

T2240

# M0054037NC

NC 0018032 7



**NATIONAL COLLEGE OF  
ART & DESIGN  
FINE ART / PAINTING**

**LANGUAGE AND POWER:  
THE POLITICS OF SCHIZOPHRENIA  
by PAUL ENVER GUVEN**

**Submitted to the Faculty of History of Art and Design  
and  
Complimentary Studies in candidacy for the Degree of  
Bachelor of Art and Design 1999**

THE UNIVERSITY OF CHICAGO

LIBRARY

540 EAST 58TH STREET

CHICAGO, ILL.

1967

1967

1967

1967

1967

1967

# CONTENTS

	<u>Page Number.</u>
INTRODUCTION.....	1
<u>PART A</u>	
<u>CHAPTER ONE</u>	
R.D. LAING AND THE ALIENATED SELF IN THE WORLD.....	3
<u>CHAPTER TWO</u>	
R. D. LAING AND THE POLITICS OF FAMILY IN SCHIZOPHRENIA.....	9
<u>CHAPTER THREE</u>	
DOUBLEBIND.....	13
<u>CHAPTER FOUR</u>	
TRIANGULATION.....	17
<u>PART B</u>	
<u>CHAPTER FIVE</u>	
AT THE CLINIC.....	22
<u>CHAPTER SIX</u>	
SCHIZOPHRENIA, LANGUAGE AND POWER...	27
<u>CHAPTER SEVEN</u>	
SCHIZOPHRENIA AND CREATIVITY.....	31
<u>CONCLUSION</u> .....	34





## **ACKNOWLEDGEMENTS**

**Special thanks to:**

**Joseph Guven for his invaluable help in tracing papers by Antonio Pretti and Paolo Miotto, in chapter seven.**

**To Paul O'Brien, for his copy of "Thought Lines" and his research advice.**

**To Joan Fowler, my tutor, for her criticism and advice.**



## ILLUSTRATIONS

- Fig. 1.....“In lucid Reveries”**  
**Fig. 2 .....“Subconscious turmoil”**  
**Fig. 3..... “Recovery”**  
**Fig. 4..... “Primal Scream”**

**Illustrations by Paul Enver Guven**

1917-1918

1918-1919

1919-1920

1920-1921

1921-1922

1922-1923

1923-1924

1924-1925

1925-1926

1926-1927

1927-1928

1928-1929

1929-1930

1930-1931

1931-1932

1932-1933

1933-1934

1934-1935

1935-1936

1936-1937

1937-1938

1938-1939

1939-1940

1940-1941

1941-1942

1942-1943

1943-1944

1944-1945

1945-1946

1946-1947

1947-1948

1948-1949

1949-1950

1950-1951

1951-1952

1952-1953

1953-1954

1954-1955

1955-1956

1956-1957

1957-1958

1958-1959

1959-1960

1960-1961

1961-1962

1962-1963

## INTRODUCTION

**...THE PATIENT LIES WITH HIS EYES SHUT, AND PAYS NO ATTENTION TO HIS SURROUNDINGS. HE DOES NOT LOOK UP, EVEN WHEN HE IS SPOKEN TO, BUT HE ANSWERS BEGINNING IN A LOW VOICE, AND GRADUALLY SCREAMING LOUDER AND LOUDER...**

(Kraepelin quoted by Laing, 1965 p.13)

Kraepelin recorded the above observation in his diaries. He is with a class of students and is trying to communicate with an eighteen year old schizophrenic patient, but the patient is being uncommunicative and unhelpful. He will not answer Kraepelin's questions...

Kraepelin's position here is abundantly clear – he represents the empirical scientific objectivity of Enlightenment reason.

This scene acts as a symbol that exemplifies that relationship between psychiatrist and patient throughout the years. According to Michel Foucault, the very presence of rational, discriminating, deductive reason creates (and maintains) its subordinate non-reason. (Sheridan 1980, p13). How can Kraepelin claim to represent the needs of his patient, when he, himself, is part of an ideological elite that distances itself from the patient? Surely the patient was being uncommunicative and evasive because he objected to the humiliating medical examination. His concerns lay elsewhere, conflicted and unresolved in the past...

This study is an investigation into that conflicted and unresolved past. Is it possible to understand schizophrenia as a manifestation of cohesive life experiences? What was the patient's subjective position? How did it relate in a context of his social experiences? In a clinical present tense, there may only be 'signs' of behaviour.



There are two main divisions in psychiatric discourse concerning what the nature and cause of schizophrenia are. On one side, is the belief that schizophrenia is caused by genetic, biological or pre natal defects that are activated by living experiences. On the other side are the psychoanalytical or revisionist theories. Psychoanalysts emphasise the importance of early childhood experiences whilst the revisionists of the nineteen sixties and seventies believe that mental illness is not a real illness at all, that it is a myth or social construct. This discourse emphasises the role of faulted or disjunctive relations in the sufferer's experiences with people and with society; hence the 'so-called' illness is, in fact, little more than an extremely difficult life situation that had become untenable.

The revisionist existential phenomenology of R. D. Laing will be the central focus around which this study will develop. These theories will be measured against contrasting, conventional discourses on schizophrenia. It will be an existential inquiry into the main arguments of the anti-psychiatry or revisionist school – an attempt to reconcile the schizophrenia experience with the world of experiences.

Does schizophrenia confer any special advantage or ability to its sufferer? I will look at a possible creative connection.

What is the relationship between language, ideology and schizophrenia? Can somebody be rendered crazy by others through the abuse of interactional conventions? What are the politics of schizophrenia?





## CHAPTER ONE: R.D. LAING AND THE ALIENATED SELF

R. D. Laing believed that mental illness is a myth. He saw the symptoms of schizophrenia as a culmination of various conjunctions and dysfunctions between an individual and his relationship to the world. These conjunctions and dysfunctions are defence mechanisms that an alienated being is forced to employ (e.g. loss of social contact, withdrawal etc.)

An alienated individual may be ontologically insecure. In its philosophical context, ontology concerns the science of real empirical reality. To "be" is to have ontological reality. In Laing's existential psychology, "be" is changed to its adverbial form "being". (Laing 1965, p.39). In this discourse, "being" relates to the existence of a primary essence, a real unit. Ontological security is a sense of self that is unified and complete in itself, and through the individual's action in the world. Such a person, whatever else he encounters in the world, has at least an integrated self from which to operate. (Laing 1965, p.39). This need for a primary "selfhood" or ontological security appears to develop at the mirror stage of infancy.

The following is an interpretation of the various stages of Laing's alienated self, from its onset at the mirror stage of infancy, to its progression into schizoid and psychotic states.

### A. THE MIRROR GAME

A Child discovered his reflection in a full length mirror, that did not quite reach the ground. This child then discovered, that by crouching down, he could make the mirror image "gone", and then, by lifting his head up, he could rediscover himself. Every time he did this, he gave out a long O-O-O-O-O-. (This O-O-O-O-O- was discovered to mean "fort", German word for "Gone"). This was the game.



Disappearance and return. The child was first alienating, and then rediscovering himself. (Laing, 1965 p116).

By making himself another person to himself, whom he looked at from the mirror, the child was doing the same to his mother – making her separate and other from him. This child now has a persecuting other at the very core of his being i.e. a self-conscious awareness of self as an entity in itself – an ontological being. (Laing, 1965 p.39). In these early stages, children need to be seen, and to be seen, to be seen, because their ontological security is fragile and precarious. Even when a child is falling asleep he needs someone to look over him, while he is in the process of falling asleep. For even worse than the thought of phantoms in the dark, is the thought that in the dark is nothing and no one (Laing, 1965, p.119).

When a child plays the mirror game, it seems he may be averting the possible danger of his mother disappearing, by constantly reliving this danger situation. Similarly, people often prepare themselves for possibly threatening situations by constantly reliving them in their minds. A worst fear often becomes a recurring subconscious theme.

According to Jacques Lacan, all that remains of the self is the O-O-O-O-O- that originated at the mirror stage of infancy. The rest is a symbolic ordering and a manipulation of external objects that was achieved through the medium of language.

