serves the purpose of social prestige (Straus, 1971; Zahavi, 2012)—the public figure masks intimacy. Concealing shame involves an individual's judgment regarding group membership ideals. The power of concealing shame diminishes as the distance from the group increases. While protective shame safeguards the immediate situation, concealing shame enhances status in the face of otherness. The group's ideal varies by

4 Kretschmer's paranoia is not defined by social conformity or specific sexual shame; rather, it arises from a personal struggle with role identity, with sexual identity as the initial expression, and one's commitments within the interplay of self and others. The sensitive core reveals a connection to shame that collective discussions on sexuality or individual moral freedom cannot alter. Shame, linked to a vulnerability in the dynamics between intimacy and collectivity, can manifest in various specific themes, typically sexual but not exclusively so (Charbonneau, 2007).

place, people, class, and generation. Therefore, the concealment of shame differs based on the dominant group ideal (Straus, 1966/1971). It is on this concealing aspect of shame that Kretschmer's work emphasizes environmental factors.

The phenomenological comprehension of shame enables a better understanding of the strong link between vexing situations and the onset of delusion in a sensitive personality. Troublesome events intensify the sensitive individual's anthropological imbalance (described at the end of section 3.1). The sensitive character is more vulnerable to experiences of shameful inadequacy, and their attitudes and choices often lead them into situations of ethical conflict that are intolerable for them.

Another way to understand the phenomenon of shame in sensitive personalities is through Paul Ricoeur's concepts, as proposed by Charbonneau (2007). Ipseity is a component of human identity that encompasses its ontological aspect, ensuring continuity (being the same over time) and individuality (belonging to oneself and distinguishing from others, which guarantees intimacy and privacy). Ipseity has a dialectical relationship with "idemity" (role identities) and alterity. The sensitive person's sense of belonging to oneself is threatened, compromising their sense of privacy. The individual is then haunted by the possibility of revealing their intimacy in a shared space. Excessive modesty exposes this ipseic flaw. To compensate, the individual heavily invests in the role (adding value) to achieve greater stability and can no longer separate themselves from it. To avoid a rupture of ipseity, they cling to their inhabited role identity, nurturing a presumptuous ideal of themselves. The loss of intra- and intersubjective distance constitutes a condition for paranoia. The saturation of the role evolves alongside increasing self-accusations and guilt. Shame embodies the notion of self-revelation before others, marking a rupture of self-preservation due to excessive proximity to otherness. In the depths revealed by shame, an annihilation of the self exists. The sensitive individual believes that the other is always watching him, assigns the other a constant presence in his moral judgments, and cannot free himself from it (Charbonneau, 2007).

Additionally, the sensitive individual experiences dissonance between a structurally fragile self (positional sense given by the existential structure) and an overly confident self-image (value sense). The feeling of humiliation corresponds to the fall (in the Binswangerian sense, 1956/1992) of the presumptuous ideal (idealized esteem), representing the collapse of self-image in relation to others.

5. Delusional transformation: Kretschmer's inversion

According to Kretschmer (1918/2000), in experiences of vexatious insufficiency, sensitive individuals begin to develop a continuous pattern of rethinking—a prevailing idea, a 'painful obsession' that is impossible to forget or articulate (Pallagrosi et al., 2012). Sensitive personalities tend to experience internal and passive tension through rumination, as taking the initiative to act or communicate their suffering would be seen as a shameful revelation of a scandal. Feeling offended and paralyzed, the sensitive individual neither initiates actions nor responds; they endure without engaging in the intersubjective space. Rumination is a vital human process crucial for establishing identity, as it embodies the continuity of experiences and signifies a thoughtful assessment of one's position relative to others (Charbonneau, 2007). The increase in rumination among sensitive individuals occurs to compensate for their devalued self-image and to re-establish an appropriate distance in interpersonal interactions (Charbonneau, 2007).

In some patients, the experience may not reach sufficient intensity, manifesting only as a diffuse tendency toward self-reference, which constitutes the usual neuroses of reference. However, in other cases, prolonged progressive pressure exerted by the primary pathogenic experience, which cannot manifest externally, can surpass a specific limit. This limit, combined with exhaustion, leads to what Kretschmer termed inversion, referring to the involuntary and reflexive rebound of the primary content of the experience into a morbid and strange secondary group of representations (Pallagrosi et al., 2012).

