INTERPRETATION OF SCHIZOPHRENIA

The Second, or Advanced, Stage

SILVANO ARIETI MD

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Silvano Arieti, M.D.

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The Second, or Advanced, Stage

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Crystallization versus Disintegration

The second, or advanced, stage of schizophrenia is reached when the symptoms seem crystallized, to have assumed a fixed and definite form. The secondary process has been definitely defeated in some areas of the psyche, and the primary process reigns, undisputed, at least within the realm of the symptomatology. A certain equilibrium seems to have been reached; the patient seems to have accepted, at least to some extent, his illness, and anxiety seems decreased or even absent.

The reader must have noticed how many times the word *seems* has been used. The use of this word has been deliberate, because the mental status of the patient is not really one of immobility, crystallization, or decrease of anxiety, in spite of the appearance. Certainly most symptoms have typical primary process characteristics and recur indefinitely; but no equilibrium is really obtained. The

patient seldom finds a compromise, and the symptomatology, although defensive, does not compensate for what was lost. Thus the symptoms become additional causes of maladjustment and decompensation, and the decline continues in the direction of further regression. Typical of this stage, however, is the effort to stop the decline, to retain whatever grasp is possible on the escaping reality and to maintain at least the paleologic understanding of the world. Outbursts are less frequent. In some patients the delusions and the hallucinations have lost a great many of their unpleasant qualities. Persecutory trends may still dominate the scenery, but somehow they have lost any convincing aspect. They are stereotyped and are not accompanied by appropriate affect. Most patients do no seem to be disturbed any more by threatening voices. On the contrary, some of them hear voices that bring them comfort. In some of these cases the delusions of persecution have been replaced by delusions of grandeur.

Unless there is stereotyped thinking, thoughts appear more disconnected and abound in paleologic mechanisms or even more primitive processes such as word-salad.

However, as already mentioned, in many patients the

disintegration process is slowed down, and in some cases arrested, by the tendency to stereotype all thoughts and activities or to reduce them to a mere routine. Hospitalized patients repeat the same activities every day with little variation. They sit in the same place in similar postures and talk in the same way. They avoid more and more any unpredictable situation or any spontaneous response.

Stereotypies require further consideration. From a formal point of view we may distinguish in them two major elements: (1) the repetition of the act; (2) the rigidity of the act, which allows minimal variation or none at all. The acts are stylized, occasionally assuming the form of an archaic ritual, gesture, or dance. Stereotypy has been interpreted psychodynamically by many authors. Fromm-Reichmann (1942) believes that "the seemingly meaningless and inappropriate stereotyped actions of schizophrenics are meaningful, as are the rest of their communications. They serve to screen the appropriate emotional reactions that are at their bottom. . . . They are a means of defense against non-acceptance and rebuff." De Martis and Petrella (1964) have made an accurate study of patients who presented stereotypies and have found many meanings in them:

1. Tendency to overcome destructive anxiety.

2. Wish to reestablish contact with vanishing external reality.

3. Need for defense and for masking oneself toward inner experiences that are felt as dangerous.

4. Reductive process, on account of which a vital and complicated situation becomes implemented in its most significative and syntactic form.

5. Regressive structuralization, through which terrifying inner experiences find autistic forms. These autistic forms may appear poetic or jocular.

In simpler words, we may say that stereotypies have a form and a content, may be defensive and regressive at the same time, are ways of detaching from society and yet of maintaining some contact with the external world. Their main characteristic is the reduction of a complicated life to a pattern of a few stylized movements or actions. The pattern is preserved and used as an outlet for many complicated conflicts.

The writings of patients in the second, or advanced, stage of schizophrenia disclose typical characteristics. Many patients have the habit of writing letters that help greatly in the understanding of the

disorder. When integration of the personality and paranoid fervor are retained, the writings of these patients continue to express anger, an attitude that they are the victim of planned persecution and inhumane injustice. This intensely expressed content contrasts with the formality, the mannerisms, the interminable length of some writings, and the repetition, at times taking place for years and years. At first, one is inclined to interpret this repetition from an exclusively psychodynamic point of view. The patient realizes that his message is not heard by people who remain hostile and deaf to his claim and lament. In the prepsychotic period of his life, the patient really found himself in situations in which his psychological needs and feelings in general were not acknowledged. The fact that the staff of the hospital or the family do not take seriously these messages certainly reinforces the need to repeat them. The patient sends his letters first to the doctors in charge, then to the director of the hospital, then to the commissioner of mental health, then to the governor of the state, and then to the president of the United States, or to all these people.

A letter like the following one is touching:

Aug. 2, 1941

President Roosevelt
White House
Washington, D.C.

My dear President Roosevelt:

I am herewith inclosing copy of letter written to the Agriculture Milk Program and to which I have not received a reply.

Please be advised that I have 6 children at home badly in need of milk—three of my children attend the Tuberculosis clinic at Bellevue as they are very undernourished

Since I know that you are very interest in the welfare of the children in this country, I take the liberty of placing this matter before you hoping that your usual kindness will find a way to replace the milk that my children have been deprived of for these last 2 months

Respectfully Yours A. B.

