

Schizophrenia, Paranoia as an Authentic Form of Life¹

Although I usually do not give talks that consist in reading from a prepared text, I shall attempt an exception today. My lecture chiefly² consists in slightly revised portions taken from chapter *I.III.* of my forthcoming book *Wittgenstein Archived. Bergenser Essays.*³ My understanding of *psychopathologic cases as authentic forms of life* are derived from my study of the development of the Pragmatic Theory of Communication, whose background in the philosophy of Ludwig Wittgenstein is one of the main themes of my forthcoming book.

Part I.

We shall, firstly, come to a story told by Gregory Bateson, pointing out how he came to form his *contextual understanding of psychopathology* by being exposed to the immediate living conditions of one of his patients. The form of life and the language-games belonging to it become the *meaningful context* that has to be identified in order to let a disturbance become explainable.

The deviant conduct of the individual indicated as 'patient' gains in lucidity *not so much as a feature of a single person, but as a feature of the internal organization of this observed person's social system.* This allows for focussing on *the sequences of behaviour in the micro-social system*, thus not trying to explain the pathology of the so-called index-patient from a traumatic experience in the child's aetiology, but *to look for characteristic patterns of the sequences of such noticeable or even unusual demeanour.*⁴

This case-study is directed against the tendencies of psychoanalysis to tie down observable deviances to qualities of the analysed individual, thus perceiving patients in isolation and as mere products of their personal biography.- In the following Bateson is visiting the client's family with his patient in their tidy house:

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² This concerns *parts I-III*; the introductory remarks and *part IV* are new.

³ To be published by Peter Lang Verlag in Frankfurt am Main, Germany.

⁴ Cf. Bateson & Jackson & Haley & Weakland 1956 and Laing 1969: 91-119.

"I discussed his mother with him one day, and suggested that perhaps she was a rather frightened person. He said, »Yes«. I said, »What is she frightened of?« He said, »The appeariential securities«. [...]

After his mother arrived, I felt a little uncomfortable intruding in this house. [...] I decided to leave him there and to come back when it was time to go back to the hospital. [...] I began to think [...] [w]hat and how could I communicate? I decided that I would like to put into it something that was both beautiful and untidy. In trying to implement that decision, I decided that flowers were the answer, so I bought some gladioluses. I took the gladioluses, and, when I went to get him [Bateson's patient, G.G.], I presented them to the mother with a speech that I wanted her to have in her house that was »both beautiful and untidy«. »Oh!« she said, »Those are not untidy flowers. As each one withers, you can snip it off.«

Now, as I see it, what is interesting is not so much the castrative statement in that speech, but the putting me in the position of *having apologized when in fact I had not* [emphasis by G.G.]. That is, she took my message and reclassified it. She changed the label which indicated what sort of a message it was, and that is, I believe, what she does all the time. An endless taking of the other person's message and replying to it as if it were either a statement of weakness on the part of the speaker or an attack on her which should be turned into a weakness on the part of the speaker; and so on.

What the patient is up against today – and was up against in childhood – is the false interpretation of his messages. [...] His own message identifier is obscured or distorted by her when the message comes back. And her own message identifier she continually contradicts. She laughs when she is saying that which is least funny to her, and so on. [...]

I am trying to make only one point: that there is here a probability of trauma which will contain certain formal characteristics. It will propagate a specific syndrome in the patient because the trauma itself has impact upon a certain element in the communicational process. That which is attacked is the use of what I have called the »message-identifying signals« – those signals without which the »ego« dare not discriminate fact from fantasy or the literal form from the metaphoric." (Bateson 1972b: 198 f.; punctuation slightly improved)

Not only did the peculiar manners of this woman provide Bateson with a clue as to the latent situation of conflict his patient had to comply with, but such experiences also invoked his sensitive search for features of a form of suffering that is marked as 'schizophrenia' in psychopathology. He lays stress on the discovery that *the authentic intentions of a person can be distorted by communication*, thus leading to exactly those conditions that produce the 'deviant behaviour' later to be observed.

Part II.

There is also another source Bateson had with certainty: a patient's personal account of his own schizophrenia! There we find a similar insight into the strange role of the modes of communication one finds with "lunatics", especially the point that non-literal ways of expression are taken too literally. First let me briefly describe the account in question:

This classic report is from John Thomas Perceval, the son of Spencer Perceval, a former British Prime Minister, who was assassinated in May 1812. The report was (re-)edited by Bateson in 1961, and in his introduction he explains the circumstances of how John Perceval came to write his book. John Perceval was confined to a lunatics' asylum when he began to show deranged behaviour in public and signs of mental illness, probably immediately caused or rather triggered off by a religious experience and his involvement in praying-circles.

