

*The Schizophrenic Sign: a dialectic of
semiotics and schizophrenia*

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The candidate confirms that the work submitted is his own and that appropriate credit has been given where reference has been made to the work of others.

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Abstract

This thesis posits as its central argument that placing semiotic theory in dialectic with the discourses of and about 'schizophrenia' will produce novel insights into both. Simultaneously, this thesis develops a semiological sign system for 'schizophrenia', mapping and critiquing its central narratives, organising ethics, aesthetics and thematics, whilst also offering a practical model as exemplar for a semiotic method of cultural, textual, medical, psychological and social critical analysis.

In so doing, this thesis presents and develops the concept of 'schizomimesis', a term to describe the process by which the discourse and semiological sign system of 'schizophrenia' adopts formal qualities that mimetically embody the 'disease' symptomatology. The thesis explores this idea, placing different 'symptoms' in dialectic with different discourses: thought insertion, influence and the instability of signs in relation to diagnostics and aetiology; 'psychotic' speech and so-called thought disorder; disturbances of ipseity and magical thinking in narrative medicine and illness memoirs; hallucinations and delusions of reference in popular cinematic and televisual representations; deictic crises in the person, in the therapeutic process, and across popular culture and society. Throughout, the thesis constructs a de-psychologised and socialised, inter-subjective model of the self, inseparable from the dynamic of indivisible sign relations, and strives to understand 'schizophrenia' within this conceptual context.

This thesis thereby offers a model of how medical humanities research can contribute evenly to the disciplines from which it draws its materials and methodologies. At the same time, it hopes to offer humane and thoughtful observations on the personal, cultural, medical and social disadvantages and difficulties, and highly idiosyncratic experiences, endured by those with lived experience of 'schizophrenia'.

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‘Language is the instrument by which the world and society are adjusted ...’¹

‘... but isn’t it the truth of the voice to be hallucinated?’²

¹ Émil Benveniste, *Problems in General Linguistics*, trans. by Mary Elizabeth Meek, Miami Linguistics, 8 (Coral Gables: University of Miami, 1971) [1966], p.71

² Roland Barthes, ‘The Grain of the Voice’ in *Image Music Text*, trans. by Stephen Heath (London: Fontana Press, 1977) pp.179-189 (p.184)

ANAMNESIS

Rehabilitations

Why schizophrenia?

It's all semantics until somebody comes up with a decent blood test for schizophrenia. [...] For years there have been arguments on this subject. Many people distinguish schizophrenia on the basis of outcome. If you get better, then you were not schizophrenic in the first place. But diagnosis by hindsight lacks clinical usefulness.¹

Norwegian media and prosecutors have argued and will continue to argue that the reasons that I executed the 22.7 attack was an accident and because I was a pathetic and spiteful loser who does not have integrity, does not have dignity or trust, that I am a notorious liar, that I lack morals, I'm crazy and that I therefore should be immediately ignored and forgotten by other Cultural conservatives and nationalists in Norway and Europe.

They try to say that I lost my job, that I had father's desire, a lack of networking, that I am a cruel and insane person, who is only looking for attention to my own person. All of this, they claimed. They also claimed that I am narcissistic, antisocial, psychopathic, that I suffer from germ phobia and put on a face mask daily for many years, I only like red sweaters and that I have an incestuous relationship with my own mother. They also claimed that I am miserable, pathetic, a baby killer, a child killer despite the fact that I am not accused of having killed someone under the age of 14. That I'm a coward, inbred, homosexual, pedophile, necrophilic, racist, sociopath, fascist, Nazi, Zionist and anarchist. All this has been claimed. They also claimed that I am physically and mentally retarded with an IQ of about 80.²

Schizophrenia refuses to depart. The tenacity of the diagnosis, once attached to an individual, is matched only by its variability. Though 2011 marked the centenary of the coinage, schizophrenia remains ill-defined; its diagnostic and nosological definition plagues psychiatric and psychological discourses to the point of monomania. Similarly, for society schizophrenia remains a chronic concern. If the poor are always here, so consequently are those with a diagnosis of schizophrenia; a diagnosis of schizophrenia positively correlates with poverty, whether through being, becoming or remaining poor.³ Bluntly, 'we are still facing a disorder that takes the person into a downward path leading to poverty, or is responsible for perpetuating poverty for those born into it.'⁴ Poverty and poor mental health are no more two separate things than poverty and poor diet. Mental ill health is poverty acting on the psyche. This consanguinity brings the prejudices against poverty to bear on 'schizophrenia' and 'schizophrenics.' Even when not treated as criminals themselves, the condition experienced by them is metaphorically rendered villainous and sinful.⁵

¹ Mark Vonnegut quoted in Sobel, Dava, 'Schizophrenia in popular books', *New York Times*, 17 February 1981 <<http://www.nytimes.com/1981/02/17/science/schizophrenia-in-popular-books-a-study-finds-too-much-hope.html?pagewanted=all>> [accessed 20 February 2016]

² Anders Behring Breivik, 'Court statement', 17 April 2012, *The Commander Anders Breivik Resource Collection* <<https://sites.google.com/site/breivikreport/documents/anders-breivik-court-statement-2012-04-17>>

[accessed 6 January 2016]. The website hosts English translations of Breivik's court statements and web comments. These are unattributed, and clearly imperfect, though comprehensible. The politics of the site are not detailed but can be safely inferred from the non-ironic adoption of Breivik's self-styled title of commander. The text is quoted as it appears, complete with syntactical, grammatical and typographical errors.

³ Carl Cohen, 'Poverty and the course of schizophrenia: Implications for research and policy', *Hospital and Community Psychology*, 44: 10 (1993) 951-958

⁴ Benedetto Saraceno, Itzhak Levav, Robert Kohn, 'The public mental health significance of research on socio-economic factors in schizophrenia and major depression', *World Psychiatry*, 4:3 (2005) 181-185 p.184

⁵ To give a recent example: the editorial of a 2015 number of *Schizophrenia Bulletin* devoted to studies looking for biomarkers refers to 'a potential fingerprint of schizophrenia.' Liberal ideology postulates poverty and

A diagnosis of schizophrenia remains a descriptive diagnosis only: ‘all semantics’. Perhaps uniquely in the field of medicine, the person with a diagnosis of schizophrenia is most often outside the community defining the semantics of their diagnosis. To be schizophrenic is to be stripped of a voice in the conversation. This attitude is at least as old as the disease concept. In Emil Kraepelin’s account of dementia praecox in *Psychiatrie*, III (1913) – translated into English and published as *Dementia Praecox and Paraphrenia* three years later – there is no space in the discourse for the patient’s perspective and no possibility for insight within the condition: ‘patients commit a great many of the most nonsensical and incomprehensible acts of which they themselves are usually unable to explain the cause.’⁶ The word ‘senseless’ punctuates the description of each of the psychic and bodily symptoms carefully recorded by Kraepelin. For him, the utterances of his patients were ‘senseless rigmarole’⁷; their writings, ‘an arbitrary, peculiar disorder.’⁸

For Kraepelin, the condition – its aetiology, its pathology and its sufferers – was ‘wrapped in impenetrable darkness.’⁹ It will be the work of this thesis to demonstrate that this impenetrable darkness is a product of – rather than obstruction to – currently practised ways of reading schizophrenia. A new semiotic method of reading is therefore proposed which – it will be argued – reveals profound structural similarities between descriptions of schizophrenia and non-pathological phenomenological experiences. This semiotic approach does not negate or belittle the hard reality of living with a diagnosis of schizophrenia. Signs do not just signify, as Roland Barthes observes in *Elements of Semiology* (1977):

Many semiological systems (objects, gestures, pictorial images) have a substance of expression whose essence is not to signify; [...] We propose to call these semiological signs, whose origin is utilitarian and functional, *sign-functions*.¹⁰

This thesis will not lose sight of the sign-functions within the semiological system of schizophrenia under investigation.

A new way of talking about schizophrenia is urgently needed. In this regard, the latest iteration of the American Psychiatric Association’s (APA) *Diagnostic Statistical Manual of Mental Disorders – DSM-5* – stands as an abject failure. Though *DSM-5* ‘engender[ed] ... a remarkable level of criticism, rhetoric and passion,’¹¹ it brought only a loosening of the diagnostic criteria for

mental illness as aberrant thieves in the night rather than inevitable consequences of the economic machine. Iris E Sommer, ‘Are we a step further toward a useful biomarker?’, *Schizophrenia Bulletin*, 41:6 (2015) 1223, p.1223

⁶ Emil Kraepelin, *Dementia Praecox and Paraphrenia*, trans. by R Mary Barclay (New York: Robert E Krieger Publishing, 1971) [1913], p.41

⁷ Kraepelin, p.62

⁸ Kraepelin, p.66

⁹ Kraepelin, p.224

¹⁰ Roland Barthes, *Elements of Semiology*, trans. by Annette Lavers and Colin Smith (New York: Hill and Wang, 1977), p.41

¹¹ Charles Nemeroff, Daniel Weinberger, Michael Rutter, Harriet MacMillan, Richard Bryant, Simon Wessely, Dan Stein, Carmine Pariante, Florian Seemüller, Mihcael Berk, Gin Malhi, Martin Preisig, Martin Brüne and Paul Lysaker, ‘*DSM-5*: a collection of psychiatrist views on the changes, controversies, and future directions’, *BMC Medicine* 11:202 (2013) <<http://www.biomedcentral.com/1741-7015/11/202>> [accessed 20 March 2014]

schizophrenia. Where *DSM* leads, the World Health Organisation's *International Classification of Diseases (ICD)* most often follows. *DSM* – only officially used in US diagnostics – generates the column inches, but *ICD* is the coding system employed throughout the rest of the world. *ICD-11* was originally planned for rollout in 2012. This was later revised to 2015 and, at the time of writing, had been pushed back until 2018.¹² But the psychiatric consensus seems to be fraying. *ICD-11* in its beta form (which is tattooed with capitalised caveats that it is not approved by WHO, may be subject to considerable change before publication and should not be used for coding) makes an unprecedented distinction between first episode, multiple episodes and continuous schizophrenia.¹³ A now notorious blog post on the eve of the publication of *DSM-5* by then-director of the US National Institute of Mental Health (NIMH) Thomas Insel announced the launch of a rival diagnostic system, the Research Domain Criteria (RDoC) with the rallying battle cry that '[p]atients with mental health disorders deserve better.'¹⁴ (Only two weeks later, Insel published a joint statement with the president of the APA downplaying the depth of any doctrinal schism between the two organisations.¹⁵ In late 2015, Insel departed the NIMH for Google Life Sciences.)¹⁶

Given that psychiatry has 'produced not less than 40 definitions' of this 'elusive entity,'¹⁷ it is not difficult to dismiss each of these multilateral revisions as yet another "rearrangement of the furniture" of the various diagnostic possibilities.¹⁸ Yet there is especial professional curiosity, or anxiety even, over what may change in relation to schizophrenia. In particular, the validity of the diagnostic *Spaltung* between the thought disorder of schizophrenia and the mood disorder of bipolar disorder was strongly contested in advance of the *DSM-5* revisions, by Fischer and Carpenter (2009),¹⁹ Talya Greene (2007),²⁰ and a thematic collection of papers on 'deconstructing

¹² According to the World Health Organisation. *International Classification of Diseases (ICD) Information Sheet* <<http://www.who.int/classifications/icd/factsheet/en/>> [accessed 12 June 2015]

¹³ *The International Classification of Diseases (ICD-11) Beta Draft*, &A50 Schizophrenia <<http://apps.who.int/classifications/icd11/browse/l-m/en#/http%3a%2f%2fid.who.int%2fid%2fentity%2f1683919430>> [accessed 12 June 2015]

¹⁴ Thomas Insel, 'Director's blog: transforming diagnosis', 29 April 2013, <<http://www.nimh.nih.gov/about/director/2013/transforming-diagnosis.shtml>> [accessed 15 January 2016]

¹⁵ Thomas Insel and Jeffrey Lieberman, 'DSM-5 and RDoC: shared interests', 13 May 2013, <<http://www.nimh.nih.gov/news/science-news/2013/dsm-5-and-rdoc-shared-interests.shtml>> [accessed 15 January 2016]

¹⁶ In his departing statement he claimed: '[t]he Google philosophy has been to seek a 10x impact on hard problems. I'm looking forward to a 10x challenge in mental health.' Patients with mental health disorders certainly deserve better prose. 'Dr Tom Insel to step down as NIMH director', <<http://www.nimh.nih.gov/about/dr-tom-insel-to-step-down-as-nimh-director.shtml>> [accessed 15 January 2016]

¹⁷ Lennart B Jansson and Josef Parnas, 'Competing definitions of schizophrenia: what can be learned from polydiagnostic studies?' *Schizophrenia Bulletin*, 33:5 (2007) 1178-1200, p.1178

¹⁸ Allen Frances, Head *DSM-IV* taskforce, 'A warning sign on the road to *DSM-V*: beware of its unintended consequences', *Psychiatric Times*, 26 June 2009 <<http://www.psychiatrictimes.com/articles/warning-sign-road-dsm-v-beware-its-unintended-consequences>> [accessed 10 January 2015]

¹⁹ Bernard A Fischer and William T Carpenter Jr, 'Will the Kraepelinian dichotomy survive *DSM-V*?', *Neuropsychopharmacology*, 34 (2009), 2081-2087

²⁰ Talya Greene, 'The Kraepelin dichotomy: the twin pillars crumbling?' *History of Psychiatry*, 18:3 (2007) 361-379

psychosis' in the *Schizophrenia Bulletin* (2007)²¹ to name a few. This poses a question at the heart of this thesis: what is meant by the word 'schizophrenia'? And what might come to be meant by it in the wake of *DSM-5* and *ICD-11*?

Who can define schizophrenia? Mark Vonnegut's quotation above demonstrates the frustration of those with a diagnosis of schizophrenia at being excluded from the debate. He was speaking in response to an influential paper by North and Cadoret (1981) which retrospectively re-diagnosed five memoirists self-identifying as schizophrenic, of whom Vonnegut was one.²² Vonnegut himself acutely embodies the problem of Kraepelin's dichotomy: for his first memoir, *The Eden Express* (1975) his diagnosis was schizophrenia; for his second, *Just Like Someone Without Mental Illness Only More So* (2010) it was bipolar disorder.²³ North and Cadoret explicitly re-diagnose Vonnegut because he recovered and hence, '[h]e fits best into the category of bipolar affective disorder, which according to the *DSM-III* has a more favourable prognosis for remission.'²⁴ Because Vonnegut recovered, he could not have had schizophrenia. The inevitable progressive nature of Kraepelin's original dementia remains. For the concept to work, cure cannot happen.²⁵ Schizophrenia departs from the individual, in order to preserve itself. To corrupt the Epicurean aphorism: where cure is, schizophrenia is not. Truthfully, this is no departure of schizophrenia. Rather the subject *qua* cured subject is banished from the realm (discursive and clinical) of schizophrenia.

Cure is not the only exile from this terrain. Schizophrenia admits no rivals. On 24 August 2012, Anders Behring Breivik was found by a Norwegian court to be sane (precisely, non-psychotic but 'suffering from "narcissistic personality characteristics"'²⁶) when he killed 77 people and wounded 242 more on 22 July 2011. According to the UK *Guardian*, 'Breivik's mental state

²¹ *Schizophrenia Bulletin*, 33:4, ed. by Carol Tamminga and Jim van Os (2007)

²² Carol North and Remi Cadoret, 'Diagnostic discrepancy in personal accounts of patients with "schizophrenia"', *Archives of General Psychiatry*, 38 (1981) 133-137

²³ In advance of the publication of *DSM-5*, Vonnegut, by now a primary care pediatrician, was unequivocal: '[c]urrent psychiatric diagnosis through the multiple versions of *DSM* has reframed the old arguments but has not had a significant impact on care or outcomes.' Mark Vonnegut, 'Personal reflections on diagnosis', *Journal of Mental Health*, 19:4 (2010) 373-375, p.373

²⁴ North and Cadoret, p.136

²⁵ The diagnostic necessity of an established poor prognosis turns chronology on its head. A position that Philip Thomas, a critical psychiatrist, describes as 'absurd.' Philip Thomas, *The Dialectics of Schizophrenia*, (London and New York: Free Association Books, 1997), p.87

²⁶ 'Anders Behring Breivik: Norway court finds him sane', *BBC Online*, 24 August 2012, <<http://www.bbc.co.uk/news/world-europe-19365616>> [accessed 06 January 2016]

In what sense Breivik was 'suffering' from this condition – the word being the choice of the BBC journalist rather than a quotation from Judge Wenche Elisabeth Arntzen's verdict – should be left an open question. The status of his sanity varied across reports. For the UK *Telegraph*, he was 'declared sane', whereas the US *CBC News* favoured qualifying speech marks around the word sane.

Chris Irvine, 'Anders Breivik declared sane: live', *Daily Telegraph*, 24 August 2012, <<http://www.telegraph.co.uk/news/worldnews/europe/norway/9496330/Anders-Breivik-declared-sane-live.html>> [accessed 6 January 2016]

"Sane" Breivik sentenced to prison for Norway mass killing', *CBC News*, 24 August 2012, <<http://www.cbc.ca/news/world/story/2012/08/24/norway-anders-breivik-verdict.html>> [accessed 6 January 2016]

constituted the central narrative of the trial.²⁷ Curiously, Breivik, the relatives of his victims, survivors of his attacks and the majority of Norwegians were united in hoping that the court would reject the findings of the first psychiatric assessment of Breivik, which diagnostically ‘found’ that he was a paranoid schizophrenic and psychotic when he committed these crimes. The fear all these parties had in common was that schizophrenia would be unable to share discursive space with any other concepts, specifically: culpability (legal and moral), justice (retributive and restorative) and multiculturalism (loved or loathed). The diagnosis of schizophrenia – as was perhaps the hope of the state prosecutors and certainly the worry of Breivik himself to judge from the above quotation – would allow of no debate of political motivation. As the victims and relatives feared, it would also allow of no emotional resolution.

Breivik’s case illustrates, obliquely, many of the qualities that allow schizophrenia to endure in the public, artistic and clinical imagination: it reflects (in the dual senses of representing and revealing) socio-political concerns including, but not limited to, violence, poverty and racism; it stands at a point of intersection between legal, medical and philosophical categorical systems; it defies fixed definition whilst condemning the recipient to an immutable, inescapable fate in its posited incurability (the residue from the progressive dementia element to Kraepelin’s historic dementia praecox formulation). A diagnosis of schizophrenia functions, then, as an inviolable full stop, and a vanishing point for all other discourses.

But the diagnostic process has a dual perspective. The diagnosis is ‘the opinion arrived at as to the nature of a disease’²⁸ yet, in the form of the working diagnosis, it is also the assumption that allows the journey towards that point of arrival. In this respect, the diagnosis is not merely preliminary but also pre-emptive, presumptive and predetermining. The narrative of the disease can then be written in response to the predestinarian diagnosis. The disease is excavated for the scars that mirror the marks cast by the *ur*-diagnosis. If ‘a letter always arrives at its destination’²⁹, so the diagnostic arrow always finds its mark.

This is especially evident in Freud’s 1911 case study of Daniel Paul Schreber, ‘one of the most frequently discussed patients in medical history.’³⁰ Schreber plays Hamlet³¹ in the tragic history of schizophrenia, and his enigmatic and beguiling memoir constitutes a (contested) emblem of the condition. For Freud, ‘the wonderful Schreber ... ought to have been made a professor of

²⁷ Mark Townsend, ‘Breivik verdict: sanity the issue at centre of Norway’s mass murder trial’, *Guardian*, 24 August 2012, <<http://www.guardian.co.uk/world/2012/aug/24/anders-breivik-verdict-sanity-trial?intcmp=239>> [accessed 06 January 2016]

²⁸ *Black’s Medical Dictionary*, ed. by Harvey Marcovitch, 41st edn (London: A&C Black, 2005) p.196

²⁹ Jacques Lacan, ‘Seminar on “The Purloined Letter”’, eds John P Muller and William Richardson, *The Purloined Poe* (Baltimore: Johns Hopkins University Press, 1988) p.53

³⁰ Richard P Bentall, *Madness Explained: Psychosis and Human Nature* (London: Penguin, 2004) p.294

³¹ It is a comparison he makes himself. Daniel Paul Schreber, *Memoirs of My Nervous Illness*, ed. and trans. by Ida Macalpine and Richard A Hunter (New York: New York Review Books, 2000), p.186

psychiatry and director of a mental hospital.³² But then Freud reads Schreber primarily as an illustrative example of the universal applicability of psychoanalysis:

He [Schreber] himself not infrequently presses the key into our hands ... we have only to follow our usual psycho-analytic technique ... and we find ourselves in possession of ... a translation of the paranoiac mode of expression in to the normal one.³³

When applying a master-key of interpretation, naturally, ‘we find ourselves in possession of what we are looking for.’³⁴ Without pre-empting the more detailed analysis of Freud’s reading of Schreber in chapter one, it is safe to state that the paucity of the Freudian key as an ‘explanation’ of schizophrenia³⁵ is apparent in its core diagnosis of cause: paranoia as a neurosis of defence against latent, passive homosexuality.³⁶ Contemporary with Freud’s analysis it was ‘calumny, to charge a man ... with homosexuality’³⁷. Now it is merely banal, and nonsensical. In Western Europe, the social stigma around homosexuality specifically – or expressions of object-libido more generally – vital to fuelling Freud’s posited repressive, defensive pathological paranoia, has diminished significantly. Schizophrenia endures.³⁸

However, the diagnosis is in crisis, and the dialectic between psychiatry’s organised nosological responsive movements and the socio-cultural redefinitions of who and what might be permissible objects of mind doctoring is well expressed in David Pilgrim’s assertion that ‘*DSM* can be read as a revisable political manifesto for the psychiatric profession, as well as a scientific document.’³⁹ The historic birthing tension between the Kraepelinian neurological progressive brain disease and the Bleulerian psychological, episodic, split mind remains. A quarter of a century has passed since Bentall *et al* declared – with irony – the concept of schizophrenia dead⁴⁰ and, in a paper rigorously contesting the reliability and validity of the diagnostic term, concluded that: ‘[i]t

³² *The Freud/Jung Letters: The Correspondence Between Sigmund Freud and C. G. Jung*, ed. by William McGuire, trans. by Ralph Manheim and R. F. C. Hull (Princeton: Princeton University Press, 1974) p.311

³³ Sigmund Freud, ‘Psycho-analytic Notes on an Autobiographical Account of a Case of Paranoia (Dementia Paranoides)’, in *The Standard Edition of the Complete Psychological Works*, XII, trans. by James Strachey (London: The Hogarth Press, 1958) pp.1-88 (p.35)

³⁴ Freud, *SE* XII, p.35

³⁵ Freud diagnoses Schreber with paranoia, which ‘should be maintained as an independent clinical type’ from dementia praecox. However, as James Strachey notes, Freud increasingly conflated the two under the term paraphrenia. (Freud, *SE* XII, p.76) The *DSM-5* with its removal of the paranoid subtype of schizophrenia has arguably performed a similar move.

³⁶ Freud, *SE* XII, p.4

³⁷ Freud, *SE* XII, p.43

³⁸ Indeed, this speaks to a central error of psychoanalysis: mistaking a socially informed behavioral ideology for something called the unconscious. As such, there can be no trans-historical anxiety about homosexuality, for example. Soviet semiotician Vološinov makes this point directly: ‘The content and composition of the unofficial levels of behavioral ideology (in Freudian terms, the content and composition of the unconscious) are conditioned by historical time and class to the same degree as are its levels “under censorship” and its systems of formulated ideology (morality, law, world outlook). For example, the homosexual inclinations of an ancient Hellene of the ruling class produced absolutely no conflicts in his behavioral ideology; they freely emerged into outwards speech and even found formulated ideological expression (e.g., Plato’s *Symposium*).’ V N Vološinov, *Freudianism: A Marxist Critique*, trans. by I R Titunik (London and New York: Verso, 2012) [1927] p.145

³⁹ David Pilgrim, ‘The survival of psychiatric diagnosis’, *Social Science and Medicine*, 65 (2007) 536–547, p.538

⁴⁰ Richard Bentall, H Jackson and David Pilgrim ‘The concept of schizophrenia is dead: Long live the concept of schizophrenia?’, *British Journal of Clinical Psychology*, 27 (1988) 329-331

may be more realistic to accept that 'schizophrenia' is not a useful scientific category and that for all these years researchers have been pursuing a ghost within the body of psychiatry.⁴¹

As this thesis will demonstrate, nothing has been exorcised. The haunting continues.

⁴¹ R Bentall, H Jackson and D Pilgrim 'Abandoning the concept of 'schizophrenia': Some implications of validity arguments for psychological research into psychotic phenomena', *British Journal of Clinical Psychology*, 27 (1988) 303-324 p.314

Why semiotics?

Idealism and psychologism alike overlook the fact that understanding itself can come about only within some kind of semiotic material (e.g., innerspeech), that sign bears upon sign, that *consciousness itself can arise and become a viable fact only in the material embodiment of signs*.⁴²

[T]he medical sign [...] obviously refers to a signified; it is for this reason that it is a sign; there is a signified or, in any case, for several signs it is possible to postulate a signified; this signified is nosographic, it is the named disease which is given through the sign or signs; consequently we are indeed dealing, in the medical context, with an entirely orthodox sign from the point of view of composition, *i.e.*, with a kind of two-faced unit, of which one hidden face, still to be discovered and to be named, is by and large the disease, and one exteriorized face, materialized, eventually fragmented into several signifieds, is to be constructed, interpreted, given a syntax, etc.⁴³

Before semiotics was semiotics, it was medicine. As semioticians Thomas Sebeok and Marcel Danesi (2000) note, ‘in its oldest usage, the term *semeiotics* was coined by Hippocrates [...], the founder of Western medicine, to designate the study of particular types of *forms* – bodily symptoms.’⁴⁴ Sebeok considers Galen, with his distinctive fusion of Platonism and empiricism to be ‘a subtle founder of clinical semiotics [...] [and] the first “scientific” semiotician.’⁴⁵ Famously, for Foucault, this medical *semeiotics* was a semiotics in name only and it was not until the epistemological and socio-historical shift – the *épistème* – of the European Enlightenment that medicine became semiotic; ‘a grammar of signs [...] replaced a botany of symptoms.’⁴⁶ Any thesis would be on shaky ground placing post nineteenth-century theories of semiotics into direct dialectic with pre-modern medical diagnostic and epidemiological texts and practices. However, in restricting itself to ‘schizophrenia’ – and by connotation modern, psychiatric accounts of ‘madness’ – this thesis places two socio-historically co-existent discourses into dialectic: whilst Charles Sanders Peirce was formulating his tripartite model of the sign in the closing years of the nineteenth century, Kraepelin was revising the sixth edition of his *Psychiatrie* to include dementia praecox; whilst Bleuler began using his new coinage of schizophrenia in lectures and papers from 1907⁴⁷ at Burghölzli at the University of Zürich (culminating in the publication of *Dementia Praecox, oder Gruppe der Schizophrenien* in 1911),⁴⁸ Ferdinand de Saussure was expounding his theory of linguistic semiology not far away at the University of Geneva (running from 1907 to 1911, and then

⁴² V N Vološinov, *Marxism and the Philosophy of Language*, trans. by Ladislav Matejka and I R Titunik (London: Seminar Press, 1973) [1930], p.10

⁴³ Roland Barthes, ‘Semiology and medicine’ [1972] trans. by Richard Howard, in *The Semiotic Challenge* (Oxford: Basil Blackwell, 1988) pp.202-213 (p.205)

⁴⁴ Thomas A Sebeok and Marcel Danesi, *The Forms of Meaning: Modeling Systems Theory and Semiotic Analysis*, (Berlin and New York: Mouton de Gruyter, 2000), p.2

⁴⁵ Thomas A Sebeok, *I Think I Am A Verb: More Contributions to the Doctrine of Signs* (New York: Plenum Press, 1986), p.52

⁴⁶ Michel Foucault, *The Birth of the Clinic*, trans. by A M Sheridan (Abingdon: Routledge, 2010) [1963], p.xx

⁴⁷ Bentall, *Madness Explained*, p.21. The arrival of Jung, and – by extension – psychoanalysis, at Burghölzli in 1900 can be taken as the moment of inception for Bleuler’s associationist model of psychosis. Bleuler is explicit about this in the preface to his account of the ‘schizophrenias’: ‘An important aspect of the attempt to advance and enlarge the concepts of psychopathology is nothing less than the application of Freud’s ideas to dementia praecox.’ Eugen Bleuler, *Dementia Praecox or the Group of Schizophrenias*, trans. by Joseph Zinkin (New York: International Universities Press, 1950) [1911], p.2

⁴⁸ ‘This work was completed in the summer of 1908’ (Bleuler, p.2) and published in German in 1911. The same year also saw the publication of Freud’s landmark study of Schreber.

posthumously published in 1916).⁴⁹ The self-same cultural, material conditions gave birth to the concept of ‘schizophrenia’ and the semiotic sign. Further, this thesis’ dialectic approach is established on what should steadily appear to the reader as a sound assumption: the conceptualisation, construction and communication of the ‘disease’ of ‘schizophrenia’ shares more territory with contemporary semiotics than with empirical medicine.