#### **B. THE ALIENATED SELF IN THE WORLD**

If the O-O-O-O-O from the mirror stage of infancy stands for ontological security, then something terrible has been done to the O-O-O-O-O-, or self, in the ontologically insecure. Laing suggested that it may be critical that the child's fantasy of the observing mother has to be of the right kind, although he did not specify exactly what the dynamic may be here. (Laing, 1965, p.117)





An ontologically insecure individual lacks a sense of unity with himself, in relation to the world. He may defend himself against this vulnerability by filling his observing self's awareness with himself, and, by negating to himself, the ontological reality of the other. He tries to blend into his environment by making himself invisible to others. This process is a defence mechanism – already there are conjunctions and disjunctions in the way the individual is dealing with himself in reality. His position is already somewhat withdrawn and compromised. In ways, it is understandable – in nature, most animals have enemies. If there were such an animal as an ontologically insecure one, it would be a very vulnerable one indeed.

This mechanism of self-conscious awareness to the world that blocks out or negates others does not work. An individual needs others to experience him, if he is going to establish a real identity or have his existence confirmed. And yet, although an alienated being needs and wants assurance from others, he is frightened and threatened by their awareness of him. "Self" is not yet existentially "ready" – a single attack or embrace from the other may engulf him, and he will lose his subjectivity, or so it seems. (Laing, 1965, p. 119).

### C.SCHIZOID DEVELOPMENTS

By now, the individual is employing recurring patterns of dysfunction with his approach to the world. He begins to feel different and he is distanced, although not necessarily out of touch with) from reality. A false self is employed and the true self is offset from his dealings with the world. False self is a projection of a set of characteristics and personality qualities that are experienced by the schizoid to be diametrically opposed to the way he feels he really is. It is a defence mechanism. It artificially bolsters self esteem and is actively employed. (There may be no observable evidence of the



existence of a false self in this individual, by others). False self is a concept. To some extent, everybody has a false self. We have to "put on a brave face", "put on a front", "tell a white lie", or "keep the best side out". The false self mechanism is compulsively used by schizoid individual, and his true self, may be known only to himself. A normal person has regular discourse with others—there is no compulsion to withdraw.

The false self of the schizoid, is invented in lucid reveries when the self was all eyes for the self. (see fig.1.) This does not work. If a false self is what is seen by other as self, self's real needs to have its existence confirmed cannot be achieved. This selfsame false self is often ostentatious, drawing attention to its "self" and, simultaneously, away from itself – the much wanted endorsement can only be received by the true self - but the true self is afraid.

**YOU CAN HOLD YOURSELF BACK FROM THE SUFFERING OF THE WORLD, THIS IS SOMETHING YOU ARE FREE TO DO AS IN ACCORD WITH YOUR NATURE, BUT PERHAPS PRECISELY THIS HOLDING BACK MAY BE THE ONLY SUFFERING THAT YOU MAY BE ABLE TO AVOID.**

(Kafka quoted by Laing, 1965, p78)

In advancing stages of schizoid experience, the false self (appears to) imprison the self. A little trapdoor has now closed off, sealing off a return to genuine relatedness with others. Fantasising now becomes a full time occupation. The sufferer may by now, have withdrawn, almost exclusively to his bedroom, his dealing with others suspended. False self has now become more extensive – it includes memories and thoughts, which were in the schizoid state, the self's domain. We have now crossed into psychotic territory (Laing, 1965, p.238).





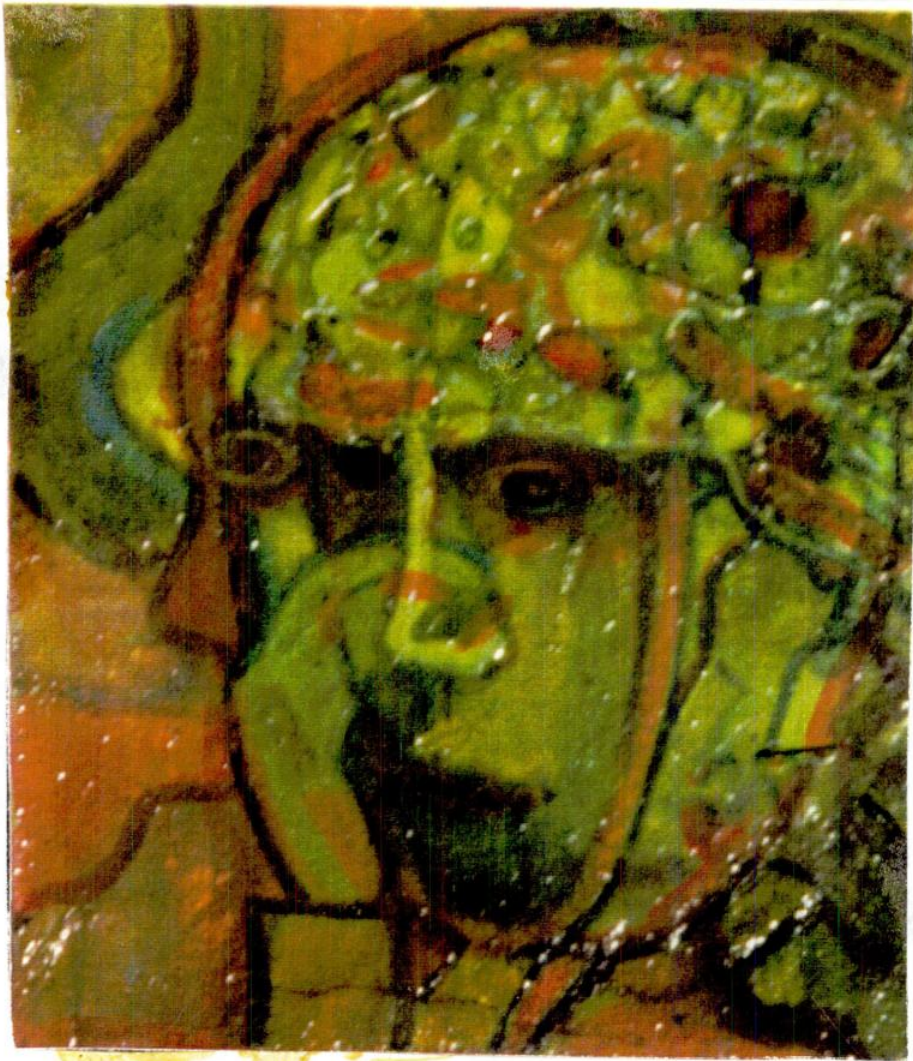


Fig. 1 "In Lucid Reveries"





## PSYCHOSIS

Anxiety, guilt, hatred and fear consume the self. Self is now desperate. It makes a last ditch attempt to oust the false self from its being. Self tries to rediscover self, by abandoning all that is not self. But false-self's presence is too extensive. True self may now be experienced to have primitive or oral needs. The false self has now become an alien image of the world that the self had withdrawn from. It may now be experienced as alien precisely because it has been discredited by the self as a phoney and threatening presence. Anxiety and guilt kicks up terrible paranoid fears in the form of demons and elaborate paranoid scenarios. (see fig. 2). This is the self-punishing super ego's awareness of what it sees as its duplicity and shame. It seems to the ego, that it created the monster of falsehood, which then turned menacingly back on the self.

Finally the centre cannot hold and the whole construction appears to collapse. Any semblance of normality or composure suddenly vanishes. The individual may be, by now, typically, in a state of extreme mental anguish. He "reports" to the world all his delusional fears and hallucinations e.g. "There is a terrible plot to kill me", "I can hear voices screaming in my head, they are screaming louder and louder"...(see fig.1).

A first admission to psychiatric hospital would now typically ensue.

Laing's existential phenomenology attempted to reconcile Sigmund Freud and Jean Paul Sartre. It was a beguiling mixture. It vividly describes deeply subjective states in a descriptive and analytical progression. It does not just have relevance to the mentally ill – it has significance for all of us – most people have, at some time some degree of alienated dysfunction with their environment. The schizoid and psychotic states are extreme examples. Laing's existential psychology is a moving statement about inner struggle.







