

Seminar om Psykose og Psykoterapi

*"Body and the structure of language in patients with psychosis –
implications for theory and therapy*

Psykiatrisk Center Glostrup
Mandag den 04.06.2007

Inviteret forelæser: Professor i filosofi
v. Georgetown University, Washington DC,
Wilfried Ver Eecke

Understanding the Person afflicted by Schizophrenia

Some symptoms.

I. Schreber:

Biological approach: causal explanation

Freud: attempt at healing

Lacan: structural deficits

II. Joyce

Lacan: reaction formation

Schreber

- Infinite amount of symptoms and curious claims by Schreber.
- Here are some, represented by a series of dots.
-
- Biological approach:
 - look to statistically most frequently appearing symptoms
 - look to specific details
- +purpose: preliminary for discovering specific brain damage.

Freud

- Observation: symptoms vary over time.
 - at first resists idea of becoming a woman
 - later: embraces that idea
- Important part of the symptoms is phantasy life.
- Phantasy life is a desperate attempt to solve an unsolvable problem in reality.
- Thesis: symptoms, particularly the beliefs are a creative effort to solve a problem.
- Question: what is the crucial problem of Schreber: unease with sexual identity, postulated to be caused by unacceptable homosexual feelings.
- Freud pedagogical trick
Translate concept of homosexuality in a sentence
I (a man) love another (man)

Freud's theorizing

Postulated unsolvable problem for Schreber

- he must deny having his unacceptable homosexual feelings
- as these are his deepest feelings he must find a way to justify their satisfaction, even under disguise.

One cannot deny and justify something at the same time in reality.

Schreber's phantasy life is trying to do so.

Freud's theoretical conclusions

- I. Denying homosexuality can occur by 4 and only 4 methods: denying one of the three parts of the sentence or denying the whole sentence. Hence Freud argues that there can be 4 groups of symptoms and only 4.

- II. The 4 strategies are:
 1. Deny the verb: leads to paranoia
 2. Deny the object: leads to erotomania
 3. Deny the subject: leads to jealousy
 4. Deny the whole sentence: leads to megalomania, diminished experience of others, and diminished experience of self, including in both case expected death.

First strategy

- First strategy: observable result: Paranoia
Imagine soul murder by Dr. Flechsig.

Result 1: Schreber has a reason to hate Flechsig. Love is unimaginable.

So: phantasy life denies homosexuality.

Result 2: Schreber has reason to watch Flechsig the whole day.

So: phantasy life creates a justification to constantly be preoccupied with Flechsig and thus to justify, under disguise, his interest in Flechsig.

Question: what can one expect if one gives a good argument against the phantasy?

Second and third Strategy

- Second strategy: deny object. Observable result: erotomania. In Schreber only tip of iceberg
- Third strategy: deny subject: Observable result: jealousy. In Schreber again only tip of iceberg

Fourth strategy

- Deny the whole sentence.
 - I love nobody
 - But myself
 - Result:
 - =over-exaggeration of love object: self:
megalomania
 - =withdrawal of investment in others: diminishing
others: fleetingly-improvised and dead
 - =diminishing self: dead of self (obituary,
previous inferior existence)

Lacan

- Approves of Freud's phenomenological method: noema-noesis analysis
- Points to two groups of symptoms not analyzed by Freud:
 - Experience of body disintegration
 - Experience of voices and other language phenomena
- Takes language phenomena as primary
- One can make a psychoanalytic move to explain voices as remnant of uncorrected child strategy

- Structure of subject in experience of voices of Schreber is similar to dyad of mother/child relationship. (S1)
- Self-alienation is unavoidable
- Features: ideal ego; predominance of now; idealization; fusion; Called by Lacan: the imaginary with emphasis on image and seeing.
- Correction by introduction of third (name-of-the-father)
- Triangular structure is called by Lacan: symbolic with emphasis on language and speaking
- Results:
 - narcissistic wound
 - overcoming the narcissistic wound by identifying with mark in father.
- Features: ego-ideal; patience; willingness to work; future as essential; prohibition of incest (separation from mother) as foundation of law and acceptance of rules; metaphorical capabilities.