However, this patient wrote about ten letters a day, all of which were identical or almost identical to the one reported. Note the characteristic infrequent use of the period.

When regression is advanced, especially toward the end of the second stage, it becomes obvious that in addition to whatever need is

there to transmit the message, the stereotyping tendency is used as a defense against the paleologic transformation, mutability, and fragmentation of the psychological world of the patient. He makes "stills" of what constantly changes, and he wants to retain tenaciously "these still pictures" as something on which he can sustain himself. The feeling of being victimized, ignored, mortified is the only thing that is experienced with some clarity and that helps the patient not to be overwhelmed by the flux and fragmentation of his mental processes. The undeniably unpleasant characteristics of institutional life, however, often give him to some extent some justification for his feelings.

Following are texts of telegrams that the patient Rudolph F. wanted the nurse to send in his behalf.

TELEGRAM

September 8, 1938

Franklin D. Roosevelt, President, Hyde Park, L.I.

Herbert H Lehman—Governor, Albany NY

Dept of Mental Hygiene, Albany NY

Fred C Munder, District Attorney, Riverhead, L.I.

Holland T Breiner Smithtown L I

Mrs. Porass—c/o The Jop Estate, Smithtown, L.I

They have locked me up again and will compel me to be shaved by the same barber who almost blinded me by infecting my eyes with syphi-gonnorrhea germs.

Please help me at once

Rudolph F.

Collect 3:20 pm

TELEGRAM

President Franklin D Roosebelt [sic]

Hyde Park L.I

Wont you please come to the aid of a helpless innocent man who is being destroyed step by step in Kings Park State Hospital. Have been unjustly locked up again and my life is in danger.

Rudolph F.

Collect

Same telegram to
Gov Herbert H Lehman
Albany

TELEGRAM

Sept 8, 1938

[Names of four friends]

Wont you come to the aid of a helpless innocent man whose life is being destroyed step by step in Kings Park State Hospital. Have been unjustly locked up again and my life is in danger.

Rudolph F.

Telegram
Collect

TELEGRAM

To [friend]

They are again attempting to harm me. Please come and help me at once

Rudolph F.

Collect

Some paranoid patients succeed in controlling the stereotyping tendency and in maintaining logical structure. Nevertheless, the bizarreness and the weakening of the thought processes are evident, as in the following "legal affidavit" written by a patient who signed his name as "America."

Affidavit

LEGAL The undersigned is being detained "here" Illegally under misrepresentation (criminal slander) The motive—We will mention **only** the principal reason. Having specolated "on easy" possibilities of **criminal** exploitation public enemies have caused through corruption a cloud to sorround a life and by so doing try to hide the honorable **talented upright** sane qualities, of a social **giant** Life

MEDICAL It behoove's you to know that I am sound and one hundreth per cent Clean healthy ((Wasserman test)) blood test indicate 100 per cent perfection quality Purity.

URGENT The writer has a **Sacred** Mission to perform, to give the american Social structure will a chance to **know** the Truth. I demand my release and go my way. It save **you** The shame of being mixed up with these public enemies parasites

who are criminally. . . . fooling you I am an American able bodied cabable of earning a good and honest living I am within my own rights I believe in Law and ORDER and in the sacred rights of man enbodied in Constitution and seth forth in the Bill of Rights of the U. States of America Are you an American? then release an Innocent man

Signed America

What follows is the beginning of a five-page letter written by a patient to Dr. Tiffany, who was the director of Pilgrim State Hospital. Dr. Tiffany is addressed as His Royal Majesty, and the whole letter seems to have a humorous quality. A criticism of the hierarchic organization of the hospital is undeniable; however, the patient meant literally what could have been a jocular protest.

To His Most Royal Majesty and Excellence
King Nebuchadnezzar Tiffany,
King of Persia and Media and the Isles Roundabout,
Most Worshipful King of Kings, Ruler of All the World, *and*
the P.S.H.
At His Royal Palace in Babylon, L.I.
(or Brentwood, or thereabouts!)

Your Most High and Mighty Majesty:

I most humbly beg to record the receipt of your verbal reply to my communication of yesterday,—sent by your Majesty's special Ambassador and Minister Plenipotentiary, the Honorable Sir Lang, M.D.

I had asked for your kind permission to depart from this Royal Castle of Yours wherein I am now kept a prisoner, and I made my application in writing as per information from your Royal officer at the Capital of this your Royal Province, Nova York, at Albany.