Before answering ‘why semiotics’ it is perhaps necessary to first ask ‘which semiotics?’ In the face of the historic *Spaltung* between the logical, mathematical semiotic philosophy of Peirce or the socio-cultural, linguistic semiology of Saussure, this thesis adopts a position that is, in the spirit of Thomas Sebeok, staunchly ecumenical.⁵⁰ In English-language cultural and literary studies, Saussure’s semiology and the model of the sign as an indivisible ‘two-sided psychological entity’⁵¹ is the better-known doctrine; the two sides being the signifier (a sign vehicle, comprising phonemes and morphemes) and the signified (the conceptual content of the sign that remains inexpressible directly without its unity with the signifier).⁵² Saussure, somewhat paradoxically, defined semiology as ‘a science *which studies the role of signs as part of social life*’⁵³ and yet proceeded to rigorously separate out a linguistic object of study – the *langue* – and linguistic, individual psychological entities (the speaking and listening agents) from any social context. Similarly, in his absolutist division between synchronic and diachronic linguistics, he detaches the social from the historical. Vološinov provides a full Marxist rebuttal of this ‘abstract objectivism [... which] regards history as an irrational force distorting the logical purity of the language system.’⁵⁴ For the purposes of this thesis, it suffices to raise the well-rehearsed Saussurean paradox identified by William Labov: ‘the social aspect of language [*langue*] is studied by observing any one individual, but the individual aspect [*parole*] only by observing language in its social context.’⁵⁵ The hyper-abstractism and solipsism of the Saussurean model, where universal laws are (groundlessly) extrapolated from idiosyncratic experience, should remind any reader of the cosmology of Schreber, or the delusional belief systems of any ‘schizophrenic.’ This thesis’ use of the Saussurean sign will be temperamentally Marxist, in that it will insist on re-integrating history with social conditions to provide a degree of contextual motivation to signification, in contrast to Saussure’s wholly arbitrary relation between signifier and

⁴⁹ Winfried Nöth, *Handbook of Semiotics*, (Bloomington: Indiana University Press, 1995), p.56

⁵⁰ Thomas Sebeok, ‘Ecumenicalism in semiotics’, in *A Perfusion of Signs*, (Bloomington and London: University of Indiana Press, 1977) pp.180-206

⁵¹ Ferdinand de Saussure, *Course in General Linguistics*, trans. by Roy Harris (London: Duckworth, 1998) [1972], p.66

⁵² This is a bare-bones, year-zero Saussurean definition. Frederic Jameson offers a succinct and valuable account of the post-structuralist Saussurean relationship between signifier and signified: ‘meaning is not a one-to-one relationship between signifier and signified, between the materiality of language, between a word or a name, and its referent or concept. Meaning on the new view is generated by the movement from signifier to signifier. What we generally call the signified – the meaning or conceptual content of an utterance – is now rather to be seen as a meaning-effect, as that objective mirage of signification generated and projected by the relationship of signifiers among themselves.’ Frederic Jameson, *Postmodernism, or, The Cultural Logic of Late Capitalism*, (Durham, NC: Duke University Press, 1997), p.26

⁵³ Saussure, p.15

⁵⁴ Vološinov, *Marxism*, pp.58-63

⁵⁵ William Labov, *Sociolinguistic Patterns* (Philadelphia: University of Pennsylvania Press, 1972), p.186

signified,⁵⁶ and in that it will posit sign-production as an inherently collective act. This thesis will also be loosely post-structuralist in attitude, accepting the critique that the ‘fine streaks of rain’⁵⁷ attempting to bring some fixity on the ‘amorphous’⁵⁸ planes of signifier and signified are indeed ‘insubstantial’⁵⁹ and cannot hold back the forces of ambiguity, which in fact are a necessary constituent dynamic in signification.

Post-structuralist thought has been more generous towards Peirce and his semiotics.⁶⁰ Any broad church of semiotics must take Peirce’s open definition of the sign as its methodological and philosophical foundation: ‘a sign [...] is something that stands to someone for something in some respect or capacity.’⁶¹ However, Peirce is here describing only the sign as *Representamen*, quasi-isomorphic with Saussure’s better-known concept of the signifier and only one element in Peirce’s tripartite sign, comprising *Representamen*, *Object* and *Interpretant*. The definition of the *Object* is easy to guess at and is similarly quasi-isomorphic with Saussure’s signified. The nature of the Peircean sign will be explored in more depth and detail through this thesis, but it is necessary before embarking to explain succinctly how Peirce offers a sign that is intrinsically more dynamic and mutable than Saussure’s, and consequently well-suited to the analysis in this thesis.

The presence of the *Interpretant* within the Peircean sign is integral to one of the core benefits the semiotic method can bring to medical epistemology in general, and the epidemiology of schizophrenia specifically. It critiques and exposes the blind epistemology assumptions that Foucault’s analysis identifies and – by the nature of the semiotic perspective – creates a schism between supposedly ‘hard’ transcendent knowledge and facts, and mutable signification that is necessarily contingent on its temporal and material context(s). As Brands, Franck and Leeuwen note: ‘[t]he use of the semiotic approach can avoid universalist discussions about the objective truth of propositions.’⁶² Importantly, semiotics is concerned with meaning rather than truth. Truth is a metaphysical concept, and by nature tyrannically monological. It admits no alternatives by its definition. Conversely, signs (be it symptoms, diseases, texts or whole lives) can exhibit a

⁵⁶ ‘No one disputes the fact that linguistic signs are arbitrary.’ This thesis prefers to consider them under-motivated or – as it may be that their socio-historical motivations are not instantly apparent, though nonetheless extant within the sign – inexplicitly or obscurely motivated. Mitigating the obscurity of signs is what this thesis means by complicity in the semiotic. Saussure, p.68

⁵⁷ Jacques Lacan, ‘The instance of the letter in the unconscious’, in *Écrits: The First Complete Edition in English*, trans. by Bruce Fink (New York and London: W.W. Norton & Company, 2006), pp.412/493-441/528 (p.419/502) (*Écrits* page references are for English translation and French original: English/French.)

⁵⁸ Saussure, p.111

⁵⁹ Lacan, p.419/503

⁶⁰ In part, perhaps, because it does not like to acknowledge the extent of its debt to a nineteenth-century American logician. Derrida’s metaphysics of presence and denial of the transcendental signified are natural, logical sequelae to Peirce’s concepts of the *Interpretant* and the inherent recursive signification of his triadic sign. So, Derrida is rather underplaying things to state that ‘Peirce goes very far in the direction that I have called the deconstruction of the transcendental signified, which, at one time or another, would place a reassuring end to the reference from sign to sign.’ Jacques Derrida, *Of Grammatology*, trans. by Gayatri Chakravorty Spivak (Baltimore: The Johns Hopkins University Press, 1997) [1967], p.49

⁶¹ Charles Sanders Peirce, ‘Logic as semiotic: the theory of signs’, in *Philosophical Writings of Peirce*, ed. by Justus Buchler (New York: Dover Publications, 1955) pp.98-119 (p.99)

⁶² Martien Brands, Dorothea Franck and Evert Van Leeuwen, ‘Epistemology and semiotics of medical systems: a comparative analysis’, *Semiotica*, 132:1 (2000) 1-24, p.7

polyphony of meanings. Inherent within semiotics is a recognition that meaning is a collaborative product. No sign means without an input of signification from an *Interpretant* which is necessarily a fusion of a real socio-historical individual and their socio-historical context as a dynamic functional space. This is vital: the *Interpretant* is not merely a person receiving the sign, and semiotics is not a quasi-scientific reader-response theory. The *Interpretant* is a component of the indivisible sign. There is a reciprocal establishing relationship between the sign and its *Interpretant*.

What does the semiotic approach entail, then? From the outset, do away with everything metaphysical, a category which includes all psychology of the unconscious or the unseen. Such metaphysics often come well disguised. The mind no more has binary switches for Universal Grammar⁶³ or filing cabinets for the storage and retrieval of lexical items and semantic concepts⁶⁴ than it does orgone energy or a *Nom du père*. Or divine rays or microchips for that matter.⁶⁵ Chomsky may be able to talk confidently of organs of the mind, as if they were more than an illustrative phantom of his imagination, but most ‘schizophrenics’ would learn to be more circumspect for fear of earning an unscheduled depot injection.⁶⁶ There is nothing metaphysical, *per se*, in speculating about the theory of mind of a person, and how that might provide explanatory context for their actions or utterances, or have predictive power in relation to their response to the actions and utterances of others. But there is something metaphysical about misreading this heuristic fiction as mythic fact. (Fiction, in that whilst the other person, in position of addressee, most certainly has a mind, it will not be precisely that as imagined by the person in position of addresser, or vice versa.) Psychology strays into metaphysics, from the semiotic point of view, the moment it departs from what is materially recoverable from the form and content of the triadic sign. There is no reason to suppose the existence of unknowable, unseeable material, except for the purposes of intellectual convenience. When psychoanalysis dismisses auditory verbal hallucinations as the phantom of the super-ego, it sees its own deity in drag.

Rather than discussing psychology and phenomenology, semiotics talks of subjects within a *socius*, of signs of all materialities, and most commonly, of language. Following Vološinov and Lev Vygotsky, this thesis adopts the attitude that language is a semiotic process of constructing subjects and indoctrinating them into a dominant, collective regime of signs. As Jean-Jacques Lecercle (2006) summarises:

⁶³ ‘We may think of UG as an intricately structured system, but one that is only partly ‘wired-up’. The system is associated with a finite set of switches, each of which has a finite number of positions (perhaps two).’ Noam Chomsky, *Knowledge of Language: It’s Nature, Origin and Use* (New York: Praeger, 1986), p.146

⁶⁴ ‘Think of your head as containing (*inter alia*) an arbitrarily large filing cabinet, which can in turn contain an arbitrarily large set of files, which can in turn contain an arbitrarily large number of memos.’ Jerry Fodor, *LOT 2: The Language of Thought Revisited* (Oxford: Oxford University Press, 2008), p.94 (Advice: *never* think that.)

⁶⁵ It is no less fantastical to imagine a computer in the brain than a parent or a God. At least one can admire the florid audacity of psychoanalysis.

⁶⁶ Chomsky started talking about ‘mental organs’ in the 1970s and now prefers ‘cognitive organs.’ See Noam Chomsky, *Language and Responsibility* (Sussex: The Harvester Press, 1979) for the former; for the latter, Noam Chomsky, ‘Of minds and language’, *Biolinguistics*, 1 (2007) 9-27.

Language is at once the expression and form of constitution of the human collectivity; it attests to the fact that among human beings, one never begins with the individual, but always with the *socius*, from which the individual emerges through a process of individuation which is a process of subjectivation by interpellation.⁶⁷

More recently, social semiotics has expanded the reach of semiotics by comprehensively transcending the linguistic or intentionally representational, and stripped the esotericisms from the discourse. Consider this concise account from Kress:

‘Social semiotics’ [...] rests on several fundamental assumptions: signs are always newly *made* in social interaction; signs are *motivated*, not *arbitrary* relations of meaning and form; the motivated relation of a *form* and a *meaning* is based on and arises out of the *interest* of makers of signs; the forms/signifiers which are used in the making of signs are *made* in social interaction and become part of the semiotic resources of a culture.⁶⁸

This cultural situatedness (which also subsumes within it a more localised, biological situatedness)⁶⁹ is an alternative to a psychologism that relies on unverifiable assumptions about minds (others and one’s own), or a phenomenology that reduces everything to introspection and relativism that petrify judgement. Yuri Lotman’s theory of the semiosphere, and the biosemiotic tradition of the *Umwelt*, both offer models of semiotics that ensure a critical detachment from truth, in favour of meaning generation, which does not have to fold back into a bootless, solipsistic ideology of the individual.⁷⁰ As the Teutonic term suggests, *Umwelt* has its conceptual roots in the psychologism and phenomenology of early twentieth century Europe, with its first proto-semiotic formulation coming with Jacob von Uexküll’s *Umwelt und Innerwelt der Tiere* (1909).⁷¹ Semiotic thinking, and the imperative to integrate the biological, the social and the phenomenological under one holistic theory of signification, has progressively refined this concept. Biosemiotician Jesper Hoffmeyer (1996) posits the *Umwelt* as ‘patterns of interpretation’ that are trans-personal and dialectically adjusting, whilst enduring, through socio-historical contexts: ‘[t]he *umwelt* is the representation of the surrounding world within the creature.’⁷² All sign relations in this thesis will be interpreted with a sensitivity to the semiosphere which gives rise to them.

This semiotic reading will proceed by two complementary processes: abduction and dialectic. The former term needs some glossing. Insofar as this thesis makes a partial (in both senses) descriptive account of ‘schizophrenia’ including its aetiology, cultural and medical reception and representations, and symptomatology from both the phenomenological and the objective perspectives, it tests its own hypotheses against qualitative samples and examples that by their

⁶⁷ Jean-Jacques Lecercle, *A Marxist Philosophy of Language*, trans. by Gregory Elliott (Leiden: Brill, 2006), p.195

⁶⁸ Gunther Kress, *Multimodality: A Social Semiotic Approach to Contemporary Communication* (Abingdon and New York: Routledge, 2010), p.54

⁶⁹ Biological situatedness is more localized but not more primary or foundational. It is doubly culturally situated; there is the cultural situatedness of the category of biological situatedness, and the cultural situatedness of the specific instance of biological situatedness.

⁷⁰ For an account of the semiosphere see Yuri M Lotman, *Universe of the Mind: A Semiotic Theory of Culture*, trans. by Ann Shukman (London: IB Tauris, 2001) [1984]

⁷¹ Jacob von Uexküll, *Umwelt und Innerwelt der Tiere* (Berlin: Verlag von Julius Springer, 1909)

⁷² Jesper Hoffmeyer, *Signs of Meaning in the Universe*, trans. by Barbara J Haveland (Bloomington and Indianapolis: Indiana University Press, 1996) [1993], p.58

nature cannot be incontrovertibly assessed. Hence, it is a work of what Peirce would call ‘abductive induction.’ This, by his own reckoning, is but a well-reasoned fusion of ‘guess-work’ and ‘original suggestion.’⁷³ As its other term, retrodution, more keenly suggests, it also entails a degree of reasoning backwards from evidence. Sebeok and Jean Umiker-Sebeok provide an amusing account of this process as practised by Peirce, Holmes and the diagnosing clinician, where reasonable guessing blended with astute observation of barely perceptible signs has all the appearance of ‘extrasensory perception.’⁷⁴ It is important to recognise that abduction forms a (perhaps *the*) central component of Peirce’s semiotic theory. What makes sign relations possible, and what distinguishes the human intellect (and sign-making powers) from that of other species, is the creative, disruptive and collaborative ability to guess brilliantly.

The latter term of dialectics is easier explained, being a familiar intellectual method. It is perhaps well suited to an object of study so self-consciously and explicitly composed of dialectical forces as ‘schizophrenia’. In 1965, David Cooper called for ‘dialectic rationality’ as a strategy for engaging with schizophrenia, describing it as ‘a totalizing activity in which two types of unification are related: the unifying unification (the act of knowing) and the unified unification (the object known).’⁷⁵ In 1997, psychiatrist Philip Thomas similarly posited dialectics as the means of both characterising and resolving contradictions within the epidemiological and sociological accounts of ‘schizophrenia’, the phenomenological experiences of those living with a diagnosis, and his own ‘schizoid’ status as ‘gaoler with a social conscience.’⁷⁶

Though there are few applications of semiotics to psychiatry, these have been potent contributions to the debate. In a 2003 paper, Stepan Davtian and Tatyana Chernigovskaya present semiotics as a depsychologised, non-reductive alternative account of the material claimed by mind-doctoring and psychotherapy (and latterly neurology) as its exclusive purview. As such, it allows for a rephrasing of core questions, opening up to fresh and creative lines of inquiry a discourse that had long since fallen into circularity and echolalia. As they argue: ‘it is important to admit that there are no such mysterious inner causes, but only certain *variants of behaviour* that seem to be abnormal [...] [a] question like “what is the course for schizophrenia?” is a wrong question, as it has no reasonable answer.’⁷⁷ Building on their recasting of an enigmatic, ‘impenetrable darkness’ as adjustments and biases in semiotic mechanisms that are subtle, complex, manifold but inherently and essentially the same – rather than more opaque, more dark, more pathological – as those in people without a diagnosis of schizophrenia, it is possible to frame psychosis as a web of attunements, sensitivities and signifying processes:

⁷³ Charles Sanders Peirce, ‘Abduction and induction’, in *Philosophical Writings of Peirce* pp.150-156 (p.153)

⁷⁴ Thomas Sebeok and Jean Umiker-Sebeok, “‘You know my method’: A juxtaposition of Charles S Peirce and Sherlock Holmes”, in *The Sign of Three*, ed. by Umberto Eco and Thomas Sebeok (Bloomington and Indiana: Indiana University Press, 1983) pp.11-54 (p.44)

⁷⁵ David Cooper, ‘Two types of rationality’, *New Left Review*, 29 (1965) 62-68, pp.64-65

⁷⁶ Thomas, *Dialectics of Schizophrenia*, p.3

⁷⁷ Stepan Davtian and Tatyana Chernigovskaya, ‘Psychiatry in free fall: in pursuit of a semiotic foothold’, *Sign Systems Studies*, 31:2 (2003) 533-546, p.535

Thus, activity deficit becomes the motivating mechanism, the key factor in the development of a disorder being simultaneously its cause and effect. In this respect, a final semiotic equivalent of disease [...] proves to be the simplification of a person's world and behaviour, which is represented as a reduction in the number of perceivable signs (or *olgosemia*) and a decrease in the significance of signs in his life situations, their fragments and in the world as a whole (or *hyposemia*).⁷⁸

Chernigovskaya (2004) argues that the human brain functions as a sign-rendering organ for managing the welter of sensory chaos constitutive of the world. To succumb to this deluge of data is to experience the world with the mediating *Umwelt* intact, and to see it in all its hypersemic glory.⁷⁹ Such ideas shall, of course, resurface throughout this thesis.

That the meaning-making, cognitive and psychological processes underpinning the disease entity known as 'schizophrenia' could be defined as semiotic disorders, comprising hyposemic negative symptoms and hypersemic positive symptoms, seems a reasonable preliminary terminological paraphrasing of the problem. What is of note is, firstly, that fine calibrations of hyposemic and hypersemic interpretative tendencies are the discerning 'judgements' fundamentally constitutive of what is collectively endorsed as sanity.⁸⁰ It is also worth adding that the semiotician is – like the 'schizophrenic' – prone to eccentricities and extremes of semiosis, either critically refusing the legitimacy of signs or 'discovering' (in truth, creating, for all signs are created *qua* signs from pre-semiotic material) signs, through the process of their 'analysis' and research.⁸¹ What the semiotician does intentionally, professionally and with social approval, the 'schizophrenic' does reactively, 'pathologically' and in response to and generative of social approbation.

Schizomimesis is a process whereby the discourse of 'schizophrenia' adopts formal qualities that mimetically embody the disease symptomatology. This thesis shall explore this idea, by placing 'schizophrenia' – in all its cultural, phenomenological and medical representations – into dialectic with the theories of semiotics. Each chapter will attend to a different 'symptom' of the 'disease' that can then be formally traced within the discourse and representational semiotic system itself. The five chapters are grouped under three sections. The first section deals with the disease concept, (re)conceptualising 'schizophrenia' as a mutable sign. Chapter one considers thought insertion and influence and the instability of signs in relation to diagnostics and aetiology. Chapter two examines the interplay between the disruptions in so-called 'psychotic' speech and the disorder in the clinical thinking about its diagnostic and epidemiological significance. In the second section, chapter three counterpoints the narrative theories and practice of illness writing with disturbances in ipseity and magical thinking. The third section analyses the structural similarities between

⁷⁸ Davtian and Chernigovskaya, p.541

⁷⁹ Tatiana Chernigovskaya, 'Cognitive struggle with sensory chaos: semiotics of olfaction and hearing', *Semiotica*, 150:1 (2004) 61-75

⁸⁰ Of course, the familiar cultural excuses are made for the deviant semiotic calibrations of children, those with a bio-genetic cognitive impairment and 'geniuses.'

⁸¹ It is more than a coincidence of language that the semiotician and the 'schizophrenic' are both subjects of analysis. What distinguishes the two primarily are socially awarded statuses of authority, agency and autonomy. The semiotician wields analysis; the 'schizophrenic' suffers it.

hallucinations and delusions of reference and cinematic representations of psychosis (chapter four) and deictic relations in therapy, popular culture and society (chapter five).

The politics of this endeavour should be obvious. In labelling the meaning-making manoeuvres inherent in all semiotic cultural, epidemiological, linguistic and inter- and intra-personal communications as ‘schizo’, this thesis belongs to the great emancipatory tradition of early and mid-twentieth century European political and cultural thought, whereby the most alienated figures of society – the impoverished, the ethnic minorities, the ‘mentally ill’ – are taken as emblematic of a humanity riven with the estrangements of capitalism. To universalise is not to belittle. To see absolute equivalence between the structures of thought and meaning labelled ‘schizophrenic’ and those held as *differently* normal is to destigmatise, not to deny. To perceive a continuity, rather than disunity, between human subjects is to foster that very unity. And to see social, economic and historical superstructures as constructive of individual subjects is not fatalism, but an innervating humanism. Just as John Lennon was neither racist nor sexist to declare that ‘woman is the nigger of the world,’⁸² so to see all people, societies and discourse as schizomimetic is to realise that those dismissed as mad are but zones of the greatest translucence, indispensable in the species-old mission of self-knowledge in the face of humanity’s collective opacity.

With journey and ultimate destination already laid before the reader, and with this thesis about to *détour*⁸³ back to the preliminary question of diagnosis, the words of Derrida seem apposite: ‘[s]ince we have already said everything, the reader must bear with us if we continue on a while.’⁸⁴

⁸² John Lennon and Yoko Ono, *Woman is the Nigger of the World* (Apple, 1972)

⁸³ *Détournement* is the dynamic spirit of ‘schizophrenic’, semiotic and – indeed – diagnostic manoeuvres. As Guy Debord and Gil Wolman defined it: ‘Ultimately, any sign or word is susceptible to being converted into something else, even into its opposite.’ Guy Debord and Gil Wolman, ‘A User’s Guide to *Détournement*’, in *Situationist International Anthology*, ed. and trans. by Ken Knabb 2nd edn (Berkeley: Bureau of Public Secrets, 2006) pp.14-21 (p.20)

⁸⁴ Jacques Derrida, ‘Plato’s Pharmacy’ in *Dissemination*, trans. by Barbara Johnson (London and New York: Continuum, 2004) [1972], pp.69-121 (p.71)

I

WORD

Diagnostics and linguistics

Thought Insertion and Formal Thought

Disorder

Chapter One: Prodromal signs of schizophrenia

The question is whether the notion of objective, observer-independent existence holds for the use of conceptual analysis in different cognitive systems such as medical systems. Again the issue of context arises: is a concept such as a disease-category (originated from either nature or the mind) independent of its context, or is it shaped by the experience of illness?¹

But once the sign is constituted, society can very well re-functionalize it, and speak about it as if it were an object made for use: a fur coat will be described as if it served only to protect from the cold.²

For Barthes, the medical symptom was *la substance du signifiant*.³ Indeed, in semiotic terms, the clinical diagnosis – as opposed to a diagnosis underpinned by the epidemiological ‘fact’ of laboratory empiricism – can only be a discovery, or construction, of the signified from the matter (both form and substance to use Hjemslev’s terms) of the signifier. It does not, therefore, seem reasonable to take on faith Sebeok and Danesi’s assertion that the ‘*ymptom* is a natural sign recognizable by virtue of the fact that its signifier is coupled with its signified inside the body’s morphology.’⁴ Or rather, if that description is accepted, then it is not possible to talk of psychiatric symptoms at all.

Barthes’ concept of the sign as given above serves as a critique of the diagnostic term ‘schizophrenia.’ The term itself was ‘constituted’ during the drive in the closing years of the nineteenth century to establish psychiatry as a scientifically valid medical field. Since its constitution, it has been continually re-functionalized, although differently by different social groups. For the *DSM* Task Force, schizophrenia is a biochemical disease of the brain of unknown cause. For social constructionist sceptics, it is a pseudo-scientific invention for endorsing social control and psychiatric science. For those living with a diagnosis, schizophrenia is the unyielding explanation for why they experience the world as they do. In the midst of the perpetual ‘Manichean’ duel between biological psychiatry and social constructionism over the ontological status of ‘schizophrenia’, a semiotic reading can offer a contribution to the ‘muddier, non-doctrinaire accounts of psychiatric diagnosis’ called for by Felicity Callard.⁵

This chapter shall argue that there is a space in the critical discourse for a broad semiotic reading of schizophrenia, and will describe the scope and attitude of such an analysis. It will then apply this reading approach to the diagnostic terms attached to schizophrenia. Finally, it will examine the discourse around three persons from three different countries and centuries who have received contested diagnoses of schizophrenia: James Tilly Matthews, Daniel Paul Schreber and Anders Behring Breivik. This chapter will conclude by asserting that schizophrenia – as a diagnostic term – operates as a Saussurean sign of considerable definitional instability and – like Samuel

¹ Brands, Franck and Leeuwen, p.8

² Roland Barthes, *Elements*, p.42

³ Roland Barthes, ‘Semiology and medicine’

⁴ Sebeok and Danesi, p.21

⁵ Felicity Callard, ‘Psychiatry diagnosis: the indispensability of diagnosis’, *Journal of Medical Ethics*, 40 (2014) 526-530, p.527 Of course, semiotics is doctrinaire, but just not *those* doctrines.

Beckett's catatonic Mr Endon – 'big blooming buzzing confusion of ground, mercifully free of figure.'⁶

Semiotics has not had much success so far in relation to medicine generally, nor schizophrenia specifically. Attempts to apply semiotics to illness have often met with cries of reductionism. What Sebeok called the 'protracted nonage of clinical semiotics' has, with the tenacity of an ice age, only lately shown signs of receding.⁷ Not least, this resistance to semiotics has been due to a misappraisal of what semiotics is. Too often, medical clinicians, researchers, theorists and assorted critical thinkers across the still-fledgling interdisciplinary space of medical humanities, dismiss semiotics as some kind of nomenclatural, reductionist join-the-dots. A diagnostic game of pin the tail on the donkey. This attitude endures in assertions that it is 'impossible to conceive descriptive psychopathology as medical semiology.'⁸ But the semiotics of diagnosis is not as simplistic as this diagnosis of semiotics.

Occasional papers rehearse the case for semiotics in diagnosis. And a semiotics that is more sophisticated than that dismissed by medical anthropologist Arthur Kleinman as follows:

Diagnosis is a thoroughly semiotic activity: an analysis of one symbol system followed by its translation into another ... This interpretative bias to clinical diagnosis means that the patient-physician interaction is organised as an interrogation.⁹

John Nessa explicitly analogises the clinical encounter regarding diagnoses to Peirce's triadic sign whereby '[t]he patient "is" the symptom, the doctor interprets it as a diagnosis, and they both refer to an object which is a disease.'¹⁰ Hoffmeyer draws the same comparison.¹¹ Semiotics, in this sense, is a dialogic, polysemic process of meaning-making, suffused with complexities and ambiguities. The influence of the Vološinov and the Bakhtin school is obvious here.¹² It is not fanciful to imagine clinicians grasping and applying this philosophical approach in their daily practice, as American MD John Burnum wrote just such a paper (1993), noting that rather than blinding medical practitioners to the possible reductionist tendencies in their scientific and therapeutic doctrines, the semiotic method could open them up to critical reflection:

Semiotics warns us that if we are to minimize errors in interpretation, we must remember that medical signs are but symbolic, often ambiguous proxies of truth whose meaning, furthermore, is

⁶ Samuel Beckett, *Murphy* (London: Calder Publications, 1993), p.138

⁷ Sebeok, 'Ecumenicalism', p.190

⁸ Pablo Ramos Gorostiza and Jaime Adan Manes, 'Misunderstanding psychopathology as medical semiology: an epistemological enquiry', *Psychopathology*, 44 (2011) 205-215, p.207

⁹ Arthur Kleinman, *The Illness Narratives* (New York: Basic Books, 1988), p.16

¹⁰ John Nessa, 'About signs and symptoms: can semiotics expand the view of clinical medicine', *Theoretical Medicine*, 17 (1996) 363-377, p.367

¹¹ Hoffmeyer, *Signs of Meaning in the Universe*, p.19

¹² Vološinov and Bakhtin do not often appear in the medical literature. For a novel, but isolated, account of how Bakhtinian appreciation of the social construction of sign relations, and the polyphonic, dialogic nature of the self can provide insights into the doctor-patient interaction see Raimo Puustinen, 'Bakhtin's philosophy and medical practice – toward a semiotic theory of doctor-patient interaction', *Medicine, Health Care and Philosophy*, 2 (1999) 275-281

shaped by its contexts and whose interpretation lies at the mercy of inference and the experience and bias of the individual physician.¹³

Kleinman has sincere humane intent when advocating the exclusion of semiotics from his cross-cultural toolkit for *reading illnesses* (rather than *semiotically pinpointing diseases*).¹⁴ Artificially, given the rich cross-fertilisation between the disciplines of structural anthropology and linguistics, Kleinman seems to posit semiotic decoding of disease signs as a polar opposite to an empathetic reading of illness manifestations: '[d]iagnosis then becomes reductionist, the semiotic interpretation of 'signs' of disease as an entity or object out of "the blooming, buzzing confusion" of illness symptoms.'¹⁵ Arguably, Kleinman does not mean to imply that a semiotic analysis is necessarily reductionist; this criticism he might reserve only for the carving out of a disease entity from a heterogeneous mass of illness symptoms. The reference to William James potentially undermines his argument. For James, the baby's first tentative efforts to differentiate the 'one great blooming, buzzing confusion'¹⁶ are essential in the construction of the individual mind.¹⁷ If this is reductionism, it is also existentially and functionally vital.

Certainly, Burnum's account demonstrates that practitioners are able to apply a semiotic diagnostic reading that appreciates the ambiguity inherent in signs, the complexity inherent in human subjects and the influence of cultural and social context on both signs and subjects. Further, the translation between sign systems is – this thesis shall argue consistently – a part of all communication and narrative building. Diagnosis does not have to be an interrogation; if it does, then so too must understanding a ballet or ordering food in a country where you do not speak the language.

Peter Sedgwick, in his Marxist critique of critical psychiatry *Psychopolitics* (1982), argues one of the defining strengths of RD Laing's landmark text *The Divided Self* (1960) is that it 'provides us with a stunning demonstration of what it means to understand patients as human beings rather than to classify them as instances of a disease.'¹⁸ As Kleinman after him, Laing reinstates the patient's humanity and phenomenology in response to a traditionally reductionist semiotics of diagnosis, here epitomised by Kraepelin. Laing, not without playful irony, re-translates the responses from Kraepelin's alleged exemplar of 'catatonic excitement' and thereby excavates an excoriating,

¹³ John F Burnum, 'Medical diagnosis through semiotics: giving meaning to the sign', *Annals of Internal Medicine* 119:9 (1993) 939-943 p.940

¹⁴ Arthur Kleinman, 'Anthropology and psychiatry: the role of culture in cross-cultural research on illness', *British Journal of Psychiatry*, 151 (1987) 447-454

¹⁵ Kleinman, (1987), p.450

¹⁶ William James, *The Principles of Psychology* (Cambridge, Massachusetts: Harvard University Press, 1981), p.462

¹⁷ Indeed, Lysaker, Johannesen and Lysaker see a failure to be able to pull a solid, if temporary, self from a mass of competing selves as a potential route to schizophrenic psychic loosening, and make this point with the self-same reference. 'Simultaneously, still other self-positions might be evoked without being directly solicited (e.g. self-as-lonely, self-as-misunderstood, etc.). If one failed to negotiate these switches, confusion could easily arise. Even a feeling of dissolution might take over if no stable position presented itself from which one could regard the emerging blooming, buzzing confusion.' Paul Henry Lysaker, Jason K Johannesen and John Timothy Lysaker, 'Schizophrenia and the experience of intersubjectivity as threat', *Phenomenology and the Cognitive Sciences*, 4 (2005) 335-352 p.343

¹⁸ Peter Sedgwick, *PsychoPolitics* (London: Pluto Press, 1982), p.74

coded attack by the patient on the clinician. Laing displaces Kraepelin's 'semiotic' reading of the patient as a collocation of disease signs with his own interpretative translation of the supposedly incomprehensible and meaningless 'schizophrenese'.¹⁹ From here Laing proceeds to define his own phenomenological reading approach as the Gestaltic inverse of the Kraepelinian clinical diagnostic interpretation:

Now it seems clear that this patient's behaviour can be seen in at least two ways, analogous to the ways of seeing a vase or face. One may see his behaviour as 'signs' of a 'disease'; one may see his behaviour as expressive of his existence. The existential-phenomenology construction is an inference about the way the other is feeling or acting.²⁰

Hence, for Laing, Kraepelin's poor semiotic reading of the patient's disease is sufficient to characterise the semiotic approach as necessarily and always reductive. Laing's true target – as Kleinman's – was the dehumanising clinicalism that does not acknowledge the subjectivity of the 'schizophrenic' and the validity of their expressions of their experience.²¹ Ironically, Laing's analysis of Kraepelin's mis-reading – or, perhaps better, mis-construing²² – of his patient echoes Vološinov's semiotic critique of the Freudian analytic encounter, which demonstrated 'that Freud's "dynamics" reflected the psychoanalytical session with its struggle and peripeteia – that social event out of which the patient's verbal utterances were engendered.'²³ Ironic, because Vološinov's *semiotic* reading reveals the reductionism in Freud's *phenomenological* psychology. No diagnostic reading method has the monopoly on reductionism, it seems.