Internalized anguish, anxieties, and fears are projected onto the external world, manifesting as self-referential delusional beliefs. Countless presentations can occur. A sensitive person may sense they are being observed, subjected to faint whisperings, and derogatory gossip. This environment can intensify, evolving into believing their shame is universally recognized, making them feel like objects of scorn and ridicule. Self-reference can extend to all aspects of a patient's life. In Kretschmer's paradigmatic case, the patient Helene Renner experienced allusions and insinuations about herself in the office, on the streets, in newspapers, at the clinic, and in the cities she visited. This evolved into a persecution in which the police would come to question her and had supposedly installed a device to read her thoughts. Some patients may develop persecutory feelings, but unlike classic paranoia, they lack the narrative structure of a well-defined plot against them. Therefore, it is possible to identify primary delusional experiences in Jaspers' sense (extraordinary conviction, irreducibility, impossible content) or first-order symptoms in

Schneider's sense (delusional perception; auditory hallucinations; echo, diffusion, or withdrawal of thought; experience of influence). From this perspective, a clear distinction no longer exists between the development of secondary delusions in abnormal personalities and primary delusions in paranoid schizophrenia. Kretschmer illustrates the continuity between personality development and disorders viewed as procedural. Kretschmer's thorough discussions and clinical analysis provide a deeper understanding of the Sensitive Delusion of Reference, which emerged as a prototype for this phenomenon, which Jaspers considered incomprehensible.

Ballerini and Rossi Monti (1997) combined the theories of Kretschmer and Kohut. For these Italian authors, Kohut's oscillation between humiliating shame and "implacable rage" or "narcissistic rage" represents a more dynamic way of re-presenting the Kretschmerian oscillation between the asthenic and sthenic poles in paranoid syndromes. The ipseic fragility of the sense of self may be threatened by experiences perceived as annihilating and strongly associated with intense feelings of shame. It is then protected from collapse, even in a persecutory manner, by the sense of paranoid grandiosity established in the inversion.

According to phenomenological psychopathology, the inversion proposed by Kretschmer can be understood structurally as an endogenous transformation, similar to that described by Tellenbach in the melancholic transformation of the pre-melancholic personality (or *typus melancholicus*). This transformation is not merely triggered by psychological events acting as sufficient causes; it occurs through a complex interplay between individual structural conditions and worldly occurrences in dialectical reciprocity. Thus, we can assert that the emergence of Kretschmer's Sensitive Delusion of Reference is structural rather than psychological, corresponding to the architectural disruption of a structure—previously weakened by a sensitive constitutional anthropological disproportion—as it is influenced by relevant external events and the consequential, compensatory movements to contain this disruption (Sass, 2010). Obsessive rumination and delusion both represent attempts at phenomenological compensation. As Tamelini and Messas (2016, p.11) point out, "*delusion is simultaneously the corollary of a tearing apart of the aprioristic structure of existence and the minimal restoration of its presuppositions.*"

Self-reference and persecution correspond to the moment when the boundary between the self and the world is erased, allowing intimacy to be invaded by the contents of the collective world. The hostile nature of the ontic threat posed by the empirical subject

of the commentators or persecutors is less severe and, therefore, more tolerable than the ontological threat represented by the imminent loss of the transcendental self (Fuchs, 2013). A fixed and rigid delusional narrative creates stability in the phenomenal field when the aprioristic structure of experiences is threatened by a loss of continuity and stability (Tamelini & Messas, 2016). Paranoid grandiosity emerges as a compensation to preserve the sense of self after the threat to its idealized state value. In this manner, the delusion serves as a form of secondary insurance or salvation for self-worth, albeit at the high cost of compromising temporal (fixation) and intersubjective openness. For the Sensitive Delusion of Reference, phenomenological compensation is often perceived as satisfactory, evident from the absence of autism, the less harmful progression of the disorder, and the preservation of personality.

6. Treatment

Kretschmer demonstrated that the Sensitive Delirium of Reference dissolved with psychotherapy, opening the possibility of using this therapeutic approach for delusional patients. The sensitive character retains the potential to strengthen or recalibrate intersubjectivity through the doctor-patient therapeutic relationship, thereby restoring and reinforcing the threatened sense of self. This is evidenced by the therapeutic permeability of these patients, as reported by Kretschmer (1918/2000):

In front of these highly sensitive people, I approached with a gentle hand their highly irritated conflicts about their self-worth and their ethical concepts, which I was thus able to dismantle (p.24).
The internal problems integrated into the character, as well as the external negative circumstances and experiential stress, will certainly continue to affect the patient throughout their life, unless they are profoundly reworked, providing them with a better way of life (p.25).