Note: girl needs to return to post-Oedipal mother.

Lacan on Joyce

- Persons afflicted with schizophrenia fuse so much that they cannot change the topic of a conversation. They are enslaved by the words of the other (Villemoes).
- Hence, we can expect an attack on the instrument of enslavement.
- Joyce disinvests language.
 - Defense against self-alienation
 - Reason for his method of writing. Explanation
 - Naming as a kind of remnant
 - Reducing words to a play with sounds (sensual pleasure)
 - Beginning and final results:
Bababadalgharaghtakamminarronnkonnbronntonnerron
nthunntrovarrhounawskawtoohooordenenthurnuk

- Similar to Michael Robbins' patient saying that she does not want to be understood when she speaks "schizophrenese."

Conclusions

- Healing with persons afflicted with schizophrenia will demand work on both the imaginary and the symbolic
- Problems with no-saying, pronouns, effective use of words.

Language and Schizophrenia

Known facts

1. Persons afflicted by schizophrenia have difficulties with metaphors
2. They have difficulties with personal pronouns
3. They tend to fuse. They must have difficulty to separate and thus to say no.
4. They speak in a way that they are not understood.
5. Describing objects in their world and for them is healing

Describing objects is healing for those afflicted with schizophrenia.

- Facts
 - Villemoes:
 - = In consulting room patients after a while are not anymore startled when an object moves, falls etc
 - = In their own room they start to arrange their objects instead of just dropping them
 - = After a while their body movements are smoother
 - Psychotic regression: can be overcome: anorexic patient
 - Anxiety attacks: can be overcome (Verhaeghe)

Philosophical explanation and clinical implications

- Empiricist understanding of perception
 - my senses receive impulses from things in the world
 - my eyes, my ears are bombarded by stimuli
 - I am captured by the multitude of impressions, their variety and their continuity
- = I am passive and enslaved

Kant's understanding of perception

- I cannot just be passive in perception. I know that I see what I see.

Synthetic unity of apperception. I see and I know that I see.

- New dimension in perception discovered by Kant
 - First: There is the thing-in-itself.
 - Second: I use my senses

I capture only the appearance of the thing

Ex: Madame Curie

-Third: I make use of categories of the mind in order to transform appearances into objects.

Ex: You see me frontally and you know I have a back.

I ask you to look from three angles to a desk . You saw three appearances of the desk. Would you be willing to pay three times?

You sit comfortably on your chair.

The categories: Four domains, each with three categories

Quantity: one, many, all

Quality: reality, negation, limitation

Relations: substance-accidens; cause-effect; communication

Modality: possibility-impossibility; being-non-being; necessity-chance

Different cultures apply different categories to the same appearances: lightening –thunder; psycho-somatic experiences.

West: cause-effect

Primitive cultures: communication

= In perceiving I am not just passively bombarded by sense data

= I actively create objects

= I am an agent

= I participate in the humanly created world of objects

Beyond Kant

- Do we individually possess and automatically apply the Kantian categories?
 - Kant believes: yes
 - I wish to argue that children are helped by the speech of the adults to learn to create objects guided by language
 - = requires trust in adults (Mieke: Kindergarden. We spoke Dutch. At school the children talked affectionately about dady)
 - My theory would also explain the facts discovered by Villemoes.
 - What are the psychological consequences of creating objects?
 - The perceiving person creating objects is an active agent.
 - = He is not just a passive recipient of sense impressions and stimuli
 - = He transforms appearances in objects. He creates objects.
 - = He cuts the continuous world of sense impressions in distinct pieces.
 - = He imputes characteristics that senses do not give him
 - = He now has only to remember markers of the objects. Hence, he can repress the overabundance of impressions

- In using words to refer to the created objects, the perceiving person makes the experience that he is part of a joint human world.
- The perceiving person creating objects because he speaks becomes the owner of the objects. He becomes possessive. A child who starts to speak becomes more jealous of his toys.