Both Kleinman and Laing make an error intrinsic in the history of schizophrenia, in seeing an unambiguous divide between a right and wrong interpretative stance. As neither the pure biological nor the unmediated psychological can provide a complete pathological picture, neither is it the case that phenomenological so-called empathy has a monopoly on non-dictatorial, exhaustive understanding of the patient in contrast to so-called hierarchical, reductionist semiotic dissection. Consider how Laing's own reasoning implodes. He is correct to say that any diagnostic reading armed only with a deep knowledge of 'the psychopathology of schizophrenia' will not succeed in understanding the individual patient:

Such data are all ways of *not* understanding him. To look and to listen to a patient and to see 'signs' of schizophrenia (as a 'disease') and to look and to listen to him simply as a human being are to see and to hear in as radically different ways as when one sees, first the vase, then the faces in the ambiguous picture.²⁴

¹⁹ This thesis' choice of 'schizophrenese' as a term will be explained in the next chapter.

²⁰ RD Laing, *The Divided Self* (London: Penguin, 1990), pp.30-31

²¹ Kraepelin's approach to his patient projects onto him that very '*lack of ontological autonomy*' (Laing, p.56) central to Laing's conceptualizing of schizophrenia. In this way, Kraepelin renders his patient schizophrenic, simply by the process of denying his utterances meaning. Similarly, Laing's phenomenological insights may not be describing the condition of experiencing schizophrenia so much as the condition of being diagnosed and thereby constructed as a Kraepelinian schizophrenic.

²² And, of course, Kraepelin should see signs that support his disease conception, just as Laing sees signs that support his critical psychiatry, for in semiotics, it is the addressee who constructs the signs from the undifferentiated data received (the Jamesean 'blooming, buzzing confusion'). 'The inner constitution of the sign reveals the *interest* of the maker of the sign.' Kress, p.65

²³ Vološinov, *Freudianism*, p.139

²⁴ Laing, p.33

Logically, the phenomenological reading – whether it produces either vase or faces – is no less reductionist than the semiotic reading. Neither renders the ‘ambiguous picture’ complete. By Laing and others, semiotics is conflated with Kraepelinian biologist reductionism. This is a dual fallacy. First, the two are in no sense the same methodology. It should not be the burden of this thesis to disprove this unjustified allegation of equivalence. Both Laing and Kleinman, very much in Laing’s wake, use semiotics as a descriptive metaphor for the biological approach. For them, or at least for their arguments, semiotics is merely a ‘medical semiotics (connecting signs and symptoms to an illness).’²⁵ The signs are purely indexical in the sense of Peirce’s ‘second trichotomy’: iconic, indexical and symbolic.²⁶

The reductive equivalence suggested between semiotics and a medical semiotics of indexical signs should be suitably undermined by the observation that semiotics could just as easily be adopted as a metaphor for the phenomenological reading. This is because semiotics enters at the point at which the clinician (whether with an existential-phenomenological or a biological diagnostic intent) begins ‘to look and to listen’. In no sense does semiotics, as a methodology, proscribe what can and cannot be looked at or listened to. Secondly, and this is surely axiomatic, no methodology is inherently reductionist. Only if applied dogmatically to find a pre-supposed conclusion or applied to the exclusion of all other methodologies does it become so. Existential-phenomenological approaches to schizophrenia prove no freer from the seduction of the interpretative master key than the biological-diagnostic approaches. Further, semiotics provides a unifying methodological structure that can encompass and synthesise these two – and the myriad other – modes of reading schizophrenia. Psychoanalyst David Olds recognises the ‘unifying, syncretic properties of semiotic theory’²⁷ and sees the potential for ending the Cartesian dualism of body/brain versus psyche/mind in interpreting ‘the *sign* to be a concept basic to both biology and psychology, much as the inorganic molecule is to chemistry and the atom to physics.’²⁸ Olds aims at:

[A] plausible explanation of the mind-brain distinction, such that psychology and psychoanalysis have a firm foundation on a principle, operative throughout the living world, from the bottom to the top, from the molecule to the mind. The principle is that of *semiosis*, in which one thing can stand for another.²⁹

In this, Olds is very much of the biosemiotic tradition of Hoffmeyer, and adopts a holistic, post-structuralist semiotics in keeping with that of this thesis.

²⁵ Lanin-Kettering and Harrow (1986), pp.15-16

²⁶ Pierce, ‘Logic as semiotic’, p.102 That psychosis itself is interpreted as an indexical sign in the medical semiotic psychiatric diagnosis, rather than as a condition in its own right, is given as a truism by Fischer and Carpenter: ‘Psychotic experience is to the diagnosis of mental illness as fever is to the diagnosis of infection – important, but non-decisive in differential diagnosis.’ Bernard A Fischer and William T Carpenter Jr, ‘Will the Kraepelinian dichotomy survive *DSM-V?*’, *Neuropsychopharmacology*, 34 (2009), 2081-2087, p.2081

²⁷ David D Olds, ‘A Semiotic model of mind’, *Journal of the American Psychoanalytic Association*, 48 (2000) 497-529, p.499

²⁸ Olds, p.500

²⁹ Olds, p.500

Structural anthropologist Lévi-Strauss describes the structuralist approach as ‘the quest for the invariant, or for the invariant elements amongst superficial differences’³⁰. His assessment could be a critique of the struggle to establish the epidemiology of schizophrenia:

Science has only two ways of proceeding: it is either reductionist or structuralist. It is reductionist when it is possible to find out that very complex phenomena on one level can be reduced to simpler phenomena on other levels. For instance, there is a lot in life which can be reduced to physiochemical processes, which explain a part but not all. And when we are confronted with phenomena too complex to be reduced to phenomena of a lower order, then we can only approach them by looking to their relationships, that is, by trying to understand what kind of original system they make up.³¹

Schizophrenia has certainly resisted reduction to a physiochemical explanation. Neither Laing nor Kleinman would disagree that the analysis of the ‘disease’ – allowing for the assumption that this categorising term is an appropriate one – should be (at least in part) conducted by an examination of the schizophrenic phenomena (in which would be included the life, utterances, gestures, clinical picture and so on, of the person with the diagnosis) that entails ‘looking to their relationships ... by trying to understand what kind of original system they make up’. Inherent in Peirce’s trichotomic formulation of semiotics is *Thirdness*, the *Interpretant* contextual space within which the signs operate. Any sign – whether symbolic and therefore conventionally constructed or being, at least partially, natural – requires a system, specifically a community of users, to allow meanings to be generated and exchanged. As soon as sign systems are in play, the discourse becomes the natural, rightful terrain of semiotics.

But is this justifiable or does this move fall under the accusation of ‘an arrogant “imperialism” on the part of semioticians’³² outlined by Umberto Eco? Eco stresses that semiotics is a reading approach and not an existential philosophy. To read and understand reality in this way is not to deny that reality exists:

To look at the whole of culture as *sub specie semiotica* is not to say that culture is only communication and signification but that it can be understood more thoroughly if it is seen from the semiotic point of view.³³

Similarly, the contention of this thesis is not that schizophrenia is only communication and signification but that the semiotic point of view is untested, applicable and ought to provide if not a definitive understanding, then at least at novel one. There have been a few direct application of semiotics to schizophrenia. Notably, there was a mid-1980s exchange in the pages of *Schizophrenia Bulletin* in which James Harrod attempted a succinct, unifying call to arms drawing on recent papers by Chaika and Lambe (1985)³⁴ and Lanin-Kettering and Harrow (1985).³⁵ Harrod believed his analysis of the foregoing papers presented ‘evidence that schizophrenia, or at least one major type

³⁰ Claude Lévi-Strauss, *Myth and Meaning* (New York: Schocken Books, 1979) p.8

³¹ Lévi-Strauss, pp.9-10

³² Umberto Eco, *A Theory of Semiotics* (Bloomington: Indiana University Press, 1976), p.6

³³ Eco, p.27

³⁴ Elaine Chaika and Richard Lambe, ‘The locus of dysfunction in schizophrenic speech’, *Schizophrenia Bulletin*, 11:1 (1985) 8-15

³⁵ Illene Lanin-Kettering and Martin Harrow, ‘The thought behind the words: A view of schizophrenic speech and thinking disorders’, *Schizophrenia Bulletin*, 11:1 (1985) 1-7

of it, is neither a thought disorder nor a disorder of linguistic composition, but rather a semiotic disorder.³⁶ Neither of Harrod's pairs of addressees were pleased with his attempt to reconcile their differing conceptualisations of the 'disease'.

Possibly the most sustained application of semiotics to psychiatric theory comes in Thomas Szasz's 1961 polemic *The Myth of Mental Illness*, in which he aims 'to provide a systematic semiotical analysis of a language form hitherto regarded as purely expressive – that is, of the language of certain bodily signs.'³⁷ Szasz is mostly keen to prove that those claiming mental 'illness' are malingerers, shamming by dishonestly imitating genuine indexical signs of ('real' which for Szasz means 'physical') illness, using dissimulating iconic signs: 'a hysterical seizure is an iconic sign of a genuine (organic) epileptic seizure.'³⁸ Szasz's semiotics is no better than his politics. Sedgewick offers an unsurpassable debunking of the latter as 'the beleaguered politics of a capitalism that glorifies its own indifference.'³⁹ In relation to Szasz's crude semiotic reading, Victor Kuperman and Joseph Zislin (2005) provide an implicit, belated riposte by developing a far a more sophisticated semiotic taxonomising of psychiatric 'diseases' proposing a 'new conceptual framework [that] will allow for explication and structural modelling of diagnostic decisions that the psychiatrist makes routinely.'⁴⁰

What, then, can the proposed dialectic between semiotics and schizophrenia contribute to an understanding of the 'disease'? To return briefly to Barthes' essay on semiology and medicine, this chapter will analyse attempts to generate a syndrome from a descriptive syntagm:

It seems to me that a stable and repeated configuration of the same medical signs might be called, precisely, the *syndrome*, which would then be, linguistically, the equivalent of what is called the fixed syntagm, *i.e.*, the group of stereotyped words which keeps returning conglomerated in the same way in various sentences, and which, consequently, though itself composed, strictly speaking, of several words – two, three, or four – presents absolutely the same functional value as a single word.⁴¹

By being conscious of this diagnostic process, and by extending the model of the syntagm beyond the disease descriptor (as syndrome term or diagnostic account) to the production within the biographical life of the subject experiencing the 'disease', some important discoveries are made. The episodic and remissive tendencies of bipolar depression in contrast to the chronic and progressive tendencies of schizophrenia (as asserted by psychiatry, that is) can be reformulated according to this model of the syntagm. Hence, the temporal (non)existence of the symptomatic syntagm is a core component of the differential diagnosis between schizophrenia and bipolar; a different shape in the syntagm acquires a different syntagmatic sign as diagnostic term. Similarly, the disease syntagm is not merely structured *like* language after the manner of the Lacanian

³⁶ James Harrod, 'Schizophrenia as a semiotic disorder', *Schizophrenia Bulletin*, 12:1 (1986) 12-13 p.13

³⁷ Szasz, *Myth*, p.126

³⁸ Szasz, *Myth*, p.109

³⁹ Sedgewick, p.184. See all Chapter Six for a comprehensive dismantling of Szasz. The only flaw in Sedgewick's argument is his revolutionary (mis)conviction that *laissez-faire* anti-social individualism had passed its zenith and was in fatal decline. He was writing in 1982.

⁴⁰ Victor Kuperman and Joseph Zislin, 'Semiotic perspective of psychiatric diagnosis', *Semiotica*, 155:1 (2005) 1-13, p.2

⁴¹ Barthes, 'Semiology and medicine', p.208

‘unconscious’⁴². Rather, it is structured through language. Repeatedly, it is only manifest in language, from voices heard, to accounts given and diagnostic criteria tabulated.⁴³ Darian Leader writes of latent psychosis, and posits that it is prevalent but invisible.⁴⁴ Entering into language is what makes psychosis visible, to the clinician, to the non-medical observer and to the subject experiencing it. Musical hallucinosis is by definition non-psychotic,⁴⁵ despite being responsive to anti-psychotic medication⁴⁶ and despite a strong co-morbidity of musical hallucinations with auditory verbal hallucinations (AVH) in people with a diagnosis of schizophrenia.⁴⁷ The prevalence of auditory verbal hallucinations over visual hallucinations might find a semiotic explanation in Sebeok’s assertion that inner speech codings are ‘at least partially anthroposemiotic’ whereas the coding system of vision is zoosemiotic.⁴⁸

Holding these observations in place, as demonstrations that semiotic register and mode are integral to the pathology (or otherwise) of a psyche, this chapter will progress by asking how the diagnostic syntagm *qua* disease sign is constructed for ‘schizophrenia’ and whether this potentially ‘dizzying circuit of signifier and signified’⁴⁹ makes ‘schizophrenia’ a ‘limit-case’⁵⁰ for medical semiotics.

⁴² See Lacan, ‘The instance of the letter in the unconscious’

⁴³ ‘Part of what happens when one goes crazy is that there is a grammatical shift.’ Mark Vonnegut, *Just Like Someone Without Mental Illness Only More So* (New York: Bantam Books, 2011), p.105

⁴⁴ Darian Leader, *What is Madness?* (London: Penguin, 2011)

⁴⁵ Hector A Colon-Rivera and Mark A Oldham, ‘The mind with a radio of its own: a case report and review of the literature on the treatment of musical hallucinations’, *General Hospital Psychiatry*, 36 (2014) 220-224

⁴⁶ David Mansoor and Linda Ganzini, ‘Musical hallucinations successfully treated with antipsychotic medications: three case reports’, *Psychosomatics*, 55 (2014) 191-193

⁴⁷ 36% according to Tony H Nayani and Anthony S David, ‘The auditory hallucination: a phenomenological survey’, *Psychological Medicine*, 26 (1996) 177-189

⁴⁸ Thomas Sebeok, ‘Zoosemiotic components of human communication’, in *The Sign and Its Masters*, (Lanham and London: University of America Press, 1989) pp.35-60 (p.44)

⁴⁹ Barthes, ‘Semiology and medicine’, p.210

⁵⁰ Barthes, ‘Semiology and medicine’, p.211

Buonaparte's talisman; constructing the sign of a sickness

*We told you that you were Buonaparte's talisman, and that we would work him up to as high a pitch of grandeur by the possession of you, as we would fix you degraded below the common level of human nature.*⁵¹

DSM diagnosis fits well within the tradition of *medical semiotics* whereby symptoms, complaints and behaviours are qualified as signs or objective indicators of an underlying syndrome-like disorder. The prospective patient is thereby seen as a sender of signs of illness, which the diagnostician qua receiver needs to decode. For this decoding process to be successful it is crucial that the receiver possesses the code whereby the sign can be interpreted. In psychiatric diagnosis, as performed within *DSM*, the handbook with its list of disorders and criteria make up the code.⁵²

Historically, there has been considerable difficulty giving a name – a sign of a sign – to the disease, or diseases, or symptom constellation, or social behaviour that this thesis refers to as 'schizophrenia'. Semiotically, it might make sense that if a sign suffers instability on the side of the signified (the criteria of diagnosis; the epidemiological status and description of the disease) then this will cause a (fatal) rupture with the signifier. Further, it is necessary to observe that as well as being an object language in its own right, medical discourse is also a metalanguage; it is a language that describes the sign system of disease.⁵³

Words are not innocent. They are loaded with an accumulation of cultural prejudices, infused with a Vygotskian mass of socio-economic histories and relations. When a study demonstrates that people are more inclined to use 'stronger wording' – adjectives and nouns – to communicate the 'strongest impression of endurance' when describing mental ill health, in contrast to a greater prevalence of softer, implicitly temporary possessives when speaking of physical ill health, this is only illuminating biases already entrenched in language.⁵⁴ As Vygotsky concluded *Thought and Language* (1934):

The word is a direct expression of the historical nature of human consciousness. Consciousness is reflected in a word as the sun in a drop of water. A word relates to consciousness as a living cell relates to a whole organism, as an atom relates to the universe. A word is a microcosm of human consciousness.⁵⁵

And what does that mean when the word in question, the *sign* in question, is: schizophrenia?

It is right to be cautious about attempts to enforce unilateral, discontinuous changes in conventional signs, which are by their nature collectively enshrined in dialectic relationship with the social conditions they describe. Such top-down acts of sign production are often fated to be ignored (Esperanto) or repudiated (when Kellogg's briefly re-branded UK Coco Pops as Choco Krispies). In 2002, the name for 'schizophrenia' in Japan was changed from *Seishin-Bunretsu-Byo*

⁵¹ John Haslam, *Illustrations of Madness* (London: Routledge, 1988), p.77

⁵² Stijn Vanheule, 'Diagnosis in the field of psychotherapy: a plea for an alternative to the *DSM-5*.x', *Psychology and Psychotherapy: Theory, Research and Practice*, 85 (2012) 128-142, p.131

⁵³ This term is a highly imprecise way of attempting to capture the totality of symptoms, underlying organic events, surgical and pharmaceutical interventions, prophylaxes, visual explorations, blood and tissue testing etc. that comprise the medical 'material'.

⁵⁴ Cristine C Reynaert and Susan A Gelman, 'The influence of language form and conventional wording on judgements of illness', *Journal of Psycholinguistic Research*, 36 (2007) 272-295, p.285

⁵⁵ Lev Vygotsky, *Thought and Language*, trans. by Alex Kozulin (Cambridge Mass.: The MIT Press, 1986) [1934], p.256

(mind-split disease) to *Togo-Shitcho-Sho* (integration disorder). Though a 2015 meta-study found that uptake of the new term in formal media and medical channels had proven successful, it noted that the same negative connotations and denotations (signifieds) endured with the new signifier.⁵⁶ In effect, the sign remained essentially the same, despite a superficial change in the signifier. Jim Van Os makes a compelling argument for a complete reformulation of the disease entity as salience syndrome to effect not just a change in the levels of stigma experienced but to re-open to interrogation the foundational nosological principles and assumptions in the functionalization of the sign of schizophrenia. As Van Os observes, ‘the problem [...] is that the way mental health professionals use and communicate about the term inevitably results in medical reification through behavioural pseudo-validation.’⁵⁷ This communal reification is exactly how, as Vanheule states in the quotation above, the *DSM* comes to function as a semiotic code. Schizophrenia as a sign is a ‘direct expression of the historical nature of human consciousness’, even if that history is, as for Stephen Dedalus, a nightmare from which many are trying to awake.⁵⁸

There is a problem with disease discovery. It is often a process of disease creation. Mary Boyle lays out the constructionist argument succinctly:

It is unfortunate that the language of medicine tends to obscure the process of concept formation: when new patterns are suggested, we are apt to talk of ‘a new disease being discovered’. Constructs inferred from the patterns (for example, multiple sclerosis, AIDS, diabetes) then become, misleadingly, the “name of diseases” which people are said to “have”.⁵⁹

Former chair of the *DSM-IV* task force, Allen Frances, has become a popular critic of the practice of ‘diagnostic inflation’⁶⁰ regularly fretted about by psychologists, sociologists and the health pages of newspapers. (In semiotic terms, this can be expressed as a ‘sign-to-symptom transformation’ whereby the very same behaviour, as formalised in signs, is, without any change in the form of the sign, received as a constellation of symptoms. The polysemic signs of a person’s utterances, beliefs, appearance or emotions homogenise into the univocal monotony of a diagnosis.)⁶¹ Frances’ 2013 unofficial companion text to the *DSM-5*⁶² stresses that every revision of diagnostic criteria has to strike a balance between reliability and validity. For Frances, reliability (consistency of diagnosis)

⁵⁶ Shinsuke Koike, Sosei Yamaguchi, Yasutaka Ojio, Kazusa Ohta and Shuntaro Ando, ‘Effect of name change of schizophrenia on mass media between 1985 and 2013 in Japan: a text data mining analysis’, *Schizophrenia Bulletin*, 26 November 2015

<<http://schizophreniabulletin.oxfordjournals.org/content/early/2015/11/12/schbul.sbv159.long>> [accessed 9 February 2016]

⁵⁷ Jim Van Os, ‘Are psychiatric diagnosis of psychosis scientific and useful? The case of schizophrenia’, *Journal of Mental Health*, 19:4 (2010) 305-317, p.312

⁵⁸ James Joyce, *Ulysses* (London: Flamingo, 1994), p.42

⁵⁹ Mary Boyle, ‘The non-discovery of schizophrenia?’, *Reconstructing Schizophrenia* ed. by Richard Bentall (London: Routledge, 1992) 3-22 p.5

⁶⁰ Allen Frances, ‘The new crisis of confidence in psychiatric diagnosis’, *Annals of Internal Medicine*, 159 (2013) 221-222, p.221

⁶¹ Kuperman and Zislin detail this process with specific reference to chronic fatigue syndrome. Kuperman and Zislin, p.7

⁶² Allen Frances, *Saving Normal: An Insider’s Revolt Against Out-of-control Psychiatric Diagnosis, DSM-5, Big Pharma and the Medicalization of Ordinary Life* (New York: HarperCollins, 2013) A title unlikely to leave potential buyers blindly guessing about the polemical position of the author.

has with this latest formulation of the diagnostic sign trumped validity (accuracy of the diagnostic class). This is the very point at which necessary, pragmatic disease invention gives way to unhelpful fiction. For Boyle, this anti-scientific insistence on ‘reliability’ in the diagnostic formulations of ‘schizophrenia’ is one of the key mechanisms of its construction by the psychiatric profession. Rather than a problem of a recent over-expansion of the *DSM*’s diagnostic reach – as Frances sees it – Boyle presents this as a consistent self-justifying practice by psychiatry and one overtly in evidence during the revisions between *DSM-III-R* and *DSM-IV*.⁶³ That the tipping point at which validity is sacrificed for reliability should occur for Frances only *after DSM-IV* may not be unrelated to the fact that he was chair of the *DSM-IV* task force.

The early twentieth century nosological wrangling that took place over what is now widely termed ‘schizophrenia’ demonstrates that each re-naming was – to an extent – a re-construction. Kraepelin suggests that the greater portion of disagreement was over clinical descriptor (as signifier) rather than clinical description (as signified): ‘[t]he objections have been directed even more against the name than against the clinical conception.’⁶⁴ Bleuler counters with a parallel section of his introduction justifying his proposed name change, and gives grammatical and expressive concerns as a major motivation, stressing the need for a disease term with an adjectival form for ‘[w]ithout such a new term, a thorough work on differential diagnosis would be hard to write and even harder to read.’⁶⁵ Freud invoked a plague on both their houses: dementia praecox was ‘a particularly unhappy name’ whereas schizophrenia ‘appears appropriate only so long as we forget its literal meaning.’⁶⁶ Yet Freud’s own attempts at terminological clarity sees him tie himself in a nomenclatural knot. Throughout his ‘Psycho-analytic Notes on an Autobiographical Account of a Case of Paranoia (Dementia Paranoides)’ (1911) and his paper ‘On Narcissism’ (1914), he performs an endless substitution of terms – paranoia, dementia paranoia, dementia praecox, paraphrenia, schizophrenia – betraying a certain conceptual uncertainty. This battle of and over words allows Kraepelin to assert, without obvious intentional irony, that for the condition ‘a name that as far as possible said nothing would be preferable.’⁶⁷

Not that this thesis is a debate only about terms. Berrios, Luque and Villagrán are correct to warn against developing a ‘history of a word’:

To say that a history of schizophrenia should be about what the word names as such is no answer for that will make it into a history of a word, which from the clinical point of view is the less important of issues: the central concern should be the history of the behaviours in question, whatever the names they have travelled under.⁶⁸

⁶³ Mary Boyle, *Schizophrenia: A Scientific Delusion?* 2nd edn (Hove: Routledge, 2002), p.137

⁶⁴ Kraepelin, p.3

⁶⁵ Bleuler, p.7

⁶⁶ Freud, *SE* XII, p.75

⁶⁷ Kraepelin, p.4

⁶⁸ German E Berrios, Rogelio Luque and José M Villagrán, ‘Schizophrenia: a conceptual history’, *International Journal of Psychiatry and Psychological Therapy*, 3:2 (2003) 111-140, p.115

The first chapter of Jung's *The Psychology of Dementia Praecox* (1907) demonstrates that there are as many codifications of the 'behaviours in question' as there are terms. What the history of schizophrenia demonstrates is that it is in the nature of the sign to be insecure; the instability of the sign 'schizophrenia' being especially pronounced. Szasz, in *A Lexicon of Lunacy* (1993), offers up AIDS as an example of a real, discoverable disease in contrast to the invented or 'coined' conceptual construct of schizophrenia:

To put it differently, real doctors (for example, pathologists) *discover* real diseases (for example, AIDS) by working on the human body; whereas fake doctors (psychiatrists) *coin* metaphoric diseases (for example, tobacco dependence), by working on a society's vocabulary. I categorise the second group of maladies as metaphoric rather than literal diseases.⁶⁹

AIDS is a particularly poor choice here. As Boyle noted, 'real' diseases are also conceptual constructions and there were countervailing determining factors – social, political and epidemiological – that meant that the diagnostic and linguistic sign 'AIDS' had a period of semiotic turbulence.⁷⁰ Within a decade, the sign of AIDS had settled; schizophrenia passed its centenary in 2011 in a state of deep definitional uncertainty.

Is there something in the nature of schizophrenia that makes its status as a sign inherently unstable? It might be argued that the lack of a clear organic anchor can be blamed. Does an examination of the development of the diagnostic term bear this out? The *DSM* wears the history of its construction boldly. The first edition from 1952 makes no secret of the bureaucratic pragmatism of its objectives. The move towards the creation of a standard classification of illness – begun internationally and in the US during the second decade of the 20th century – was intended to resolve the problem of 'a polyglot of diagnostic labels and systems, effectively blocking communication and the collection of medical statistics.'⁷¹ Explicitly, the experiences of the psychiatric services of the US armed forces during the Second World War, and their working nomenclature, influenced the 1948 revision of the *ICD*, which itself was the final impetus to the *DSM*. As only approximately 10% of armed forces patients could be diagnosed, a process of disease invention began:

No provision existed for diagnosing psychological reactions to the stress of combat, and terms had to be invented to meet this need. The official system of nomenclature rapidly became untenable.⁷²

Even within this overtly invented and descriptive nosology, the schizophrenic reactions (as they were termed) are ordered under the following subheading: 'Disorders of psychogenic origin or without clearly defined tangible cause or structural change.'⁷³ As disease construction, this is modest in the liberties it takes.

⁶⁹ Thomas Szasz, *A Lexicon of Lunacy* (New Brunswick: Transaction Publishers, 1993), p.35

⁷⁰ See, for example, Randy Shilts, *And the Band Played On* (New York: St Martin's Griffin, 1987).

⁷¹ *Diagnostic and Statistical Manual of Mental Disorders (DSM-I)* (Washington DC: American Psychiatric Association, 1952), p.v

⁷² *DSM-I*, p.vii

⁷³ *DSM-I*, p.5

It is not hard to observe that nosology is ideological.⁷⁴ The *DSM-II* (1968) approached this issue directly, with Ernest M Gruenberg, Chairman of the APA's Committee on Nomenclature and Statistics acknowledging in the introduction:

... that labels of themselves condition our perceptions. The Committee accepted the fact that different names for the same thing imply different attitudes and concepts. It has, however, tried to avoid terms which carry with them *implications* regarding either the nature of a disorder or its causes and has been explicit about causal assumptions when they are integral to a diagnostic concept.⁷⁵

The safety net to prevent against the diagnostic concepts becoming solely an expression of the ideological approach of the nosographers is there in Gruenberg's intent to be 'explicit about causal assumptions'. Almost as an *a priori* rebuff to later accusations of disease invention, the *DSM* and *DSM-II* were upfront about the constructed nature of this newly mapped territory. But this was no bulwark against the strength of conventionalised signs. Barthes' quotation at the start of this chapter now appears as a warning: once the sign – the diagnostic category of schizophrenia – was constituted, it was then re-functionalized as 'made for use.' By extension, the causal assumptions were also accepted as 'made for use' and when they changed, the changed, reconstituted sign was re-functionalized again.