I understand that I cannot be permitted to leave on account of my Mental Condition, and I presume this is the Court Order referred to

(in)

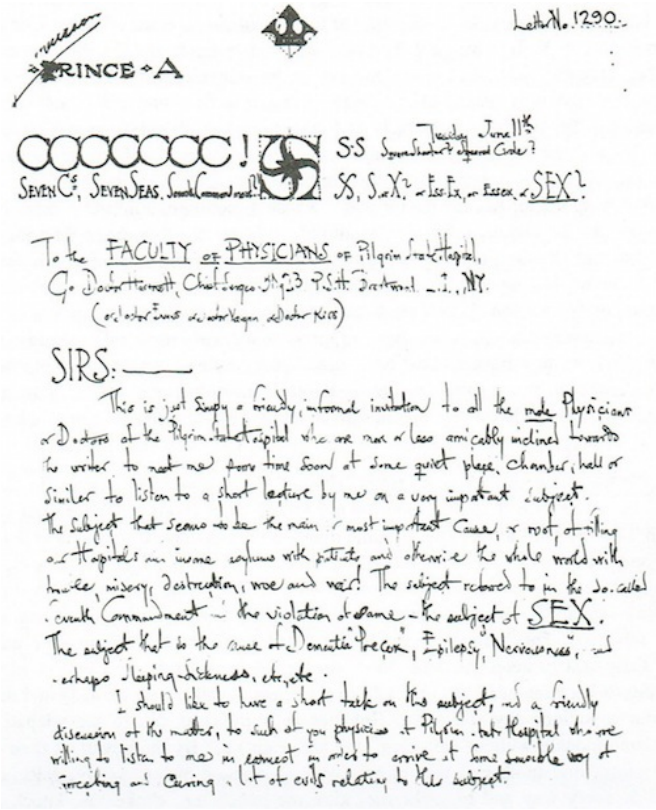
(in)

the communication from Albany, as per His Royal Majesty Emperor Frederick the Ur Parsons, that I *must be* released within ten (10) days after notice in writing. Or perhaps again ray admittance to Your Royal P.S.H. Palace was not according to proper rules and procedures? You see it is so long since I left all Courts and Court-manners and Kings and Nobilities behind me in the old Province of Your Majesty, Sweden, that I am very much bewildered as to the proper procedures and ettiquette in this World Empire State and Nation.

Perhaps I should still await Your Majesty's Royal

> Court Order in writing, properly signed and sealed by Your Majesty's Royal Chamberlain? It would hardly seem quite fair, to me, to require me to make my request in writing and not get a similar answer, in writing. Particularly when we consider the poor Condition of my somewhat Crippled-up right arm and hand. I have earnestly wished to get away from this eternal letter-writing business but it seems I am doomed to keep it up until I have drawn my last breath.

The grandiosity and bizarreness of this patient appear also in Figure 44, which reproduces a letter in which he calls himself Prince A. and asks the staff of the hospital to allow him to deliver a lecture on the subject sex as cause of mental illness. Notice the play on words and on letters *c, s,* and *x.*


Letter No. 1290.

PRINCE A

SS Tuesday June 11th

SEX.

To the FACULTY of PHYSICIANS of Pilgrim State Hospital,

SIRS:—

This is just simply a friendly, informal invitation to all the male Physicians & Doctors of the Pilgrim State Hospital who are more or less amicably inclined towards the writer to meet me some time soon at some quiet place, Chamber, hall or similar to listen to a short lecture by me on a very important subject.

The subject that seems to be the main & most important Cause, & root of filling our Hospitals & insane asylums with patients and otherwise the whole world with trouble, misery, destruction, woe and peril! The subject referred to in the so-called "Seventh Commandment" — the violation of same — the subject of SEX.

The subject that is the cause of Dementia Praecox, Epilepsy, Nervousness, and perhaps Sleeping Sickness, etcetera.

I should like to have a short talk on this subject, and a friendly discussion of the matter, to such of you physicians at Pilgrim State Hospital that are willing to listen to me in earnest in order to arrive at some tenable way of treating and Curing all of evils relating to this subject.

Figure 44: Explanation in the text.

The following letter, reported in its entirety, depicts well the climate of persecution.

> Dear doctor (you, to whom I have given this letter): I am extremely sorry to say that I am now at Kings park state hospital for the insane, building D, ward 16, at Kings park, Long Island, N.Y. I have been at Kings park state hospital

since April 5, 1934. I am a perfectly sane man who is imprisoned most unjustly and for no reason whatsoever, in the most detestable insane asylum. I am the victim of the worst injustice and the most unbearable conditions. my being here is the worst sin, the worst mistake and the worst crime, nobody has the right to keep me here at all. Here is my story. The tenants who were living directly beneath us, where I used to live with my family (parents, brother and sisters), were talking to me telepathically, daily, continuously and invisible from their home and while I was at home. I was absolutely a slave and I was not able to avoid hearing or receiving mentally from them. They annoyed me extremely because they talked to me mentally, when I was at home, I did not teach telepathy to any member of my family, my mother did not believe that telepathy was true and consequently she thought that I was imagining that the tenants were talking to me telepathically and, because of that, she had me sent, suddenly, to Kings park state hospital after I was kept four days at the psychopathic ward of Kings County hospital at Brooklyn, N.Y. If it was not for my mother's ignorance and for the fact that I did not teach her telepathy at home, I would have never been here. I would have surely become a successful business man instead of rotting in an insane asylum under the most unbearable conditions and suffering, daily, extremely and continuously and without cessation, day and night and always liable to become insane at any time or to become blind or to die at any time, ever since I have been here, my mother and the rest of the family, have been coming, asking and begging doctor K., the doctor under whose direction building D was,

to let them take me home but he always refused. His attitude was most astounding. He should have discharged me from Kings park state hospital from the very first day during which I came under his direction but he was most unconscientious, most unmoral, most wicked, etc beyond words or description. I am here because doctor K was most unconscientious, most irrational, most unreasonable, most unmoral, most unethical, most unjust, most unrighteous, most wicked, most biased, most tyrannical, most careless, most neglectful, the worst liar, most demoniacal, most diabolical, most satanical, most unhuman, most inhumane, and most insane beyond words or description and because I am absolutely controlled in mind and body