Other possible ways for the sensitive character to handle the increasing tension and guilt include religious sublimation, as seen in the cases of Helene Renner, Ana Feldweg, and Dr. Kluge, or escape into the supra-individual, as exemplified by Wagner. Both outlets attempt to stabilize personality through ideological synthesis or address the individual's internal ethical and sexual conflict using a supra-individual guideline (e.g., prophetic and messianic feelings of a Nietzschean nature, identification with tragic characters). Nevertheless, as described above, these alternatives can become problematic, increasing conflicts and dilemmas.

According to the framework of phenomenological psychopathology, psychotherapy seeks to rebalance the anthropological proportions mentioned above, thereby preventing structural disruption.

7. Conclusions

Kretschmer's Sensitive Delusion of Reference offers crucial insight into the genetic understanding of a type of psychosis, particularly regarding the origin and evolution of psychopathology. It emphasizes the dynamic aspect and examines character as a vulnerable factor in developing psychological alterations. The significance of this work primarily lies in its role as the beginning of a multidimensional approach that links constitutional characteristics, the environment, and psychopathological phenomena, providing a foundation for understanding psychosis. This work received praise and encouragement from Jaspers⁵ and Bleuler⁶. The harshest criticism came from the Munich School, specifically from Eugen Kahn and Emil Kraepelin (Kretschmer, 2000; Priwitzer, 2004), who asserted that Kretschmer's method was speculative and that by distancing himself from biology through his "poetic recreation" and "artistic contemplation"⁷, he jeopardized the scientific integrity of the discipline. The young Kretschmer was not satisfied with merely describing symptoms and their rigid systematic classification; he was more interested in the origins, dynamics, and pathogenesis of mental illnesses than in the outcomes or definitions of nosological entities. He sought the connections underlying the symptomatic presentations of diseases, which could result in more effective treatments. Under pressure, possibly due to his asthenic disposition, Kretschmer recognized that his way of thinking differed from that of the great psychiatric authorities of the time⁸ and found it challenging to take a stand. The harsh criticism at the beginning of his career significantly influenced the author's work, prompting him to focus on empirical, statistically measurable research that aligned more closely with the positivist spirit of the era, as represented by the 1921 work "Constitution and Character." Kretschmer camouflaged his clinical intuitions, gradually shifting from empathetic, comprehensive psychology and detailed analyses of exemplary cases to an experimental-statistical approach, but he lacked the

5 Jaspers: "permanent acquisition for clinical psychiatry" (Kretschmer, 2000, p. 330 ; Priwitzer, 2004, p. 257).

6 Bleuler in a letter to Kretschmer: "I am absolutely delighted with the second part. This kind of clarification of concepts is not only necessary, but also very fruitful. I am also pleased that you are addressing Jaspers' contrast between the causal and the comprehensible. This contrast has become a sterilizing dogma and as Jaspers formulates it, it is, in essence, profoundly mistaken" (Priwitzer, 2004, p.333).

7 The final paragraph of the first edition of the "Sensitive Delusion of Reference" was deleted from later editions (Priwitzer, 2007, p.223): "We are at the end. The vast field of the psychiatric theory of character, into which we have penetrated with our research into the reactions of the sensitive personality, lies, still illuminated only by a few glimmers, in the penumbra before us, full of paths that seem to lead to seductive goals, goals of an artistic contemplation and of a profound investigation, to questions that extend to broader human horizons, where the psychology of the doctor has yet to win its right of citizenship."

8 Kretschmer: "Scientific debates are not only decided by the weight of reasons, but often also by the highest authority" (Priwitzer, 2007, p.334).

necessary scientific methodological rigor. Toward the end of his life, when his typology was already beginning to be questioned by robust psychometric studies (Zerssen, 1966), Kretschmer saw his constitutional theory lose significance and recognized that the concept of Sensitive Delusion of Reference held more significant future potential for transforming psychiatry (Priwitzer, 2004).

Despite criticism for its relative lack of systematic rigor, Kretschmer's understanding of psychopathological phenomena remains relevant today (Hisae, 2023). This significance arises from his insights, which emphasize central aspects of practical reality, such as the health/disease continuum and the blurring of boundaries between normal and pathological as well as between nosological entities. Additionally, he appreciates the dynamic and multidimensional nature of mental alterations, employs the concept of polarities in psychopathology (asthenic-sthenic; schizotypal-cyclothymic), and acknowledges both the individuality of each case and the universality of a given type. Kretschmer underlined the importance of maintaining an ongoing dialogue between his theories and clinical observations, directly engaging with patients while consistently prioritizing the therapeutic and care aspects.

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