This is evidenced by the change in causal assumption and in the diagnostic sign between the *DSM-I* and *DSM-II*:

Consider, for example, the mental disorder labelled in this Manual as "schizophrenia," which, in the first edition, was labelled "schizophrenic reaction." This change of label has not changed the nature of the disorder, nor will it discourage continuing debate about its nature or causes. Even if it had tried, the Committee could not establish agreement about what this disorder is; it could only agree on what to call it.⁷⁶

This appears naïve in the extreme. Across the connection of the sign – in this process, the act of diagnostically labelling collections of symptoms – changes on either side are purely dialectical. In other words, to change the label (the 'signifier' of diagnosis) is also to change the disease (the 'signified'), and thereby initiate a cycle of responsive changes. The change in the signifier and the loss of the 'reaction' element indicates shifts in the disease concept, as well as a change in the intellectual orthodoxy at the APA. The rise of the critical psychiatry movement was itself in dialectical relation with the rise of neo-Kraepelinian⁷⁷ biochemical interpretive attitudes amongst the compilers of the *DSM*. By the time *DSM-III* was published in 1980, the enduring naturalisation of the sign – however re-constituted and however frequently – was represented within the compositional aims, which included:

– avoiding the introduction of new terminology and concepts that break with tradition, except when clearly needed;

⁷⁴ As argued in Gerald N Grob, 'Origins of *DSM-I*: a study in appearance and reality', *American Journal of Psychiatry*, 148:4 (1991) 421-431

⁷⁵ Diagnostic and Statistical Manual of Mental Disorders (*DSM-II*) (Washington DC: APA, 1968), p.viii

⁷⁶ *DSM-II*, p.ix

⁷⁷ Here the following simple definition of neo-Kraepelinian is applied: 'a group of American psychiatrists dissatisfied with the broad and apparently unreliable approach of the Bleulerian school'. Andrew Moskowitz and Gerhard Heim, 'Eugen Bleuler's *Dementia Praecox or the Group of Schizophrenias* (1911): A Centenary Appreciation and Reconsideration', *Schizophrenia Bulletin* 37:3 (2011) 471-479, p.471

– reaching consensus on the meaning of necessary diagnostic terms that have been used inconsistently, and avoiding the use of terms that have outlived their usefulness;⁷⁸

Consensus, tradition and consistency are the core values espoused, whilst at the same time the *DSM-III* represented a complete conceptual overhaul of the American psychiatric tradition in general,⁷⁹ and the concept of schizophrenia specifically. Biochemical rigour however could not rectify the instability in the sign of schizophrenia and the vastly extended entry on ‘Schizophrenic Disorders’ in *DSM-III* made the frank admission that ‘[t]he limits of the concept of schizophrenia are unclear.’⁸⁰ Even on the question of the concept’s basic heterogeneity, the text exhibited a confusing equivocation:

Although Schizophrenia is most likely a group of disorders of differing etiologies, common usage refers to “Schizophrenia” rather than the technically more accurate term, Schizophrenic Disorders.⁸¹

The incongruence between ‘most likely’ to ‘technically more accurate’ illustrates the hopefulness that the APA’s motivating ideology of empiricism would discover (or be able to construct) the required proof of its own truthfulness. So uncomfortable with uncertainty were *DSM-III* and *DSM-III-R* (1987) that they included a coding structure for ‘the various ways in which a clinician may indicate diagnostic uncertainty.’⁸²

With *DSM-5*, another marker of (undue) diagnostic certainty has been dropped. A lingering bias towards to Schneider’s First Rank Symptoms (FRS) – stretching back to the International Pilot Study of Schizophrenia⁸³– has been erased with the de-privileging of auditory hallucinations and bizarre delusions. Prior to *DSM-5*, sustained experience of either of these symptoms was sufficient to meet Criterion A, without any additional listed symptoms. Now, these symptoms are treated as any other listed under Criterion A. It is interesting to see that, in a culture highly sensitive to the encroachment of medicalisation on everyday life and behaviour, this revision ought to make diagnoses of ‘schizophrenia’ less likely, as the diagnostic bar is raised.

Combined with the removal of the historic schizophrenic subtypes – with a pedigree stretching back to Kraepelin and Bleuler’s original formulations – *DSM-5* offers a formalisation of ‘schizophrenia’ that is arguably more circumspect and less precise. Counter-intuitively perhaps, a

⁷⁸ *Diagnostic and Statistical Manual of Mental Disorders (DSM-III)* (Washington DC: American Psychiatric Association, 1980), p.2

⁷⁹ See Nancy C Andreasen, *The Broken Brain: The Biological Revolution in Psychiatry*, (New York: Harper & Row, 1985) or M Wilson, ‘*DSM-III* and the transformation of American psychiatry: a history’, *American Journal of Psychiatry* 150 (1992) 399-410 for full (yet partial) accounts of the neo-Kraepelinean revolution that precipitated *DSM-III*. The shift from the discursive psychodynamic to the interrogative investigative attitude is nicely captured in the synecdoche of the Committee on Nomenclature and Statistics being replaced by a Task Force (*DSM-III*, p.2).

⁸⁰ *DSM-III*, p.181

⁸¹ *DSM-III*, p.181

⁸² *Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R)* (Washington DC: American Psychiatric Association, 1987), p.17. By the time of *DSM-IV*, the composing Task Force were slightly more comfortable with uncertainty changing the section heading from ‘Levels of diagnostic certainty’ (*DSM-III-R*, p.17) to ‘Ways of Indicating Diagnostic Uncertainty’ (*Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*) (Washington DC: American Psychiatric Association, 1994), p.4).

⁸³ J K Wing and J Nixon, ‘Discriminating symptoms in schizophrenia: a report from the International Pilot Study of Schizophrenia’, *Archives of General Psychiatry*, 32 (1975) 953-959

paper published immediately prior to the *DSM-5* but working with the pre-publication changes, found ‘that changes from *DSM-IV* to *DSM-5* in the definition of criterion A symptoms should have little impact on caseness of schizophrenia, with less than 2% of patients with *DSM-IV* schizophrenia not meeting *DSM-5* criteria because of these changes.’⁸⁴ The lack of impact on caseness implies that *DSM-5* lags clinical diagnostic practice, and is a descriptive (in contrast to prescriptive) nosology. In effect, the labels cannot overwhelm the driver of clinical necessity; as the *DSM-I* made clear, it was clinical pragmatism that pushed the very need for labels in the first place.

During the preparation of *DSM-5* two labelling innovations were considered: the creation of a diagnostic category for ‘high-risk states for psychosis’ and the introduction of a severity scale for symptoms. The former might be called pre-labelling, and though dropped from *DSM-5*, remains a considerable source of anxiety as a potentially well-meaning but harmful intervention.⁸⁵ In contrast, the symptom severity scale – which appeared but only within Section III ‘Emerging Measures and Models’ – is anti-labelling. Rather than the implicit absolutism of a tick-box criteria, which constructs diseases, and then builds patients to fit these definitions, severity scales are a clearer fit with clinical reality, where people present with symptoms that are both various and varying. Indeed, the chair of *DSM-5*’s Psychosis Working Group, William Carpenter, stated that ‘[t]he proposed addition of psychopathology domains as symptom dimensions would have focused clinical and discovery attention on what is actually wrong with each individual patient in each diagnostic class.’⁸⁶ Rather than any epidemiological reason, Carpenter offers a practical and industrial reason for not introducing these into the formal diagnosis: they might be open to financial abuse by insurers (or what Carpenter rather euphemistically calls ‘third party payers’).⁸⁷ Similarly, his phrase ‘syndrome heterogeneity’ might be thought by some as a euphemistic attempt to address the fact that these historic diagnostic criteria do not describe ‘real’ diseases, nor are they the least-imperfect clinical approximation envisaged by the earliest *DSM* authors.⁸⁸ This raises the question of whether, even as a pragmatic convenience, the label of ‘schizophrenia’ has outlived its purpose.

These tensions within the diagnostic sign of schizophrenia cannot be explained away purely by the context of attitudinal changes at the APA, the evolving social responses to mental ill health or the growing body of scientific knowledge. From its first iteration, the *DSM* embodied an existential *Spaltung*, being caught with two irreconcilable but related purposes. On the one hand, it was to be a nomenclature, a lexicon of the diagnostic terms used descriptively in clinical situations. On the other, it was to be a statistical code, to assist in the tabulation of medico-scientific

⁸⁴ Rajiv Tandon, Dawn Bruijnzeel and Babu Rankupalli, ‘Does change in definition of psychotic symptoms in diagnosis of schizophrenia in *DSM-5* affect caseness?’, *Asian Journal of Psychiatry* 6 (2013) 330-332, p.331

⁸⁵ See Brune in Nemeroff *et al* or pretty much anything by Allen Frances.

⁸⁶ William Carpenter, ‘RDoC and *DSM-5*: What’s the fuss?’, *Schizophrenia Bulletin*, 39 (2012) 945-946, p.945

⁸⁷ Carpenter, p.945

⁸⁸ Carpenter, p.945

information.⁸⁹ In semiotic terms, the instability in the sign of schizophrenia denotes an instability within the semiological system of psychiatry, which in itself denotes a similar instability within the broader system of medicine.

The APA certainly wishes to cordon off the diagnostic discourse of mental disorders. The ‘Cautionary Statement’ in *DSM-IV* is a large ‘keep out’ sign, marking the discursive territory as the sole domain of its populating community of psychiatric clinicians and scientists:

The specified diagnostic criteria for each mental disorder are offered as guidelines for making diagnoses, because it has been demonstrated that the use of such criteria enhances agreement among clinicians and investigators. The proper use of these criteria requires specialized clinical training that provides both a body of knowledge and clinical skills.⁹⁰

The epidemiological system, the diagnostic language, of schizophrenia operates as a Barthesian semiological system, where:

[T]he language is elaborated not by the ‘speaking mass’ but by a deciding group. In this sense, it can be held that in most semiological languages, the sign is really and truly ‘arbitrary’ since it is founded in artificial fashion by a unilateral decision; these in fact are fabricated languages, ‘logo techniques’.⁹¹

However, these deciding groups are themselves rooted within a socio-cultural context, naturally, and even their closely honed, professionalised sociological determination is itself a product of society:

[T]he elaborations of deciding groups, namely the logo-techniques, are themselves only the terms of an ever-widening function, which is the collective field of imagination of the epoch: thus individual innovation is transcended by a sociological determination (from restricted groups), but these sociological determinations refer in turn to a final meaning, which is anthropological.⁹²

Semiotics then allows for – and indeed explains – the fact that the schizophrenic discourse *qua* sign is both a product of a rarefied clinical terminological discourse and also a recognisable product of the broader anthropological discourse. In effect, these three operate as a sequence of Russian doll metalanguages.

The politics of the ‘deciding groups’ is in a delicate dance with the strength of the diagnostic code and the stability (or otherwise) of its foundational signs. Turbulence in the deciding group translates to a disturbance in the code, and a weakening of the associative bonds within the sign. The diagnostic codifying consensus has been considerably shaken by the NIMH’s decision in 2009 to establish its own conceptual framework for mental health disorders in the form of the Research Domain Criteria (RDoC) project. This was a declaration of a new diagnostic year zero, with the construction of a nosology built around the ‘facts’ of neurology, as NIMH described it: ‘new ways of classifying mental disorders based on dimensions of observable behaviour and neurobiological measures.’⁹³ Definitional authority in this mental health regime is relocated from

⁸⁹ *DSM-I*, pp.vi-vii

⁹⁰ *DSM-IV*, p.xxvii

⁹¹ Barthes, *Elements*, p.31

⁹² Barthes, *Elements*, p.31

⁹³ Bruce Cuthbert and Thomas Insel, ‘Toward the future of psychiatric diagnosis: the seven pillars of RDoC’, *BMC Medicine*, 11:126 (2013), p.4 <<http://www.biomedcentral.com/1741-7015/11/126>> [accessed 20 July 2014]

the clinic to the laboratory. The object of observation becomes the brain rather than the behaviour. The epidemiological point of departure is ‘pathophysiology’ (as established through an analysis of the mechanical operations of the brain) rather than the distressed presenting individual, or the symptom cluster. As such, RDoC is recognisably part of neurology’s land grab at psychiatry’s ‘ownership’ of mental health, as inscribed through the reproduction and dissemination of the *DSM*’s diagnostic criteria. It is interesting to observe that White, Rickards and Zeman (2012) believe the absence of a neurological nosology equivalent to psychiatry’s *DSM* poses one of the chief obstacles to integrating the two medical disciplines.⁹⁴ Very obviously under RDoC, ‘schizophrenia’ as currently understood (or imagined) disappears, but all that critics of the *DSM*’s formulation(s) of ‘schizophrenia’ complain of endures: a positivist, deterministic medicalization of the human mind, in which (mostly unproven) brain science tautologically reinforces its own pathologising foundational inferences about inaccessible mental states, to establish an unjustified authority over the individual’s phenomenological experience.

RDoC provides a clear example of psychiatric diagnosis as process of sign-production. Though re-orientating psychopathology under the spectra of five domains offers a break from the received history of diagnostic entities, it seems unlikely that ‘a deficit in Positive Valence’ has greater existential truth, or emotional resonance, for those in mental distress than ‘negative symptom of anhedonia’ or a diagnosis of ‘catatonic schizophrenia’.⁹⁵ The continuous nature of the spectra of variations in each domain is rather undermined by the insistence that each is underpinned by – ultimately discoverable – biomarkers. However, the biomarkers themselves are in turn perhaps undermined by being ‘neither highly sensitive nor specific’⁹⁶ enough to function as markers except when agglomerated under polygenic risk scores (PRS), a recursion of signification that takes any reader further from the object of study and deeper into the play of signs of signs.⁹⁷ More than anything, biogenetic codifications of ‘schizophrenia’ take something ‘[t]he community at large, the lay public, generally knows [...] when it sees it’⁹⁸ despite being intrinsically enigmatic and heterogeneous, and re-codifies it as unitary (or at least modular) and known, but in a language that detaches it from any lay use. It is only slight exaggeration to call this a theft of human experience, through the annexing codifications of a professional class.

What can be gained from a closer examination of the sign itself? There is a danger of the diagnostic term and its attendant criteria becoming meaningless if either the signifier or the

⁹⁴ P D White, H Rickards and A Zeman, ‘Time to end the distinction between mental and neurological illnesses’, *British Medical Journal* (2012) <DOI: [BMJ 2012;344:e3454](https://doi.org/10.1136/bmj.2012.344.e3454)> [accessed 20 July 2014]

⁹⁵ Or ‘an important opportunity to free our diagnostic and nosological thinking from the artificial constraints of consensus-based historical precedents and align it with biological insights acquired through contemporary scientific and technological breakthroughs.’ Ayman H Fanous, ‘Can genomics help usher schizophrenia into the age of RDoC and *DSM-6*?’, *Schizophrenia Bulletin*, 41:3 (2015) 535-541, p.538

⁹⁶ Fanous, p.539

⁹⁷ Even the RPS ‘predict case-control status [...] with low sensitivity and specificity.’ In old money: they don’t work very well. Schizophrenia Working Group of the Psychiatric Genomics Consortium, ‘Biological insights from 108 schizophrenia-associated genetic loci’, *Nature*, 22 July 2014 <doi:10.1038/nature13595> p.3

⁹⁸ Derek Bolton, *What is Mental Disorder?* (Oxford: Oxford University Press, 2008), p.254

signified gains unmanageable weight. A structuralist worldview can discursively and rhetorically drain entities (diagnoses, texts, ideologies, histories) of their intrinsic value. At the extreme end of this interpretive spectrum, radical constructionist arguments grow from the faulty premise that because form and content are dialectically related, one element can (or indeed should) be diminished as the by-product of the other. The greater, and more conspicuous, the theoretical edifice, the emptier it is. Conversely, if the reality (or the signified) remains solidly and stolidly irreducible, then any diagnostic and theoretical terminology (the signifier) is little more than a blunt iconic sign. Essentially, schizophrenia is only schizophrenia when it is apparent that it is schizophrenia:

At the heart of the definition of schizophrenia is the coupling of a characteristic clinical picture with a distinctive course. As a concept of disease, that is entirely legitimate. As an approach to diagnosis, however, it contains more than a hint of tautology: schizophrenia, a disorder defined in part by a deteriorating course, can only be said with certainty to be present when signs of deterioration become apparent.⁹⁹

Such a self-reflective sign status is perhaps implicit in Bleuler's diagnostic reference to 'the schizophrenic mark of the bizarre.'¹⁰⁰ Schizophrenia, in this regard, becomes the sign of itself.

Boyle sees a similar 'tautological' error in Schneider's assertion, in *Clinical Psychopathology*, that 'symptoms of schizophrenia were phenomena "frequently found and therefore a prominent feature of schizophrenia."¹⁰¹ Boyle's argument climaxes with the claim that overwhelmingly the clinical patterns discerned by Kraepelin and Bleuler 'are virtually identical to descriptions of the infectious disorder called lethargica and its Parkinsonian sequelae' as described by neurologist von Economo in 1917. But after the climax, the bathos. If Kraepelin and Bleuler were accurately describing a neuro-pathological discrete disease entity – which is certainly what Kraepelin believed himself to be doing – then it is difficult to see how Boyle's critique of their disease discovery methodologies stands up. Indeed, Boyle herself says it 'hardly makes sense' to suggest that, though suggest it she does. It is inseparable from her suggestion that the dementia praecox/schizophrenia disease construct was erroneously inferred from clinical instances, some of which might have been better diagnosed as encephalitis lethargica. It seems obvious, from simple rationalist thinking as well as from this specific example, that organic neurological diseases can be parsed from broader clinical, descriptive syndromes without that verifying or refuting the epidemiological theory underpinning the syndrome. That some people diagnosed with dementia praecox by Kraepelin actually had encephalitis lethargica does nothing to the status of dementia praecox *qua* disease syndrome. Undoubtedly, there remain biological diseases to be separated out from all mental 'illnesses' as currently understood; the current neuroscience is far from complete. However, for Boyle, whether disease construction comes to accurately describe a biological pathological process or not, it appears to be a bad thing *a priori*. Except, of course, when it is a good thing.

⁹⁹ P.J. McKenna, *Schizophrenia and Related Syndromes* (Hove: Psychology Press, 1997), p.88

¹⁰⁰ Bleuler, p.25

¹⁰¹ Boyle (1990) p.14

This is a step on the road to the monumental cynicism – touching on paranoia– demonstrated by those of a radical constructionist bent, such as John Read in his argument that this ‘invention’ of Kraepelin¹⁰² and Bleuler ‘represents a continuation of the historical themes, of social control and harmful treatments, disguised by theories about help for defective individuals.’¹⁰³ In Read’s analysis, psychiatry was in existential crisis at the turn of the nineteenth century and – both on the level of the discipline and of the individual professional careers – ‘urgently needed a discovery’ to match the earlier successful identification of syphilis as the neurological organic root of general paresis.

Both Boyle and Read were able to extract the readings they wanted from the diagnostic entity of schizophrenia. For the former, this was proof of a misguided, mistaken myth of disease discovery on the part of Kraepelin and Bleuler. For the latter, this was evidence of a plot on the part of psychiatry (perhaps in cahoots with significant capitalist interests) to exercise social control and to aggrandise themselves and legitimise their snake oil profession. However, whilst schizophrenia yields up these interpretations, it simultaneously undoes them. Boyle’s argument relies upon demonstrating that Kraepelin and Bleuler did collect clinical observations pointing to the discovery of new disease entity. Similarly, for psychiatry, schizophrenia has been a capricious talisman, legitimising and undermining the science at every turn. Peter Barnham identifies another seeming contradiction, that a critical analysis of the historical structuring conditions of ‘schizophrenia’ and the specific ‘schizophrenic’ can lead back to (re)conceptualising ‘schizophrenia’ as an ‘illness’, albeit with a subtly altered sense of what constitutes illness:

The paradox I shall enter is that it is only by rendering the schizophrenic fully social – that is, by extending our sense of community so as to grasp him as a historical agent – that we are able to understand both how he fails and why we are right to judge this failing to be a form of suffering, an illness.¹⁰⁴

As with Buonaparte’s talisman, there is a dynamic reciprocity within the sign of schizophrenia, be it the pendulum swings between Bleulerean psychodynamic or neo-Kraepelinian biochemical reductionism,¹⁰⁵ or its staging of the dialectical relationship between clinical and scientific

¹⁰² Read in response to Kraepelin’s grant from the Rockefeller Foundation, and its contingency on Kraepelin’s work pursuing the diagnostic description of dementia praecox, suggests: ‘We will probably never know whether there was any connection between the Rockefellers’ owning the petroleum industry, the discovery that petroleum by-products could be used to produce medicines, and the stipulation in Kraepelin’s contract.’ John Read, ‘The invention of “schizophrenia”’, *Models of Madness*, ed. John Read, Loren R Mosher and Richard P Bentall, (Hove: Routledge, 2004) pp.21-34 (p.21)

It seems unreasonable, and inconsistent, to criticise Kraepelin and Bleuler for hypothesising a unifying structure (the disease entity or entities schizophrenia) to conveniently draw together various symptoms for political purposes, and then to perform much the same manoeuvre during that criticism. If absence of evidence of a connection is sufficient to topple the diagnostic entity of schizophrenia, it should surely topple this particular conspiracy theory. That Read should fail to make great play of the fact that schizophrenia was culturally enshrined in 1911, the same year that Standard Oil was broken up by the US regulators, suggests a paucity of either knowledge or imagination.

¹⁰³ Read, ‘The invention of “schizophrenia”’, p.21

¹⁰⁴ Peter Barnham, *Schizophrenia and Human Value* (London: Free Association Books, 1993), p.79

¹⁰⁵ These are characterisations bordering on caricature made for the sake of argument. Bleuler’s contribution to the discourse is being favourably reappraised. See Moskowitz and Heim (2011)

conceptions of the disease. Instead of an unambiguous Freudian master-key of interpretation, there is a more fluid interpretative relationship, a see-sawing on a pivot of definitional difference. But who was Buonaparte's talisman?

Duel; diagnoses

Madness being the opposite to reason and good sense, as light is to darkness, straight to crooked, &c. it appears wonderful that two opposite opinions could be entertained on the subject: allowing each party to possess the ordinary faculties common to human beings in a sound and healthy state, yet such is really the fact: and if one party be right, the other must be wrong: because a person cannot correctly be said to be *in* his senses and *out* of his senses at the same time.¹⁰⁶

[S]ince I manifest their worst nightmare (systematical and organized executions of multiculturalist traitors), they will probably just give me the full propaganda rape package and propagate the following accusations: pedophile, engaged in incest activities, homosexual, pyscho, ADHD, thief, non-educated, inbred, maniac, insane, monster etc. I will be labelled as the biggest (Nazi-) monster ever witnessed since WW2.¹⁰⁷

Sanity is the judicious intolerance of difference. The quotation from John Haslam – apothecary at the Royal Bethlem Hospital from 1795 to 1816 – marks him out as an exemplary judge of reason. An arch-nosographer, Haslam is emblematic of the division of madness Foucault attributes to (what he terms) the classical age whereby: ‘[a]ll elements within it that were uncomfortably close to reason, and which threatened reason with their derisive similarity, were violently separated and rigorously reduced to silence.’¹⁰⁸ In Foucault’s argument, the dialectical interplay between reason and madness during the Renaissance gave way during the seventeenth and eighteenth centuries to a divisive silencing. To paraphrase Haslam, it was now no longer possible to live sometimes in the light and sometimes in the dark.

In his *Illustrations of Madness* (1810), Haslam has a dual target: madness – as embodied by Bethlem ‘incurable’ James Tilly Matthews – and apologists for madness – in this case, Matthews’ friends, relations and (especial beneficiaries of Haslam’s scorn) the doctors who testified to Matthews’ sanity during his *habeas corpus* suit the previous year. George Birkbeck and Henry Clutterbuck were the two MDs who – for a fee – examined Matthews and provided affidavits for the family to the effect that – according to Michael Jay’s 2003 account – ‘the result of such careful & repeated & unprejudiced examinations has been that the said James Tilly Matthews is not insane.’¹⁰⁹ So it was that medical authority was found squaring off against medical authority, with legal endorsement of their diagnosis as the fought-for prize. This might seem a necessary process in these formative years of professionalised mind doctoring, set within the context of a prolonged, international (and often revolutionary) redefinition of the rights of man. However, such contests continue to be played out on the cultural stage.

Whilst sanity is perhaps consistently judicious, the judgements are inconsistent, consistently. No dispute exists regarding the objectively verifiably facts of Anders Behring Breivik’s

¹⁰⁶ Haslam, p.15

¹⁰⁷ Andrew Berwick, *2083: A European Declaration of Independence* (London, 2011), p.1435 These are the publication details as they are presented on the pdf of the text claimed by Breivik as his own writing. Writing is a moot term. The text overwhelmingly comprises other texts – mainly online articles – stitched together with introductory passages and segues by Berwick/Breivik. <[https://fas.org/programs/tap/docs/2083 - A European Declaration of Independence.pdf](https://fas.org/programs/tap/docs/2083_-_A_European_Declaration_of_Independence.pdf)> [accessed 12 February 2016]

¹⁰⁸ Michel Foucault, *History of Madness*, trans. by Jonathan Murphy and Jean Khalfa (London: Routledge, 2009) p.170

¹⁰⁹ Mike Jay, *The Air Loom Gang*, (London: Bantam, 2003) p.86

actions on 22 July 2012, when the Norwegian ‘Justicular Knight Commander’¹¹⁰ killed 77 people in Oslo and on the island of Utøya. Within hours, the meta-narrative of this mass murder moved from being a story of ‘what and how’ to a story of ‘who and why’. Central to this narrative would be the question of Breivik’s sanity, and the interpretative light this would cast upon his act. The anxiety that his political analysis and related objective would be devalued by character assassination is expressed at several points in his ‘compendium’ *2083: A European Declaration of Independence*: ‘the cultural Marxist / multiculturalist government will likely try to attempt to “assassinate my character” by labelling me as an “insane, inbred, pedophile”¹¹¹ Nazi loser’.¹¹²

Breivik’s prediction was partially realised. An initial psychiatric report for the court delivered a diagnosis of paranoid schizophrenia, as defined by *ICD-10*. In response to public and professional disquiet with this diagnosis, a second psychiatric report was commissioned and subsequently returned a different diagnosis: Breivik was neither psychotic at the time of examination nor at the time of the murders. Given that Breivik’s actions are uncontested, his own account of his motivation well documented and disseminated, his interviews with police, legal and medical authorities, and those of witnesses, recorded fully, and given that there exists for both psychiatric teams an uncontested (for the purposes of this assessment) set of diagnostic criteria, Haslam’s assertion that ‘it appears wonderful that two opposite opinions could be entertained on the subject’ seems truer in this instance than in the original. Ultimately, in this case, a legal process forced a decision on the patient’s mental health. Whilst the final verdict of the court concluded that Breivik was not psychotic at the time he committed the murders, this decision naturally had no ability retrospectively and literally to alter the patient’s earlier actions or utterances. Essentially, the verdict has taken the suite of symptoms displayed by Breivik – as detailed in both psychiatric reports, his own manifesto and all other accounts – and placed these firmly in the harsh light of sanity, by Haslam’s formulation. Since the factual narrative of the murders and the events leading up to it are agreed upon, the legal judgement dealt only with the interpretation of this narrative. Simply, it was the diagnosis of schizophrenia – and specifically the diagnosis *qua* critical reading –

¹¹⁰ Berwick, p.1413.

¹¹¹ Throughout this thesis many narratives by persons with a diagnosis of schizophrenia will be quoted directly. As it might be possible to define a schizophrenic narrative as a text written with a highly idiosyncratic subjectivity and without the benefit of benign editorship, these narratives will necessarily contain lexical and syntactical characteristics (or symptoms, as the characteristics of the mad are frequently labelled) that might be described as mistakes, mistaken, ungrammatical and so on. However, these texts will be quoted unsanitised. This is for two reasons. First, out of respect for the Freudian concept of *parapraxis* and the consequent desire not to destroy potentially rich seams of signification. Secondly, and conversely, to avoid adding further (or at least differing) meaning, as Roy Porter says of his editorial stance on a letter by James Tilly Matthews: ‘I have preserved its spelling and punctuation so as not to endow it with a spurious coherence.’ Haslam, p.xvi

Porter’s approach contrasts starkly with Gregory Bateson’s management of a psychotic memoir by John Perceval. Bateson sanitises (and sane-itises) Perceval by removing ‘many pages devoted to bitter protest’. Bateson exhibits a cold clinic-ism worthy of Haslam, judging Perceval’s emotions and curbing his schizophrenic excess: ‘justifications of his bitterness became repetitive, and a sufficient sample ... is already included’. John Perceval, *Perceval’s Narrative* (New York: William Morrow, 1974), p.xxi

¹¹² Berwick, p.1380

that was on trial. This view is supported by the plan to establish a government committee to review the role of forensic psychiatrists in the Norwegian justice system:

Grete Faremo, Norway's justice minister ... told Norwegian daily *Aftenposten* on April 13 the committee would have a "broad mandate" that would examine three key questions: What is sanity? What is the role of the forensic psychiatrist? And how do we take care of security when an insane man is sentenced?¹¹³

Those three questions move sequentially from subjective experience (sanity), to professional medicine (forensic psychiatry) to the criminal justice system.

As Haslam's text did not illustrate the madness of his patient as efficiently as it undermined his own authority, similarly these psychiatric reports on Breivik have doubled back on their authors (and their authority). Momentarily leaving aside the vaulting ambition of this Norwegian governmental committee's remit, note that the first question asks 'what is sanity' rather than 'what is insanity'. The definitions are popularly understood to be context based. Hence, the following comment by Hanne Skartveit, political editor of Norway's *VG* is not incomprehensibly contradictory:

Anders Behring Breivik is completely mad. Otherwise he could not have killed 77 people. But he is not legally insane. He knew what he did. He knew it was wrong.¹¹⁴

Skartveit's position is that there exists (a minimum of) two separate contexts in which to view Breivik's (and presumably the psychiatrists' or anyone's) sanity: the moral and the legal. It is possible to be 'completely mad' in one, without being 'insane' in the other.¹¹⁵

In the first psychiatric assessment of Breivik, grandiose delusions were at the centre of the diagnosis. These claims were not disputed either by Breivik or the second psychiatric assessment:

Already at arrest 22 July, he gave the following remarkable statement: "We want a [*sic*] take power in Europe within 60 years. I am the Commander of Knights Templar Norway. Knights Templar of Europe was established in 2002 in London, with delegates from 12 countries. We are crusaders and nationalists."¹¹⁶

In contrast to James Tilly Matthews, Anders Behring Breivik¹¹⁷ was not the victim of but a participant in the machinations of a shadowy group of saboteurs. In the first psychiatric report, Husby and Sørheim interpreted Breivik's claim to be the commander of a pan-European cabal of conspirators as the central component in his grandiose delusional system:

¹¹³ Valeria Criscione, 'Breivik trial: Norwegians rethink role of psychiatry in courts', *The Christian Science Monitor*, 15 April 2012 <<http://www.csmonitor.com/World/Europe/2012/0415/Breivik-trial-Norwegians-rethink-role-of-psychiatry-in-courts>> [accessed 12 February 2016]

¹¹⁴ Trygve Sorvaag, 'Breivik's sanity in focus as trial wraps up', *Key News*, 21 June 2012 <<https://uk.news.yahoo.com/breiviks-sanity-focus-trial-wraps-072505827.html>> [accessed 12 February 2016]

¹¹⁵ Residual cultural deference presumably informs the choice of the vulgar mad (from Old English) for the moral sphere and the Latinate insane for the legal.

¹¹⁶ Terje Tørrissen and Agnar Aspaas, *Anders Breivik Psychiatric Report*, 10 April 2012, 21.5, *The Commander Anders Breivik Resource Collection* <<https://sites.google.com/site/breivikreport/documents/anders-breivik-psychiatric-report-2012-04-10>> [accessed 12 April 2016] The editorialising '[*sic*]' draws attention to the typographical error of Breivik's, and suggests this be interpreted as a sign of pathology. But the error could as easily belong to the psychiatrists or a subsequent transcriber.