The patient arranges his objects. The speaking child says: it is mine.

Pronouns

- Persons afflicted by schizophrenia have difficulties with pronouns
- Chinese:

我 (p. 179) Wo3. I, me.

Two 戈 (weapons) doubled, in opposite directions, two rights oppose each other, my right, and by extension, my Ego •

余: (p. 46) Yü2. I, me. (used in classical Chinese)

In the ancient character, the top 人 is contracted from 舍 (house); the lower half represents the motion of entering (Jia's guess). The Chinese custom requires that anyone entering a house should make known his presence and distinguish himself from any other person by crying out: It is I, so and so, who comes for such and such a purpose

- Puzzle of learning pronouns
 - All words are learned by imitation and strictly obeying the rules
 - ex: apo
 - If pronouns learned by example: I = mother
 - Theory: child must be able to oppose mother within dyad to learn pronouns
 - Same for all indexicals (space, time indicators:
 - ex: tomorrow: Jan and light in bedroom
 - Hence pivotal role of being able to use pronouns
 - Pronouns are learned after no-saying (requiring it)

Magic power of pronoun “I”

- Curious phenomena about pronouns
 - plural pronouns do not behave as plurals
 - third person does: not a person
 - first person has two forms “I” and “me”
- Performative character of “I”
 - refers to myself as speaker in act of speaking
 - use of pronoun “I” puts me into self definitional position
 - using I allows me to create, to be performative for myself: “I do”

Separation (no-saying) as precondition for use of pronouns

- Spitz
 - child does not develop linearly
 - child develops with critical periods (plateaus)
 - = 3 months: indiscriminate smile
 - + [Lacan]6 months: mirror stage
 - = 8 months: stranger anxiety (indicator)
 - = 15 months: saying no (organizer)
 - + [my observation] months later: use of pronouns (and several months later for blind born children)
 - some critical periods give rise to indicators, some to organizers.

- Indiscriminate smile

- Is not a sign that child has established an emotional tie with a particular person.

In psychoanalytic language: child has not established true object relations.

Spitz demonstrates that a specific mask can elicit smile

Clinical confirmation: mother died. Child refused bottle. Smell of unwashed underwear was enough

- Mother died. Child refused bottle. Smell of unwashed underwear was enough

Months anxiety: Spitz

- 8 months anxiety
 - before: indiscriminate smile
 - between 6 and 8 months:
 - = to familiar figure: continues to smile
 - = to stranger: shows apprehension or anxiety
 - + lowers eyes shyly
 - + covers eyes with hands
 - + covers face with clothes
 - + throws face on bed
 - + hides its face with its blanket
 - + looks back at stranger
 - + weeps or even screams

- Spitz's insufficient explanation
 - increase in memory function
 - child has a memory of mother
 - child expects to see face of mother
 - child sees discrepancy between stranger and memory of mother
 - face of stranger stimulates longing for mother
 - child is disappointed
- Objections to Spitz explanation
Explains disappointment not anxiety or fear

Eight Months Anxiety: Beyond Spitz

- Two new theories are required
 - Lacan's theory of mirror stage
 - Sartre's theory of the look

- Lacan's mirror stage
 - Facts: Jubilation in mirror
 - Baby chimpanzee is realist
 - Explanation: great gain for human baby
- = human baby assumes own image as now complete instead of as parts
- = allows for self love: narcissism
- = Derived from mother's perceived interest in baby
- = if no mirror, if no water (myth of Narcissus), then baby discovers its image in figure of mother
- + experiment with pigeons
- = is idealized compared with chaotic inner experience because of lack of neurological development
- = idealized body image is foundation for all idealization
- Hence disappointments will have consequence on experience of the body
- Consequences
 - I am narcissistically my exteriority: at 6 months occasion for great joy
 - Two months later: child learns that it is not in control of that exteriority: eye of stranger reminds child of this alienation