My slavery is the worst slavery of all times. Even if I was insane nobody would have had the right to keep me here if any member of my family or anybody wants me out of here. And I am not insane but I am a perfectly sane man who is imprisoned in the most detestable insane aylyum most unjustly and for no reason whatsoever and my family wants me out of here, not only am I sane but also I am more intelligent and moral than many sane people. Furthermore I was always working, earning my living and saving money and I was never a burden on anybody. The inmates, here, hate me extremely because I am sane and they always do their best to keep me here. They succeeded wonderfully and that is why I am here. In order to keep me here, (1) they talk to me telepathically, continuously and daily almost without cessation, day and night. (Inmates and employes talk to me telepathically, daily, and continuously

without cessation, day and night) (2) By the power of their imagination, they force one another as well as employes to mistreat me extremely, daily, continuously and in every way and to strike me, kick me punch me, choke me, knock at me, cause extreme pain in various parts of my body and to harm me in every way. (I have been struck, kicked, choked, punched over two thousand times most unjustly and for no reason whatsoever. I have been struck on my eyes many times for no reason whatsoever. I have been kicked strongly on my testes and many times and for no reason whatsoever. My health has been ruined because of strokes and other conditions, They strike me or kick me or choke me or punch me, daily. My ribs and bones have become crooked because of that) (3) By the power of their imagination and daily and continuously, they create extreme pain in my head, brain, eyes, heart, stomach and in every part of my body. Also by their imagination and daily and continuously, they lift my heart and stomach and they pull my heart, and they stop it, move it, twist it and shake it and pull its muscles and tissues. By the power of their imagination and daily and continuously, they dilate my pupil and iris and they pull the veins, muscles and tissues of my eyes. At any time, they will surely burst my pupil and iris. (4) By their imagination and daily and continuously, they force one another to knock at me their hands fists, feet and anything they could hold and, by their imagination, they send the noise and sound to my head, brain, temples and teeth. By their imagination and telepathy and daily and continuously, they force one another to talk orally and to send their voices to my head, forehead, temples and heart.

(5) By telepathy and imagination, they force me to say orally whatever they desire, whenever they desire and as long as they desire. I never said a word of my own. I never created a thought or image of my own. (6) By their imagination and their bodily mouvents, they scare me continuously and by their imagination, they move the blood violently in every part of my body (7) By their imagination and daily and continuously, they absolutely control the motion and mouvement of my body and every part of it. (8) When they force me to talk to anybody, they control, by their imagination and telepathy, the speech and behaviour of that person. (9) Also when a person talks to me, they control that person as well as myself. (10) By the power of their imagination and every night, they force me to sleep and awake as many times as they desire and they create my dreams and they tell them to me. (11) By their imagination, they prevent me from writing whenever I desire and, when they let me write, I have to write very slowly and, while I am writing, they create extreme and continuous pain in my fingers and in every part of my hand. (12) By their imagination, they force employes to put me in the strong room most unjustly and for no reason whatsoever and to torture me in it. They also do everything possible to prevent me from getting out of Kings park state hospital. Furthermore I am suffering daily, extremely, and without cessation, day and night, because they are continuously creating extreme pain in my eyes, brain, heart, and in every part of my body. What I am undergoing here is worse than the torments of hell itself. The situation is absolutely uncontrollable and irremediable. I must get out of here at

once or I will surely become insane or blind or I will surely die. please save me from insanity or blindness or death, please discharge me from Kings park state hospital as soon as possible during today or tomorrow and I swear by God that I will give or send you five hundred dollars, or any sum which you desire as high as one thousand dollars, as a reward for that and within three days after my discharge and I thank you most cordially. Gain my gratitude for life as well as that of my family.

R. A.

Following is the beginning of a sixteen-page letter with again a pervading feeling of persecution.

1952

Sir;

During my 82:8 stay, I was numerous times, savagely and absolutely un-necessary

assaulted . . . . . cures . . . . treatments . . . . . strait-jacketings, etc., by head X.

My lower (bridge) teeth broken; Two pairs of eyeglasses damaged$_x$

Searched practically every day$_x$ The following were maliciously seized from me, by head X. . . .on the silly, flimsy pretenses: “excessive baggage”:—

My Dimes Savings Bank book deliberated wrested from me and tom into shreds, before my eyes . . . . by head

X_x I didnt compliment head X_x I blew my top_x Kerplunko . . . I was rear ended onto the $floor_x$

The passbook's cover design, with
its 1-280-850 . . . . . the DSB (photo
engraved) branch building, imprint
. . . . . a blind person

could sense its

nature's contents

and wouldn't mutilate and confiscate

it as "EXCESSIVE BAGGAGE"!