¹¹⁷ Considering Daniel Paul Schreber as well, it might be worth amending a famous pop cultural trope to read: serial killers have two names and assassins and schizophrenics have three.

[Breivik] believes that he by established right is the ideological leader of the organization *Knights Templar*, which has a mandate to be a *military order*, *martyr organization*, *military judicial chair*, *judge*, *jury* and *executioner*. He believes he has the responsibility of deciding who shall live and die in Norway. The responsibility is perceived as real, but burdensome. [...] He compares his situation to historic war heroes such as Tsar Nicholas and Queen Isabella. [...] that he can become the new regent in Norway after the coup and takeover of power. If he becomes the new regent, he will take the name of *Sigurd II the crusader*. He believes he has given five million kroner to the *struggle*. He thinks he may one day be responsible for the deportation of several hundred thousand Muslims to ports in North Africa. The phenomena are considered grandiose delusions.¹¹⁸

Delusions have to be absolute, and – within their own subjectivity – absolutely truthful. Hence, a British newspaper headline can read ‘Anders Behring Breivik is lying, not delusional.’¹¹⁹ Truth is no guarantor of the existence of a firm dividing line between sanity and insanity. Rather, the concept of truth gets subsumed into the relativism of madness. Breivik’s defence lawyer Geir Lippestad might argue that terrorists claim the ‘right to kill’ because they have ‘seen a truth that no one else has seen.’¹²⁰ However, a truth that is not shared by the majority might very crudely be considered the essence of a delusion. For this very eventuality, the *DSM* has an exclusion criterion:

Clinicians assessing the symptoms of schizophrenia in socioeconomic or cultural situations that are different from their own must take cultural differences into account. Ideas that may appear to be delusional in one culture (e.g., sorcery and witchcraft) may be commonly held in another. In some cultures, visual or auditory hallucinations with a religious content may be a normal part of religious experience (e.g., seeing the Virgin Mary or hearing God’s voice.)¹²¹

ICD-10 similarly warns that ‘special care should be taken to avoid false-positive assessments, especially where culturally or sub-culturally influenced modes of behaviour [...] are involved.’¹²² Therefore, the ‘commonsensical’ lay-truth as voiced by a survivor of the massacre on Utøya – ‘It is obvious that he is insane. You cannot kill 77 people and be sane’¹²³ – is placed into relativistic balance with the defence suggestion that white supremacist terrorists constitute a viable sub-culture¹²⁴ in which belief in the truth of the threat of ‘*Islamization of Norway*’ legitimises (in their

¹¹⁸ Torgeir Husby and Synne Sørheim, *Anders Breivik Psychiatric Report*, 29 November 2012, 8.2, *The Commander Anders Breivik Resource Collection*

<<https://sites.google.com/site/breivikreport/documents/anders-breivik-psychiatric-report-of-2011>> [accessed 12 February 2016] [Italics in the original to indicate verbatim quotations from Breivik.]

¹¹⁹ Richard Orange, ‘Anders Behring Breivik is lying not delusional’, *Daily Telegraph*, 11 June 2012, <<http://www.telegraph.co.uk/news/worldnews/europe/norway/9324267/Anders-Behring-Breivik-is-lying-not-delusional.html>> [accessed 12 February 2016]

¹²⁰ Associated Press, ‘Anders Behring Breivik: history will exonerate me’, *Guardian*, 22 June 2012, <<http://www.guardian.co.uk/world/2012/jun/22/anders-behring-breivik-norway?intcmp=239>> [accessed 12 February 2016]

¹²¹ *Diagnostic and Statistical Manual of Mental Disorders Fourth Edition Text Revision (DSM-IV-TR)* (Arlington: American Psychiatric Association, 2000) p.306

¹²² *The International Classification of Diseases (ICD-10) Classification of Mental and Behavioural Disorders: Diagnostic criteria for research* (Geneva: World Health Organisation, 1993), F20.0-20.3 General criteria <<http://www.who.int/classifications/icd/en/GRNBOOK.pdf>> [accessed 12 February 2016]

¹²³ Associated Press, ‘Anders Behring Breivik’, 22 June 2012

¹²⁴ There is scant evidence that anything even approximating the Knights Templar network of militarized patriots envisioned by Breivik exists. However, in recognizing the legitimacy of Breivik’s worldview, in terms of sanity but not in terms of either morality or legality, the court in effect – to square their verdict with Breivik’s statements – have conjured up precisely such an organization. This organization then constitutes the necessary sub-culture in which Breivik’s beliefs qualify for the cultural exclusion criterion. For Breivik to be sane, the Norwegian court need only ratify the existence of a (very probably fictional) pan-European terrorist

moral framework) the murder of ‘extreme Marxists who wish to Islamize the country or who support multiculturalism.’¹²⁵

The weapon of diagnosis invalidates the worldview of the recipient. The prosecuting team argued for the verdict of insanity for the transformative effect this would have upon Breivik, rendering him ‘incomprehensible ... [and i]nstead of causing fear, a tragic picture is all we get of a young man who in his struggle to become something big has become part of a non-existent network that shall give him help to obtain this unobtainable goal.’¹²⁶ All of Breivik’s boasts and neologisms of archaic pseudo-Christian potency are emptied of their strength when redefined as signs of pathology:

The subject uses unusual terms such as established rights, sovereign, power of definition, responsibility, love of the (my) people, unique, pioneer and new regent related to descriptions of his own position. The terminology used is considered as an expression of underlying, grandiose delusions.¹²⁷

Breivik appears willing, if not exactly adept, at using this same medical terminology, metaphorically and in his defence:

The answer is simple. A great many people suffer from cultural delusions, and need immediate medication, with the immediate introduction of cultural protectionism and the Nordic ideal.¹²⁸

Rather like Szasz’s iconic body signs, the most a diagnosis of schizophrenia can do at times is point and scream, ‘that way madness lies.’

When faced with the dichotomy of sanity and insanity, schizophrenia resists. It is a penumbral state, and a place in which a subject can but only be both ‘*in* his senses and *out* of his senses at the same time.’ The consanguinity of interpretation along the model of the Saussurean sign – that ‘two-sided psychological entity’¹²⁹ – is shattered in the schizophrenic exchange. The schizophrenic – the individual/text – is outside the ‘*community of speakers*.’¹³⁰ To refer to Peircean semiotics, the core ‘*genuine*’ triad of the *Representamen*, *Object* and *Interpretant*¹³¹ has been fatally undermined. This might be likened to Foucault’s gulf, intrinsic to his analysis of the re-orientation of sanity in relation to insanity during the Classical age:

organization. There might be an interesting paper to be written on the invisible cultures that spring up when potentially delusional beliefs are legally interpreted as valid in this way.

¹²⁵ Husby and Sørheim, 2.4.1 [Italics indicate a quotation from Breivik.]

¹²⁶ Reuters, ‘Anders Behring Breivik trial hears closing statements’, *Guardian*, 21 June 2012, <<http://www.guardian.co.uk/world/video/2012/jun/21/anders-behring-breivik-trial-video>> [accessed 12 February 2016]

¹²⁷ Husby and Sørheim, 8.2

¹²⁸ Anders Behring Breivik, ‘Court statement’, 22 June 2012, *The Commander Anders Breivik Resource Collection* <<https://sites.google.com/site/breivikreport/documents/anders-breivik-court-statement-2012-06-22>> [accessed 12 February 2016]

Breivik could be interpreted as loading his interviews with his political theories, in anticipation of these interviews (and hence the views within) receiving a degree of dissemination and publicity that he knew he would be denied. As will be examined later, Foucault suggests that Pierre Rivière – an early 18th century triple parricide – uses his medico-legal interviews and confessions similarly. This will be discussed at the start of Chapter Two. Michel Foucault (ed.), *I, Pierre Rivière* (Harmondsworth: Penguin, 1978)

¹²⁹ Saussure, p.66

¹³⁰ Saussure, p.77

¹³¹ Peirce, pp.99-100

Between the madman and the subject who notes ‘that man is mad,’ a gulf emerges, which is no longer simply the Cartesian void of ‘I am not that man’, but is filled instead with the plentitude of a double system of alterity ... The madman becomes relative, the better to be stripped of his powers: once that uncanny presence within, perilously close in the thought of the Renaissance, lurking in the heart of reason, he is now expelled to a different realm, where the danger he presents is disarmed. Doubly so, in that what he now represents is *the difference from the Other in the exteriority of others*.¹³²

Insanity is its own injudicious tolerance. More, it is a tolerance of *différance*. There is no shortage of definitions of schizophrenia. As a semiotic sign, it embodies *différance* exquisitely. Beneath is a sea of heterogeneous symptoms, case studies, complexes, characteristics, clinical diagnoses, socio-medical theorems – be they neurological, psychological, sociological. On the surface jostles a panoply of terms, the popularity and credibility of each varying with the fashion of the age.

Barthes summarises Lacan’s modification of the sign, whereby ‘signifier and signified have only a floating relationship and coincide only at certain anchorage points.’¹³³ This same fluidity can be seen in the re-appropriations and re-readings of the sign of schizophrenia, both as diagnostic term and disease entity. Szasz may see schizophrenia as the sacred symbol of psychiatry but its epistemological status is far less stable than he would render it. From the very outset of *Schizophrenia: The Sacred Symbol of Psychiatry* *différance* threatens to dissolve Szasz’s argument:

What is schizophrenia? What does the term *schizophrenia* mean? In its most elementary sense, we might say that schizophrenia is a word – an idea and a “disease” – invented by Eugen Bleuler¹³⁴

Szasz is unclear on whether he sees his two opening questions as different enquiries or dual iterations of a single, unified concern. Schizophrenia cannot be merely the meaning of the term. Even Haslam would concede that the concept requires as definitional opposite an agreed idea of ‘reason and good sense’. Tritely, any statement on schizophrenia – or more precisely on what (if anything) constitutes schizophrenia – must also contain, however implicit, unvoiced and assumed, a statement (or set of statements) on what constitutes mental health.

*All illness, whether conceived in localised bodily terms or within a larger view of human functioning, expresses both a social value judgement (contrasting a person’s condition with certain understood and accepted norms) and an attempt at explanation (with a view to controlling the disvalued condition).*¹³⁵

It is not psychiatry’s normativity that distinguishes it from ‘physical’ medicine, but that this normativity is on shakier socio-cultural ground.

Haslam’s supposedly inviolable polarisation of madness and reason/good sense is rather collapsed when the apothecary falls victim to his own mental weakness for dry humour. Lambasting Birkbeck and Clutterbuck, Haslam wonders:

How they could fail to detect his insanity is inexplicable, as his disorder was evident to all who saw and conversed with him; even his fellow-*students* derided the absurdity of his doctrine.¹³⁶

¹³² Foucault, *History of Madness*, p.181

¹³³ Barthes, *Elements*, p.49

¹³⁴ Thomas Szasz, *Schizophrenia: The Sacred Symbol of Psychiatry*, (Syracuse: Syracuse University Press, 1988) p.3

¹³⁵ Sedgwick, p.38

¹³⁶ Haslam, p.17 [Italics in original.]

This is a witticism too far. In his eagerness to assault and ridicule the two doctors, Haslam has placed himself on the same side of the debate as Matthews' 'fellow-*students*', in other words, his fellow inmates of Bedlam. Where now is Haslam's inviolable dichotomy between light and dark? If he is to insist upon it, either sheer numbers sway the disagreement and he and the 'fellow-*students*' of Bedlam are mad, and Matthews, Birkbeck and Clutterbuck – having the fewer diagnoses between them – are sane, or if Haslam's sanity is to be considered above consideration, then it would appear – by being of one thought on this issue – there are many residents of Bedlam as sane as its apothecary. Neither conclusion could be satisfying to Haslam, and it is safe to assume that he would – on this point at least – waive the strict division he proposed so forcefully moments earlier.

Haslam accidentally demonstrates how the flow of rhetoric can undermine the weight of reason. Here is the simultaneous self-contradictory dynamic identified in the schizophrenic sign in the previous section. How does it map back onto one of Matthews' symptoms (or rather, in Matthews' assessment, one of the weapons of the Air Loom Gang, the name he gives to the conspirators magnetically influencing him and others) termed by Matthews 'lengthening the brain?' (Although through his text, Haslam too is implicated in this terminology). According to Haslam/Matthews – as it becomes increasingly difficult through the text to separate these voices – brain lengthening:

[C]an cause good sense to appear as insanity, and convert truth into a libel; distort the wisest institutions of civilised society into the practices of barbarians, and stain the Bible into a jest book.¹³⁷

Both Roy Porter, in his introduction to Haslam's text, and Jay identify this passage as an instance of Matthews deliberately satirising Bedlam and Haslam, and managing to encode this satire in Haslam's supposed proof of Matthews' insanity. The unrecorded intentions of long-dead individuals are neither satisfactorily retrievable nor of any great interest, but putting aside the question of authorial intent, it is simple enough to read this as ironic commentary on Haslam. Matthews' narrative has infected Haslam's, and distinctions between 'good sense' and 'insanity' – the incontrovertible shoring up of which was Haslam's express political and medical intent in writing this account – have been fatally undermined in the process. Whether or not Matthews intended it, his description of 'thought making' (comparable to the later diagnostic concept of thought insertion) – in which he states 'deception is practised among themselves as a part of their system; and there exists no honour, as amongst thieves, in the community of these rascals'¹³⁸ – has been interpreted as a forceful critique of the administrative regime of Haslam, Dr Thomas Munro and surgeon Bryan Crowther.¹³⁹

¹³⁷ Haslam, p.34

¹³⁸ Haslam, p.34

¹³⁹ Interestingly, Munro was described by a former private patient, William Belcher, as a 'True, Smiling Hyena' (Jay, p.84), and Crowther was described by Haslam to a House of Commons select committee as 'generally insane and mostly drunk' (Jay, p.299). Perhaps this motley crew hardly needed Matthews' bad opinion for to be condemned in the eyes of medical history.

As text, *Illustrations of Madness* gives the lie direct to Haslam's dichotomy. From his rhetorical intermingling with the inmates of Bedlam onwards, Haslam's narrative gets into ever-greater proximity with Matthews' voice. In representing Matthews' representations of the members of the Air Loom Gang, the point of narrative origin vanishes. When employing the neologism 'assailment', Haslam attempts a scholarly distancing exercise, glossing the word with a footnote: 'This term, which frequently occurs, and is not to be found in our dictionaries, either originates with Mr M or is extracted from the vocabulary of the pneumatic gang.'¹⁴⁰ Haslam's defence against the irresistible affects of diseased rhetoric – which primarily consists in implicating the narrative voice in the disease – is to make explicit that he is only quoting. However, Matthews himself – as recorded by Haslam – uses the same distancing technique; not only does Matthews present an overarching argument that the textual symptoms of his insanity are the interpolations of others (for what else are thought insertion and magnetic control, if considered literally, if not textual interpolations from another narrative?) but he also asserts that he is using 'the technical language of the assailing gang'¹⁴¹. It is exactly this kind of distancing that Louis Sass identifies in schizophrenic patients:

[I]t is difficult to square standard notions of poor reality testing with the fact that many schizophrenics who seem to be profoundly preoccupied with their delusions, and who cannot be swayed from belief in them, nevertheless treat these same beliefs with what seems a certain distance or irony. [...] Rather than mistaking the imaginary for the real, they often seem to live in two parallel but separate worlds: consensual reality and the realm of their hallucinations and delusions.¹⁴²

If claims of quotation (willed or forcibly interpolated) are not enough to qualify Matthews as sane, then why should that courtesy be extended to Haslam?

Haslam's and Matthews' narratives progressively fuse. Though this might be more of a comment on the inconsistencies and imprecisions in punctuation of early nineteenth century printers, it becomes increasingly difficult to attribute sentences and phrases. When the cast of the Air Loom Gang arrive and their own idiosyncratic voices are dramatised within the text, these difficulties proliferate. Who is responsible for the proto-Dickensian colouring of each character's dialect? Is it Haslam, the sane composer of a medical case study, or Matthews, the engrossed reiterator of his wild delusions, who encapsulates the class origins of Jack the Schoolmaster – giving him 'ketch'¹⁴³ for catch – or Sir Archy – with 'yho'¹⁴⁴ for you? And what conclusions can be drawn from the impossibility of definitively answering that question?

These increasingly synthesised narrative voices experience a similar problem with the neologisms originating from the Air Loom Gang's highly novel activities. Matthews attempts to grapple with '*sudden death squeezings*: by them termed *lobster cracking*'.¹⁴⁵ His effort to put clear textual

¹⁴⁰ Haslam, p.21

¹⁴¹ Haslam, p.29

¹⁴² Louis Sass, *The Paradoxes of Delusion* (New York: Cornell University Press, 1994), pp.20-21

¹⁴³ Haslam, p.22

¹⁴⁴ Haslam, p.23

¹⁴⁵ Haslam, p.32 [Italics in original]

space between himself and their neologism, by providing his own less fanciful descriptor of sudden death squeezing, is swiftly undermined as he elaborates on the untranslatable sensation:

In short, I do not know any better way for a person to comprehend the general nature of such lobster-cracking operation, than by supposing himself in a sufficiently large pair of nut-crackers or lobster-crackers.¹⁴⁶

Contrast this with Haslam – as the narrative voice – attempting an explanation of lengthening the brain: ‘[a]s the cylindrical mirror lengthens the countenance of the person who views himself in such a glass, so the assailants have a method by which they contrive to lengthen the brain.’¹⁴⁷ In both instances, the narrative voice makes an attempt to move away from the ‘diseased’ element (the delusional neologism) through a metaphorical substitution, but is drawn back to a literal rendering of the supposed activity. There is an unavoidable concreteness to the neologisms. They can only be what they are. On a narrative level, Haslam performs the same move. He ultimately hands the text over to Matthews wholesale, and abdicates any authorial responsibility. He becomes an author redacted into an editor by his own subject matter. However, this is the only viable linguistic and semiotic vantage point from which to talk about madness: from within the very sign system of madness itself.

Consider the difficulty in elucidating a highly elaborate and well-documented semiological system of schizophrenia: the “‘miraculous structure’”¹⁴⁸ of *Senatspräsident Schreber’s Order of the World*. This idiosyncratic, bizarre cosmology is a semiological system so inviolable that even God cannot contradict it without provoking profound consequences:

“*The Order of the World*” is the lawful relation which, *resting on God’s nature and attributes, exists between God and the creation called to life by Him*. God cannot achieve what contradicts his own attributes and His powers in relation to mankind or, as in my case, to an individual human being who had entered into a special relation with him.¹⁴⁹

Schreber places these terms in speech marks to indicate that they belong to the ‘basic language,’ a neologistic ‘schizophrenese’ which he both revels in and recoils from. Schreber distances himself as the narrative voice of Haslam/Matthews did, describing the phrases (and their associated concepts) as ‘expressions *which would never have occurred to me*,’¹⁵⁰ and by containing them with punctuation. Both the signifiers and the signifieds are ‘suggested ... from outside.’¹⁵¹ Simultaneously, Schreber is very consciously constructing his *Memoirs* and therefore building the semiological system; he is both within and without it.

Schreber has considerable difficulty describing this system from his dual position, but to attempt an account from outside is impossible, as Dr Weber – the superintendent of Sonnenstein asylum where Schreber wrote his *Memoirs* – observes in a court report on Schreber:

¹⁴⁶ Haslam, p.32

¹⁴⁷ Haslam, p.21

¹⁴⁸ Schreber, (2000) p.32

¹⁴⁹ Schreber, (2000) pp.67-68

¹⁵⁰ Schreber, (2000) p.25

¹⁵¹ Schreber, (2000) p.32

[T]hey present a structure of ideas so fantastically elaborated and developed and so far removed from the usual trends of thought, that it is hardly possible to sketch them briefly without rendering their inner structure incomprehensible and impairing understanding of their specific meaning.¹⁵²

For all his other failings, Weber has insight to the argument of this thesis that the schizophrenia semiological system is an untranslatable *langue*. Access to its meaning requires immersion within its system. The next section will demonstrate how this system subsequently proliferated outwards into psychiatry's discourse.

¹⁵² Schreber, (2000) p.340

Influencing machines and alien control

And so I believe I am not mistaken in expecting that a very special palm of victory will eventually be mine. I cannot say with any certainty what form it will take. As possibilities I would mention that my unmanning will be accomplished with the result that by divine fertilization offspring will issue from my lap, or alternatively that great fame will be attached to my name surpassing that of thousands of other people much better mentally endowed.¹⁵³

When you hear the sentence stem, you will have the experience that an engineer has composed and then inserted a *short simple suitable ending to the sentence* into your mind.¹⁵⁴

Schreber died incarcerated, in the depths of madness, and – if even recalled by his wounded psyche – these words must have rung hollow for him. Though an obscure incurable in his final psychotic period, few would contest that Schreber has attained – at least amongst historians of medicine, practitioners of psychoanalysis and psychiatric professionals with a taste for the narrative exuberances of schizophrenia – a ‘great fame’. Less apparent, but as true, is the realisation of Schreber’s other (and perhaps primary) victory: that offspring will issue from his lap.

Schreber is textually reproduced throughout the history of schizophrenia. The best-known account is Freud’s ‘Psycho-analytic Notes on an Autobiographical Account of A Case of Paranoia (Dementia Paranoides)’ from 1911, but Schreber’s litter can be found across contemporary papers. The most significant of these were: Otto Gross, the very first to use Schreber as a clinical example in 1904;¹⁵⁵ Carl Jung, who refers to Schreber throughout his 1907 *Psychology of Dementia Praecox*; and Bleuler (1911), who only deploys Schreber as an occasional cameo in a crowd of clinical cases.

Historians of psychiatry Macalpine and Hunter brought Schreber to an English language audience in the 1950s, when the psychoanalytical and psychological therapeutics and theorising of schizophrenia were the most compelling argument in play, and prior to the advent of ‘critical psychiatry’, the development of psychotropic drugs and the rise of the biological approach of the neo-Kraepelinean school. For Macalpine and Hunter, Schreber epitomised schizophrenia, and was its perfect talisman, its best exemplar and at the same time a self-replicating cookie cutter for the psychoses:

His autobiography has the advantage of being complete to an extent no case history taken by a physician can ever be: its material is not selected or subject to elaboration or omission by an intermediary between the patient and his psychosis, and between both and the reader. Every student therefore has access to the totality of the patient’s products. Indeed the *Memoirs* may be called the best text on psychiatry written for psychiatrists by a patient. Schreber’s psychosis is minutely and expertly described, but its context is – as Dr Weber explained to the court – fundamentally the same and has the same features as that of other patients. Schreber’s name is legion.¹⁵⁶

¹⁵³ Schreber (2000), pp.257-258

¹⁵⁴ Eamonn Walsh, David A Oakley, Peter W Halligan, Mitul A Mehta and Quinton Deeley, ‘The functional anatomy and connectivity of thought insertion and alien control of movement’, *Cortex*, 64 (2015) 380-393, p385 [Italics in original]

¹⁵⁵ Otto Gross, ‘Über Bewusstseinszerfall’, *Monatschrift für Psychiatrie und Neurologie*, 15 (1904) 46-51

¹⁵⁶ Daniel Paul Schreber, *Memoirs of My Nervous Illness*, ed. and trans. by Ida Macalpine and Richard A Hunter (London: WM Dawson & Sons Ltd, 1955), p.25

Psychoanalyst and theorist Dalzell contests this in his 2011 contribution to the literature on Schreber. For Dalzell, the idea of a paradigmatic expert patient – a ‘best text’ – is contrary to the idiosyncratic nature of the psychoanalytic method:

While Macalpine and Hunter can write that Schreber’s name is legion, and that they have listened to many Schrebers since studying his memoirs (M, pp.25-26), this runs counter to the psychoanalytic view that every subject is unique. If one psychotic patient could be taken to represent all psychotic patients, that would reduce psychoanalytic knowledge to a type of psychology in which subjects could be categorized on the basis of a number of salient features.¹⁵⁷

However, psychoanalysis is demonstrably a systematic, organising structure for interpreting (or for constructing signs of) the subject psyche. The following analysis of the influence of Schreber’s text upon the evolution of psychoanalysis, and especially Freud’s tripartite model of the mind, will argue that Freudian discourse became a schizo-mimetic ancillary to the *Memoirs*.

Purely on a textual level, it might be asked if Macalpine and Hunter are referring to the same *Memoirs* considered by this thesis. Far from being complete, the *Memoirs* are elliptical, very literally in the case of the excised second chapter. By Schreber’s own account, the *Memoirs* stand as compromise between at least two different texts. The first is a redaction by a patient in a non- or less-psychotic state from notes made at the height of psychosis, which ‘show the reader that the content of my revelations was immeasurably richer than what I could incorporate in the limited space of the “Memoirs”.’¹⁵⁸ The second text is a critical personal history and expertly constructed legal argument by a patient who has – in their own estimation, and in the eventual estimation of the law¹⁵⁹ – passed through psychosis to the further shore of sanity. Inarguably, the material has been selected. Schreber says as much in his court appeal.¹⁶⁰ Further, there has been both elaboration and omission. Finally, that Dr Weber’s assessment of Schreber as exemplary, which amounts to little more than a lofty assertion that the mad are all similarly mad, should be taken seriously as a critical recommendation of the *Memoirs* to students of psychiatry seems a double disservice to Weber and Schreber.

Freud had considered the psychoses prior to his case study of Schreber in his two papers on the neuro-psychoses of defence (1894 and 1896). As the titles suggest, it is here that Freud first argues that psychosis is a defensive response by the ego, comparable to hysteria or obsessional neurosis but ‘a much more energetic and successful kind of defence.’¹⁶¹ In his formulation, ‘the ego has fended off the incompatible idea through a flight into psychosis.’¹⁶² The ego is preserved at the cost of having ‘detached itself wholly or in part from reality.’¹⁶³ In his second paper, Freud details the case of Frau P suffering auditory hallucinations of whole passages from Otto Ludwig’s *Die*

¹⁵⁷ Thomas G Dalzell, *Freud’s Schreber Between Psychiatry and Psychoanalysis: On Subjective Disposition to Psychosis* (London: Karnac Books, 2011) p.28

¹⁵⁸ Schreber, (2000) p.180

¹⁵⁹ Schreber, (2000) pp.405-440

¹⁶⁰ Schreber, (2000) p.379

¹⁶¹ Sigmund Freud, ‘The neuro-psychoses of defence (1894)’, *The Standard Edition of the Complete Psychological Works*, III, trans. by James Strachey, (London: The Hogarth Press, 1958), (p.58)

¹⁶² Freud, *SE* III, p.59

¹⁶³ Freud, *SE* III, p.60

Heiterethi. Freud suggests that this process fits into the repression dynamic exhibited by the hysteric or the obsessional neurotic, and concludes that '[i]n consequence of this censorship exercised by the repression the innocuous and idyllic passages, which were connected with the proscribed ones by contrast and also by propinquity'¹⁶⁴ were returning as auditory hallucinations. This metaphoric substitution operates as an exchange in the Saussurean associative and Barthesian systematic axis of language.¹⁶⁵ Effectually, each passage functions as sign within a 'series of associative fields.'¹⁶⁶ What is remarkable here is that the associative/systematic field is based on a syntagmatic association (propinquity) as well as a differential paradigmatic one (contrast).

Freud sees the same two-stage process occurring within Frau P's paranoid hallucinations and persecutory voices: first, there is a censorship, then, a metaphorical substitution. Freud noted that in Frau P's auditory hallucinations, 'the insulting allusion was generally deeply hidden; the connection between the separate sentences was disguised by a strange mode of expression, unusual forms of speech and so on.'¹⁶⁷ For whatever reason, Freud does not consider the possibility that Frau P's censorship is not always psychotic and defensive. Rather than censoring within the psychotic hallucination, she might possibly be adding the 'quality of diplomatic indefiniteness'¹⁶⁸ during her analysis. This is unknowable, but should be held in mind. Regardless, Freud's pre-Schreber structure of the flight in psychosis outlines a defensive dynamic comparable to Bleuler's loosening of associations.

Jung's construction of dementia praecox, as detailed in his 1907 *The Psychopathology of Dementia Praecox*, relies on three potentially problematic assumptions. The first is an analogous relationship between hysteria and dementia praecox throughout Jung's description. Whenever there is doubt or an ellipsis in the clinical picture, material from the study of hysteria is imported to generate a meaningful connection within the new narrative. An observation or conclusion from the epidemiology of hysteria is interpolated and followed often by a refrain of 'there is no reason to assume that this is not the case also in dementia praecox'.¹⁶⁹ Any unique insights into dementia praecox thrown up by this analysis therefore are framed in terms of their difference from the clinical picture of hysteria, for example Jung's belief that those with dementia praecox cannot be engaged in '*emotional rapport*' with an analyst and therefore remain 'uninfluenceable'¹⁷⁰. As a consequence of this assumption, Jung feels the need to make a second assumption and introduce an organic element to explain dementia praecox's divergence from hysteria:

¹⁶⁴ Sigmund Freud, 'Further remarks on the neuro-psychoses of defence (1896)', *The Standard Edition of the Complete Psychological Works*, III, trans. by James Strachey, (London: The Hogarth Press, 1958), (pp.181-182)

¹⁶⁵ Barthes, *Elements*, p.60

¹⁶⁶ Barthes, *Elements*, p.71

¹⁶⁷ Freud, *SE III*, p.183

¹⁶⁸ Freud, *SE III*, p.183

¹⁶⁹ Carl Jung, *The Psychology of Dementia Praecox, Collected Works of C G Jung*, III, trans. by R F C Hull, ed. by Sir Herbert Read, Michael Fordham, Gerhard Adler, William McGuire, (London: Routledge & Kegan Paul, 1960), p.79

¹⁷⁰ Jung, *Dementia Praecox*, p.74

[T]he hysterogenic complex produces reparable symptoms, while the affect in dementia praecox favours the appearance of anomalies in the metabolism – toxins, perhaps, which injure the brain in a more or less irreparable manner so that the highest psychic functions become paralysed.

Hence, it is the relative therapeutic success of the analysis of hysterics that prompts Jung's hypothesis of a brain toxin being active in dementia praecox. That hysteria has vanished from the terrain of psychiatry might give biologically minded neo-Kraepelians pause to think. Jung's third assumption is the appropriateness of dream analysis as an interpretative method for dementia praecox.