Bateson's edition abbreviates Perceval's moving narrative about his schizophrenic phase, which lasted for four years from about 1830 until early 1834. Perceval's story came out in 1838 (first volume) and 1840 (second volume) and is probably the *first published self-account of a schizophrenic experience* (in this sense it is an *authentic self-report*). The thrust of the book deals with the intolerable and "ungentlemanly" treatment he had to suffer in asylums – parts of what he and we today call torture. Other parts consist of descriptions of his treatment as a will-less and not grown-up person, which probably contributed to the development of his disease. In addition, he makes observations on the reasons for his mental problems with an astonishing degree of a (recalled) self-awareness one is not that easily prone to ascribe to these deplorable people.

In his introduction,⁵ Bateson comments on Perceval's report from the point of view of his understanding of schizophrenia, which understands schizophrenia *not so much as an illness but as a deep experience of undergoing a change of personality*, brought about in Perceval's case by a double-bind situation in his family and triggered off by the contact with fanatic Protestant circles with a strong tendency to uncritical, literal reading of the Bible and queer forms of public confession. This induced Perceval to see his suffering as *something intended by himself*, a sort of punishment, fitting into the sinister frame of such confessions.

Bateson (loc. cit.) furthermore most interestingly states that at Perceval's time the so-called "treatment" of so-called "lunatics" was *not so very different from*

⁵ Cf. Perceval 1961: v-xxii.

today. It consisted of a sort of brutal imprisonment, whereas doctors in 1961 (or today) have more refined ways of medication at their disposal. Yet *in both cases*, at the time of Perceval's case in the 19th century or more than hundred years later, *the response the patient needs, viz. the understanding of the authentic 'world' he lives in, is rarely given*. Some of Perceval's letters from the time of his insanity, edited in his writings, and his comments show that he was aware of this lack as a cause which furthered his illness.

I see Bateson's editorial work in immediate connection with the account of double-bind and the Theory of Schizophrenia which he, developed and published in 1956 together with J. Haley and others. It is one of the reasons why I talk about the Pragmatic Theory of Communication and forerunning undertakings as "rehumanization". There are numerous passages one could quote showing the striking insights the 'patient' Perceval gains during his sufferings. I shall quote only a passage which is connected to the situation described above, namely to *the disguised mixing up of metaphors with literal ways of talk* in the immediate milieu and also in the thoughts of the patient:

"I suspect that many of the delusions which I laboured under, and which other insane persons labour under, consist in their mistaking a figurative or a poetic form of speech for a literal one; and this observation may be of importance to those who attend to their cure." (J. Th. Perceval 1961: 270)

What might be the adapted way of living in a circle of fanatic Bible-readers, is certainly not the sane way in other circumstances.- It was Bateson who not only searched for common characteristic features in the behaviour of schizophrenics (or persons so called), but who also *gave up framing the concept of such characteristics individually by attaching them to the patient's personality*. In an often quoted passage this becomes a sort of key issue in the methodology of what later on was to be called 'systemic perspective':⁶

"The specificity for which we search is to be at an abstract or formal level. The sequences [of observed behaviour; G.G.] must have this characteristic: that from them the patient will acquire the mental habits which are exemplified in schizophrenic communication. That is to say, *he must live in a universe where the sequences of events are such that his unconventional communicational habits will be in some sense appropriate*. [...] For such unresolvable sequences

⁶ Cf. Watzlawick & Beavin & Jackson 1967: 119 ff., Watzlawick 1988a, Nardone & Watzlawick 1994: 52 ff. or Marc & Picard 1991: 27 ff.

of experiences, we use the term »double bind«." (Bateson & Jackson & Haley & Weakland 1972: 206; italics original)

There is no evidence for Bateson here referring to Wittgenstein, although Bateson himself once interprets the term 'transaction' with "»language game« in Wittgenstein's sense".⁷ This gives rise to the conjecture that *the idea of the transactional view is tightly knitted to the Wittgensteinian conception of 'language-game' and 'form of life'*.

Part III.

There is a biographical detail from Wittgenstein's advanced years, remarkable as a fascinating parallel to the enfolding of this 'systemic perspective'. Obviously, *the same heuristic process of forming methods* seems to have been at work in these two cases we shall soon come to investigate, in both *prompted by the realization of a lack of conceptual clarity with practical consequences*.

The first is about David Rosenhan who stated that the diagnosis 'schizophrenia' is not only too easily applied, but obviously used *without clear criteria* and hence misused in the hospitalisation of *alleged* patients. This, in turn, has had an impact on the constructivist approach to the research on schizophrenia in regard to the criticism of the hitherto applied methods in conceptualisation.⁸

On the other hand Wittgenstein's biographer Ray Monk talks about Wittgenstein being confronted during his wartime-service at Guy's Hospital with a conceptually unclear diagnosis "shock", as applied to soldiers experiencing shelling in the war.⁹ Wittgenstein's criticism, sustained, and to the point as usual, had a strong influence on the responsible doctors, Basil Reeves and Dr. Grant:¹⁰

"In fact we found that the diagnosis of shock seemed to depend on the personal views of the individual [...] rather than on generally accepted criteria. [...] We were led, therefore, to discard the word »shock« in its varying definitions." (sec. Monk 1990: 452)

⁷ Cf. Bateson 1990: 131.

