

*INTERPRETATION OF SCHIZOPHRENIA*

Emotional Change  
and Expansion of  
Human Experience

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# **Emotional Change and Expansion of Human Experience**

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# Emotional Change and Expansion of Human Experience

## I

### Emotional Impairment and Desymbolization

Acutely ill patients as well as many others who, although not acutely ill, do not progress beyond the first or initial stage (see Chapter 22), are in a state of emotional turmoil, especially if they had a prepsychotic stormy personality.

When the disorder follows a course of progressive decline, the emotional impairment manifests itself in a different way. The patient seems indifferent to his surroundings; no usual emotional expressions appear on his face. He reacts weakly to both good news and bad news, or he may not even react at all. In many cases there is a great discrepancy or incongruity between the retention of the intellectual faculties and the loss of affective responses. At an advanced stage of the illness the patient seems to have completely lost the capacity to feel. The picture is even more complicated. At times some affect is retained but appears inadequate or inappropriate. The patient is

overly concerned about what may seem trivialities to the observer, whereas he may remain indifferent to something of the greatest importance. Even more amazing is the fact that patients who had ostensibly lost their capacity for affect regain it to a considerable extent, or entirely, for a brief period of time or permanently.

How can all of these manifestations be explained? The easiest way to explain them is by again invoking the mechanism of repression. The patient wants so much to avoid all these unpleasant feelings that he has to dissociate them from consciousness. In other words, the schizophrenic would react or continue to react as he did when he was a detached person, aloof and schizoid, except that he does it in an even more pronounced manner. The schizophrenic, like the schizoid, wants to deny the emotional impact of the external world, because it is too unbearable and irreconcilable with his inner world. All of this is true, but not explanatory. Again, we should not confuse the dynamic mechanisms with the formal ones that occur at the same time. Even the orthodox Freudian school has been unable to explain this emotional blunting with the phenomenon of repression as it occurs in neurotics, and has formulated the concept of deactivation.

Some repression occurs in schizophrenics too, especially in incipient or nonregressed cases. Some paranoid patients must repress a great deal in order to formulate delusional systems that appear removed from the original conflicts. However, the majority of authors and clinicians agree that in many schizophrenics not only is there less repression than in psychoneurotics, but also some material ordinarily repressed in the neurotic and normal person tends to come back to consciousness in this psychosis. The mechanism of repression does not seem to function too well in schizophrenia. The patient has tried to use it before becoming psychotic, especially if he had a schizoid prepsychotic personality, but he has failed. He has to use different mechanisms now. To attribute the blunting of affect to the phenomenon of decathexis (or withdrawal of libido) is an attempt to explain a psychological phenomenon with concepts borrowed from physics.

When the repressed content comes to the surface and reproduces the traumatic effect, it undergoes a symbolic transformation. This symbolic transformation, of course, occurs also in neuroses, but not to such a pronounced degree as in schizophrenia. In addition, in schizophrenia it involves the experience of the external world much

more than in psychoneuroses.

Alterations of emotional responses are to a large extent implicit in the other mechanisms that we have taken into consideration. The conflict of the person who is or will be a schizophrenic does not revolve around primitive emotions; this conflict concerns affects that depend for their occurrence on high cognitive processes. We have repeatedly stressed in this book the importance of the idea and of the secondary process in the psychodynamics of this psychosis. When the patient loses or alters his common symbols and thus desocializes himself, he will no longer have an adequate or usual emotional reaction to the common social symbols (see Chapter 19). In other words, he does not *repress* the emotions and *decathect* the world; he *cannot experience* it as he used to. It is true that in the past he may have tried with a schizoid armor to experience the world in a less frightening manner, to become less involved with it, or to repress its emotional impact. When he becomes psychotic, however, he goes further: he desymbolizes himself, that is, he transforms the common symbols into paleosymbols. He loses many conventional emotions or emotional reactions that society expects from him and replaces them with other emotions that appear bizarre and inappropriate to us, only



because we cannot share them. The patient, however, does experience emotions when he uses paleosymbols. The following is an approximate comparison. If a Western man went, let us say, into a Buddhist temple while a religious ceremony was taking place, this man probably would watch the ceremony almost as an anthropologist would; that is, with some kind of cultural interest but with emotional detachment. The other people in the temple, if they could forget that their visitor was a Western man, would think that his emotional involvement was inappropriate. That man would not seem to be touched at all by the holiness of the ceremony, would not respond emotionally to its symbols. The schizophrenic is in a similar situation, or rather in a much worse one because he has lost the ability to transport himself artificially into a set of values other than his own. However, when the patient is in his own symbolic world, he may react with very deep emotions. We know how distressed the patient feels as a result of alleged persecutions. Retention of these emotional responses is prognostically good because it means that the patient has not regressed beyond a predominantly paleosymbolic level.