Fig. 2 "Subconscious Turmoil"





Laing, a revolutionary Scottish psychiatrist, challenged and provoked conventional opinions on schizophrenia. He was extremely influential in the nineteen sixties and seventies, although by the nineteen eighties his popularity was in decline. This had probably more to do with his personal excesses (he drank too much and experimented with L.S.D.), than with any real refutation of his thoughts and ideas. (Mullen, 1997, p 258),

A description of the dynamics of inner processes may only explain the dynamics of a mind that is alienated and in retreat from the world. It does not specify what the external forces that may, (or may not) have induced this retreat into "the inner citadel of self" could be. This chapter was a study in constricted subjectivity. It is time to consider those external forces or events, as part of the inquiry into the nature of schizophrenia. (Vincent Kenny, ....p 74)



1. The first part of the paper is devoted to a general discussion of the problem.

2. In the second part, we shall consider the case of a single particle.

3. The third part is devoted to the case of a system of particles.

4. In the fourth part, we shall discuss the problem of the interaction of particles.

5. The fifth part is devoted to the case of a system of particles.

6. In the sixth part, we shall discuss the problem of the interaction of particles.

7. The seventh part is devoted to the case of a system of particles.

8. In the eighth part, we shall discuss the problem of the interaction of particles.

9. The ninth part is devoted to the case of a system of particles.

10. In the tenth part, we shall discuss the problem of the interaction of particles.

11. The eleventh part is devoted to the case of a system of particles.

12. In the twelfth part, we shall discuss the problem of the interaction of particles.

13. The thirteenth part is devoted to the case of a system of particles.

14. In the fourteenth part, we shall discuss the problem of the interaction of particles.

15. The fifteenth part is devoted to the case of a system of particles.

16. In the sixteenth part, we shall discuss the problem of the interaction of particles.

17. The seventeenth part is devoted to the case of a system of particles.

18. In the eighteenth part, we shall discuss the problem of the interaction of particles.

19. The nineteenth part is devoted to the case of a system of particles.

20. In the twentieth part, we shall discuss the problem of the interaction of particles.

21. The twenty-first part is devoted to the case of a system of particles.

22. In the twenty-second part, we shall discuss the problem of the interaction of particles.

23. The twenty-third part is devoted to the case of a system of particles.

24. In the twenty-fourth part, we shall discuss the problem of the interaction of particles.

25. The twenty-fifth part is devoted to the case of a system of particles.

26. In the twenty-sixth part, we shall discuss the problem of the interaction of particles.

27. The twenty-seventh part is devoted to the case of a system of particles.

28. In the twenty-eighth part, we shall discuss the problem of the interaction of particles.

29. The twenty-ninth part is devoted to the case of a system of particles.

30. In the thirtieth part, we shall discuss the problem of the interaction of particles.

31. The thirty-first part is devoted to the case of a system of particles.

32. In the thirty-second part, we shall discuss the problem of the interaction of particles.

33. The thirty-third part is devoted to the case of a system of particles.

34. In the thirty-fourth part, we shall discuss the problem of the interaction of particles.

35. The thirty-fifth part is devoted to the case of a system of particles.

36. In the thirty-sixth part, we shall discuss the problem of the interaction of particles.

37. The thirty-seventh part is devoted to the case of a system of particles.

**CHAPTER TWO**  
**R.D. LAING**  
**AND**  
**THE POLITICS OF FAMILY IN SCHIZOPHRENIA**

Our early experiences with our families are a necessary part of any inquiry into our present condition. Laing believed that schizophrenia often had its roots in family life. The condition is a result of faulted or contradictory communications between parents and children. In order to understand the condition, Laing believed it necessary to observe the patient and his family in the context of an interacting family unit. In Sanity, Madness and the Family, Laing studied such interactions in twelve different families. He interviewed and recorded conversations with different family members, at different times. Although at first, the parents of schizophrenics seemed very reasonable and mild mannered people, he noticed, that after some time they betrayed contradictory or mystifying attitudes towards the schizophrenic patient. They often mystified him with contradictory ambiguous statements, or contradictory attitudes. They would often backbite other family members, and then contradict their own backbiting, by endorsing them, in relation to the same subject. Overall, the family situation insidiously disturbs and so tends to deprive the individual of his ability to gain autonomy. Laing expounded the 'schizophrenogenic mother' theory – she sees the child, merely as an extension of herself. For Laing, this was the primary source material of schizophrenia.

**A. ATTRIBUTIONS AND INJUNCTIONS**

Gregory Bateson described the connection between contradictory communications and pathology in his double bind theory. This theory is about a transactional analysis



between parent and child. The basic structure of doublebind is applicable to many such contradictory communications.

It consists of :

**1 A Primary Negative Injunction**

e.g. Do not do that!

**2 A secondary Injunction**

Do not see that I have told you not to do that

**3 A Tertiary Injunction**

If you don't see that I am punishing you for doing that, then I will love you

(Bateson quoted by Laing, 1970,p.144)

The injunctions are contradictory, but the child is bound to them for fear of a loss of love. By his teens, the child's ambivalence makes his situation virtually untenable.

This would have to have been a sustained mode of interaction before any possibly detrimental effects could have ensued.

Recurring attributions in the form of harsh criticism can have the same effect as contradictory injunctions – they are taken as orders and then as facts. If a child is continually told that he is stupid, he becomes stupid.

Parental attributions that override or negate the child's own thoughts or feelings can serve to mystify or confuse (his emotional responses) e.g.

PARENT : "How are you today"?

CHILD : "I am sad".

PARENT : "No you're not, you're happy".

VISITOR : "And what does the child think"?

CHILD : "I think the situation..."

PARENT : (interrupting) "Now don't think too much"!

There are countless possibilities and variations.

The child often cannot alter the situation despite his determination – his parents are impervious to direct





confrontation. (Here the various orders, remarks and taunts may only serve to maintain the power privileges of certain family members. What is needed is an understanding of if, and how, the power situation can be altered. Very often, rather than argument what is required is a surprisingly complex chain of statements and meta-statements (statements about statements). In some incidences, every statement made by a parent would have to be measured and deconstructed before (it is) answered! (Laing, 1970, p 31 – 48).

### **B. PROCESS AND PRAXIS**

Interactions in any group can be divided into a process and a praxis. The praxis relates to what is being said within a group of people at any moment. The elements of conversation or interpersonal communication in any group nexus, is the praxis. Praxis may only betray the conventions that the group uses in order to preserve each member's particular place within the group. The praxis within the hierarchy of a mafia family must be adhered to by all of it's members. There is a similar affect in the gossip group; the praxis of intricate chains of hearsay are so tied in with the ritual conventions within that group nexus, that the group often loses insight into their slanderous social process (Laing 1984 p 68). The process refers to what is actually happening, or to what the group is actually doing collectively. This can only be observed by somebody outside the group, who has no personal or ideological interest in that group. The process betrays the unconscious motivations within a group and can only be really observed as a real force, over a space of time. The social process within a group can be used to understand larger processes within society. This will be discussed later. The social process in Laing's schizophrenogenic family served to mystify and to deny autonomy (Laing, 1970, p.22).

Laing's schizophrenogenic family theory was popular in the nineteen sixties and seventies. It had a huge influence



on liberal views and the New Left politics. He has often been called an “anti-psychiatrist”, but he rejected that label: he simply believed that conventional psychiatry did not have the solution.

This was the era of the explosion of new therapies for mental ailments. Regression under hypnosis and recovered memory became a standard therapeutic feature. This recovered memory was often false memory and it often led to legal proceedings against innocent relatives. It was too, to a large extent, the era of the “blame culture” – this blame was usually directed on alleged parental shortcomings and misdemeanours.

Laing’s theories about the “schizophrenogenic mother” as a cause for schizophrenia, has been superseded by new scientific evidence that links the origins or causes of the condition back to genetic, pre-natal or biological sources. It is not incongruous to suggest that the complex tensions and traumatic memories of Laing’s own childhood may have “prefigured his later professional focus on the actual social or inter personal world in which people grew up”. (Burston, 1907, p 17).