⁸ Cf. Rosenhan 1973, Watzlawick 1988a: 88 *et* 104, Kreuzer 1982: 65 f.

⁹ Cf. Monk 1990: 451 ff.

¹⁰ Cf. Reeves' "Observations on the General Effects of Injury in Man", January 1941 (sec. Monk 1990).

It was Wittgenstein's criticism that led to a revision of this concept for clinical work, it revealed what Watzlawick et al. would have called a "reification". The symptoms accounted for with the pseudo-term "shock" had *by the act of problematic diagnosis* created a reality that immediately affected not only the current state of medical art, but even more so the treatment of the patients concerned, which could hardly be called adequate.

Strikingly similar is Rosenhan's report from about forty years later, which I mentioned earlier.¹¹ Retold by Watzlawick, it is about a research project,

"[...] in the course of which eight of his collaborators voluntarily requested admission into mental hospitals, claiming that they heard voices and needed psychiatric care. Immediately after their admission they declared that the voices had stopped and from that moment behaved in a way which outside of a psychiatric clinic would have been considered perfectly normal. The length of their »therapy« varied [...] and all of them were discharged with the diagnosis »schizophrenia in remission«. Not one of them was unmasked as a pseudo-patient; on the contrary, every aspect of their behavior was judged to be further proof of the accuracy of the diagnosis. Instead of being based on observable facts, the diagnosis *created* a »reality« sui generis, which in turn necessitated and justified special clinical procedures. The crowning irony was that the only people who did not participate in this reality construction were several »real« patients. »You are not crazy – you must be a journalist or a professor.« This and similar remarks were made repeatedly and sometimes vehemently." (Watzlawick 1990b: 132 f.; italics original)

In both cases *the mere diagnosis constituted a clinical reality*, sufficient for severe intrusions into the lives of the people concerned. In other words, *fatal inferences were drawn from the existence of a linguistic expression to the existence of what was thereby signified*.

Part IV.

I gather that 'authenticity' is *not* a reification, but within the range of our abilities in life. In the case of psychopathology, a certain conduct might sometimes appear insane from an external point of view that desperately tries to be moral and to do the right thing – under strange, distorting, *discrediting* circumstances that make any success in this attempted authenticity impossible and incredible.

¹¹ Cf. Rosenhan 1973, Watzlawick edited Rosenhan's article in English and in German.

If we look at accounts of people said to suffer under schizophrenia or paranoia¹² and if we go back to the case of John Thomas Perceval, we have to remark that the hearing of voices by which 'lunatics' are "desired" to do certain things is typical of a schizophrenic psychosis. However, the 'δαίμονιον' of Socrates as a strange 'inner voice' has been interpreted as an early form of the Christian concept 'consciousness'; the socratic and the Christian forms of life are obviously not a priori pathological when regarded as 'authentic'. What probably leads to psychopathology is *too strong a contrast between a person's insights and the social milieu in which this person wants to express them*. Therefore I think that a certain form of being honest towards oneself under circumstances that exactly let this appear as incredible, seems to create psycho-sociological problems.

In the application of any psychopathological vocabulary, in diagnosing and in indexing certain persons as 'lunatics', we have to apply the same *practice of conceptual authenticity* that Wittgenstein mastered. On the other hand, Bateson's research shows that an authentic "out-living" of a psychopathological disturbance can bring with it insights into one's personality and its socialisation that are beyond any other form of life. I would call the aspect of humanity that is claimed in approaching all these forms of authenticity – 'respect'.—

References

- Bateson, Gregory (1955, 1972b): "How the deviant sees his society", Mimeographed in: *The Epidemiology of Mental Health, Brighton, Utah, May 1955: 25-31*. Reprinted *qua* "The Epidemiology of a Schizophrenia". In: Bateson 1972a: 194-200
- Bateson, Gregory; Jackson, Don D.; Haley, Jay; Weakland, John H. (1956, 1972): "Toward a Theory of Schizophrenia", *Behavioral Science I, 4: 251-264*. In: Bateson 1972a: 201-227
- Bateson, Gregory et al. (1969, 1992): *Schizophrenie und Familie. Beiträge zu einer neuen Theorie von Gregory Bateson, Don D. Jackson, Jay Haley, John H. Weakland, Lyman C. Wynne, Irving M. Ryckoff, Juliana Day, Stanley J. Hirsch, Theodore Lidz, Alice Cornelison, Stephen Fleck, Dorothy Terry, Harold F. Searles, Murray Bowen, Ezra F. Vogel, Norman W. Bell, Ronald D. Laing und J. Foudrain*. Frankfurt am Main: Suhrkamp
- Bateson, Gregory (1972a, 1990): *Steps to an Ecology of Mind. Collected Essays in Anthropology, Psychiatry, Evolution and Epistemology*. San Francisco: Chandler et N. Y.: Ballantine. Translation into German by Hans Günter Holl as: *Ökologie des Geistes. Anthropologische, psychologische, biologische und epistemologische Perspektiven*. Frankfurt am Main: Suhrkamp