Even more than the psychoanalytic, the existentialistic school has been concerned with the patient's ability to experience the world in a

unique, individualistic way. All psychodynamically oriented psychiatrists believe that we must uncover the meaning and the mechanism of the private way of experiencing life. The existentialists, however, are right in reminding us that we should not forget the experience as it is actually lived by the patient. The patient's suffering is real, and the impact of the experience, with its horror, uniqueness, and immediacy, should always be stressed in psychotherapy.

At this point we cannot omit the explanation of an apparent contradiction, which may have puzzled the reader. The reader might think: the author states that the schizophrenic is extremely individualistic, does not want to accept society, and wants to retain his unique paleosymbols and his unique paleologic way of thinking. Because the author also describes the *laws* of paleologic thinking and paleosymbols, which apply to all paleologic or paleosymbolic thought, is not that a contradiction? Is he not talking again of formality, which applies to all people regressed to a certain level, and not of individuality and uniqueness? Is he not changing the universals of Aristotelian logic and of the common symbols to the universals of paleologic thought and paleosymbols? How is that to be reconciled with the assumption of "uniqueness"? [\[1\]](#)

There is some truth in this allegation, because there cannot be any content without some kind of formal mechanism, and any kind of formal mechanism is subject to laws. Perhaps the works of the abstract painters come closest to being expressions of a content without form, but some form exists in their works too.

However, one could say without hesitation that one's originality and individuality, as far as the formal structure is concerned, are better expressed by primary process mechanisms, and for various reasons. First of all, there are many of them, and the schizophrenic and the artist may use any or several of them. Secondly, paleologic thinking, to a great extent, is based on Von Domarus's principle. Now this principle is, or appears to our Aristotelian minds to be, a principle or a law; actually, it gives the greatest possible freedom to the individual. A subject may have an infinite number of predicates; it is up to the individuality of the person to select the predicate for the identification (see Chapter 16).

It is true that we view schizophrenics as being similar to one another, and we are able to detect common symptoms in them. It is because of these common symptoms that we are able to recognize

them. Actually their realm of originality exceeds by far that of the normal man. Paradoxically they seem similar to us because they are original and because they do not use our methods of thinking. They are similar in their difference from us, just as all Chinese may appear similar to Caucasians. Being unable to understand the originality of the content of their expressions and actions, we tend to emphasize the frequent occurrence of the few formal mechanisms that we understand. Paradoxically, it is by adopting *universal* forms that the individuality of the patient, with its specific dynamic determinants, is allowed to emerge.

In later stages the patient seems to lose emotions even for the complexes with which he was paleologically concerned.

## II Enlargement of Human Experience

We have so far described the world of schizophrenia as an impoverished one relative to that of the normal man. This conclusion seems obvious even to the casual observer, and yet from time to time some authors have expressed a voice of dissent. They assert that the schizophrenic experience could actually enrich life. In Chapter 8 we

have seen that according to Laing the schizophrenic knows the truth better than other people. According to Siirala (1961, 1963) the patient is a prophet to whom nobody listens; he is a dissenter who does not accept the evil of the world. Again we have to separate what is a true possibility from the exaggerations and idealizations of some authors. Certainly many unusual and even troublesome experiences of the human being, like going to war, may have positive aspects. They may strengthen the individual and add dimensions to his personality, provided he comes back alive and not maimed physiologically or psychologically. If a patient recovers completely from schizophrenia, he may be a fuller and better-integrated person, but what a price to pay in suffering and risk!

In spite of its mysteries and potentialities the world of schizophrenia is not to be recommended as a place where one can escape from the human predicament, or as a method with which to achieve truth and wisdom or to enhance one's spiritual aims. This statement is a truism and would not be expressed here, except for the fact that it has recently been challenged or replaced by confused points of view. The confusion derives from the fact that some schizophrenic experiences, once detached from the whole picture, can

be definitely seen as an enlargement and enrichment of human life. In *The Intrapsychic Self* (Arieti, 1967) and in other works now in preparation, I stress that, relative to the average person, the schizophrenic has easier access to the rich sources of the primary process, and I illustrate how these sources may enlarge his human experience. However, as a rule the patient is unable to exploit his potentialities. He cannot harmonize what comes from the primary process with the requirements of the secondary process. Unless recovery occurs, the incongruities resulting from such discordancies lead to bizarreness, isolation, and psychological impoverishment.