Sartre's theory of the look

- looking through key hole in hall and hearing steps. I become ashamed
- explanation: In my exteriority I become an object for the eye of the other. I lose my sense of being a subject and having inner agency. Through the eyes of another I am reminded of being an object, of being a body
- Applied to 8 months anxiety
- Spitz writes that hiding the face is the method by which the child “tries in a wishful way to make the stranger disappear.” Thus we notice that it is not so much memory of child as the being seen by another.
- Mother and familiar people have direct contact with interiority of child. So they are not a threat.

Example:

Being looked at in a bus or a train

Conclusion:

Child needs the mother in order to live comfortably with its own body

- Hospitalism
- Teething: getting angry. If cuddled child are able to accept their paining body

No-saying (Spitz)

- Is an organizer, not just an indicator.
 - First univocal semantic sign: refusal
- E.g.: mother, father: also mean: I am bored, I am hungry, I am wet, I am lonely (=signal, not a linguistic sign)
- Around one year of age: radical change in dyad mother-child
 - child crawls, walks: child can do damage and can hurt itself
 - Mother must be child's external ego: hence need for prohibitions
 - Child experiences prohibitions as push back of its initiative
 - Child does not understand meaning of no-saying
 - Child experiences frustration imposed on him
 - Anna Freud: child identifies with aggressor
- = mystery: identification with aggressor makes own aggression constructively available to child
- + dialogue of child with itself: trying to touch electric outlet

+ starting to say no to mother (returning favor), but curious usage (frustration is felt, meaning is not understood)

Ex: child refusing cake:

- does not mean that child does not want the cake

- means: I want what I want which is to show that you do not know what I want, even if that means I must forgo the cake I want.

+ is an act of aggression (kiss of the hand). It is an act of separation

+ is opportunity to learn consequence of no-saying (not all)

This is similar to maintaining framework for patients (paying for mist sessions)

- Within context of child's development
 - child needs mother
 - to assume own body (hospitalism)
 - to tolerate painful body
 - to overcome alienating experience of the body
 - child has nerve to separate itself from mother.
Child is on its way to autonomy, independence
Ex: reaction of child when mother returned
- Preconditions are established for using pronouns
Child and mother are part of a broken dyad
- Application to therapy
 - need to provide opportunity to say no
 - no-saying of child is at first irrational
 - rational no-saying is not first achievement

Therapy: Language and Separation

- Karon:
 - two step approach to patient suggesting he kill step-mother
 - justifying the right to enjoy own body
 - Villemoes:
 - learn to use language effectively
 - delegate authority
 - ultimate aim is symbolic identification: “I am not a thief” as opposed to thinking that they are Napoleon.
 - Prouty: difference between theory and practice
 - mirroring: situational; face; body; words; reiteration
 - label the mirroring
- = in practice: impose separation
- Robins:
 - asks for (insist on) translation of “schizophrenese”
 - patient refuses to be understood

Ethics and the treatment of persons afflicted with schizophrenia

- I. Ethical reflections on pure biological approaches
- II. Ethical reflections on psychotherapy approaches

(Language prerequisites for moral acts)

I. Ethical Reflections on pure biological approaches

- Biologically oriented psychiatrists accept ethical propositions
 1. First, do no harm.
 2. Second, promote the well being of the patient.
- Conclusion:
 - We do not have to challenge their ethical principles
 - We can and must discuss their results and results of psychotherapy
 - We can discuss the philosophical anthropology which can make sense of less than satisfactory results of pure biological treatment of the very mentally ill