His father and grandmother had “brutal physical scenes”, his mother burned the family trash inside the apartment, so as to conceal its contents from the neighbours. Even in old age, she was sticking pins into an effigy of her son, she called a “Ronnie doll”, to induce a heart attack. Laing was not a wanted child. (Burston, 1997).





### **CHAPTER THREE : DOUBLEBIND**

Interpersonal influences in an interactional context are a required part of the existential inquiry. The situation, or the set of situations that leave somebody with 'nowhere to move', are called doublebinds. The term was first used by Gregory Bateson in his doublebind theory. This method which he tried experimentally, under controlled circumstances, apparently proved that people could be torn apart or quite literally driven insane by contradictory injunctions Laing was very 'taken' by Bateson's doublebind theory. (Mullen 1997). A lot of his work focuses on the interpersonal situations that may bring about doublebinds. These situations are usually activated unintentionally, although they are brought about intentionally sometimes and probably more often than people seem to think. (Laing 1971 p.135). There is a possibility that somebody could be driven crazy by the abuse of standard semiotic conventions. All these theories depend on whether the victim is compelled to take in, or believe what the other is saying or doing. It seems the victims' place in the group nexus would have to have been compromised previously.

**IN GENERAL, THE NATURE OF RECIPROCAL INFLUENCES THAT PEOPLE CAN AND DO EXERT ON ONE ANOTHER IS RATHER OBSCURE. THERE IS A REALM WHERE FANTASY TENDS TO GENERATE FACT. A CLEARER IDEA OF WHAT CAN HAPPEN IN THIS RESPECT IS NEEDED. (Laing, 1970, p 38)**

So just what are these situations and how seriously should we entertain them? It is clear that media can have a subliminal effect on consciousness. People are sometimes brainwashed. These methods of control serve to replace one ideology with another. They do not threaten to destroy somebody. True, a kind of subliminal fear can be invoked through knowledge of human nature, or through a subtle manipulation of visual effects or sounds. In Polanski's film



Repulsion, the incidental events of the film that occur simultaneously to the main narrative plot provoked vague suggestion of something unutterably sinister. But this is not enough. Although this kind of action may inspire fear in viewers, it hardly threatens to unhinge their minds. This requires a different type of action. Laing wrote:

**IN GENERAL, THE INITIATION OF ANY KIND OF INTERPERSONAL INTERACTION THAT TENDS TO ACTIVATE CERTAIN AREAS OF PERSONALITY IN OPPOSITIONS TO ONE ANOTHER, TENDS TO DRIVE ONE CRAZY. (Laing, 1971, p 140).**

In this type of interaction, the victim is often confused and mystified. He may lose his foothold, not knowing who he is in relation to the other, or who the other is, or what the situation involves. He may be in a state of suspended animation, not knowing which way to move or where he is going, anymore. People need to think, feel and act (at least to some approximation) in an existential continuum of thought and action. In extreme examples, where there is no unified sense of purpose, there can only be frenetic activity that expends countless reserves of energy, but achieves nothing.

It may well be true that the indecisiveness and ambivalence of schizophrenia can be explained as a result of a series of interactional mystifications and confusions. Searles suggested "six modes of driving the other crazy". These are usually unintentional. (Laing, 1971, p.144).

- 1 P repeatedly calls attention to areas of O's personality, of which O is only dimly aware, areas quite at variance with the type of Person O considers himself to be.
- 2 P stimulates O sexually in a situation where it would be disastrous for O to seek gratification.





- 3 P simultaneously exposes O to stimulation and frustrations or to rapidly alternating stimulation and frustration.
- 4 P relates to O at simultaneously unrelated levels e.g. (sexually and intellectually)
- 5 P switches from one emotional wavelength to another while on the same topic (being serious and being funny about the same thing).
- 6 P switches from one topic to the next while maintaining the same emotional wavelength (e.g. a matter of life and death is discussed in the same manner as the most trivial happening) (Laing, 1971, p.139)

Each of these serve to undermine the other's confidence in himself. If these actions form a sustained pattern of interaction, he may be undermined (driven crazy).

This theory may be limited. There is no tertiary injunction to prevent the other from escaping the field, by going into his own thoughts, by walking out of the room or by simply laughing at, or deriding P. The doublebinds described by Searles could be destructive in a situation where O felt compelled to take P seriously, either through his own emotional immaturity or through an excessive respect for P. These things do happen, unfortunately!

Strange unexpected behaviour that is mixed with normal behaviour can disturb. The relocation of displacement of objects, at certain times can be unnerving. Here the much dreaded hint or suspicion is allowed to linger: What if?...No, it couldn't...The familiar example here is a sadistic husband who is trying to drive his wife insane, to gain possession of her estate, by driving her to the asylum. Again, this theory is limited. Can his wife confront him, immediately



("Get out of here, now!"), or does she have an outside agent whom she can confide in. This case is an intentional abuse of semiotic conventions to send somebody into an accelerating conflict with themselves, so it is therefore, evil.

Sudden, violent verbal assaults can be an upsetting part of interaction: it is mystifying if the intentions behind the attack are not revealed to the other person. This type of action does seem to linger, residually, not merely because of the content of the verbal assault, but because of its traumatic 'shock'. If it is not resolved, and it becomes a sustained mode of interaction, it lingers for longer in the form of vague unresolved conflict. A sudden violent verbal assault that exposes the other to a third party could unhinge someone, immediately. If the attack cannot be alienated rediscovered and forgotten, symptoms similar to paranoia can ensue, because memories of this nature tend to become distorted with time.

There are countless variations that are based on the possibility of a sudden change in the interactional tempo. For example, the send up, knock down technique. P praises O, inviting O to 'open up', O goes into a highly expressive mode (like a bird in mid flight), P suddenly attacks O with abusive taunts, O is traumatised and confused.

Further to the doublebinds are the triangulations. These possibilities occur when there are more than two people actively involved.





## CHAPTER FOUR :

### TRIANGULATION

This is the final part of the existential inquiry into the ordinary interpersonal conflicts that may lead to a psychosis. This existential inquiry is essentially made up of interpersonal situations. Life events such as losing one family or ones inheritance do not tend to send someone into the same insidious self-conflict that will bring about 'illness' as such. The type of interpersonal conflicts this study is concerned with are those which serve to send the other into conflict with himself and to make him increasingly unsure of himself. It is an interpretation and an extrapolation of Laing's thought on the subject. In Self and Others, he asks: "Theoretically we are all acting on each other". "What effect can one person have on another"? "Where do we draw the line"? "By what criteria"? (Laing, 1961,p155)

#### A. 'DESTRUCTIVE TRIANGLES

The question here is : Are there certain (ordinary) group situations that are conducive to our enquiry? Here the focus must change from the patient's home place to his work place. This is where the complexity of possibilities becomes manifest. The focus now changes to interactional 'triangles' that concern three (or more) people. It is necessary to identify certain types of interactions at the workplace, (here A denotes the would-be patient).

1 A, B, and C are three people who work together. A is considered as something of an outsider.

In the nearby presence of A, C taunts B with attributions A knows are really made in reference to him.

This a deflected insult delivered indirectly to A. What should A do here? If he doesn't respond, the situation is unresolved.





2 B verbally attacks A in a situation where the full group nexus of workmates are present. A responds “logically” to be, but he is ‘hurt’.

C makes sexually provocative signals to A, and A knows C is really deriding him.

A stands nervously, uncommitted to a reply, as he is extremely conscious of the presence of the group nexus. B and C alternate in taunting parody of A.

A leaves the setting, very upset, the situation unresolved.

B and C and the group nexus are inaccessible to A, when he tries to verify the experience. (“we don’t know anything”).

Result : The experience is mystified and abstracted. It’s reality status has been negated. It becomes a repressed memory. It lives on, but only in A’s mind.