There is no doubt, however, that some specific or isolated characteristics of schizophrenia can be considered highly positive. The patient is not a revolutionary, a dissenter, or a philosopher; but in his process of desocialization severe and often valid criticism of society is implicit. In his paranoid attitude he becomes particularly sensitized to the surrounding hostility. From his protestations we may learn many sociological truths, generally hidden from the average citizen, and we may learn to recognize everyday hypocrisies which we meekly accept as ineluctable facts of life (see also Chapter 39).

In Chapter 8 we have mentioned that Siirala sees the schizophrenic as a prophet to whom nobody listens. Whereas for some time I have been recalcitrant to Siirala's view, I believe that now I understand him better; and some of his ideas seem to me, in a partial sense, acceptable. We can find some similarity (certainly not identity) between many schizophrenics and the prophets of the Old Testament. The biblical prophets were people extremely sensitive to evil, or surrounding hostility, as well as to society's callousness to evil.

The extreme individualism of the schizophrenic, his use of paleosymbols, the expanded capacity for symbolism, his paleologic thinking permit an enlargement of the human experience, can open new horizons and lead to new paths of feeling and understanding. The new combinations of ideas and feelings may result in higher syntheses or altered states of consciousness. From the histories of the patients that we have already discussed in detail and those that will be reported later in this book, we have learned to recognize the depth and the extension of the private experience. However, there is no doubt that in reporting them as a psychiatrist I have emphasized mostly the pathology and the suffering and have not paid enough attention to the enrichment of human existence. Although I hope to

deal in greater length with this topic in a future publication, I wish in the rest of this chapter to give some consideration to this aspect of schizophrenia.

Perhaps the reader will remember that earlier in the book (Chapter 16), in order to show the impairment of connotation power, I reported the answers given by a regressed schizophrenic patient who had been for several years in a state hospital. A high school graduate, she gave typical examples of schizophrenic thinking and language when she was asked to define words. Many years later I went over the records of the same patient and looked at them with different eyes. Some of her answers which had appeared to me only typical of a regressed schizophrenic disclosed additional meanings. I asked her to define life, and she asked me in return whether I meant *Life* magazine or the life of the sweetheart. She thus used homonyms in schizophrenic style, but couldn't she have also meant, in her own individualistic way, "You ask me, a high school graduate, to define what even Linnaeus and Darwin would not be able to do?" When she was asked to explain what the word "tongue" meant, she said, "Tongue is what you chew with, if you have something to chew." She referred, of course, to her poverty in her early life. On another occasion she said,



“A fool is a fool when a fool calls a fool a fool.” I considered this sentence as indicating the schizophrenic tendency to repeat the same word. But didn’t the patient perhaps refer to the fact that I was a fool if I thought that she was a fool because she was a mental patient?

Another time, in the midst of a session, she said something apparently irrelevant: “When a rose grows, if that rose should grow, it grows to the top.” Did she perhaps mean that life will flourish and bloom to its utmost, if not prevented or warped, as hers was?

During another interview she said, “In order to acquire charm, should I eat *charm* or read *charm*?” Of course, Charm was a brand of candy, and *Charm* was also a magazine. Was this just a schizophrenic pun or did she mean “To become acceptable must I accept eating, receiving, reading what you suggest?”

During another session, after a statement that she made, I asked her “Why?” She replied, “Why is a silly question because Y is a crooked letter. It should be who. Who is the why.” I asked her what she meant when she said “Who is the why.” She went on to say that “There are several why’s that depend on who,” that is, on people. People are the

cause of any event, question, problem. This was one of her recurring themes. As a matter of fact, when, during a discussion of her delusions of persecution, she was asked the question, “Why do they hurt you?” She replied, “I don’t say why, I say who.” In other words, behind a why there is a who, a human will, a human motivation.

On another occasion she spoke about people. She said, “People are not people. If people were people, things might prove to be more beneficial for the people.” I asked then, “Aren’t people people?” She replied, “There are all kinds of people.” I asked her, “What do you mean by people?” She replied, “Persons of quality.” Now the first sentence became clearer. If people were persons of quality, things in general would be more beneficial for everybody.