Limits to the use of medication

- One third of schizophrenics remain psychotic even after adequate trial of medication
- Negative symptoms are not so amenable to treatment by medication
- Considerable range of negative side effects
 - from mild discomfort to permanent movement disorders (Dyskinesia)
 - lethal neuroleptic malignant syndrome (0.1% to 1% or according to some reports even higher)
- Medication aims at symptom reduction. It neglects quality of life
 - has led to practice of giving much higher doses than needed in US.
 - lack of quality of life and hopelessness lead to suicide (10 to 17%)
- Curious recommendation in PORT report for electro-convulsive therapy (ECT) when medication fails
- Reaction of professor of neurology

Medication in a dual epistemological approach

- There is a role for medication in dual epistemology
- Model of diabetic predisposition and fact of excitement /adrenaline
 - + When there is a catatonic crisis.
 - + Willy Apolon in Montreal clinic
 - Medication should be used to prevent illness from damaging the organic body (by preventing sleep)
 - Take placebo effect into account in prescribing medication

+ Karon

- improvement in thought disorder with psychotherapy was slower (less) when patients were on medication (209)
- patients on medication were told that they were not going to be taken away their medication. But Karon told them the facts: they will discover that they do not need them and psychotherapy works better without medication
- many patients say that they stopped taking medication but were afraid of telling their doctor
- patients are relieved with permission to stop medication:
side effects: impotence, impaired thinking, drowsiness, tremors, dry mouth
- gives patients the permission to keep their medication and use it as they want. Sometimes dramatic immediate relief from a single pill (placebo effect)

Efficacy of Psychotherapy Approaches

- Causal arguments
 - Tienari
 - Myhrman
 - Denise Fort: proverb identification
 - Karon: pathogenesis intrafamilial risk variable: 35% vs 75%
 - Finnish follow-up study:

When exposed to adoptive parents with low levels of communication deviance, the high genetic risk adoptees have a lower proportion of positive scores than do comparison adoptees for index of primitive thought (55)

Efficacy of Psychotherapy approaches

- Karon:
 - 2 year follow up (20-44 months)
 - Mean days hospitalized:
 - Comparison group (n=12): 99.8
 - Pooled psychotherapy (n=21): 56.4
 - Supervisor (psychodynamic) A (n=3): 0
 - Trainees A (n=6): 40.8
 - Supervisor B (n=4): 10.8
 - Trainees B (n=8): 112.3

Efficacy of Psychotherapy approaches

- Villemoes
 - Two reports by Aronson and by Edenius
 - N=24 Patient had prior treatment and given up by classical psychiatry and were expected to become chronic
 - Cost pro patient to the state:
 - before Villemoes' treatment: 350,000 Swedish Crowns pro year
 - after treatment: 30,000 Swedish Crowns
 - Medication:
 - Diminished 50%
 - Two patients without medication
- Qualitative reports : Gifric in Quebec under Willy Apollon
 - Purpose: Reconstruct body image
 - Reconstruct social relations

II. Ethical reflections on psychotherapy approaches

- Thesis: persons afflicted by schizophrenia lack the prerequisites for moral life. Pure biological approach is not positively helping whereas some psychotherapies do
 - About essence of morality: being able to deal with conflict between self and others
- For persons afflicted by schizophrenia
- neither the self (lack of proper use of I; fusion)
 - nor the other exist: my paranoid patient who had not benefited from sibling rivalry

Thomas Aquinas

1. Beyond Aristotle: why do people do stupid things? In human desire there is push towards infinity.

- push towards infinity must be limited
- human person must accept some kind of dissatisfaction in order to be able to be moral

Dreaming of being Napoleon is no substitute

2. Morality is connected with freedom

Freedom is only possible if no good can fully satisfy the human will. Then we can choose between partially satisfying goods

Clinical application:

- Give them some choice
- No-saying: is affirming that I want (will) what I want not what you think I want. That might mean forgoing what I want. Experience of pain of losing something in order to gain something else.

- Give the patient opportunity to say no.

Help him deal emotionally with the pain of the consequence of saying no.