3 B and C use their knowledge of A in direct verbal assaults to hurt him.

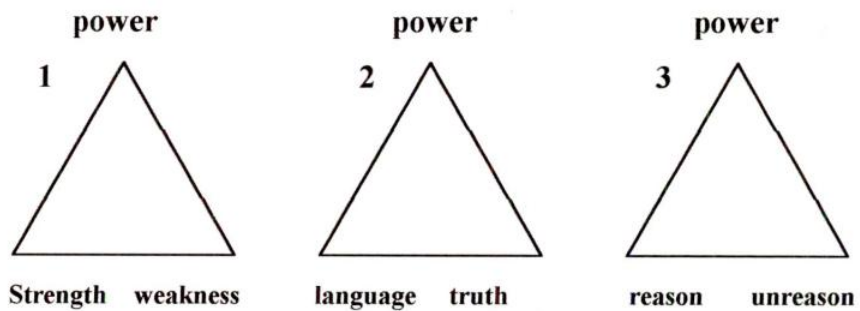
4 B and C talk together (when A is in close proximity) making insinuations about (events or matters concerning A) so as to leave doubt in A’s mind as to whether these insinuations concern him. What should he do here? If he does not, it remains unresolved and lingers (at least to some subconscious extent).

### **B. CONSTRUCTIVE TRIANGLES**

If ‘destructive triangles’ can have detrimental psychological effects, serious enough to precipitate a social withdrawal, it should logically follow that constructive triangles can have a positive effect.

Michel Foucault suggested that consciousness is subordinated by binary transgression mechanisms. Bi-polar associative connections are contrasted together and a connection to a knowledge is made.



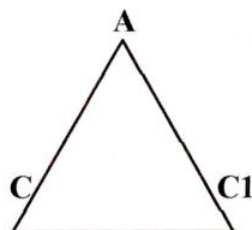


Suppressed forms of consciousness are often bound within a dual consciousness, that of a weaker party, bound within the grip of a stronger one, as in the first triangle. This type of consciousness often remains, long after the vice-like grip has been removed. Vincent Kenny, an Irish psychotherapist called this a constricting process (Kenny...p.78).

A suppressed national psyche can become contradictory, ambivalent and withdrawn – a kind of collective schizophrenia (although it may not manifest in an individual sense), that had its roots in colonial domination and submission. We must transpose the concept of triangulation into a broader political context. This involves being able to move away from the binary transgression mechanisms of opposites and to make identity affiliations outside the duality of the “dominated” and “dominators”; to engage in social experiment, to make new triangles (Kenny, p.78).

#### ‘UNBINDING’ THE DOUBLEBIND

Unbinding the doublebind means resolving the conflict. As an example, from the account on (a) ‘destructive triangles’ no. (4) earlier in the chapter, where A’s workmates were talking among themselves, about him. Two counsellors re-enact the situation with A. Another triangle is formed. (C, C<sup>1</sup> are counsellors).







**C and C1 talk together about aspects of A, in a similar reconstruction of the event. Analysis of the situation, as well as the visual re-enactment helped A understand why the memory became conflicted. He could now “see” what happened in an intellectual and a visual sense. Now at least he could alienate it, rediscover it, and forget it forever.**



PART B



## CHAPTER FIVE

### AT THE CLINIC

Schizophrenia is the name given to a group of mental disorders that affects thinking and behaviour. It is often a progressive and relapsing disorder, although some patients may have only one episode before making a complete return to normal function – it is more likely that there will be several relapses throughout the patient's life, with re-admissions to hospital.

The acute symptoms that typically precipitate a first admission include hallucinations, delusions, thought insertion, loss of touch with reality and social withdrawal. These are called the active or florid symptoms.

Before the illness was recognised the sufferer had a tendency for social isolation, involving a gradual withdrawal from reality. They may live alone in their bedrooms and escape into their own inner images and phantasies.

There is a marked ambivalence in sufferers – they may simultaneously hold diametrically opposing emotions about the same person or subject, e.g. love, hate, (Malamud 1965 p.482).

This is betrayed by extreme indecisiveness.

The florid or active symptoms can usually be controlled with anti-psychotic medication, although the negative features of the disease, such as poverty of thought or emotional blunting may linger residually afterwards.

The underlying emotional current is extreme anxiety.

According to current psychiatric opinion, children who have a predisposition to the illness tend to be more likely to have 'neurological soft signs' with gestural peculiarities and abnormal stances or gaits. About one per cent of the population will be affected with schizophrenia at some stage of their lives. Being predisposed to an illness does not mean that you will necessarily get it, it must mean you are more





likely to get it than the rest of the population, who don't have the predisposition. One of these predispositions is a very low resistance to stress.

Schizophrenia respects neither class, gender, nor intellect. It can affect anyone, although it is more often diagnosed in the late teenage years or the twenties.

The prognosis for recovery can be divided into three main groups.

A Those who get better (with little or no intellectual or emotional impairment)

B Those who neither get better nor get worse

C Those who get worse.

The prognosis for recovery in paranoid schizophrenia is slightly better in the female population.

Emil Kraepelin identified and categorised four different types of schizophrenia . They are

1 Paranoid, 2 Hebephrenic, 3 Catatonic, and  
4 Simple (Macamud, 1965, p482).

The paranoid type is characterised by fear and persecutory delusions (commentaries on the patient's actions or thoughts, or arguments about the patient)

The hebephrenic is often silly and facetious. He has lost touch with reality to a more severe extent than the paranoid. Deteriorating paranoids often become hebephrenic. (The public misappropriated the term "hebephrenic" and changed it to "heebie-jeebies").

The simple cases involved a slow social decline with apathy and withdrawal.

The catatonic patients had increased muscle tone and a preservation of posture. Such patients were often acutely aware of their environment.

...These patients could be manipulated like mannequins into unusual postures which they would maintain for hours!



It is often said that it is unlikely that somebody would be diagnosed as schizophrenic, unless there was a schizophrenic illness present. This is not always the case, as is revealed in the following account by Leonard Kristal in 1979:

IN A NOTABLE CHALLENGE TO THE CONVENTIONAL DIAGNOSIS AND TREATMENT OF MENTAL ILLNESS IN 1973 DAVID ROSENHAM AND TWELVE OF HIS ASSOCIATES USED FALSE IDENTITIES AND HAD THEMSELVES 'COMMITTED' TO VARIOUS MENTAL HOSPITALS IN AMERICA. THEY FALSIFIED CERTAIN INFORMATION ABOUT THEIR SUPPOSED COMPLAINTS (I HEAR VOICES, UNCLEAR VOICES...) BUT EVERYTHING ELSE ABOUT THEIR PAST HISTORIES AND CURRENT CIRCUMSTANCES WAS TRUTHFULLY REPORTED. AT ELEVEN OF TWELVE HOSPITALS, THE WOULD-BE PATIENTS WERE DIAGNOSED AS "SCHIZOPHRENIC" AND COMMITTED TO PSYCHIATRIC WARDS ON THE STRENGTH OF THEIR SIMULATED 'ABNORMALITIES'. ONCE INSIDE, HOWEVER, ROSENHAM AND HIS COLLEAGUES STOPPED SIMULATING PSYCHIATRIC SYMPTOMS – EACH BEHAVED AS NORMALLY AS POSSIBLE IN EVERY WAY. YET DESPITE THEIR PUBLIC 'SHOW' OF SANITY, THE PSEUDO-PATIENTS REMAINED UNDETECTED. EACH WAS EVENTUALLY DISCHARGED WITH A DIAGNOSIS OF 'SCHIZOPHRENIA IN REMISSION' AFTER HAVING BEEN HOSPITALISED FOR AN AVERAGE OF NINETEEN DAYS. IT WAS LEFT TO HUSBANDS, WIVES OR COLLEAGUES TO SECURE THEIR RELEASE. (Kristal, 1979, pp.107,108)

This would seem to be a most shocking revelation. It seems that there may be a strong possibility of one being wrongly hospitalised, and so therefore, hardly likely to ease any fears people may have of being (falsely) diagnosed as schizophrenic. The situation is, in fact, not so bad – nowadays psychiatrists are reluctant to commit anybody unless they are absolutely sure that the individual may pose a threat to the safety of either himself, or to the community. However, this account does seem to indicate how poorly equipped the psychiatric profession is to identify somebody who is simply...lying.