I complained to my doc., about it_x He merely snickered and gave me the $brush_x$

To speak to the doc., I first asked head X. "$No"_x$

I lay in $wait_x$ The next time the doc. was in X's office, I over rode the outer guard and dashed in. The doc $brushed\text{-}me\text{-}off_x$ Results: my fanny again floor-collided. . . . by head X_x

From then on X's atrocious brutualities towards me were tough going!

My eyeglasses case (container) confiscated

"pencil sharper; also eraser, "

"cigarette roller Bugler machine"

and other essential personal

properties frisked from me

as "EXCESSIVE BAGGAGE"

I certainly DID REPULSE these dirty, bastardly tactics of

head X!

Following is the beginning of a seven-page letter that discloses new formation of paranoid ideas.

Dear Sir:

I have this day, at about 4:30 pm discovered another plot to harm me by violence.

At supper time, as I was standing at the end of the corridor, near the door which leads down to the Dining Room, looking out of the window, with my backe turned, I heard a movement behind me. I looked around quickly and found a patient had just seated himself on a chair behind by backe. In his hand he had a long, sharp pointed weapon, with a handle on it made of wire. As he heard me turn he quickly put it into his inside coat pocket.

I asked Spirit, who had of course also seen it, what the man was doing with such a dangerous weapon. Spirit replied it was to protect me.

As I have found Spirit to be fraudulent, lying and treacherous on many occasions in the past I immediately made up my mind to report the man and have the weapon taken away from him. I told the first attendant I met on the way down about it. His name is McMahon and he was standing at the foot of the stairs. I told him I would point out the man to him as all the men came down. Although this

> man was nearest the door to the stairs leading down to the Dining Room, and should have been one of the first men to reach there, and although I waited until all the men in my ward came down, I was unable to show him to the attendant, as apparently Spirit had warned him not to come down.

Contrasting with the deep sorrow, anguish, and sense of injustice that appear in these letters, the patients who wrote them often appeared calm, detached, apathetic.

Many patients in the second stage of the illness have a style that seems pretentious, pseudoabstract, or "on stilts," as described in Chapter 16. The pseudoabstraction at times approximates word-salad, as in the following letter.

Pilgrim State Hosp
West Brentwood
Long Island
Bldg 30 War8
State Hosp. Insane
USA.

1——2

2——1

Hon. Staff Doctor's

Dept Office.
State Hosp. Insane.

Honorables:

At the presents

past on hour future and the beginnin off the life every Doctor's on the capacity that have have to be sure off the buisness life and made it on confortables act on insuerance capacity acts at the moral mentaly on good Health. I'm my self I think any way for the true and give and all together the best onsuerds by ward for my inteligence to resolve a problen that one plus one is one them I my self think iff it is true or I mistake later I have to correct. Know at this presents moments I don't have to say anything and I don't have a word only on the same hared one and the same word have the ansuerd's (Liberty on free). Just only that I have an warred too. Anything more for my self I needed. I would like to have that consideration for finish and take a rest and to have a good time because many thing at my recuerments life. I made you at your self this propotion. To give me and oportunity to apraff me a hoadcard for the few time that I won to stay here If you wanted to aproff me this allright and good too. Them when I resired I give you the thanks no for ever but for the presents mannen ts' allright and very good for all and pleasure with your's.

E. R.

Grandiose paranoid systems are more frequent in the advanced stage

than in the first. They often retain a scientific or impressive aspect. Neologisms and mixing of words, designs, and ornamentations occur in many writings of patients in the advanced stage. Figure 45 reveals many neologisms. It also portrays five spoons, which stand for the five members of the family to which they are respectively assigned.