Aristotle according to Sokolowski

- Three levels of morality:
 - + personal: I can do something good for myself
 - Like: courage, temperance, etc
 - I must make a choice between two extremes
 - Courage is between being a coward and being reckless
 - + interpersonal: others have rights
 - Is about justice
 - = not too much benefit to me or my people
 - = not too little burden to me or my people
 - + friendship: I am connected with others
 - A friend takes the good of a friend as his good
 - It cannot be projection. Other must be recognized in otherness

We will show that preconditions for these three levels of morality are absent.

Moral activity is talking about perceptual world

Sokolowski: morality has categorial (linguistic) form

Like: this house is white

Moral act requires saying: these fighting children must be separated.

Ex. Where that is not possible

Patient firmly separating fighting children.

Patient had explosive mother and father and was regularly beaten

She felt guilty afterwards.

She had projected her own terror in the eyes of the boy she separated firmly

After discussing the situation the patient was able to say that the eyes of the boy showed surprise but she had projected her own terror.

By herself she was not able to say and feel that what she had done was good. Her projection prevented that

Typical categorial form of moral activity

- Moral activity starts with feeling that something is good. We establish an end.
- We understand that the end is not available. We need to look for means. But making connections is tied to language. (See Villemoes' theory). Ex: letting a paranoid patient talk about the path between dining room and kitchen: discovers that there is nothing on the top shelf. He could put his daughter's school books there.
- Means-end relationship requires
 - the future (value of end)
 - that future can validate things in the present (means)
 - accepting that something has to be done now for sake of future

Personal Virtues

- Establishing middle in domains where I can do something good or bad for me
- Domains:
 - Danger
 - Sensible pleasure
 - Money
 - Honor
 - Anger
 - Social intercourse

- Prerequisites for personal virtues
 - I must accept that I must do something. Passivity and expectation that others will do everything for you must be overcome
 - I must accept that I can be a friend to myself (See Karon: idealize bad mother; feel that sexual pleasure is betrayal)
 - I must create a judgment. Requires cutting in pieces and comparing
 - I must feel that there is choice: things are not simply what they are

Interpersonal Virtues

- Justice (distributive and corrective)
- Prerequisites:
 - introduction of concept of truth which can make demands upon me. (linguistic prerequisite)
 - = I and other have to share the good
 - + Not too much benefit for me or my people
 - + Not too little burden to me or my people

Words must bind: “I am not a thief” vs “I am Napoleon”

- I and other must share a good
- = Other has equal rights
- = Problem of jealousy
 - + Other is enemy of my claims to the good mother
 - + In jealousy I elevate other person to value of personhood

(See my paranoid patient who was unable to feel that)

Friendship

- Definition: a friend takes the good for a friend as his/her good
- Crucial: reciprocal and mutually acknowledged
- Challenge: it cannot be projection

- Prerequisite:

- Other must be recognized as other

Vignette: patient has difficult time with father, step-mom and two step-brothers. Mother moves closer and takes her half-sister from her school. Great sacrifice, but patient felt it is mother-duty!

- Person must be able to emotionally accept that recognition by other is crucial. I depend upon that recognition by other.

Vignette: negative: dreaming of grand exploits, being Christ etc

Positive: Nun guilty about starting dance company. (I) You need to recognize the good you did. You need to honor that (She) How?

Two minutes later: There is a nun who want to take up contact by email. She would honor that in me.

- Need for identification instead of projection. (Empathy)

Vignette: Villemoes. Empathy is dangerous. It leads to fusion and loss of self, unless empathy is based on talk about the other. By talking about the other one makes other be another even in sympathy.

Hence: Let patients talk about other patients, if necessary about their cloths, what they eat etc.

Conclusion

- An essential characteristic of humans is their moral activity
- Persons afflicted with schizophrenia lack the (linguistic) prerequisites for moral activity
- It is morally very desirable to provide help to patients so that they can become moral. Pure biological treatment does not intend to do so
- Psychotherapy can do so. I have tried to show how all mental health workers can contribute to do so.