And there is some real evidence that this is a real disease entity! There is a genetic factor. The closer you are to an individual who has schizophrenia in genetic terms, the more likely you are to get schizophrenia too. But this is not conclusive of any truth. For example, if there are three joy-riders in the same family, there is a stronger possibility of the





fourth member contacting 'joyriderhoea' along with his cousins in the adjoining flats. Similarly a set of existentially unhealthful life situations (whether caused by self or others) can point to the same family unit's mores and social habits. So, there is a genetic similarity in families?

Are scientists, who probe the brain matter, to find causes for the condition, merely finding forensic evidence of existentially unfriendly living? Can bad experiences and trauma affect the small biochemical changes in the brain that have been used by neoapologists of brain science as causes, rather than merely symptoms? Certain brain abnormalities have been discovered in some schizophrenics. Viral infections and pre-natal brain 'insults' have been identified by researchers. A little bit here, a little bit there – there is no conclusive proof! A Dopamine receptor malfunction in the brain of schizophrenics has been proven. This is significant, although this discovery doesn't prove that this malfunction in the brain of schizophrenics hadn't been caused by the wear and tear of their living experiences – but it does point to a method of treating the condition with drug therapy that has been seen to work. It is true that drugs such as Chlorpromazine and Melleril are not just a quack remedies – they are the result of long and exhaustive medical research and experiment.

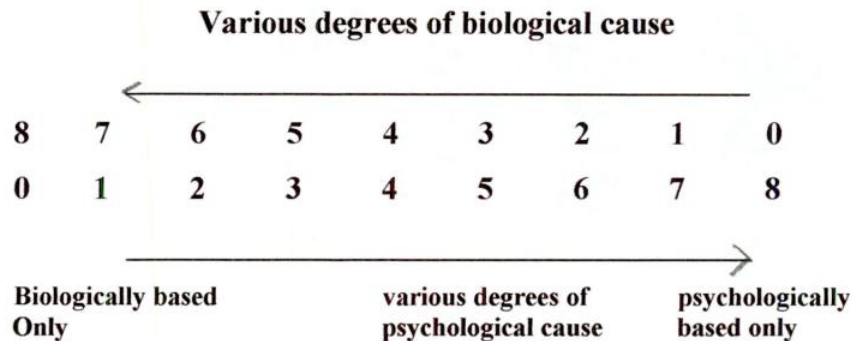
Schizophrenia is a blanket term. It is extremely unlikely that we are just looking at one disease entity, and not just one per cent of the population, who at some stage of their lives had succumbed to over-fantasy, anxiety, depression and delusion. These conditions may be a reaction to living situations or experiences, and not symptoms of a disease.

Yet there are organic schizophrenias, ones that are only caused by neurological damage or brain defects of some description. These are called organic psychoses. The other



ones, the functional psychoses have no clear organic basis. These are the ones that this thesis is concerned with.

Don Jackson proposed a "continuum of schizophrenia". At one end of the scale are those with biochemical abnormalities – their illness is not affected by the environment. At the other end is the psychologically based schizophrenias. This is where R. D. Laing, Foucault, Bateson, and Szasz come in. Here is a diagrammatic representation of Don Jackson's "continuum of schizophrenia".



This at least describes a unity.



**CHAPTER SIX :**  
**SCHIZOPHRENIA, LANGUAGE AND POWER**

**...“POOR NAKED WRETCHES, WHERESOEVER YOU ARE THAT BIDE THE PELTING OF THIS PITILESS STORM HOW SHALL YOUR HOUSELESS HEADS AND UNFED SIDES, YOUR LOOP'D AND WINDOW'D RAGGEDNESS, DEFEND YOU FROM SEASONS SUCH AS THESE?”**

**(Shakespeare quoted by Shorter, 1997,p.2)**

Conventional psychiatric discourses relate to the attempts of generations of psychiatrists to understand to alleviate the suffering of the mentally ill. Pinel, the French psychiatrist who founded the first institutions at Salpetriere and Bicetre, in the eighteenth century, started a long history of progress, that has, by and large, delivered the illness from the shackles of unenlightened ignorance.

Apologists of conventional psychiatry insist that schizophrenia is a real disease, just like any other. It should be detached from stigmatic associations or from any political or ideological interpretation.

Foucault believed that Pinel's institutions initiated a “Grand Confinement”, a confinement of reason over non reason. (Sheridan, 1980 p.13). The validity of that psychiatrist/patient duality must be questioned. The instinct to [Enlightenment] knowledge had a bias for reason, and so therefore, as a science of reason, this will to knowledge subordinated non reason by its very presence. People who would otherwise be challenging the status quo are insidiously condemned by society, to institutions (by committing them directly, or by social forces expressed, in the form of doublebinds) . Symptoms of mental illness represent that judgement that decrees them as symptoms, but they are not authentic symptoms in themselves. A Foucauldian discourse on psychiatry is not a discourse on a discourse by psychiatrists, nor of a discourse by patients, but a discourse on the “archaeology” between psychiatrists and patients. The





archaeological space is not a visual space - it is the space between dominance and submission, between power and subservience (Sheridan, 1980, pp.14, 15).

#### PSYCHIATRY

#### PATIENTS

#### ARCHAEOLOGY

It is an interactional space, concerning transactions between discourse and language in the acquisition of power. It is the "visible invisible" (Foucault, 1973, p. 158).

#### LANGUAGE AND POWER

Jacques Lacan described power in psychoanalytical terms. He put emphasis on the primacy of language in human development. A child's development entails a symbolic ordering and a manipulation of the outside world through language. Language creates social reality; so language can therefore destroy reality. Language doesn't just concern communication; it is a social historical phenomenon, the very medium of human conflict. It is constantly adapting. Everybody theoretically, is embroiled in a language/power relationship. People alter, reinforce and undermine their relations with other through a considered use of language. Everybody is in pursuit of power. Our unconscious motivation is bound in ideology and it therefore strives to incorporate and control others. Power games are constantly fought. People are constantly undermined. All the time. This theoretically involves weakening the other's position, as well as weakening the other's ability to project an independent ideology.

This ultimately involves a weakening of his sense of social reality, and so therefore, a diminishing of his consciousness. Finally, in some examples, it involves rendering his position untenable.

In every political programme an ideology is present. A dominant party's self serving ideological motive, must not be revealed, either to itself or to the public.



Persuasive use of language is critical, throughout. A leader knows when to stray from the terms of reference, and knows when to straighten the point, and knows when to say nothing at the right time. Timing and spontaneity are more important than verse or grammatical construction.

Power involves creating myths. Power involves that ability to throw the other into a state of confusion, while, simultaneously, maintaining a semblance of consternation and concern. It involves retaining a necessary distance from the truth. An invisible visible that is impervious. For in the dark, there may be no language, no ideology, no meaning, no group nexus, no myths, no phantoms in the dark, no mother, just nothing and no one!

#### JUST A DISEASE

But schizophrenia is just a disease! A prenatal brain insult, a virus, a genetic predisposition – the illness lies dormant and is activated by life, at, or around, the late teens or twenties.

TODAY IT IS CLEAR THAT WHEN PEOPLE EXPERIENCE A MAJOR MENTAL ILLNESS, GENETICS AND BRAIN BIOLOGY HAVE AS MUCH TO DO WITH THEIR PROBLEMS AS DO STRESS AND EARLY CHILDHOOD EXPERIENCES.

(Shorter, 1997,p.viii)

But medicalising the condition fixes the individual with a dubious unproven label. It creates an arbitrary distance between the sufferer and the so called 'normal people', that was created by the judgement that decreed the label. With time, the disease entity will seem to be directly related to the label of the disease entity. The label will create the disease entity and it will stay with the individual, like a presence, an invisible visible. Language as power! True, the ghosts of the past are still in the machine. The stigma of the past lingers, still.