The anxiety of influence hangs over Jung's case study of B.St. in the final chapter of the text. Schreber's pathology is etched on every page. Whilst these similarities might be fairly considered evidence of the existence of a discrete disease entity, it is worth a cautionary consideration that Schreber's text may have exerted an interpretative reading tendency on Jung. Jung is clearly not wary of giving strong readings, and provided bold, definitive translations of B.St.'s word associations from which he developed his consequent theory of her symptomatic 'power words'¹⁷¹. Consider:

R.12, *wood/cushion* refers to her complaint that there are only hard wooden benches in the asylum; for her own use she wants upholstered furniture. ("I establish upholstered furniture.")¹⁷²

After several such examples, Jung proclaims that '[w]ith few exceptions all the associations are thinly veiled expressions of complexes'. It might have been wiser to be more circumspect in drawing hard and fast interpretive conclusions from a text as potentially inscrutable as 'schizophrenia'. B.St. seems to offer a mocking, warning critique of this methodology, although as with the similar ironic commentary in Haslam and Matthews' text, it is important to be wary of imposing intentionality: '(7) *Master-key* (stereotypy: "I am the master-key"): "The master-key is the house-key – I am not the house-key but the house – the house belongs to me."¹⁷³ B.St. (or the text) seems almost aware that they are being moulded into a master-key for unpicking the clinical mystery of dementia praecox, and reasserts their autonomous, subjective identity.

So intrinsic is Freud's encounter with this ideal paraphrenic/schizophrenic¹⁷⁴ that he is unable to explicate his theory of narcissism without grounding it in observations from his reading of Schreber. Indeed, it has compelled him to do so as he states: '[a] pressing motive of occupying ourselves with the conception of a primary and normal narcissism arose when the attempt was made to subsume what we know of dementia praecox (Kraepelin) or schizophrenia (Bleuler) under the hypothesis of libido theory.'¹⁷⁵ Freud is now making an essential distinction between the neuroses (hysteria and obsession) and the psychosis of paraphrenia. Although both involve a break

¹⁷¹ Jung, *Dementia Praecox*, p.109

¹⁷² Jung, *Dementia Praecox*, p.104

¹⁷³ Jung, *Dementia Praecox*, p.117

¹⁷⁴ Freud uses the terms interchangeably often, for example, Sigmund Freud, 'On Narcissism: An Introduction', *The Standard Edition of the Complete Psychological Works*, XIV, trans. by James Strachey, (London: The Hogarth Press, 1957), pp.67-102 (p.74)

¹⁷⁵ Freud *SE* XIV, p.74

with reality, neurotics, for Freud, retain ‘erotic relations to people and things ... in phantasy’. Conversely, the paraphrenic ‘seems really to have withdrawn his libido from people and things in the external world, without replacing them by others in phantasy’. Freud identifies this as the causal root of paraphrenic megalomania so that the ‘libido that has been withdrawn from the external world has been directed to the ego and thus gives rise to an attitude which may be called narcissism.’¹⁷⁶ As detailed in ‘On Narcissism’, the Freudian paraphrenic has ‘two fundamental characteristics: megalomania and diversion of their interest from the external world – from people and things’¹⁷⁷. By interest, Freud means sexual interest and hence questions where the libido has been redirected to in the schizophrenic. Its detachment from exterior objects and fixation on the ego is what leads to megalomania. To an extent, Freud’s two characteristics are one, or at least represent the two sides of a perfectly balanced equation.

The next step in Freud’s reasoning is the extraordinary move. From this process, Freud infers the existence of a ‘primary narcissism that is obscured by a number of different influences’¹⁷⁸. Schreber’s florid paraphrenic narcissism has revealed to Freud a universal truth about the non-pathological mind: the ‘original libidinal cathexis of the ego.’¹⁷⁹ Prior to his encounter with Schreber, this underlying ego-libido was concealed by the neurotic parade of object-cathexes dancing through Freud’s analytic sessions. Freud is explicit about the fact that normal psychology can only be intuited, discovered or – troubling for a radical constructionist perhaps – constructed from the larger, more visible entity of the psychotic mind:

Just as the transference neuroses have enabled us to trace the libidinal instinctual impulses, so dementia praecox and paranoia will give us an insight in the psychology of the ego. Once more, in order to arrive at an understanding of what seems so simple in normal phenomena, we shall have to turn to the field of pathology with its distortions and exaggerations.¹⁸⁰

At the root of central conceptual tenets of psychodynamic theories of the self is Schreber, as encoded in the text of his *Memoirs*.

Schreber does not point the way towards the theory of primary narcissism only. The pressing question thrown up by this argument as to ‘why this damming-up of libido in the ego should have to be experienced as unpleasurable’¹⁸¹ leads Freud to relocate the Bleulerian psychic split at the existential core of the libido in the form of the antagonistic pairing of life and death drives to be explicated in *Beyond the Pleasure Principle* (1920). At the same time, ‘On Narcissism’ also sees the first, tentative description of the super ego:

Delusions of being watched present this power in a regressive form, thus revealing its genesis and the reason why the patient is in revolt against it. For what prompted the subject to form an ego ideal, on whose behalf his conscience acts as watchman, arose from the critical influence of his parents (conveyed to him by the medium of the voice), to whom were added, as time went on,

¹⁷⁶ Freud *SE* XIV, p.75

¹⁷⁷ Freud *SE* XIV, p.74

¹⁷⁸ Freud *SE* XIV, p.75

¹⁷⁹ Freud *SE* XIV, p.75

¹⁸⁰ Freud *SE* XIV, p.82

¹⁸¹ Freud *SE* XIV, p.85

those who trained and taught him and the innumerable and indefinable host of all the other people in his environment – his fellow men – and public opinion.¹⁸²

It is no exaggeration to note that Schreber has reproduced himself through Freud's text and become the template for his tripartite model of the mind, and the inspiration for the theory of dual nature of the libidinal drive. Schreber, in effect, rewrites Freud and psychoanalysis in his image.¹⁸³ This is the baseline of schizomimesis: the rhetoric and content of Schreber's *Memoirs* – in which the subject is destabilised through interpolated imperatives from God, and a florid new cosmology and ontology of influences and sexual forces emerges – become the organising matter of the associationist psychology of the twentieth century, which itself returns to (re)order the psychopathology from which it was born. Schizomimesis then gives a history of psychiatry as a discourse of thought insertion proceeded expansively by a dynamic of influence:

Supposing a psychopathology, the concept of schizophrenia was steadily widened to the point of imprecision, diffusion and over-inclusion ... No such disorganisation would be acceptable in the diagnosis of any other medical condition. A disorder exists or it does not.¹⁸⁴

The diffuseness of the diagnostic, psychopathological sign of 'schizophrenia' reveals – through the application of the concept of schizomimesis – two fundamental ideas.

The first of these is that the diagnostic sign is structured on the dynamic model of the sign-productions of the supposed disease entity. Or more simply, attempts to describe the disease entity come to echo the characterising symptomatology constituent of the disease entity. This may occur through subtle or not-so-subtle direct influence, as seen in the exchange of ideas (explicit and implicit) between psychoanalysis and Schreber. This could be termed a schizomimesis of content. It may also occur through the diagnostic discourse *enacting* qualities (or symptoms) associated with 'schizophrenia' in its process of constructing the disease sign, for example a delusionary (as in, unproven by empirical evidence) belief in a bio-genetic mechanism causing auditory verbal hallucinations or, as shall be explored in the next chapter, a symptomatic over-literalising of heuristic hypothetical concepts such as formal thought disorder. Vincent Crapanzano (1998) notes this schizomimetic process in relation to the contagious persecution of Schreber's text, and its infection of the diagnostic reading method:

Ironically, in the case of paranoia, whose systematicity is organized around a persecutor, the diagnostic reader, by the act of diagnosis, risks occupying the place of the persecutor. Such a reader comes to assume with respect to the text a fixed position (outside the text) that is supported by the conceptual apparatus – the diagnostics – that enabled the diagnosis in the first place.¹⁸⁵

¹⁸² Freud *SE* XIV, p.95

¹⁸³ Some of the alleged successes in the treatment of schizophrenia claimed for psychoanalysis should now be reappraised in light of the structural theoretical contribution an overtly psychotic psyche made to the Freudian model of the non-pathological mind. Especially alarming is Mortiz Schreber's position as the archetype for the super ego.

¹⁸⁴ John G Howells (ed), *The Concept of Schizophrenia: Historical Perspectives* (Washington: American Psychiatric Press, 1991) pp.xix-xx Again, naming is the route to asserting control: 'Clarity will be helped by a more operationally effective term to cover the condition ... encephaloataxia.' (Howells, p.xxii)

¹⁸⁵ Vincent Crapanzano, "Lacking now is only the leading idea, that is: we, the rays, have no thoughts": Interlocutory collapse in Daniel Paul Schreber's *Memoirs of My Nervous Illness*, *Critical Inquiry* 24:3 (1998) 737-767, p.741

By schizomimesis, the diagnosed, through the manifestations and expressions of their symptoms, construct their diagnoses and their diagnosticians.

Similarly, consider the second quotation at the opening of this section, taken from a 2015 paper into the neurological activity associated with thought insertion (TI) and alien control of movement (ACM) by Walsh *et al*, for which the researchers had to simulate both symptoms in ‘healthy’ (but ‘highly hypnotically suggestible’)¹⁸⁶ participants. Participants’ brains were monitored by fMRI when having to complete a sentence stem. TI and ACM were simulated separately, with the participants being instructed that the sentence would be either mentally completed (TI) or physically written (ACM) for them by an external agent. The Engineer imagined for their experiment – as external origin for the TI and ACM – has surely stepped off the pages of Matthews’ account of the Air Loom Gang. An obvious problem with their simulation is that whilst their imagined Engineer does not actually (as claimed) mentally complete sentences or physically write them for the participants, the assertion that the Engineer will do that has itself genuinely come from an external source, and one with considerable authority: a team of neurologists at King’s College, London. This is surely the exact inverse of the experience in actual TI or ACM where any suggestive audio commentary or priming is intrinsic and simultaneous (rather than extrinsic and preliminary). The researchers are both blind to the (constructed) objective reality of the Engineer to the participants and also to the fact that their interpretations of the differences in brain activity (*qua* sign generated by the sign-producing fMRI) between the simulated TI and ACM and the control (without either) fail to account for the fact that, apparently, participants produced similarly completed sentences. This is important. If executive function is altered under the conditions of the simulated TI and ACM (and – in their argument – in the case of actual TI and ACM), how are the sentences completed?

Schreber can shed some light on this. Walsh *et al*, in their conceptualisation of TI and ACM, must surely be drawing – either directly or indirectly through the influence of the *Memoirs* on the diagnostic discourse – on Schreber’s ‘writing-down-system’¹⁸⁷ and ‘the *system of not-finishing-a-sentence*’.¹⁸⁸ The former is the process whereby an extensive textual syntagm that is partially, wholly or not at all isomorphic with Schreber’s notes and drafts for his *Memoirs* has been produced, containing or representing all of Schreber’s consciousness:

Books or other notes are kept in which for years have been *written-down* all my thoughts, all my phrases, all my necessities, all the articles in my possession or around me, all persons with whom I come into contact, etc. I cannot say with certainty who does the writing down. As I cannot imagine God’s omnipotence lacks all intelligence, I presume that the writing-down is done by creatures given human shape on distant celestial bodies after the manner of the fleeting-improvised-men, but lacking all intelligence; their hands are led automatically, as it were, by passing rays for the purpose of making them write-down, so that later rays can again look at what has been written.¹⁸⁹

¹⁸⁶ Walsh *et al*, p.382

¹⁸⁷ see Schreber Chapter Nine, (2000) pp.115-129

¹⁸⁸ see Schreber Chapter 16, (2000) pp.197-206

¹⁸⁹ Schreber, (2000) p.123 [Italics in original]

The ACM of the automatic writing-down-system is, in Schreber, inseparable from TI and depersonalisation, and all three are unified in the context of his ontological philosophy that representation is a falsification, or facile, ‘improvised’ recreation of an already destroyed reality.¹⁹⁰ Though not taking the idea to the existential extremes that Schreber does, it seems reasonable to agree that all representation is at least partially a falsification and one compelled by exterior forces. To return to Vološinov, all sign-production is a social act. The same is true of the socially enforced compulsion in finishing sentences. Schreber gives an account of being continually subjected to a version of the stem sentence test: ‘for years single conjunctions or adverbs have been spoken into my nerves thousands of times; these ought only to introduce clauses, but it is left to my nerves to complete them in a manner satisfactory to a thinking mind.’¹⁹¹ Schreber’s insight is that all stem sentences – regardless of the charade of an Engineer – contain within them a spectrum of potential TI; this is the compulsive force constituent of language. Schreber employs a whole range of different and superficially bizarre strategies to break from these compulsions: countering the semantico-syntactic logical completion in the stem sentence with an idiosyncratic alternative; distorting the stem sentence phonically; halting the syntagm with repetition; distracting himself with piano playing or poetry reciting. Aside from the schizomimetic echo of Schreber’s own experimental discoveries in Walsh *et al*, there is clearly an important point about language here: language interpellates its speaking subjects. This will be a central concern of the next chapter.

To recapitulate, the first fundamental idea to come from this analysis of the diagnostic discourse is that the disease entity is formulated schizomimetically. It is, in fact, possible to explain why ‘schizophrenia’ *qua* nosological sign is schizomimetic in one sentence: unlike diagnostic signs generally, the symptoms of ‘schizophrenia’ connote rather than denote a disease; similarly, those sign relations ‘symptomatic’ of ‘schizophrenia’ are overly distinctively reliant on connotation over denotation for generating meaning. This shall be shown in the next chapter.

The second fundamental idea produced is the structural similarity between Saussurean semiotics and associationist, psychodynamic diagnostic theories of schizophrenia. Dynamically, these two conceptual systems might almost be describing the same entity. Saussure’s model of the psychic association intrinsic to the nature of the linguistic sign has a clear relation to the associations pathologically loosened in Bleuler’s model of schizophrenia. Saussure claims ‘the two elements involved in the linguistic sign are both psychological and are connected in the brain by an associative link.’¹⁹² For Bleuler, the loosening of associations is the primary and defining symptom of schizophrenia.¹⁹³ It is the first of the fundamental symptoms listed in Bleuler’s text:

¹⁹⁰ ‘The notion of “representing,” that is to say of giving a thing or a person a semblance different from its real nature (expressed in human terms “of falsifying”).’ Schreber, (2000) p.124 This shall be explored in Chapter Three.

¹⁹¹ Schreber, (2000) p.198

¹⁹² Saussure, p.66

¹⁹³ An obvious criticism of this conclusion of Bleuler’s is that association experiments were the primary mode of clinical investigation of schizophrenia at Burghölzli so it would be strange if the ‘discovered’ or constructed

In this malady the associations lose their continuity. Of the thousands of associative threads which guide our thinking, this disease seems to interrupt, quite haphazardly, sometimes such single threads, sometimes a whole group, and sometimes even large segments of them.¹⁹⁴

The consequent disruptions to speech and writing are – in Bleuler’s epidemiological narrative – precisely that: consequent. The primacy of a meta-linguistic loosening of associations is made explicit in the text’s closing theoretical formulations of schizophrenia:

*We assume the presence of a process, which directly produces the primary symptoms; the secondary symptoms are partly psychic functions operating under altered conditions, and partly the results of more or less successful attempts at adaptation to the primary disturbances.*¹⁹⁵

Bleuler details, though without the semiotic terminology, how through a loosening of the associations constituent of linguistic signs (the words of a *langue*), schizophrenic speech re-constitutes itself as an alternative *langue* rather than an alternative pathological *parole* operating according to the same nomenclatural key as non-schizophrenic speech (*parole*)”

The striking words and phrases used by our patients can hardly be looked upon as empty shells but rather as shells which conceal a different content from the usual. Forel’s patient described the phenomenon very well:

“I used some words in order to express a concept entirely different from the usual one. Thus, I blithely employed the word *mangy* to mean gallant. If I could not immediately find an appropriate word to express the rapid flow of ideas, I would seek release in self-invented ones, as for example, *wuttas* for *doves*.”¹⁹⁶

The patient, through a combination of ‘blithe’ re-employment of existing words and the creation of new ones, is creating their own idiosyncratic *langue*. As in the Saussurean model of the sign, the patient’s drive for neologisms is due to a perceived missing connection between signifier and signified; the ‘rapid flow of ideas’ (the signified) produces an entirely new sound (signifier). The neologism ‘*wuttas*’ does not purely substitute for ‘*doves*’. Rather, the word might be defined as how this individual, under considerable pressure to express themselves, refers hurriedly (and cathartically, in seeking ‘release’) to doves. As a sign, ‘*wuttas*’ does not just signify ‘*doves*’, which would be the linguistic translation. Neither does it just signify that the speaker has a condition called ‘schizophrenia’, which would be the medical semiotic translation. It does both, and also conveys both the phenomenological lived experience of the patient and a possible critique of the patient-physician exchange. But these meanings (and many others that could be drawn) are not guaranteed as there is no agreed community conferring conventionalised meaning on the sign. Whatever agreement on meaning that has occurred has done so in the mind of the patient only.

According to Barthes, a *langue* for a community of one is not possible because the *langue* ‘is the social part of the language, the individual cannot by himself either create or modify it; it is essentially a collective contract which one must accept in its entirety if one wishes to

disease (better, the disease construction produced) did not manifest symptomatically around associations. As ever, the method of diagnostic investigation – the nature of the diagnostic eye looking – constructs the clinical entity subsequently discovered and delineated.

¹⁹⁴ Bleuler, p.14

¹⁹⁵ Bleuler, p.461 [Italics in original.]

¹⁹⁶ Bleuler, p.150

communicate.¹⁹⁷ Yet what is the psychotic break if not a unilateral breaking of collective social contracts? Whatever a person's theoretical background – social constructionist, biological empiricist, psychodynamic psychologist, linguist, critic – they must agree on this. Barthes' account of the core semiotic concepts implicitly deals only with the non-psychotic¹⁹⁸; it is the work of this thesis to extend these concepts to the psychotic. It does not seem inappropriate then to adopt Orwell's maxim that a 'lunatic was simply a minority of one.'¹⁹⁹ There is a similarity here with Bateson's well-known theory of the schizophrenic double bind, according to which the patient '*must live in a universe where the sequences of events are such that his unconventional communicational habits will be in some sense appropriate.*'²⁰⁰ Bateson *et al* gave a 'communicational theory of the origin of schizophrenia'²⁰¹ drawing on Bertrand Russell's theory of logical types. But the semiotic reading proposed by this thesis does not support Bateson's conclusions that the schizophrenic difficulty in '*discriminating communicational modes either within the self or between the self and others*'²⁰² must necessarily come from conflicting communicational signals in the interaction between the schizophrenic and their parents (or more specifically, the main object of Bateson's aetiological witch hunt, the mother).

Bleuler's warning not to misinterpret patients' words as 'empty shells' illustrates the core error of diagnostic readings of schizophrenia. An entirely separate *langue* (*qua* 'a social institution and system of values'²⁰³) with utterly novel, idiosyncratic sign associations – most probably formed through a speaking community of one – is being interpreted and translated as a *parole*, parallel and related to a non-schizophrenic *parole*. Heavy assumptions about shared conventional associations between signifier and signified are being made during earnest attempts to translate schizophrenese and all other phenomena of schizophrenia. Such a Laingian phenomenological empathetic exercise is noble in intent, if misconceived in practice.

The thesis presented here is that there has never yet been a rigorous semiotic diagnostic account of schizophrenia. There are two important caveats to this assertion. First, the proposed semiotic analysis in no way relates solely to linguistics. Barthes is explicit on the 'extra- or meta-linguistic' application of the concepts of *langue* and *parole*:

¹⁹⁷ Barthes, *Elements*, p.14

¹⁹⁸ Barthes suggests that the concept of the idiolect – a one-person dialect constructed from the individual's linguistic habits – 'would appear to be largely an illusion.' Barthes retains the term to designate 'the language of the aphasic who does not understand other people and does not receive a message conforming to his own verbal patterns.' (Barthes, *Elements*, p.21) The schizophrenic *langue* proposed by this thesis is not an idiolect precisely because it is not – or at least not solely – restricted to language. Just as disordered speech is not a necessary diagnostic criterion, neither is it necessary for the argument that the schizophrenia can be analysed as a distinct *langue*. Instead, the argument is that schizophrenia operates across all sign systems, with the pathological emphasis varying from case to case. The question of 'schizophrenese' will be addressed in Chapter Two.

¹⁹⁹ George Orwell, *Nineteen Eighty-Four* (New York: Houghton Mifflin Harcourt, 1987), p.182

²⁰⁰ Gregory Bateson, Don D Jackson, Jay Haley and John Weakland, 'Toward a theory of schizophrenia', *Behavioral Science*, 1 (1956) 251-264, p.253 [Italics in original.]

²⁰¹ Bateson 'Toward a theory of schizophrenia', p.251

²⁰² Bateson 'Toward a theory of schizophrenia', p.252 [Italics in original.]

²⁰³ Barthes, *Elements*, p.14

We shall therefore postulate that there exists a general category *language/speech*, which embraces all the systems of signs; since there are no better ones, we shall keep the terms *language* and *speech*, even when they are applied to communications whose substance is not verbal.²⁰⁴

Barthes supports his assertion with analyses of a series of non-linguistic sign systems: the garment system; the food system; the car system and the furniture system. Whilst Bleuler is referring specifically to the speech of schizophrenics, this thesis applies the semiotic analysis to all sign exchanges, in relation to schizophrenia *qua* hypothesised (and thereby constructed) semiological sign system. Within this system will be included all the phenomena labelled as ‘symptomatology’ – represented both objectively (meaning in narratives exterior to the symptoms) and subjectively (through narratives constructed within, or at least in great proximity to, the symptom phenomena). This chapter has performed just such a semiotic reading of the diagnostic discourse.

The second caveat is rather more complicated and strikes to the heart of this thesis and its conclusions. First, put aside the argument that schizophrenia in the totality of its phenomena represents a separate *langue* from non-schizophrenia. Instead, consider how the associations permitted within the semiological system of non-schizophrenia are much tighter than those of the schizophrenia system. To return to the example from Bleuler, a speaker (within the non-schizophrenia system) cannot blithely use ‘mangy’ to mean ‘gallant’ nor substitute ‘wuttas’ for ‘doves’ and have any expectation of being understood. However, this is not a statement about the inviolable, transcendental and eternal nature of the sign ‘doves’. Rather, it is a statement about the social contracts at play in the language of English in the early twenty-first century. Its semiotic truth is highly contingent on location in space and time.

Conversely, within the schizophrenia semiological system posited by this thesis, the speaker can (and does) substitute ‘wuttas’ for ‘doves’. Therefore, this is clearly an acceptable shift along Saussure’s associative plane²⁰⁵ within the schizophrenia system.²⁰⁶ That is not to claim that any person with schizophrenia (or any person conversant with the schizophrenia semiological system) could therefore interpret ‘wuttas’ for ‘doves’ intuitively. The claim is only that such an associative substitution breaks no rules within this system. It might be given as a characteristic of the schizophrenia semiology system that a high proportion of associations simply have to be learnt,

²⁰⁴ Barthes, *Elements*, p.25 In this thesis, unlike in Lavers and Smith’s translation of Barthes, the French originals – *langue* and *parole* – are retained to prevent any confusion. ‘Language’ and ‘speech’, when used, will not have this specific semiotic meaning.

²⁰⁵ Barthes prefers to use ‘paradigmatic’ or ‘systematic’ instead of ‘associative’. (Barthes, *Elements*, p.59) Here the term ‘associative’ is used for the clear echo of Bleuler’s psychodynamic model of the schizophrenias.

²⁰⁶ Readers might worry that this thesis rests on the assumption of the existence of one single coherent schizophrenia semiological system, and that by doing so, this thesis repeats the diagnostic reading errors already documented whereby a theoretical reading approach constructs something, and mistakes its own invention for a novel discovery. Szasz levels exactly this criticism at Kraepelin and Bleuler in *Schizophrenia: The Sacred Symbol of Psychiatry* (1988). However, this thesis is not making a pretence at discovery. Rather, it deliberately aims at constructing a schizophrenia semiological system as an object of semiotic analysis. The analysis and the constructed system are intended to be tools to aid understanding, by ordering information and allowing for new insights.

rather than intuited, just as the forms of the irregular *être* or the potential movements of chess pieces must.

The non-schizophrenia semiological system is more associatively restricted than the schizophrenia system. These rules are historically and culturally determined. (It is easy to imagine that ‘mangy’ might one day be a synonym for ‘gallant’.) Similarly, the syntagmatic ‘combinative constraints’²⁰⁷ of the schizophrenia system are freer than in the non-schizophrenia system. Any example of ‘schizophrenese’ – with its distinctive gaps within or seemingly meaningless additions to the constitutive chains of reasoning, grammar and even individual words – might support this argument. Remaining with Bleuler’s text, ‘the insertion of a long *hui*-sound between pairs of words,’²⁰⁸ the metonymic exchange of ‘*an hour* for *grandfather clock* because of the relation of the clock to the hours of the day’ or compound or condensed neologisms such as ‘lie-truths’ or ‘cage-weather juice’²⁰⁹ can all be read as instances of movements on the syntagmatic axis of language that are characteristic of the schizophrenia system.²¹⁰ Again, the greater combinative constraints in the non-schizophrenia system are the product of the community of speakers – situated in time and space – using the *langue*.²¹¹

The non-schizophrenia semiological system (enclosing all other systems: linguistic; verbal but non-linguistic; aural but not verbal; gestural; physical but not gestural, and so on) must necessarily be a carved out, refined *and therefore subsidiary* entity – to be termed *parole* – existing wholly within (although temporally after – except in the co-temporality of the schizophrenic and non-schizophrenic) a less rigidly associative primordial semiotic soup, and let this be termed the *langue*.

Obviously, this structure can be described by Kleinman’s earlier employment of James’ account of the baby making sense of the world. Non-schizophrenic associative sign system(s) are an entity pulled out of the ‘big blooming, buzzing confusion’ of a pre-existing and encompassing schizophrenic looser associative sign system. This is not to valorise the schizophrenic *langue* any more than it is to valorise Saturn to note its enormity, variety and size in contrast to Venus. Neither is it to deride the schizophrenic *langue* as more primitive, any more than the greater age and weaker structural cohesion of the great grey gas giant makes Saturn in some way more primitive than Venus. That the matter constituent of Venus was once as disparate and disjoined as that of Saturn does not suggest any normative value judgement of primacy for one, nor the obverse of refinement

²⁰⁷ Barthes, *Elements*, p.69

²⁰⁸ Bleuler, p.149

²⁰⁹ Bleuler, p.152

²¹⁰ It should be remembered that although the examples provided are all verbal, the argument relates to all possible phenomena within the schizophrenia and non-schizophrenia semiological systems.

²¹¹ The words ‘speakers’ and ‘*langue*’ are here being used ‘extra- or meta-linguistically’ as discussed above with reference to Barthes, *Elements*, p.25.

for the other.²¹² Of course, the distress of the person with a diagnosis of schizophrenia might be metaphorically expressed as that traumatic difficulty of Saturn attempting to hold itself in Venus's orbital relation to the sun. The reason this metaphor should be avoided is that it is clearly open to the abuse of misinterpretation that allows for the person with a diagnosis of schizophrenia to be de-humanised. That there are differences between Venus and Saturn, or between those with and without a diagnosis of schizophrenia, is obvious – without any further comment on what those differences might be – yet from the perspective of the Milky Way, the solar system is one entity.

That directly speaking across *langues* is necessarily impossible is no deterrent. Semiotics will provide the mediating metalanguage. The untranslatability of 'schizophrenia' is fuel to such an attempt, as Lotman observes:

The deeper the abyss of untranslatability between two languages, the more acute is the need for a common metalanguage to bridge the gap between them by creating equivalences.²¹³

Bridging the linguistic gap with a tentative offer of a metalanguage will be the business of the next chapter.

²¹² Another better analogy might be the letters 'P' and 's' in the English lexicon. Once conjoined, 'P' now has a certain primacy in at least two systems: the etymological and the alphabetical. However, one would be hard pushed to squeeze a normative value judgment out of this primacy.

²¹³ Lotman, *Universe of the Mind*, p.37

Chapter Two: Impenetrability!

‘Impenetrability! That’s what *I* say!’

‘Would you tell me please,’ said Alice, ‘what that means?’¹

Q Why did you call an instrument ... a Calibene?

A I imagined that word; I tried hard to find a name that could not mean any other instrument.²

From birth, the clinical portrait of schizophrenia has been rooted in an assumed equivalence between thought and speech. The train of thought is the train of speech, meaning Kraepelin can unquestioningly assert that ‘[i]ncoherence in the train of thought ... is usually noticeable in the conversation of the patients.’ When a patient remarks that ‘[l]ife is a dessert-spoon’³ there is no clinical need to pick over the semantics. Life, verifiably, is not a dessert-spoon; the sentence does nothing other than function as a clear sign of the illness. It is incoherent as language but entirely coherent as symptom. Bleuler gives a more detailed account of the ‘unknown language’ of schizophrenia:

[A] complete word-salad which is entirely unintelligible ... The utterly inconceivable combination both as to grammar and content creates the impression of an unknown language. [...] New words are often coined for the whole language, so that we may have an “artificial language,” as one of our patients called it ... it may be shown that identical words are always used to express certain concepts. For the most part, however, the “artificial language” seems to be the product of the moment, and is soon replaced by another.⁴

Schizophrenia – often but not always, as both Kraepelin and Bleuler note – offers up an ‘unknown language’ and this – in lieu of methods of reading the thoughts and minds of the patients directly – becomes the clinical object of study for insight into a posited underlying disorder (of thought, and of health).