These examples disclose that in some cases what appears unusual, illogical, imaginary, or exclusively the result of psychosis, should be seen not only in the restricted sense of being outside of reality but also of being an expansion of reality. This point of view is indeed close to one of the major tenets of the surrealist school of art and literature. (See also Chapter 17; Barison, 1948; Roi, 1953) Surreality includes the real and the unreal, comprehends both

categories into an enlarged universe, which is expanded for better or for worse.

Perhaps it is appropriate to remind the reader here that the founder of the surrealist movement in literature was a French psychiatrist, Andre Breton, who, at a crucial stage in his life, abandoned psychiatry and became a poet. Although very much indebted to Freud, Andre Breton opposed some views of Freud both in his writings and during his personal meeting with the founder of psychoanalysis (Breton, 1932; Breton and Eluard, 1930). Whereas Freud made a sharp distinction between the external world and psychic reality, as well as between the rational and the irrational which should be relegated to the id, Breton wrote that the psychotic comes closer to the great secrets of life and offers a reservoir of mental health to those who are restricted by a routine rationalism (Balakian, 1970). Like the painter Salvador Dali (see Chapter 20), Breton believed that absurdity is not just absurdity but an enrichment of reality or a super-sense of reality. The transfiguration of the dream, the delusion, the hallucination, are not deformations but an enrichment of life.

My position is that *in some cases* they can be a great enrichment. Together with the greatest errors and greatest impoverishments I have at times found great truths and enrichments inherent in psychosis, truths and enrichments which transcend the parochialism of time and space.

I don't want to be misunderstood. These new insights or expansions of reality do not deal only with great universal problems or concepts but also with the humble, little, daily circumstances of life, of ordinary people. In Chapter 37 we shall see how this expansion of awareness may come through the phenomenon which I have called punctiform insight. It may come also through apparently absurd rationalizations. In Chapter 16, section I, we have seen that the psychotic rationalization is an effort on the part of the regressed schizophrenic to justify, in a way seemingly so inappropriate or childlike to the point of being humorous, a position or an attempt to escape from a serious predicament. As I showed in Chapter 16, behind this absurd rationalization is often hidden the real voice of the patient, a personal truth which wants to be heard. But the environment is deaf and a specifically thunderous way of expressing it had to be found. I shall close Part Three with one more such example. In 1946, when I

was working at a clinic of the Veterans Administration and I was examining veterans who had had psychiatric casualties during World War II, I had the opportunity of seeing a young man who had been in the Pacific theatre of operation. From his medical records I learned that he was a grammar school graduate, a shoemaker by profession, who, for reasons beyond his comprehension, found himself catapulted into the Pacific, fighting an enemy of whose existence until then he had not even been aware. He did not like to be there, had an acute psychotic episode, and was recovering in a military camp.

In the camp he seemed fairly contented; kept busy repairing the shoes of the servicemen, and did not seem eager to reach a full recovery and go into action again. To the medical officer who examined him, he said, "I devoted half of my life to repairing shoes; I am a good repair man; that is all I like to do; I can't be a soldier; I'd be happy again repairing shoes." Apparently the medical officer was not satisfied and asked the patient if he thought this was sufficient contribution to the war effort. The patient replied, "Sure, when the fellow who wears one of the shoes I repaired kicks a Jap in the face, he will know something hit him; that's my contribution." Is this just a facetious rationalization of a still partially psychotic person or also the

genuine belief of a poor man who somewhat hesitantly, somewhat vaguely, but also strikingly and originally, tells us “I don’t want to be here. I am not a soldier. Do you understand that I am not a soldier? I am a shoemaker! I am a shoemaker! I am a shoemaker!”

### *Notes*

- [1] Similar objection was made by Benedetto Croce (1947) to the theories of the philosopher Vico. Croce wrote that in his conclusions about the studies of ancient people, Vico had replaced Plato’s universals with “phantastic universals” (corresponding approximately to our paleologic mechanisms of the primary process).

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*Psychiatry*, Vol. 11, 1948, pp. 325-338.

“The ‘Placing into Mouth’ and Coprophagic Habits.” *Journal of Nervous and Mental Disease*. Vol. 99, 1944, pp. 959-964.

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"Schizophrenic Art and Its Relationship to Modern Art," *Journal of the American Academy of Psychoanalysis*, Vol. 1, pp. 333-365. © 1973 by John Wiley & Sons.

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