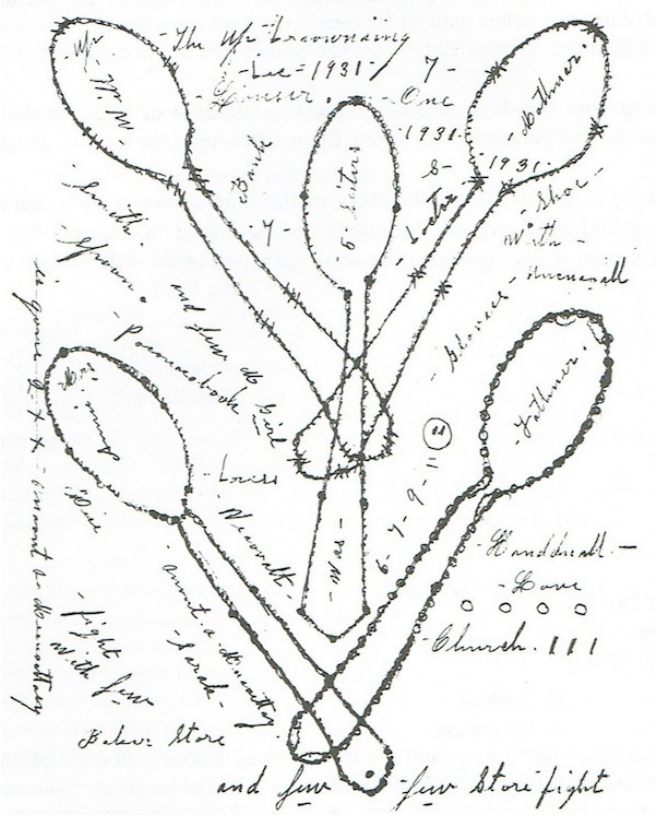


Figure 45

At times a sense of mission or an assumed prophetic tone is recognizable in the writings of the patient in spite of the creeping disorganization, as in the following sample.

People message

God let me see how its done and I want the
people, public and Court people to get and know how
its done, to save humanity human life through out
the nations Europe's plight and Russians' plight and
all and America's human life plight are all the
same slave bond through film actors camera men
doing evil poison fog hypnotic put on the human
life
pray that it can get be push through for world
to know.
This is the living truth and facts

faith

circulars only to here from Mary Reen
cant work for wages or health until people kown

how its done

The more the illness advances, the more disorganized the language and the writing become, so that often complete incoherence results. Life becomes increasingly monotonous. Although some paranoid patients continue for many years to make their protests in writing, a large number of them give the impression of not being disturbed by institutional life as one would expect. Although their lives

become narrower and narrower, they do not seem to be bored. As a matter of fact, they never yawn. Boredom is an emotional state of which they do not seem capable. Boredom eventually would produce anxiety. Sexual life continues to decline except for a certain group of patients who masturbate repeatedly.

Catatonics in the second stage, however, are a little more active. Waxy flexibility is often replaced by stereotyped minimal activity. The patients are less rigid and allow themselves to perform some movements. It seems almost as if at this stage the four classic types of schizophrenia (simple, paranoid, hebephrenic, and catatonic) have acquired a much more similar symptomatology. At this stage it may be difficult to differentiate a paranoid from a hebephrenic. Paranoids, however, reach the second stage of regression much later than hebephrenics. In many instances they remain indefinitely at the first stage.

As was noted before, a group of patients seem contented and, at least when they harbor grandiose delusions, proud of themselves. They seem to have achieved what they wanted, that is, they have acquired self-esteem and removed anxiety. But can we accept this

appearance as corresponding to the inner state of the patient? We have seen that in the first stage an attempt to remove anxiety was made by accepting psychotic mechanisms. We have also seen, however, that in the first stage, even at a superficial symptomatological level, anxiety was retained.

Once the patients have selected the path of schizophrenic regression and desocialization, they tend to continue to follow that path. The process of desocialization is like quicksand; in most cases, it actually increases the anxiety of patients, especially when they feel pressured to resocialize but find themselves deprived of the necessary tools.

In the second stage of schizophrenia, anxiety is less visible. One could say that the illness has been a good transformer, has transformed anxiety into psychotic symptoms. Theoretically, however, we have to assume that anxiety is still there, at least potentially, to perpetuate the illness. In fact, if there were no anxiety, the patients would tend to recover. That is what happens in some cases; but in the majority of cases anxiety still exists in actuality or potentiality. Any tendency toward normalization reactivates anxiety, and the patients

therefore maintain the psychotic symptoms. Actually, any attempt toward recovery, even the slightest one, presumably produces great anxiety, because by becoming psychotic the patients have given up many of the means (powers of abstraction, and so on) that equipped them to fulfill social demands. They are in a situation similar to the one described by Goldstein (1939, 1943a) in organic cerebral cases. The patients are afraid to go into a "catastrophic reaction"; their tendency, therefore, is to do the opposite, to follow the path toward more stereotyped activity and desocialization. Any anxiety-producing demands may push them further toward regression.

The situation is a vicious circle. What should be a defense in the majority of cases makes the patients more helpless and vulnerable, a circumstance similar to that which occurs in some organic diseases.

It is interesting to determine how patients who have been sick for many years remember or evaluate the onset of their illness. De Martis, F. Petrella, and A. M. Petrella (1967) have examined fifty female patients who had been hospitalized for a period ranging from three to thirty years. They obtained the following results:

1. Eight patients denied ever having been sick, or they

attributed their hospitalization to persecution.

2. The thirty-five patients who gave psychological explanations did so in a stereotyped, repetitious way. Ten of them attributed their original hospitalization to exhaustion; three to overwork; four to menstrual troubles; eight to fright.

3. Reference to a physical illness was frequent. Headache, lack of appetite, and loss of weight were often mentioned as causes of hospitalization.

4. Reference to psychological traumas was much more frequently made by patients who originally were hospitalized for a brief period of time and became chronically ill outside the hospital.