The Kraepelinean equivalence of thought and speech disorders – whereby the latter is no more or less than the discernable, recordable, measurable manifestation of the former – has been challenged by those working in linguistics.⁵ Elaine Chaika’s notable 1974 paper – ‘A linguist looks at “schizophrenic” language’ – divides thought and speech disorders into two separate objects of analysis:

If language is not necessary to abstraction and generalization and if it does not necessarily affect cognitive behaviour, then misuse of language does not, in itself, prove impairment in thinking.⁶

¹ Lewis Carroll, *Alice’s Adventures in Wonderland and Through the Looking Glass* (Harmondsworth: Puffin, 1962) [1865 & 1872] p.275

² Foucault, *I, Pierre Rivière*, p.37

³ Kraepelin, p.56

⁴ Bleuler, pp.155-156

⁵ An exception to this rule of equivalence occurs in Kraepelin’s own taxonomy with the last clinical form described: confusional speech dementia. ‘[W]hat distinguishes our patients here, is the sense and reasonableness in their *behaviour* and in their *actions*, which compels us to the assumption that this is a case not so much of a severe disorder of thought but much rather of an interruption of the connections between train of thought and expression in speech.’ (Kraepelin, p.180) Interestingly, this separation of thought and speech is enough to lead Kraepelin to propose that this clinical form may be a ‘peculiar form of disease which is indeed related to dementia praecox but is yet not essentially the same.’ (p.180)

⁶ Elaine Chaika, ‘A linguist looks at “schizophrenic” language’, *Brain and Language*, 1 (1974) 257-276, p.258

Yet the Kraepelinaean approach endures in the *DSM-III* and beyond.⁷ *DSM-IV* explicitly states that clinical assessments of a patient's thought depend on observations of their speech:

Disorganised thinking ("formal thought disorder," "loosening of associations") has been argued by some (Bleuler, in particular) to be the single most important feature of Schizophrenia. Because of the difficulty inherent in developing an objective definition of "thought disorder," and because in a clinical setting inferences about thought are based primarily on the individual's speech, the concept of disorganized speech (Criterion A3) has been emphasized in the definition for Schizophrenia used in this manual.⁸

Nancy Andreasen, who sat on the *DSM-III* advisory committees for 'Psychotic Disorders' and 'Mood Disorders', and then on the *DSM-IV* Task Force and 'Schizophrenia and Other Psychotic Disorders Work Group', provided a pre-emptive explanation of the *DSM-III*'s (re)thinking and taxonomising of thought disorder in a pair of papers in 1979. In the first paper, Andreasen detailed the 18 proposed definitions that constitute the hypothesized 'subtypes of thought disorder.'⁹ The second paper roadtested the subtypes for their diagnostic utility.¹⁰ To further historicise Andreasen's taxonomy – intended for clinical use – it is worth noting that, as Catherine Mackenzie states in a paper from 2000, '[w]ell into the 1970s, interest in acquired language disorders was almost exclusively focused on aphasia. When attention turned to [...] schizophrenia [...], it was inevitable that assessment tools were borrowed from aphasiology.'¹¹ There was then an urgent need – both clinically and epidemiologically – for new analytical structures specific to schizophrenia that could be used to characterise speech disorders.

Although Andreasen, in-keeping with a neo-Kraepelinaean skepticism towards anything with a whiff of psychologizing,¹² explicitly acknowledges that 'thought and language are not perfectly correlated' and advocates a change in language, favouring the term 'disorganized speech' to 'thought disorder', this casual synonymity is treated as nothing more than a terminological wrinkle that can be gently ironed out. However, the thinking behind the terminological knot is

⁷ It is worth placing this within the historical context of the *DSM*'s – and schizophrenia's – developmental trajectory, discussed in the previous chapter in more detail. For much of the first half of the 20th century in the US (and to a far lesser extent in Europe), the aetiology, treatment and diagnostic conceptualization of schizophrenia was heavily informed by psychodynamic theories. In crude terms, Bleulerean associationist psychology was the pre-dominant theoretical underpinning of formulations of schizophrenia. The problems in reliability and validity of the diagnostic definitions exposed by WHO's International Pilot Study in Schizophrenia and the US-UK diagnostic study conducted (RE Kendell, JE Cooper and AG Gourlay, A.G. 'Diagnostic criteria of American and British psychiatrists,' *Archives of General Psychiatry*, 25 (1971) pp123-130) in the early 1970s provoked a reaction against this model of schizophrenia and hence 'Kraepelin and Schneider are discovered, and the obscurantist period gives way to the new gospel of biological psychiatry.' (Berrios, Luque and Villagrán, p.115) For a version of history as written by the victor, see Nancy Andreasen, 'The American concept of schizophrenia,' *Schizophrenia Bulletin*, 15:4 (1989) 519-531

⁸ *DSM-IV*, p.276

⁹ Nancy Andreasen, 'Thought, language and communication disorders I. Clinical assessment, definition of terms, and evaluation of their reliability', *Archives of General Psychiatry*, 36:12 (1979a) 1315-1321, p.1316

¹⁰ Nancy Andreasen, 'Thought, language and communication disorders II. Diagnostic significance', *Archives of General Psychiatry*, 36:12 (1979b) 1325-1330. Amongst its conclusions, the paper's assertion that positive 'thought disorders' indicate 'mania' and negative 'thought disorders' indicate schizophrenia might be considered a straightforward begging of the diagnostic question.

¹¹ Catherine Mackenzie, 'The relevance of education and age in the assessment of discourse comprehension', *Clinical Linguistics & Phonetics*, 14:2 (2000) 151-161, p.152

¹² '[O]utdated associationist psychology' as Andreasen so dismisses it. (Andreasen, 1979a, p.1316 and 1979b, p.1329)

perhaps almost as tangled. Andreasen claims that, in the spirit of Kraepelin, the definitions and the proposed scale for measuring thought, language and communication¹³ avoid Bleulerian speculation about the unknowable internal system of the mind and refocus the diagnostic assessment on a verifiable, observable clinical entity:

Because in a clinical situation, thought disorder is almost invariably inferred from observation of the patient's speech and language behavior, the definitions were written to describe speech and language behaviors commonly seen in psychiatric patients without any attempt to characterize the underlying cognitive processes unless they were reported by the patient.¹⁴

Whilst this claim is no doubt sincere, it is surely accidental sophistry. To suggest that a set of definitions to account for a supposed clinically identifiable entity called 'thought disorder' (or even merely 'disorganized speech'), which serves as a key diagnostic criterion for schizophrenia and related psychotic disorders make no 'attempt to characterize the underlying cognitive processes' is simply factually wrong. In the context of conceptualizing schizophrenia as a neuropsychiatric illness, there is a macro-narrative characterization of the sufferer's underlying cognitive processes, in which Andreasen's taxonomy and the diagnostic criteria play an obvious role.

To give a specific example, Andreasen's third definition is entitled: 'Poverty of Content of Speech (Poverty of Thought, Empty Speech, Alogia, Verbigeration, Negative Formal Thought Disorder)'. The account says that interviewers may find 'that the patient has spoken at length but has not given adequate information to answer the question' and 'may characterize the speech as "empty philosophizing"'.¹⁵ This suggests a certain degree of implicit characterizing of the patient's cognitive processes. By 1986, Andreasen explicitly classified some of these observable subtypes of disorganized speech as cognitive disorders: 'The concept of thought disorder comprises only those disorders in which thinking alone seem aberrant: poverty of speech (aberrant because thought seems not to occur) and illogicality (aberrant inferential processes).'¹⁶ That laconicism – and Andreasen defines poverty of speech as such – or abstention from conversation should be interpreted, without any other corroborating or complementary neurological, biochemical or cognitive diagnostic test, as evidence of cognitive disorder seems tyrannical. Whilst the term 'thought-language-communication disorders' appears an improvement on a misguided 'unitary'¹⁷ conception of 'formal thought disorder' (as inferred exclusively from language behaviours), the tripartite structure bears very little interrogation when used to disjunctively categorise sub-types. By what logic does Andreasen place 'poverty of speech' within the cognitive disorder leg of the tripos, but then order 'poverty of content of speech' – which she also terms 'negative formal thought disorder' – within the communicative disorders?¹⁸ Within a year, perhaps marking the changing

¹³ Which, in a later paper, is given the rather deliciously punning initialism of TLC. Nancy Andreasen, 'Scale for the assessment of thought, language and communication (TLC)', *Schizophrenia Bulletin*, 12:3 (1986) 473-482

¹⁴ Andreasen (1979a), p.1316

¹⁵ Andreasen (1979a), p.1318

¹⁶ Andreasen (1986), p.474

¹⁷ Andreasen (1986), p.473

¹⁸ Andreasen (1986), pp.473-474

fashions for understanding the relationship between language and thought, and between negative and positive symptoms across *DSM-III*, *DSM-III-R* and *DSM-IV*, Andreasen switched to using ‘alogia’ (defined, rather confusingly in relation to her earlier, above-quoted categorization, as ‘poverty of speech and content of speech’¹⁹) and ‘positive formal thought disorder.’²⁰

The purpose of this critique is not to Whigishly poke fun at arguably linguistically naïve attempts to create analytical tools for describing and understanding schizophrenic speech. Andreasen – and many others before and since – was making a pragmatic attempt at responsibly and scientifically using schizophrenic speech *as if* it were the true object of the analysis: the posited disordered thought. All the while, such researchers have acknowledged that schizophrenic speech is not disordered thought, but merely the best available pragmatic approximation, rather in the way that all physicists will agree that Newtonian physics is essentially wrong, but makes useful, usable predications about the world nonetheless. There are three problems though. First, the speech-thought relationship is far too complex to allow these assumptions of simple correlation. Second, from reading the epidemiological literature, it seems the pragmatic reading of speech *as if* it were thought often melts and blurs into believing these concepts are interchangeable. Third, as a consequence of these two problems, these analyses of schizophrenic speech do not generate useful predictions or insights into schizophrenic speech let alone any underlying thought disorder.

As of 2005, Andreasen’s TLC scale remained the ‘standard account of schizophrenic language’ and ‘a foundation for subsequent research and clinical practice,’²¹ including the development of Liddle’s²² simplified eight-symptom Thought and Language Index (TLI). Although

¹⁹ Nancy Andreasen, ‘The diagnosis of schizophrenia’, *Schizophrenia Bulletin*, 13:1 (1987) 9-22, p.15

²⁰ See also: Nancy Andreasen and Michael Flaum, ‘Schizophrenia: the characteristic symptoms’, *Schizophrenia Bulletin*, 17:1 (1991) 27-49 and Nancy Andreasen and William Carpenter Jr, ‘Diagnosis and classification of schizophrenia’, *Schizophrenia Bulletin*, 19:2 (1993) 199-214.

Prior to settling on these terms, Andreasen also proposed ‘dysphasia’ (for disordered speech, language and communication, which – she argues – constitute a disordered thought process) and ‘dyslogia’ (for disordered thought content). As words, they sound more at home in tables of rhetoric, brushing up against anaphora and aposiopesis (of which there is plenty in case studies of ‘formal thought disorder’). (Nancy Andreasen, ‘Should the term “thought disorder” be revised?’, *Comprehensive Psychology*, 23:4 (1982) 291-299)

²¹ Michael Covington, Congzhou He, Cati Brown, Lorina Naçi, Jonathan McClain, Bess Sirmon Fjordbak, James Semple and John Brown, ‘Schizophrenia and the structure of language: the linguist’s view’, *Schizophrenia Research*, 77 (2005) 85-98, p.89

²² Peter Liddle, Elton Ngan, Stephanie Caissie, Cameron Anderson, Alan Bates, Digby Quested, Richard White and Rowena Weg, ‘Thought and language index: an instrument for assessing thought and language in schizophrenia’, *British Journal of Psychiatry*, 181 (2002) 326-330. Whilst Liddle *et al* define their TLI in (partial) opposition to the TLC, and instead as a refinement of Johnston and Holzman’s Thought Disorder Index (TDL), it is very clearly in the intellectual tradition of the TLC for the purposes of this thesis as it exhibits the following characteristics: a lack of theoretical clarity as to the extent of difference or relation between thought and speech; aesthetic, subjective judgments given the basis of objective scientific measurements (e.g. the definitions of three of the symptoms as ‘peculiar word use, peculiar sentence construction and peculiar logic’ p.326); the tautological relationship between the interdependent definitions of schizophrenic speech acts and the diagnosis of schizophrenia (as identified by Schwartz, see footnote 32). The TLI represents a step forward in recognizing that two of the speech phenomena tied to the diagnostic characterization of psychotic formal thought disorder ‘are not specific to psychotic illnesses’ (p.327), although on what basis this decision has been made about ‘perseveration’ and ‘distractibility’ and not ‘poverty of speech’ or ‘peculiar word use’ is not explained.

Andreasen was not directly involved in the development of *DSM-5*, her co-author on her 1993 paper on the diagnosis of schizophrenia, William Carpenter Jnr, headed the Psychotic Disorders Working Group, and her influence endures. The problem of the pragmatic maneuver described above is that it often has a contrary effect to that intended: it confuses rather than clarifies the object of study. Any gain from a pragmatic assertion of speech-thought correlation – and it is not clear that there is much gain anyway – is certainly more than offset by the recurring need to highlight and re-examine (and sometimes reformulate) the assumptions about speech, thought and the relationship(s) between the two. The validity of using disordered speech as an unequivocal signifier of the signified of disordered thought, and therefore positioning it as a master signifier of schizophrenia, was – according to the consultation website – interrogated during the revision and consultation process for *DSM-5*.²³

Unfortunately, the revised text appears to pack more ambiguity into fewer words in a dedicated section entitled ‘Disorganized Thinking (Speech).’²⁴ In contrast to the *DSM-IV*’s factual statement that – for good or ill – inferences about thought are, in ‘a clinical setting ... based primarily’ on speech, *DSM-5* favours a vague opening statement: ‘*Disorganized thinking (formal thought disorder)* is typically inferred from the individual’s speech.’²⁵ This very inference is the foundational cornerstone for the existence of this posited ‘disorganized thinking (formal thought disorder)’. Where – anywhere – is the evidence or even the theoretical framework or the useful experiential results that justify this inference? It may well be a wrong inference, and even if there is disorganized thought and disorganized speech (these terms are, despite the context, not scientific ones by any measure) why should there be a causal relationship between the two, in either direction? Indeed, why should there be any direct relation between the two at all?

The *DSM-5*’s brief description concludes by suggesting that ‘[l]ess severe disorganized thinking *or* speech may occur during the prodromal and residual periods of schizophrenia.’²⁶ Curiously, whilst perhaps intended as unambiguously conjunctive, this ‘or’ raises the disruptive spectre of a contradictory disjunction. Are disorders of thought and speech the same thing, in the collective mind of the APA? Is one the necessary consequence of the other? Or is disorganized speech simply a reliable clinically observable correlate of disorganized thought? If speech and thought are different manifestations of the same mechanism, then this disjunctive ambiguity suggests – perversely – that the APA are not wholly convinced of the fact. Contrariwise, the APA might have absolute clarity in their thinking on this question, and believe disorganized speech does

²³ It is a nice irony that those least likely to care about the content of any speech by ‘schizophrenics’ are most likely to consider FTD as the pre-eminent diagnostic sign of ‘schizophrenia’. Slater and Roth, biologists who vehemently reject all psychotherapies and ‘talking cures’ for psychosis, consider FTD as schizophrenia’s ‘diagnostic sign of the first order.’ Eliot Slater and Martin Roth, *Clinical Psychiatry*, (London: Bailliere Tindall and Cassell, 1977), p.316

²⁴ *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* (Washington DC: American Psychiatric Association, 2013), p.88

²⁵ *DSM-5*, p.88 Rhetorically, this sentence sounds like a straw man proposition, in which the word ‘typically’ contains the implied meaning ‘mistakenly.’ However, no counter-proposition follows.

²⁶ *DSM-5*, p.88 Emphasis added.

not necessarily and always mean disorganized thought, but the unruly ironies of language have undermined this assertion in the very act of its being made: the muddy speech muddies the inferred thought.²⁷

DSM-5 continues:

Rarely, speech may be so severely disorganised that it is nearly incomprehensible and resembles receptive aphasia in its linguistic disorganization (*incoherence* or “word-salad”). Because mildly disorganized speech is common and nonspecific, the symptom must be severe enough to substantially impair effective communication.²⁸

Again, the reasoning appears confused and contradictory. Mild disorganized speech is ‘common and nonspecific’ and only when sufficiently severe to ‘impair effective communication’ does it become a pathological sign of schizophrenia. However, the previous sentence suggests – assuming a rough parity between the concepts of ‘nearly incomprehensible’ and ‘substantially impair effective communication’ – that such instances occur ‘rarely.’

This posited thought/speech hybrid seems to re-appear under the ‘Associated Features Supporting Diagnosis.’²⁹ Here, the *DSM-5* lists ‘language function’ amongst a series of ‘cognitive deficits’:

Cognitive deficits in schizophrenia are common and are strongly linked to vocational and functional impairments. These deficits can include decrements in declarative memory, working memory, language function, and other executive functions, as well as slower processing speed. Abnormalities in sensory processing and inhibitory capacity, as well as reductions in attention, are also found. Some individuals with schizophrenia show social cognition deficits, including deficits in the ability to infer the intentions of other people (theory of mind), and may attend to and then interpret irrelevant events or stimuli as meaningful, perhaps leading to the generation of explanatory delusions.³⁰

The distinctions simultaneously erected and dismantled by this account are perhaps unhelpful. Presumably – given the earlier statements in *DSM-5* and *DSM-IV* regarding inferences about thought – the majority of the testing and assessment of these ‘common’ cognitive deficits are speech or language based, at least partially.³¹ It is almost tautological to note that ‘language

²⁷ The intellectual error of unquestioningly conflating speech and thought is (wittily) identified by Eugen Bär as being more appropriately characteristic of the patient than the psychiatrist: ‘[b]y simply identifying thought and language disorders, psychiatric researchers commit that very logical type crossing that they discover in their patients.’ Eugen Bär, ‘Semiotic studies in schizophrenia and senile psychosis’, *Semiotica*, 16:3 (1976) 269-283, p.277

²⁸ *DSM-5*, p.88

²⁹ *DSM-5*, p.101

³⁰ *DSM-5*, p.101

³¹ This presumption is not unsupported. Keefe and Fenton – in a paper tentatively proposing cognitive deficit as a diagnostic criterion for schizophrenia – discuss the lack of formal tests for cognition. Inevitably, in the clinical setting at present, any assessment of a schizophrenia patient’s cognition will be both informal and language mediated. Keefe and Fenton note that formal cognitive testing is part of the curriculum of clinical psychologists and neuropsychologists but not of psychiatrists, nurses and social workers. It should be no surprise that ‘[i]nterview-based assessments of cognition have been historically unreliable,’ as they often, by necessity, involve asking ‘whether patients have difficulty remembering names, concentrating well enough to read a newspaper or book, being able to follow group conversations, and handling changes in daily routines.’ Richard Keefe and Wayne Fenton, ‘How should *DSM-V* criteria for schizophrenia include cognitive impairment?’, *Schizophrenia Bulletin*, 33:4 (2007) 912-920, p.916

Keefe, Poe, Walker *et al* (2006) gives a summary of four different cognition tests employed clinically to assess people with a diagnosis of schizophrenia. In all, the tasks – with very few exceptions – either

function' is decremented within a constellation of cognitive deficits inferred from poor language-based responses;³² the decremented 'language function' is the clinically verifiable object from which the supposed 'social cognitive deficits' are inferred. When language is both the object and medium of much (if not all) the assessment, it is hard to understand how the result might pertain to anything other than language. This something called 'language function' – which remains unglossed but terminologically distinct, to the APA, from 'speech', 'thought' and the posited 'speech/thought' hybrid – might be a synonym for Chomsky's language competence, and therefore is also itself inferred rather than observed. Clearly, this 'language function' cannot relate to Chomsky's linguistic performance, as performance is dependent – in part – on memory, processing and attention, which are all listed separately.³³ For even more obvious reasons, in a diagnostic account of schizophrenia, 'language function' cannot refer to an organic neurological mechanism.

Clearly, the *DSM* revisions have taken place without any serious engagement with linguists. This is hardly surprising, but why does it matter? It matters because this strikes to the very heart of the diagnostic group of schizophrenias. In *DSM-5*, 'disorganized speech (e.g. frequent derailment or incoherence)' appears as Criterion A3 in the diagnostic criteria for 'brief psychotic disorder',³⁴ 'schizophreniform disorder'³⁵ and 'schizophrenia',³⁶ and is referenced but not directly quoted in the criteria for 'schizoaffective disorder'. Therefore, the current diagnostic importance of disordered speech as an unproblematic – though qualified – indication of 'disorganized thinking' stands at odds with an older body of evidence from linguistics that questions: the 'unstated assumption that thought disorder is isomorphic to speech disorder',³⁷ that speech disorders in schizophrenics can

directly test language skills (for example, a semantic fluency test) or are assessed through language (for example, a digit sequencing task to test working memory that requires the patient to give their responses verbally). See Richard Keefe, Margaret Poe, Trina Walker, Joseph Kang and Philip Harvey, 'The Schizophrenia Cognition Rating Scale: An interview-based assessment and its relationship to cognition, real-world functioning, and functional capacity,' *American Journal of Psychiatry*, 163 (2006) 426-432 and Joseph Ventura, Steven Reise, Richard Keefe, Lyle Baade, James Gold, Michael Green, Robert Kern, Raquelle Mesholam-Gately, Keith Nuechterlein, Larry Seidman and Robert Bilder, 'The Cognitive Assessment Interview (CAI): development and validation of an empirically derived, brief interview-based measure of cognition,' *Schizophrenia Research*, 121:1 (2010) 24-31.

³² The tautology established by the interlinking of a diagnosis of schizophrenia and schizophrenic speech, whereby each defines the other, has been known to psycholinguistics for many decades. Steven Schwartz recognized 'that independent definitions of speech deviance and schizophrenia are necessary if we are to avoid circular reasoning when studying speech-disturbed schizophrenics.' Steven Schwartz, 'Is there a schizophrenic language?', *The Behavioral and Brain Sciences*, 5 (1982) 579-626, p.615

³³ Schwartz – in pulling together research from 1960s and 1970s – concludes that psychotic speech demonstrates a failure in Chomskyan performance but not a disease of competence: '[s]chizophrenics' speech is disturbed, but their language competence appears intact.' (Schwartz, p.588) Given that – with the current state of knowledge – it appears as though schizophrenic psychosis is episodic, whereas changes in neuroanatomy are not, it seems commonsensical that psychosis should affect performance (within the timeframe of the psychotic episode) but not any underlying competence. But it's a standing question whether or not Chomskyan language competence exists outside linguistics.

³⁴ *DSM-5*, p.94

³⁵ *DSM-5*, p.96

³⁶ *DSM-5*, p.99

³⁷ Ann Phillips Hotchkiss and Philip Harvey, 'Linguistic analyses of speech disorder in psychosis', *Clinical Psychological Review*, 6 (1986) 155-175, p.155

provide reliable insights into concomitant thought disorders;³⁸ that schizophrenic speech is disordered syntactically, grammatically or semantically;³⁹ or that such a thing as schizophrenic speech even exists.⁴⁰

Does the impenetrable linguistic sign have to be an indicative symptom of schizophrenia?⁴¹ For Chaika, unprovoked and un glossed neologisms remain necessarily symptomatic of deviant behaviour, as ‘[e]ven if the patient were deliberately coining new words, this behaviour would have to be considered bizarre, as one normally explains to others what a new word means.’⁴² Chaika argues in several papers and her monograph *Understanding Psychotic Speech: Beyond Freud and Chomsky* (1990) that a distinct form of speech exists that is peculiar to people in psychosis. Although revisited and revised repeatedly in different publications, Chaika’s central thesis persists, and is well summarised in the opening section of *Understanding Psychotic Speech*:

Paraphrasability is a hallmark of normal speech production. It is part of the essential character of language. Every normal utterance can be paraphrased. The paraphrase may not be as beautiful as the original or as succinct, but it can convey the same meaning. All psychotic utterances cannot be paraphrased.⁴³

This contention will be returned to later in this chapter. However, at this point it is sufficient to state that Chaika’s resistance to paraphrasability, in relation to supposedly ‘deviant’ speech, can legitimately be read as paraphrasal with the concept of the impenetrable linguistic sign. Chaika is unwilling to restrict her observation to the diagnostic entity schizophrenia, and so – mostly – talks of psychotic speech.⁴⁴ Also, Chaika very clearly claims that this psychotic speech – to use Saussurean terms – is a *parole* rather than a *langue*: ‘there is schizophrenic **speech**, but not a schizophrenic language.’⁴⁵ In response to Chaika (1974), Fromkin (1975) explicitly questions the existence of a distinctive or ‘unique’ schizophrenic speech. In Fromkin’s contrasting account, these

³⁸ Victoria Fromkin, ‘A linguist looks at “A linguist looks at ‘schizophrenic language’”’, *Brain and Language*, 2 (1975) 498-503

³⁹ Sherry Rochester and J R Martin, *Crazy talk: a study of the discourse of schizophrenic speakers* (New York: Plenum, 1979) Rochester and Martin also note that ‘clinicians seeking to describe language use in schizophrenia have not noticed the inferential states of their own descriptions’ (p.3) and that therefore – and mistakenly – ‘language is treated as an epiphenomenon to information processing’ (p.16).

⁴⁰ Roger Brown, ‘Schizophrenia, language, and reality’, *American Psychology*, 28 (1973) 395-403

⁴¹ Part of what is meant by ‘impenetrable’ here is that it does not yield to explanation or interpretation as a sign of underlying verifiable neuro-biological disease. The linguistic signs of the aphasic can be ‘penetrated’ by a matching of speech act (signifier) onto a physical lesion (signified). In Peircean terms, the disorganized speech of the aphasic is an indexical sign of brain damage, whereas the disorganized speech of a schizophrenic is a symbolic sign, the signified (or object) of which is severed, absent, unfixed or hyper-variable depending on the *Interpretant*. This conforms with the commonsensical – if not especially informative – account of schizophrenic impenetrable signs as lacking any clear, socially acknowledged and reasonably consensually established meaning.

⁴² Chaika (1974), p. 262 Chaika’s assertion here seems very unsafe. Rarely do people, deliberately and consciously, at least outside academia, coin new words. When they do, this behaviour is striking – if not ‘bizarre’ – whether they gloss or not.

⁴³ Elaine Chaika, *Understanding Psychotic Speech: Beyond Freud and Chomsky* (Springfield: Charles G Thomas, 1990), p.6

⁴⁴ Subsequently, Chaika returned to using the term ‘schizophrenic speech.’ Elaine Chaika, *Linguistics, Pragmatics and Psychotherapy: A Guide for Therapists* (London: Whurr, 2000)

⁴⁵ Chaika, *Understanding Psychotic Speech*, pp.51-52

instances of language do not signify a ‘bizarre’, deviant or pathological psychology. Rather, they signify universal truths – as in states of affairs – about all human speech:

If the characteristic features singled out by Chaika are unique, then they are unique to the class of *human* speakers. This is not to deny the existence of schizophrenia, but merely to point out that the examples of schizophrenic speech do not show such speech to differ wildly from that of nonschizophrenics.⁴⁶

This opens up a greater question than left unaddressed by Fromkin. Rather than asking what linguistics and the collective knowledge of language can do to explain these impenetrable linguistic signs of schizophrenia, it is possible to ask: what can these impenetrable linguistic signs of schizophrenia do to explain linguistics and language?

What exactly is the impenetrable sign, and can its properties be described? Consider the Calibene from Foucault’s extensive ‘dossier’⁴⁷ on a murder in rural Normandy in the early 19th century. To summarise the case, a young man, Pierre Rivière, murdered his mother, brother and sister, and exhibits various behaviours that those interested in retrospective diagnosing could use to support a diagnosis of schizophrenia. These include: disorganized speech; poverty of speech; disorganized behaviour; flattened and inappropriate affect; paranoia; religiosity not (wholly) culturally appropriate; grandiose delusions (especially about the significance of his murders); delusional suicidal ideation (he finally cuts his own throat, convinced that he is already dead). Amongst the various testimonials and legal papers compiled by Foucault, Rivière is described by one witness as burying and then exhuming an ‘instrument’:

For nearly two years, Rivière worked in his loft, using a knife and some small tools he got from the neighbours and some pieces of wood whose use one could not guess at; however my children told me that it was a little like a gun; Rivière named this instrument “Calibine.”⁴⁸

In terms of a signified, the sign is apparently empty. The account drips mystery, and the riddle is wrapped tight in an enigma given the doubled lack of signified: not only does the instrument lack meaning but the tool used to construct it has a use that not only is not known but cannot even be guessed at. More confusingly, it is not clear whether these inexplicable ‘pieces of wood’ are the same as the instrument being crafted. If so, this may prove a valuable property of the impenetrable sign: it is a sign that constructs itself. The account continues: ‘[h]e went one day, followed by the village children, and buried it in a meadow. Two or three months later he went, again followed by children, and dug it up again.’⁴⁹ Another valuable property: the impenetrable sign survives death.⁵⁰

Rivière’s own description of the instrument in his confessional memoirs – written paradoxically to both explain and to damn him – is strikingly different. Here the ‘calibene’ is a restless indeterminate product of transcendental imagination:

I also wanted to distinguish myself by making completely new instruments, I wanted them to be created in my imagination. I resolved first to make a tool to kill birds such as had never before been

⁴⁶ Fromkin (1975), p.503

⁴⁷ Foucault, *I, Pierre Rivière*, p.x

⁴⁸ Foucault, *I, Pierre Rivière*, p.31

⁴⁹ Foucault, *I, Pierre Rivière*, p.31

⁵⁰ This return is most probably disbarred from being Freudian by virtue of being literal.

seen, I named it “calibene,” I worked on it for a long time on Sundays and in the evening, and finding that it did not succeed as I had expected, I went and buried it in a meadow and later I dug it up again and it is still on the floor in one of the houses. I had also resolved to make an instrument to churn butter all by itself and a carriage to go all by itself with springs, which I wanted to produce only in my imagination.⁵¹

The instability on one side of the sign infects the other; the signifier wavers between Calibine and calibene. The impenetrable sign appears simultaneously as incontrovertible evidence (though of what?) and inconvenient alibi. Philippe Riot notes that the impenetrable sign is unruly in its wild significations. It will not kowtow to the sanctioned discourse and so must be excised by those who fear the repercussions of its equivocal and unreliable generative powers:

The “calibene,” ... disappeared from the bill of indictment; the reason is that in Rivière’s memoir the “calibene” is mentioned alongside “an instrument to churn butter all by itself and a carriage to go all by itself with springs, which I wanted to produce only in my imagination” (p.103). What emerges from this conjunction is not the cruelty of Rivière’s ideas, but their “bizarre character”;⁵²

The sign of culpability exculpates. Exhibit A for the prosecution is also the cornerstone in the case for the defence. The calibene is meant to function as a clear sign of Rivière’s murderous nature, but it operates – simultaneously and contradictorily – as a sign of his madness; similarly, his enigmatic and ambiguous confessional account was proposed by the prosecutors as a means of indicating his guilt, but serves also as his mitigation. Both the calibene and the account – mysterious and indefinable – operate as impenetrable signs without fixed meaning. As discussed earlier with reference to the Breivik case, the schizophrenic sign exhibits high re-purposiveness: as a mark of guilt, it exonerates as it condemns.

The impenetrable sign disappears and returns at the same time, as the Cheshire cat’s grin, that ‘most curious thing,’⁵³ is sign of both presence and absence (whether that be of a cat, of meaning or of sanity). In this, the impenetrable sign has the quality of residue. The Calibine/calibene is raised throughout the legal documents relating to Pierre Rivière as a clear indicator of either his mental ill health or his murderous, cruel nature. In Chaika’s terms, whilst the Calibine/calibene may be impossible to paraphrase, it is remarkably easy to re-purpose. Enigmatic and endlessly reinterpretable, it is the ideal emblem of Rivière’s act. Yet it also occludes and is occluded by the act. The cat vanishes into its smile; Rivière vanishes into his calibene, which in turn vanishes into the act. Foucault analyses the instrument as emblematic of the function of the written memoir:

The murder would rather appear to be a projectile concealed at first in the engine of a discourse which recoils and becomes unnecessary in the propulsion discharging it. We might well call this mechanism the mechanism of the “calibene”.⁵⁴

Foucault attests that the text/calibene is, by the time it is produced, unnecessary as the murder has already been actuated in reality. The mechanism becomes only commentary.