¹² As not being a psychologist, I cannot differ that accurately between schizophrenia and paranoia; to my knowledge, the characteristics of both mental diseases often intertwine.

- Bateson, Gregory (1979): *Mind and Nature. A Necessary Unity*. London: Wildwood House
- Gumin, Heinz; Meier, Heinrich (Eds.) (1985): *Einführung in den Konstruktivismus. Mit Beiträgen von Heinz von Foerster, Ernst von Glasersfeld, Peter M. Hejl, Siegfried J. Schmidt und Paul Watzlawick*. München: Piper
- Kreuzer, Franz (Interview) (1982): *Die Welt als Labyrinth. Die Unsicherheit unserer Wirklichkeit. Franz Kreuzer im Gespräch mit Friedrich Dürrenmatt, Paul Watzlawick*. Wien: Deuticke
- Laing, Ronald David (1967, 1969): *The Politics of Experience*. Harmondsworth: Penguin. Translation into German by Klaus Figge and Waltraud Stein as: *Phänomenologie der Erfahrung*. Frankfurt am Main: Suhrkamp
- Marc, Edmond; Picard, Dominique (1984, 1991): *L'école de Palo Alto*. Paris: Éditions Retz. Translation into German by Hans Günter Holl as: *Bateson, Watzlawick und die Schule von Palo Alto*. Frankfurt am Main: Hain
- Monk, Ray (1990): *Ludwig Wittgenstein. The Duty of Genius*. London: Jonathan Cape
- Nardone, Giorgio; Watzlawick, Paul (1990, 1994): *L'Arte del Cambiamento. Manuale die terapia strategica e ipnoterapia senza trance*. Firenze: Ponte alle Grazie. Translation into German by Erika Frey Timillero as: *Irrwege, Umwege und Auswege. Zur Therapie versuchter Lösungen*. Bern: Hans Huber
- Perceval, John Thomas (1838-1840, 1961): *A Narrative of the Treatment Experienced by a Gentleman, During a State of Mental Derangement; Designed to Explain the Causes and the Nature of Insanity, and to Expose the Injudicious Conduct Pursued towards many Unfortunate Sufferers under that Calamity*. London: Effingham Wilson, Royal Exchange. Edited by Gregory Bateson as: *Perceval's Narrative. A Patient's Account of His Psychosis. 1830 - 1832*. Stanford, Calif.: SUP
- Rosenhan, David L. (1973, 1981, 1984): "On being sane in insane places", *Science* 179: 250-258. In: Watzlawick 1984: 117-144. Translation into German as: "Gesund in kranker Umgebung". In: Watzlawick 1981a: 111-137
- Watzlawick, Paul; Beavin Bavelas, Janet Helmick; Jackson, Don D. (1967): *Pragmatics of Human Communication. A Study of Interactional Patterns, Pathologies, and Paradoxes*. N. Y.: Norton
- Watzlawick, Paul (Ed.) (1981a, 1984, 1994): *Die erfundene Wirklichkeit. Wie wissen wir, was wir zu wissen glauben? Beiträge zum Konstruktivismus*. München: Piper. Translation into English as: *The Invented Reality. How Do We Know What We Believe We Know? Contributions to Constructivism*. N. Y.: Norton
- Watzlawick, Paul (1988a, 1990a): *Münchhausens Zopf oder: Psychotherapie und »Wirklichkeit«*. Aufsätze und Vorträge über menschliche Probleme in systemisch-konstruktivistischer Sicht. Bern: Huber. Translated into English as: *Münchhausen's Pigtail or Psychotherapy & »Reality«*. Essays and Lectures. N. Y.: Norton
- Watzlawick, Paul (1985, 1988b, 1990b): "Wirklichkeitsanpassung oder angepaßte »Wirklichkeit«? Konstruktivismus und Psychotherapie". In: Gumin & Meier 1985: 89-108. In: Watzlawick 1988a: 103-116. Translated into English as: "Reality Adaption or Adapted »Reality«? Constructivism and Psychotherapy". In: Watzlawick 1990a: 131-151