5. Explicit magical interpretations of the onset of the illness were present in only three cases.

In their accurate work, De Martis and co-authors found in patients in the second stage of schizophrenia a level of mental suffering that was unsuspected and that contrasted with the apparent flatness of affect and degradation of the personality.

A related kind of work was made by Brooks, Deane, and Hugel (1968). Although the sixty-eight patients whom they studied were

described as being in remission and in a rehabilitation aftercare clinic, they were labeled chronic schizophrenics and had been sick for a period ranging from eight to twenty years. The authors concluded that:

1. For all sixty-eight subjects the schizophrenic experience was a horrible, nightmarish one.

2. The basic schizophrenic experience seemed to vary little or not at all in relation to clinical manifestations or the individual's style of communicating this experience. Patients belonging to various subtypes that could be clearly diagnosed as paranoid, catatonic, simple, hebephrenic, schizo-affective, and undifferentiated showed no difference in the nature or reporting of their inner experiences. According to the authors, their findings would support a unitary view of schizophrenia as a disorder.

A certain number of patients in the advanced stage of schizophrenia were, until not too long ago, particularly conspicuous for the antisocial character of their symptoms. In large hospitals like Pilgrim State Hospital, entire buildings, or at least entire wards, were used only for patients who had shown aggressive or violent behavior, who would destroy all their clothes and walk naked, would repeatedly

try to escape, would smash windows, would be incontinent of feces and urine, and would smear feces. Many patients were kept in straightjackets for long periods of time. The management of these wards was an arduous job. These places smelled like stables, and some of them were reminiscent of the illustrations for Dante's *Inferno.* Fortunately these scenes belong to the past. In 1968 I visited and spent some time in Pilgrim State Hospital after an absence of twenty-two years and could gladly witness to the disappearance of these tragic pictures. This behavioral improvement is to a large extent the result of drug therapy. Although I rejoiced at the fact that the *antisocial* overt symptoms had disappeared, I could notice to my regret that the *asocial* symptoms of the advanced stage of schizophrenia had been touched only to a minimal degree by the use of drugs. The thought disorder, the stereotyped behavior, and the decrease in life experience still dominated the picture.

II
The Advanced Period of Schizophrenia and Institutional Life

Is the institutional life to which most patients in the advanced stage are subjected at least partially responsible for the

symptomatology?

The following questions are often posed:

1. Is hospital life changing an acute into a chronic condition?

2. Is the symptomatology of the hospitalized chronic schizophrenic partially caused by hospital life?

3. Does hospital life perpetuate the symptomatology?

4. Traditional institutional life is unsatisfactory and would have an adverse effect even on normal persons. Is it not likely that it may have even a worse effect on the vulnerable schizophrenic who is in a state of advanced regression?

These questions or problems are not necessarily related.

Several authors have attempted to demonstrate that hospital practices tend to transform an acute into a chronic schizophrenic, or to make the chronic worse or permanent. Macmillan (1958) wrote:

> Many of the symptoms which we had formerly regarded as due to the psychosis were in fact due to the restrictions which we had imposed on the patients, and disappeared with the removal of these restrictions. . . . The resentment

> and feeling of injustice which certification causes in the mind of the patient is intense, and it lasts for many years. When patients are in a state of emotional upset, when their self-confidence is already seriously undermined and disturbed, to deprive them of civil rights depletes that stock of self-confidence even more at this critical phase of their life. One can hardly imagine anything more likely to upset them.

Hunt (1958), also believes that much disability in mental illness is not part of the illness itself but is artificially superimposed, the result of the rejection on the part of society of the deviant individual. Lehrman (1961) wrote: "Since there is usually insufficient staff to help the patient to see the healthy aspect of his incorrect rebellious behavior, he begins increasingly to see life as presenting a choice only between punishable defiance and relatively painless apathy. The latter response tends often, in consequence, to be chosen."

Ludwig and Farrelly (1966) maintain that in psychiatric hospitals a situation "is unwittingly created whereby patients find it difficult to relinquish their identification as chronic patients and to adopt more socialized values and attitudes." These two authors have aptly given the name of "code of chronicity" to the complex of traditional attitudes and consequent behavior found in chronic hospitalized patients, as

well as in the staff.

Kantor and Gelineau (1969) have made a profound study of how the interaction of five specific mechanisms in the patient and of five social mechanisms in a typical ward for chronic patients operates to support and maintain chronic schizophrenia. The mechanisms in the patient are the following:

1. *Injury patterning.* Because of his life history, the patient evolves into a recurrent pattern of injury: expectation of injury anew and the fulfillment of the expectation. The process operates circularly and becomes a fixed pattern.

2. *Fear patterning.* Unable to leave the field, the patient adopts a fixed pattern of existential despair.

3. *Flight patterning.* The patient learns to avoid the pain of anxiety by withdrawing.

4. *Distorted language patterning.* The future chronic schizophrenic develops a system of unintelligible and unpredictable communication.

5. *Role-loss patterning.* The patient is shifted from a civilian role to that of being a hospitalized schizophrenic.