Nowadays, the public has a more sophisticated knowledge of the condition, and this has eased the situation. To some extent, this change in social attitude can be





attributed to Laing. Whatever the shortcomings of his views were, he did seem to create a workable identity for schizophrenics. His language avoided the denigrating excesses of Enlightenment 'objectivity'. Laing's language empowered schizophrenia, and consequently also schizophrenics. Though statements such as "schizophrenia is a sane reaction to an insane world", or "schizophrenia is a reaction to an untenable life situation", oversimplify what Laing said, they have worked themselves into the fabric of everyday consciousness. The understanding is based on an empathy with inner struggle and alienation – as expounded in Laing's texts.

### TWO MYTHS

1. Schizophrenia is often called "split personality". It is not. Split personality is a very rare neurotic condition.
2. Alfred Hitchcock's Psycho created a stereotype that persisted. Schizophrenics are not normally dangerous people – they are not any more likely to commit a serious crime than the average citizen, which is to say, still quite a long shot! These attributions are extremely insensitive and are incorrect...

...Moreover, it has even been suggested that schizophrenia is a commendable state. The so-called illness represents an evolutionary stage in development. The withdrawn immobility of 'catatonia' is equivalent to a Chrysalis interlude: out of all this will emerge a butterfly! And the conflict will be resolved. (See fig.3).

ONCE PRECIPITATED INTO PSYCHOSIS THE PATIENT HAS A COURSE TO RUN, HE IS, AT IT WERE, EMBARKED UPON A VOYAGE OF DISCOVERY WHICH IS ONLY COMPLETED BY HIS RETURN TO THE NORMAL WORLD. WHAT NEEDS TO BE EXPLAINED IS THE FAILURE OF MANY WHO EMBARK UPON THIS VOYAGE, TO RETURN FROM IT.

(Bateson quoted by Laing 1984, p.97)







Fig. 3 "Recovery"





## **CHAPTER SEVEN SCHIZOPHRENIA AND CREATIVITY**

**ITS FAR FROM AN EASY PATH TO FOLLOW, AS ANY SUCCESSFUL ARTIST WILL TELL YOU. IN THIS, VERY FEW STAND OUT FROM THE CROWD AND CREATE A LEGACY OF POWERFUL AND UNIQUELY CREATIVE WORK WHICH RIGHTFULLY EARNS THEM THE TITLE OF GENIUS.**

(Chick Corea, 1997, p1)

Madness and creative genius often run together on the same stream.

In these circumstances there is a constant struggle between the artist and his demons. Art then becomes a spiritual exorcism, that is both a reaction against, and a product of, his illness. The artist, like the poet, is a dream weaver. He reinterprets his struggle with himself, and with life, and renders it in a magical dreamy arrangement, that sends little spears of light to those who will also struggle...or so he hopes....

....The romantic idea that the artist was a tormented genius flourished since the Romantic period of the mid nineteenth century. This artist was often emotionally unstable. He was condemned to live on the fringes of society, yet he was somehow ahead of his time. This idea has persisted to this day. This stereotype is a necessary protective feature of the collective imagination. "It acts against the fear and suspicion that excellence can only be engendered by the majority". (Antonio Preti, Paola Miotto, 1997 p5).

Some creative people believe that mental illness and creativity are opposites, not complements. Joanne Greenberg, author of "I never promised you a rose garden" had a serious psychotic disorder. She thought that craziness is the opposite [of imagination]. "It is a fort that is a prison". (Shorter, 1997,p.277)

Yet recent scientific research into human brain function suggests that it is exactly the characteristics [of mental illness] that advances these compensatory abilities. It is important to





point out that a mentally ill individual is unlikely to be able to create while he/she is in the throes of emotional turmoil. It is however, after the pain has abated, that the memories and tensions that were precipitated by the inner struggle, inspires him.

Schizophrenic thought processes tend to allow unusual associations: they tend to have an intensive focus on their subjects, and a preference for asymmetric designs, that is probably caused by the unusual tensions, that are in turn, caused by their peculiar thought processes, and the associative connections that are bridged from these thought processes to reality. (Preti and Miotto, 1997 p.5)

The peculiar thought process is caused by a malfunction in the screening device that streamlines and filters thought stimuli in the schizophrenic's brain. Consequently, his thoughts are often fragmented and diffuse. His brain thinks over inclusively, including a lot of irrelevant data. A normal person intuitively "knows," as an obvious truism, what a schizophrenic must ponder for some time, with a lot of excessive irrelevant inclusions. This extra, over inclusive thought can however, become material that can be recovered creatively afterwards, by combining it with real impulses or stimuli (i.e. his inner symbols are projected constructively). (Preti, and Miotto, 1997, p.5).

So there is a connection between mental illness and creativity. The romantic notion holds, scientifically!

The avant-garde character of Romanticism, had too, a similar emotional constitution, (although it would be incorrect to presume that he was mentally ill). He was antagonised by past traditions and the social order of the day. He often indulged in romantic agony and self sacrifice. (Poggioli 1968, p.100).

Today, if a profession relies on subjective or introspective representations, there is a greater risk of mental



illness. And a greater price to be paid. Van Gogh's inner struggle can be seen in this way.

This is a message from Chick Corea:

**"THE TRUE STORY ABOUT THE PAIN, THE CONFUSION AND THE CRUSHED ARTISTIC DREAMS THAT PSYCHIATRY (AND ITS COUSINS PSYCHOLOGY AND PSYCHOANALYSIS) HAVE BROUGHT TO THE ARTISTIC COMMUNITY IS ONE THAT MUST BE TOLD AND RECOGNISED. HAVING NO UNDERSTANDING OF LIFE NO ART, THOSE OUTRIGHT PRETENDERS CANNOT CURE OR TRULY HELP, AND ARE EXTREMELY DANGEROUS TO YOUR ARTISTIC HEALTH AND GROWTH. SEEKING THEIR BRAND OF "HELP" TO BETTER DEAL WITH THE INEVITABLE PRESSURES AND STRESSES OF BEING AN ARTIST, WILL ONLY FURTHER CONFUSE AND WEAKEN, AND ULTIMATELY DESTROY, YOUR CREATIVITY. I SINCERELY OFFER THIS ADVICE TO ANYONE WHO IS IN SOME WAY ARTISTICALLY ACTIVE, AND WHO IS CONCERNED FOR THEIR OWN BETTER SUCCESS OR SURVIVAL".**

**(1997 Citizen's Commission on Human Rights).**





## CONCLUSION

THE PATIENT LIES WITH HIS EYES SHUT, AND PAY NO ATTENTION TO HIS SURROUNDING, HE DOES NOT LOOK UP, EVEN WHEN HE IS SPOKEN TO, BUT HE ANSWERS, BEGINNING IN A LOW VOICE AND GRADUALLY SCREAMING LOUDER AND LOUDER...

This study was an investigation into the 'archaeology' of that scream. (see fig. 4). Laing's 'existential phenomenology' was used as the central focus in Part A. Is it fair to call a condition a disease if the cause is unknown? Is it meaningless to observe behaviour, as a set of symptoms? Laing suggested that to gain any reasonable understanding of anybody, one must leave open, at least the "possibility of empathy" (Laing, 1965, p.32).

WE EXPLAIN BY MEANS OF PURELY INTELLECTUAL PROCESSES, BUT WE UNDERSTAND BY MEANS OF THE CO-OPERATION OF ALL THE POWERS OF THE MIND IN COMPREHENSION...(Dilthey quoted by Laing, 1965 p.32).

To understand why somebody is the way they are, one must not just explore his subjectivity, but how that subjectivity related to his social context throughout his life. Now, there is no doubt that the patient being interviewed by Kraepelin has a serious complaint of some description, but that is not the subject that was in question. The question here is – What caused that complaint? How should we understand it? If one sees the nature of the 'complaint' as psychological, political or ideological then it becomes very much part of our cultural studies, as its nature is very much enmeshed in the social fabric of interpersonal communications and ideological tensions, and so therefore it is of relevance to us all. Michel Foucault wrote, "It is in death that we understand life". Similarly, we can understand the tensions of everyday culture through the mentally ill.

Part 1 was the "existential inquiry" into schizophrenia. Chapter One attempted an interpretation of Laing's "disjunctive subjectivity". This described the process of





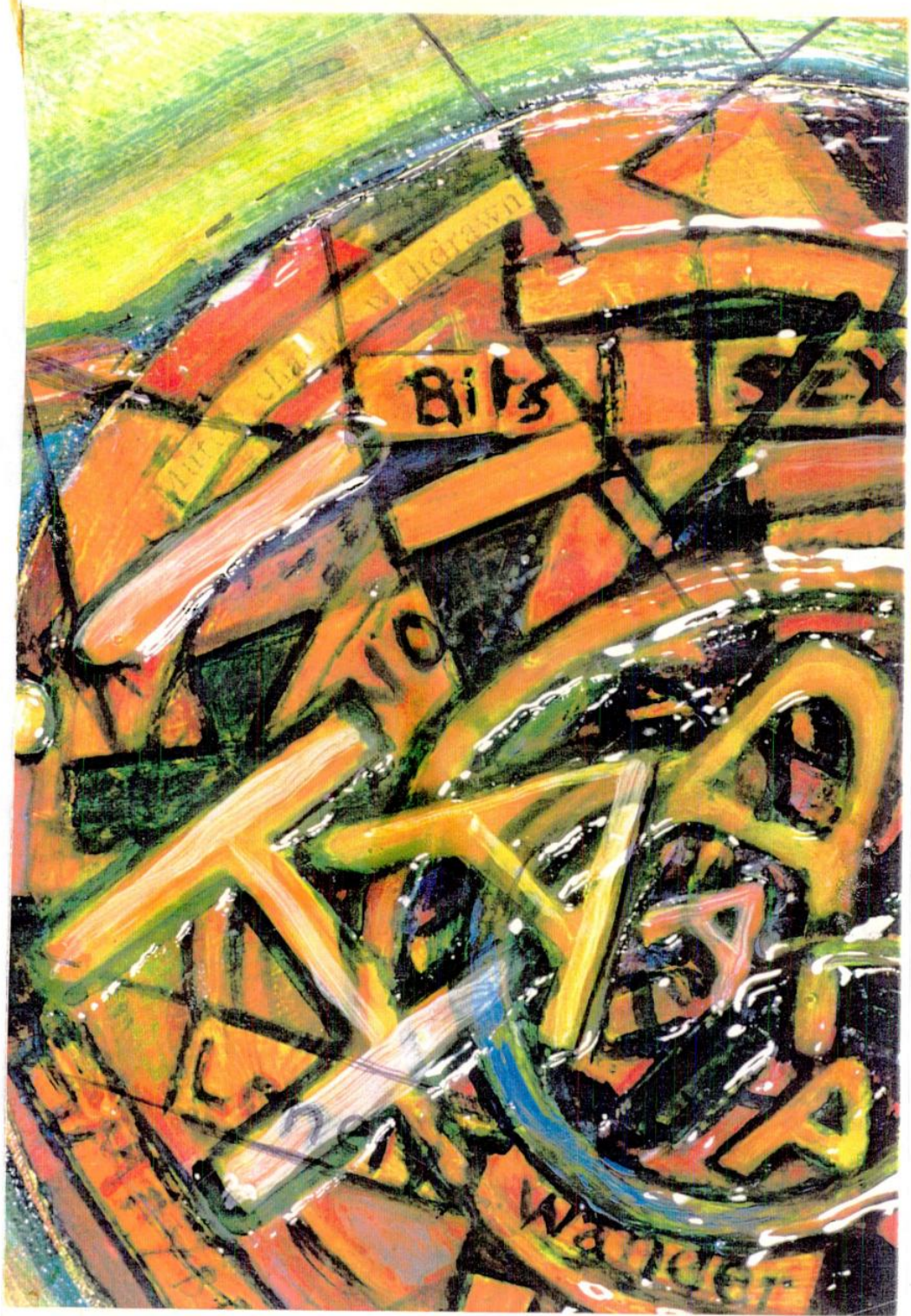


Fig. 4 "Primal Scream"





alienation from its insidious onset through to the psychotic experience. I outlined R.D. Laing's concept of ontological insecurity and described it as a basic primary essence. An alienated individual confronts his own inner discord, and through this, he must confront the world. Without a central meaning or unity, the individual can only face the world in an increasingly unnatural series of defence mechanisms. This described Laing's processes of alienation.

Chapter 2 outlined Laing's emphasis on familial development. With this chapter, the focus of the inquiry turned to the various external influences that may bring about dysfunction in an individual, whereas Chapter 1 dealt with a purely subjective description and explanation of alienation. This chapter looked at faulted communications and relations in the critical developmental stages of early life, with reference to Laing's "schizophrenogenic mother" as the primary source material of schizophrenia. Does emotional misery have it's roots in others?

This premise was explored in Doublebind and Triangulation. What interpersonal rhythms cause dysfunction? How can other people 'affect' us. Unintentionally or intentionally? These ideas had to be explored within the confines of a predictably ordinary life. Triangulation also outlined the possibility of how a reverse version of doublebind can be constructive and liberating. This was the end of the existential enquiry.

Part B, At the Clinic, abruptly changed the source of the inquiry back to clinical classifications of Kraepelian psychiatry. A description of the illness was rendered from a totally objective viewpoint. Here the biological, neurological and genetic scientism of conventional psychiatry were contrasted with the revisionist theories. It was necessary to compare both sides of the argument. Is it nature or is it nurture? At the Clinic collapses in conflict, and limply





suggests a diagrammatic compromise in the form of Don Jackson's "continuum of schizophrenia" theory.

Schizophrenia, Language and Power. This provided the basis for the conventional discourse of psychiatry: the asylum era as two hundred years of scientific and medical dealing with the suffering of the mentally ill. Foucault's anti-psychiatrist social theories challenged this. "Psychiatry was the tyranny of reason over non-reason". This argument was outlined with reference to the ineluctable power of the discourse and the primacy of language. Edward Shorter, a neoapologist of conventional psychiatry, challenged this discourse.

Language has the power to denigrate and to diminish reality, but it also has the power to empower.

Some positive interpretations of the illness were described, including the comparison of the condition, to a transcendental or evolutionary stage. The illness, is instead, a necessary and healing, but painful journey into inner space where unresolved conflict is resolved.

The possible scientific connection between schizophrenia and creativity was outlined. Finally, a message from Chick Corea which, I believe sums up perfectly, that age old antagonism between psychiatrist and artist.

What are the politics of schizophrenia?



## BIBLIOGRAPHY

### Primary sources :

LAING, R.D.

The Divided Self  
London, Tavistock 1965  
Self and Others  
London, Tavistock 1971  
The Politics of Experience  
London, Penguin, 1984

LAING, R.D. /  
A. EASTERSON --

Sanity, Madness and the  
Family, London, Tavistock  
1970

SHORTER, EDWARD

A History of Psychiatry  
Canada, John Wiley &  
Sons, 1997

### Secondary sources :

BARRETT, MICHELE

The Politics of Truth  
Stanford Univ. 1991

BELTING, HANS

"Avant-Garde Art".  
"The theory of The  
avant-garde", 1968

BURSTON, DANIEL

The Wing of Madness  
Harvard Univ., Feb. 1998

COREA, CHICK

"A Message from  
Chick Corea", 1997  
Citizens Commission on  
Human Rights

FOUCAULT, MICHEL

The Birth of the Clinic  
London, Tavistock, 1976

KENNY, VINCENT

The Crane Bag  
"Contemporary Cultural  
Debate" pp. 70-79.

KRISTAL, LEONARD

Understanding Psychology  
London, Harper & Row,  
1979





**MACAMUD, WILLIAM**

**"Schizophrenia",  
Collier, Vol. No.20 1996  
pp.490-492**

**MULLEN, BOB**

**Laing: Creative Destroyer  
London, Cassell, 1997**

**PRETI, ANTONIO /  
PAOLA MIOTTO**

**Creativity, Evolution and  
Mental Illness  
Journal of Memetics  
Italy, 1997 pp. 1-13**

**SHERIDAN, ALAN**

**Michel Foucault,  
The Will to Truth  
London, Tavistock, 1980**

**THOMPSON, JOHN B.**

**"Studies in the theory of  
Ideology"  
London, Polity, 1984n**