The five social mechanisms that meet the personality patterns and with them make schizophrenia a chronic condition are:

1. Rituals of degradation. Attendants recurrently humiliate patients.

2. Mechanisms that differentiate states and establish social distance between personnel and patients.

3. Rigid social controls. Absolute authority over the patients is used to administer a range of rewards and punishments.

4. Insulation from the demands of other institutional systems, such as the family, psychiatric staff, visiting or voluntary outsiders.

5. Constriction of role set. The patient's role set is reduced to a constellation of a few role partners: the other patients, the attendants, and the physician, but only to a greatly reduced degree.

According to Kantor and Gelineau three types of patients ensue as a result of the interaction of these personality and social factors: the stormy rebel, the quiet conformist, and the autistic recluse. The names of these types suggest their prevailing type of behavior. Kantor and Gelineau write that these three types of patients

> make different demands on their environment; and each elicits a different response set from the system. These response sets, though selective, are limited by the inflexibility of the ward structure and culture. Indeed, what makes such a ward an improper place for schizophrenics (or anybody) is its staff members' selective insensitivity to the varying needs of its patients. It thwarts the rebel's desperate attempts at self-integration, it encourages the conformist's martyrdom, and it ritually mutilates the recluse's already mangled concept of self.

Goffman (1961) has reported in detail the conditions, experiences, and behavior of the chronically mentally ill in mental institutions. He has dramatically portrayed the process of mortification that the patient undergoes in traditional mental hospitals. The hospital disrupts those actions that give the person the feeling that he has some command over his world and consequently a sense of self. He cannot indulge in those actions that confer self-determination. While the process of mortification goes on, the patient leams how the privilege system works:

1. House rules are defined.

2. A small number of clearly defined rewards or privileges are held out in exchange for obedience. The patient actually builds up a world around these minor

privileges.

3. Punishment is inflicted on those who break the rules.

Goffman has described four types of adaptation to institutional life:

1. Patients who withdraw.

2. Patients who follow the "intransigent line" by challenging the institution and flagrantly refusing to cooperate with the staff.

3. Patients who adopt "colonization." Like good colonists the patients adapt to the environment.

4. Patients who are "converted." The inmate takes over the official view of himself and tries to act out the role of the perfect inmate.

Now if we compare the types presented by Goffman and by Kantor and Gelineau, we see great similarities: Goffman's withdrawing patient corresponds to Kantor-Gelineau's autistic recluse. Goffman's intransigent patient corresponds to Kantor-Gelineau's stormy rebel; Goffman's colonist-convert patient corresponds to Kantor-Gelineau's quiet conformist. Goffman's fourth type is, in my opinion, a variation of

the third.

Following Horney (1945, 1950), in Chapter 6 of this book, I divided normal and neurotic people according to three types of prevailing personality: (1) detached, or moving away from people; (2) aggressive, or moving against people; (3) compliant, or moving toward people. Thus it seems to me that what Goffman and Kantor and Gelineau have done is to describe the chronically psychotic counterpart or version of these three basic types of personality. Institutional life reinforces and makes come back to the surface a basic or predominant type of personality. If the type of personality is detached, it will probably change into schizoid during the prepsychotic stage and withdrawn during the psychotic period and hospitalization. If the patient in the prepsychotic stage of life has what we have called a stormy personality, he may, during the chronic psychotic period, reveal more the detached, aggressive, or compliant component of his psyche. According to which one of these three major characteristics he will disclose, he will be classified in one or the other categories proposed by Goffman and by Kantor and Gelineau.

The problem, posed by many authors, of whether hospitalization

itself makes acute patients become chronic is an important one, but one that is difficult to examine with equanimity and fairness. A consideration to be made is that the schizophrenic patient, whether hospitalized or not, elicits in others a set of responses that in their turn reinforce his beliefs and symptomatology (see Chapter 19). Deviant behavior in general elicits negative feelings in the environment, and these negative feelings reinforce the experience of estrangement, low self-esteem, or the feeling of being victimized and persecuted.

It is true, however, that many institutions were organized when their only function was custodial care: to keep these people away from society, where they can be harmful to themselves and others or create a public scandal. Therapy was not even contemplated. Several institutions, fortunately in decreasing number, still suffer from the fact that they continue to follow a type of organization whose only purpose was custodial care. These organizations succeeded in preventing these people from having *antisocial* or suicidal behavior but did not help them to overcome their *asocial* behavior. As a matter of fact the institution itself, by separating people from the community, diminishing their realm of activities, and organizing the sets of rules and disciplines that Goffman and others have illustrated, has actually

fostered in the patient an asocial style of life. The private, paleologic, autistic functions have not been combated but have been allowed to flourish. The patient has tended to become more distrustful, more passive, more withdrawn.

Contrary to its effect in the first stage of schizophrenia, drug therapy has a therapeutic effect toward the antisocial but not the asocial symptoms of the patient in the second stage of the illness. modern types of milieu and social therapy, like the therapeutic community and the types of milieu therapy suggested by Stanton and Schwartz (1949a, *b)* and by Rioch and Stanton (1953) have done much to change drastically or at least to ameliorate these conditions.

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