⁵¹ Foucault, *I, Pierre Rivière*, p.103

⁵² Philippe Riot, ‘The parallel lives of Pierre Rivière’, in *I, Pierre Rivière*, pp.229-250 (pp.241-2)

⁵³ Carroll, *Alice*, p.90

⁵⁴ Foucault, *I, Pierre Rivière*, pp.202-3

Impenetrable signs will then yield to a determined reading. Foucault vanishes the calibene. Humpty Dumpty wields definitional strength – ‘[w]hen I use a word ... it means just what I choose it to mean – neither more nor less’⁵⁵ – to destroy the untranslatable hardness⁵⁶ of the Jabberwocky. In his hard reading of one patient’s text,⁵⁷ Bleuler resembles no one so closely as Humpty Dumpty, proceeding through a blend of assumptions, assertions and even occasional admissions of uncertainty: “‘139 waiting-years,’ is not at all clear’;⁵⁸ “‘*momé*’ I’m not certain about that.’⁵⁹

This comprises a crude summary of clinical responses to the impenetrable signs of schizophrenia: extirpate or re-inscribe. This chapter will present a different reading strategy, drawing on the semiological implications of the philosophy of Gilles Deleuze, and the especially his collaborative ‘assemblages’⁶⁰ with Felix Guattari. These impenetrable signs operate as ‘*absurd, or ... impossible objects*’⁶¹ as described by Deleuze in *The Logic of Sense* (1969). As Deleuze observes: ‘[t]heir denotation ... cannot at all be fulfilled; nor do they have a signification, which would define the type of possibility for such a fulfilment. They are without signification, that is, they are absurd.’⁶² Reading impenetrable signs requires respecting their autonomous absurdity as a positive presence. Deleuze is keen to stress that absurdity is not an absence of sense, but rather a form of sense that does not operate within the bounds of denotation and signification. It is very important here to describe Deleuze’s ‘circle of the proposition’ developed from Stoic philosophy and employed throughout *The Logic of Sense*, and which will inform the argument of this chapter.⁶³ Deleuze posits this circle joining ‘three dimensions’⁶⁴ of denotation, manifestation and signification, and has particular, semi-technical definitions for each. For the purposes of this thesis, it is sufficient to loosely approximate denotation with a form of pure reference, concerned with truth statements about reality, and roughly equivalent to – but not strictly isomorphic with – Peircean indexical and iconic signs. Contrastingly, Deleuze’s signification is conceptual meaning and connotation. A far broader church than denotation, it comprises the ground and conditions for truth statements, and – again – stands roughly equivalent to Saussure’s sign, a foundation stone of meaning. Manifestation, more simply, is the inter-personal instance of communication or utterance. It is the narrative self or the voice that speaks, and maps imprecisely onto the concept of deixis in this thesis. But for Deleuze, these dimensions are insufficient without a fourth *a priori* dimension:

⁵⁵ Carroll, *Alice* p.274

⁵⁶ ‘[T]here are plenty of hard words there’ Carroll, *Alice*, p.276; ‘Who’s been repeating all that hard stuff to you?’ Carroll, *Alice*, p.278

⁵⁷ Bleuler, pp.154-155

⁵⁸ Bleuler, p.155

⁵⁹ Carroll, *Alice*, p.278

⁶⁰ Gilles Deleuze and Felix Guattari, *A Thousand Plateaus: Capitalism and Schizophrenia*, trans. by Brian Massumi (London: Continuum, 2004) [1980] p.4

⁶¹ Gilles Deleuze, *The Logic of Sense*, ed. by Constantin V Boundas, trans. by Mark Lester with Charles Stivale (London: Continuum, 2004) [1969] p.41

⁶² Deleuze *Logic of Sense*, p.41

⁶³ Deleuze *Logic of Sense*, p.20 See ‘Third Series of the Proposition’ 16-26 in its entirety for a (non)exhaustive account of the proposition, and the interrelation of denotation, manifestation, signification and sense.

⁶⁴ Deleuze *Logic of Sense*, p.20

‘sense, *the expressed of the proposition* [...] an incorporeal, complex, and irreducible entity, at the surface of things, a pure event which inheres or subsists in the proposition.’⁶⁵ So it is that this thesis can talk of impenetrable signs with incommunicable and undecipherable meaning, imperceptible and intangible interlocutors, implausible and irrational reference and yet being imbued with sense.

Before embarking on this reading, a word of warning. Postmodernist rhetoric can be beguiling in its showy vacuity and runs the risk of having all the insubstantial quasi-illuminative potency of a firework display. Catherine Prendergast in a 2008 article sharply critiques Deleuze and Guattari (as well as Lacan and Jameson) for being seduced by the ‘rhetorical exceptionalism of schizophrenics’⁶⁶ and calls for an analysis that will ‘rescue schizophrenia from these metaphoric entrapments.’⁶⁷ This chapter intends to provide that very rescue.

⁶⁵ Deleuze *Logic of Sense*, p.22

⁶⁶ Catherine Prendergast, ‘The unexceptional schizophrenic: a post-postmodern introduction’, *Journal of Literary Disability*, 2:1 (2008) 55-62, p.57

⁶⁷ Prendergast, p.58

Schizophrenese; a semiotic of self-expression

'I'm was a Catholic Church annulment'⁶⁸

'Structurally deviant speech is a symptom in and of itself and, as such, must be analysed in its own right.'⁶⁹

Coined in Robbins (1963),⁷⁰ schizophasia is a term of variable currency to 'refer to the language systems of schizophrenics.'⁷¹ The suffix is derived from the Greek for speech, and so the word perhaps more closely means 'schizophrenic speech' rather than 'language systems'. Given that it is a central aim of this thesis to construct a semiological sign system of schizophrenia, and a central contention that this system rests on a conception of schizophrenia (in all its sign manifestations) that is analysed as an independent *langue* – with its own grammar and vocabulary – rather than a deviant *parole* related to another, non-pathological *langue*, the term 'schizophasia' is unsuited to this verbal semiotic.⁷² Instead, the term 'schizophrenese' will be used for three highly appropriate reasons. First, the suffix '-ese' is most commonly used to denote languages rather than speech acts. Secondly, these language titles are also homonymously titles for discrete populations defined by one, all or some combination of geography, culture, political state or ethnicity. Thirdly, 'schizophrenese' is a neologism, with more than a hint of anarchic, satirical comedy. These reasons combine to form a pleasing aesthetic effect, as schizophrenese connotes both geopolitical authority and bathetic self-deprecation.

The term is drawn – perhaps surprisingly – from Szasz's *A Lexicon of Lunacy* (1993), where it is used with some derision to emphasize his oft-expressed article of faith that the mentally ill are malingerers using unorthodox means to communicate their inability or unwillingness to engage in (capitalist) productive life. Szasz mocks psychiatry's wilful refusal to grant schizophrenese the same legitimacy the discipline (over-) enthusiastically grants its own 'scientific-sounding'⁷³ diagnostic lexicon: 'psychiatrists regard the view that schizophrenese is a language like a foreign tongue, rather than the manifestation of a disease like delirium, as patently false.'⁷⁴ Within semiotics, there again is no contradiction. Schizophrenese is a language comprising signs, organised within a grammar (which in turn is only a series of sign conventions). This definition holds true whether the signified content of the language delineates a pure biological disease entity or a complex and audacious act of shamming.

Lecerle, in his 1990 monograph *The Violence of Language*, demonstrates the invalidity of Szasz's distinction by his observation that '[t]here is always something grammatical about delirium,

⁶⁸ Robert Herbert and Karen Waltensperger, 'Schizophasia: a case study of a paranoid schizophrenic's language', *Applied Psycholinguistics*, 1 (1980) 81-93, p.86

⁶⁹ Chaika, *Understanding Psychotic Speech*, p.31

⁷⁰ Samuel Robbins, *A Dictionary of Speech Pathology and Therapy*, (Cambridge: Sci-Art Publishers, 1963)

⁷¹ Herbert and Waltensperger, p.82

⁷² 'Schizophasia' also comes with significant neurological 'theoretical baggage' as McKenna and Oh note. Peter J McKenna and Tomasina M Oh, *Schizophrenic Speech: Making Sense of Bathrooms and Ponds That Fall in Doorways*, (Cambridge: Cambridge University Press, 2005), p.ix

⁷³ Szasz, *Lexicon of Lunacy*, p.36

⁷⁴ Szasz, *Lexicon of Lunacy*, p.27

there is always something delirious about language.⁷⁵ In this, Lecercle is building on his concept of *délire*, a Deleuzian concept of a manic, contagious ‘surfeit’ of meaning.⁷⁶ For Lecercle, delirium is a form of relationship between a speaker and their text, and one in which the former is subordinate to the latter. Lecercle argues that all *langues* operate in a creative but threatening tension with excluded material, of which nonsense and psychotic texts are prime examples. This material Lecercle terms the ‘remainder’ and he defines it as follows:

I shall no longer treat language as a scientific object, susceptible of a comprehensive description in terms of system and coherence, i.e. in terms of Saussure’s concept of *langue*. There is another side to language, one that escapes the linguist’s attention, not because of his temporary failure or failings, but for necessary reasons. This dark side emerges in nonsensical and poetic texts, in the illuminations of mystics the delirium of logophiliacs or mental patients.

Lecercle arguably introduces unnecessary and unclear additional terminology and concepts. At times, he suggests that this ‘remainder’ – which he conflates with a Lacanian *Lalangue* and Deleuze and Guattari’s rhizome – is external and oppositional to the *langue*. At other stages, he appears to conceptualise the ‘remainder’ – on its Freudian return – as a now (and perhaps always?) internalised, innate force that gives the *langue* its constitutive power, in contrast to a sterile, stable Chomskyeian coding competence: ‘Saussure’s *langue* is not a stable object, but a locus for the struggle of contradictory forces, a partial cosmos incessantly striving to emerge out of a fundamental chaos.’⁷⁷ Accepting this dynamic quality of the *langue* enables this thesis to respect the spirit of Lecercle’s ‘reminder’ whilst jettisoning the term itself as unhelpful baggage.

The source of this dynamism within *langue* is – as might be expected from a Marxist account – the *agon* of class struggle. As detailed in the introduction, Lecercle’s Marxist theory of language is a central influence of this thesis. This chapter adopts a similar philosophical, political position, but prefers to refer to a mechanism of (non)complicity between interlocutors rather than *agon*. This shall be seen throughout the current chapter. Language, unlike material capital and power, is not so pliant and predictable a weapon in class struggle, as Lecercle’s ‘remainder’ suggests. Its ambiguities and ellipses makes it unstable terrain for *agon* and forces speakers and listeners into sometimes unpredictable and unwanted relations of complicity or non-complicity with others, and even with themselves. The binarism implied by *agon* is unnecessarily restrictive. Language offers a rhizomatic struggle along multiple planes, with moments of complicity (or not) at each nodal point. Hence, complicity is the chosen term.

Indeed, Lecercle himself gives a good definition of what is meant by complicity when discussing the national identity myth of languages: ‘A language is now not a dialect equipped with an army [...], but a dialect promoted to the status of a language because an imaginary community has decided to find its unity in it or base its unity on it.’⁷⁸ It is this complicity that, as the next

⁷⁵ Jean-Jacques Lecercle, *The Violence of Language* (London: Routledge, 1990), p.58

⁷⁶ Jean-Jacques Lecercle, *Philosophy Through the Looking-Glass: Language, Nonsense, Desire* (La Salle: Open Court, 1988), p.3

⁷⁷ Lecercle, *The Violence of Language*, p.32

⁷⁸ Lecercle, *A Marxist Philosophy of Language*, p.191

section will argue, is frequently refused those termed ‘schizophrenic’ and this exclusion is constitutive of their language schizophrenese.

The linguistic analysis of psychotic speech is not a new endeavour, and a debate played out during the 1970s and 1980s between those who believed speech could be used reasonably to infer the state of a patient’s thought⁷⁹ and those who disagreed. Academic and clinical interest in close readings of psychotic speech appears to have weakened over the past two decades. As theories of illness narrative have gained ground, and as people with psychosis have been increasingly more likely to find published self-expression as authors and memoirists rather than data within a study, there has been a noticeable shift from structural analyses of language towards theories of self and narrative.⁸⁰ Within language studies itself, the high structuralism of the mid-to-late twentieth century has given way to a renewed fascination with phenomenology. This might be understood in the twin contexts of the pendulum swings of academic fashion and a socio-cultural climate that increasingly prizes examinations of individual agency – epitomised in this field by personal stories of recovery – over universalising accounts of macro-structures. Added to this, the advancements in neuroimaging and neurochemistry have shifted attention from the structural linguistics of speech to the bio-mechanics. For many researchers, the form of speech is a matter of physical rather than textual anatomy. A further – but not final – element is the decreased incidence of psychotic speech due to two unrelated factors: the better identification of discrete organic brain illnesses previously presenting as schizophrenia, and more efficacious anti-psychotic medications. It may well be the case that research and diagnostic theory lags practice in this regard. Whilst schizophrenese might be interpreted as a diagnostic sign of underlying pathology in universities and academic journals, in clinics it is a sign of patient non-compliance with or the biochemical unsuitability of a specific medical regimen.

The systematic, 18-subtype account of schizophrenese developed by Andreasen has already been analysed in the previous section. What other taxonomies are worth examining? Chaika (1990) offers a comprehensive critical linguistic anatomy of ‘psychotic speech’, itemising the speech deviancies as: ‘gibberish; neologisms; opposite speech and other erroneous retrievals of words; glossomania; rhyme and alliteration inappropriate for the context; intrusive errors; word salad and other syntactic disruptions; perseveration and other repetitions.’⁸¹ This is surely more an anatomy

⁷⁹ Ilene Lanin-Kettering and Martin Harrow, ‘The thought behind the words: a view of schizophrenic speech and thinking disorders’, *Schizophrenia Bulletin*, 11:1 (1985) 1-7

⁸⁰ For some examples of phenomenological analyses of schizophrenic life narratives, see A Pejler, K Asplund and A Norberg, ‘Stories about living in a hospital ward as narrated by schizophrenic patients’, *Journal of Psychiatric and Mental Health Nursing*, 2 (1995) 269-277, Tracey Mould, Lindsay Oades and Trevor Crowe, ‘The use of metaphor for understanding and managing psychotic experiences: a systematic review’, *Journal of Mental Health*, 19:3 (2010) 282-293. Such illness narratives are the subject of the next chapter. Ethnographies and other qualitative accounts focusing on service-users narratives of their experience and emotions have superseded the de-personalised, de-psychologised dissections of speech, for example John Aggergaard Larsen, ‘Understanding a complex intervention: person-centred ethnography in early psychosis’, *Journal of Mental Health*, 16:3 (2007) 333-345.

⁸¹ Chaika, *Understanding Psychotic Speech*, p.7

of Chaika's critical reading and its foundational assumptions (one might be tempted to say prejudices); Chaika's analysis is underpinned by moral and aesthetic normative values that this thesis rejects. From the outset, Chaika – in rejecting the conceptual unity of disorganized speech and disorganized thought – cannot, logically, distinguish schizophrenic speech from other speech acts on the basis of underlying pathology or speaker intentionality (frustrated or realised). Formally, when speech is analysed in isolation from utility as measured against intentionality or thought, the analysis becomes a matter of aesthetic judgement. This is very apparent in Chaika's distinction between poetic and schizophrenic language innovations:

Witticisms, good prose, and artistic language in some way elucidate a message in a memorable or aesthetic manner. In contrast, schizophrenic "unusual" word choices rarely have any such relevance.⁸²

This demonstrates some obvious problems with a formal distinction based on aesthetics. By Chaika's own admission, these are not two exclusive categories. That schizophrenic word choices 'rarely' qualify the text as witty, 'good' or 'artistic' is surely another way of saying that on some occasions, they certainly do. As might be expected from an academic linguist, 'witticisms, good prose, and artistic language' are not seen as contestable terms deserving of qualifying speech marks in the way that 'schizophrenic "unusual" word choices' are.

As with most appeals to inviolable and absolute concepts – aesthetic-moral goodness in this case – Chaika's argument is driven by an unexamined belief in a 'natural' linguistic order. It is only in relation to this good, natural order that something can be defined as 'deviant'. Chaika manages to hold a position that simultaneously agrees with and contradicts that of Humpty Dumpty. *Contra* Deleuze, Chaika makes an essentialist distinction between Carroll's nonsense – epitomised in the 'Jabberwocky' poem – and the psychotic utterances of the mentally ill: 'the ability to produce this kind of nonsense is part of one's natural linguistic ability.'⁸³ However, Chaika adds that this naturalism is prescriptive, and that the community of speakers can intuitively distinguish when nonsense – as a product of natural linguistic ability – has over-expanded the meaning of words, and created speech that is unacceptable:

One cannot take a word and use it to mean anything else. The hearer has to be able to expand the meaning of the word(s) used and it is part of our normal linguistic baggage both as speakers and understanders that we recognise when the extension has snapped.⁸⁴

Natural and normal are synonymous in Chaika's analysis, naturally.

This philosophical model of language is not just an affront to Humpty Dumpty's 'glory'. Even the *DSM-5* is circumspect about this level of linguistic totalitarian imperialism. Under its description of schizophrenia, the manual warns in relation to the criterion of 'disorganized thinking (speech)': '[t]he severity of the impairment may be difficult to evaluate if the person making the

⁸² Chaika, *Understanding Psychotic Speech*, p.6

⁸³ Chaika, *Understanding Psychotic Speech*, p.58

⁸⁴ Chaika, *Understanding Psychotic Speech*, p.113

diagnosis comes from a different linguistic background than that of the person being examined.⁸⁵ In a section entitled ‘Culture-related Diagnostic Issues’, the *DSM-5* explicitly acknowledges that cultural relativism is a necessary diagnostic consideration: ‘the assessment of disorganized speech may be made more difficult by linguistic variation in narrative styles across cultures. [...] If the assessment is conducted in a language that is different from the individual’s primary language, care must be taken to ensure that alogia is not related to linguistic barriers.’⁸⁶ Socio-historic barriers to inter-personal communication cannot be pathological signs, and no language (*langue*) and no speech act (*parole*) operates outside a socio-historic context nor – if recorded or observed, directly or indirectly – without an extent of inter-personal communication (successful or not; intentional or not).⁸⁷

Rochester and Martin (1979) explicitly implicate the listener in any discourse failure, and identify the characterisation of schizophrenese as incomprehensible as being a dialogic product of an attempted exchange between listener and speaker, and not a transcendental and innate quality of the speaker’s speech: ‘to make a statement about incoherent discourse is really just to make a statement about one’s own confusion as a listener.’⁸⁸ The *DSM-5*’s caveat is an attempt to parse schizophrenese, separating contextual incoherence from inherent incoherence. However, in Rochester and Martin’s analysis, it is precisely at this contextual and pragmatic level – rather than at a syntactic or lexical level – that schizophrenese⁸⁹ differs from the language of the clinician or researcher: ‘the distinction between TD [thought disordered person with a diagnosis of schizophrenia] and other speakers is at a highly developed level of language use – and not at the level of word salad or neologisms or speech blocking.’⁹⁰ To extract from this a principle of the semiotic of schizophrenese: schizophrenese is a *langue* that, when incoherent to non-schizophrenese listeners at the level of discourse, retroactively makes its lower-level linguistic components into impenetrable signs.

In this feature, schizophrenese operates in exactly the opposite way to all other *langues*, when unknown by the listener. If someone with no knowledge of Mandarin encounters Mandarin text, the basic linguistic components – phonemes and morphemes – are impenetrable without a change in the listener’s language competency. Syntactical structures – clauses and sentences – are then impenetrable because of the impenetrability of the phonemes and morphemes. Indeed, the listener may not be able to even identify phonemes, morphemes, clauses or sentences from

⁸⁵ *DSM-5*, p.88

⁸⁶ *DSM-5*, p.103

⁸⁷ Indeed, adopting a dialogic model of the self and Vygotskian conception of verbal thought as, in part, an internalization of external, inter-personal speech, it follows that thought as inner speech is intra-personal communication with strong similarities to inter-personal communication.

⁸⁸ Rochester and Martin, p.3

⁸⁹ Of course, Rochester and Martin do not use these terms. They identify three linguistic communities: thought disordered schizophrenics, non-thought disordered schizophrenics and normal (i.e. people without a diagnosis of schizophrenia). They adopt ‘thought disordered’ as a terminological convenience, rather than an article of aetiological faith.

⁹⁰ Rochester and Martin, p.173

amongst a mass of phonetic data (or visual data if reading). Something similar – though more limited in effect – occurs in schizophrenese when the speaker uses neologisms. This familiar model of textual (im)penetrability can be characterised as positive, constructive, bi-directionally linear and accumulative. In other words, some knowledge of the phonemes and morphemes will enable the listener to decode (at least partially) the clauses and sentences. A knowledge of the grammar, can – by the same linear movement but in the opposite direction, hence bi-directional linearity – enable the listener to decode (at least partially) the phonemes and morphemes. Additionally, paralinguistic features, such as context or supplementary non-verbal signs, will support decoding. Always, the *langue's* penetrability is positive, constructive and accumulative; more knowledge (at whichever linguistic or paralinguistic level) will – with the obvious, partial exceptions of homonyms in all their forms – lead to greater penetrability. Accepting this, it is then possible to describe schizophrenese as being negative, deconstructive, non-linear and dissipative in terms of textual penetrability. Here then is a more rigorous, semio-linguistic account of Bleuler's loosened associations.

Rochester and Martin reference semiotician Winfried Nöth's account of 'the illusion of coherent discourse'⁹¹ generated by the speaker of schizophrenese. In Nöth's analysis, coherence is threatened at the level of 'the more extended semantics of the clause, sentence, or discourse unit'⁹² (to use Nöth's terms) and therefore the speaker performs compensatory cohesive manoeuvres 'on the basis of lexicogrammatical forms; and then [...] on the basis of intonation contours or rhymes'⁹³ (to use Rochester and Martin's). Nöth notes that paradigmatic, homophonic and paraphonic associations are used as substitutive linking devices where syntagmatic and semantic associations are expected:

These [linking devices] include *paradigmatic* associations in which words are related in terms of their lexical meanings but do not follow syntactically, *homophone* associations (e.g., *meat* and *meet*) in which textual coherence is simulated through similar sounds but does not occur at the level of meaning, and *paraphone* associations in which phonetically similar words are used in adjacent clauses/phrases (e.g., *I was a glass bowl / I didn't say grass in the hole either*).⁹⁴

This can be summarised very simply using Saussure's two axes of association: schizophrenese involves moves along the paradigmatic axis when moves along the syntagmatic axis are expected.

How does this principle assist in listening to schizophrenese? The quotation at the start of this section – 'I'm was a Catholic Church annulment'⁹⁵ – was taken from Herbert and Waltensperger's three-year study of the spoken and written narrative texts of a person with a *DSM-II* diagnosis of chronic schizophrenia, paranoid type. The only commentary Herbert and Waltensperger provide on the sentence is that it is one of several examples of 'another agrammatic

⁹¹ Winfried Nöth, 'Disturbances of associations in schizophrenia', *Orbis*, 26:2 (1978) 163-187 quoted in Rochester and Martin, p.179

⁹² Nöth in Rochester and Martin, p.179

⁹³ Rochester and Martin, p.178

⁹⁴ Nöth in Rochester and Martin, p.180

⁹⁵ Herbert and Waltensperger, p.86

type, that is a noncoordination of appropriate verbal elements.⁹⁶ They diagnostically read this as a pathological ‘reanalysis of *I’m* as a first person singular pronominal subject marker’ which is indicative of the speaker’s tendency to be ‘extremely egocentric.’⁹⁷ Despite including it within the quotation, they make no comment about the final three words – ‘Catholic Church annulment’ – presumably more because it does not fit with the diagnosis they were providing than because they consider it ‘normal’ speech.

A series of paradigmatic associations are taking place when a listener might expect a syntagmatic association. The first example is the most obvious: ‘am’ is followed by ‘was.’ Here are two alternatives along the paradigmatic axis appearing as a syntagmatic step. It is easy to dismiss this as a typical verbal slip, yet it forms the first of a series, although it is the only absolute exchange. There is a clear syntagmatic association between ‘a’ and ‘Catholic’ and again between ‘Catholic’ and ‘Church.’ However, within the context of the larger semantic unit, this demonstrates a bias or drift along the paradigmatic axis: substituting ‘Catholic’ for ‘Catholic Church.’ Again, the link between ‘Catholic Church’ and ‘annulment’ is not purely syntagmatic nor a direct movement along the paradigmatic axis. A ‘Catholic Church annulment’ is an identifiable semantic unit of English, with a clear literal meaning. It does not seem unreasonable to identify a further paradigmatic drift here, provisionally at least, with ‘Catholic Church annulment’ operating as a metaphorical emphasis of the fact that the subject ‘was’ and therefore is no longer a Catholic. Rather than egocentricity, the message might be decoded as anxious ambivalence about the possibility of renouncing Catholicism (‘I’m was a Catholic’) and a compulsive, reiterative attempt at reconciling this with the emphatic aesthetic strength of ‘Catholic Church annulment.’ The sentence could then be plotted across the two axes of language as in figure 2.1.

⁹⁶ Herbert and Waltensperger, p.85

⁹⁷ Herbert and Waltensperger, p.86

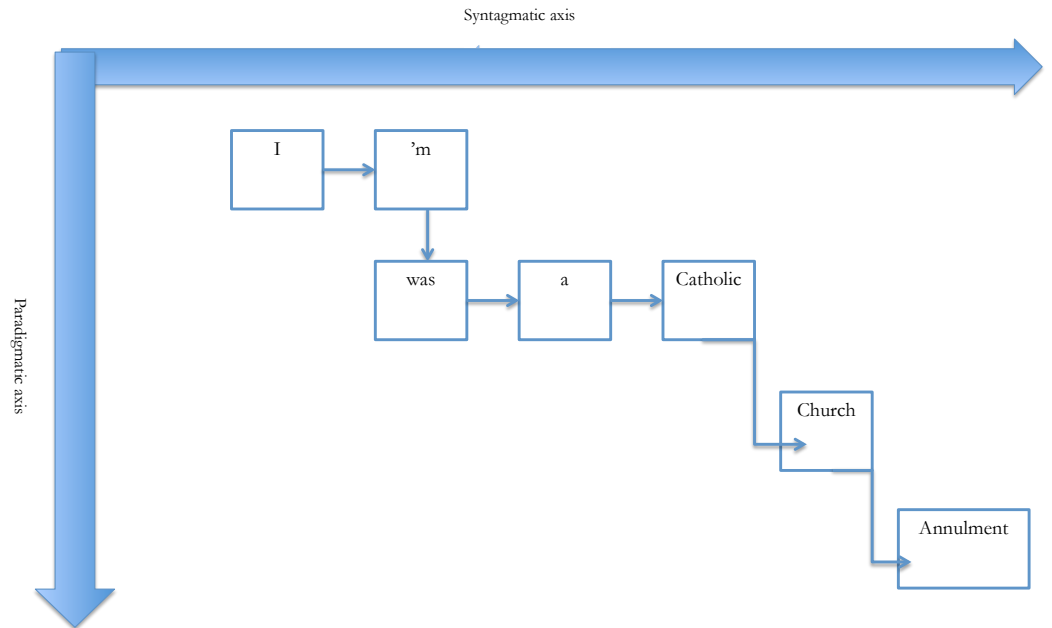


Figure 2.1
Model of the paradigmatic bias in schizophrenia

A similar method of analysing schizophrenese is applied in Rosenbaum and Sonne's Lacanian psycholinguistic monograph, *The Language of Psychosis*, published in Danish in 1979, the same year as Rochester and Martin (though not appearing in English until 1986). Rosenbaum and Sonne identify a bias along the syntagmatic axis, implicitly building on a dichotomy established by Roman Jakobson, which characterises the syntagmatic axis as metonymic in contrast to the metaphoric paradigmatic axis. Jakobson summarises his influential polarity in this way:

The development of a discourse may take place along two different semantic lines: one topic may lead to another either through their similarity or their contiguity. The metaphoric way would be the most appropriate term for the first case and the metonymic way for the second ...⁹⁸

Jakobson's expansion of Saussure's syntagmatic and paradigmatic polarity is developed through an analysis of two separate aphasic disorders: the similarity disorder and the contiguity disorder.⁹⁹ This distinction echoed earlier neurological investigations that divided aphasia into the Wernicke-type aphasia and the Broca-type aphasia, named for the areas of the brain affected. Jakobson's account of aphasia links the neurological, linguistic and clinical modes of understanding the two aphasias. In

⁹⁸ Roman Jakobson, 'Two aspects of language and two types of aphasic disturbances,' in *On Language*, ed. by Linda Waugh and Monique Monville-Burston (Cambridge: Harvard University Press, 1995) 115-133, p.129 Jakobson went even further in his attempts to map neuro-anatomy and linguistics in his final monograph, *Brain and Language: Cerebral Hemispheres and Linguistic Structure in Mutual Light* (Columbus: Slavica Publishers, 1980) written with Kathy Santilli.

⁹⁹ Jakobson (1995) As noted earlier (see footnote 11), with reference to Mackenzie (2000), clinical linguistics was born from – and remained dominated by – aphasiology.

this structure, Wernicke's area (neuro-anatomic object), a paradigmatic axis deficit (linguistic theory) and problems selecting words (clinical symptom) are all grouped as different manifestations or ways of formulating the same aphasia; Broca's area, a syntagmatic axis deficit and problems combining words comprise the other. Although there is some on-going academic debate about this model of the aphasias, Jakobson's work remains foundational and pertinent.¹⁰⁰ However, for Jakobson it is neither an aphasia of metaphor nor an aphasia of metonymy that characterises schizophrenese, but 'an abandonment of deixis,' which he identifies in the poetry and reported speech of Hölderlin.¹⁰¹

Rosenbaum and Sonne also characterise schizophrenese as being in a deictic crisis, which then sends the speech into a free fall along the metonymic axis:

The speech becomes *metonymically substitutive* [...] metonymies abound; they are both semantic and syntactical in nature; and they play on a number of linguistic paradigms (such as numerical order, morphological endings, and so on).¹⁰²

Here, then, is a syntagmatic bias to counterbalance the paradigmatic balance already identified.

Rosenbaum and Sonne argue that the deictic grounding of the schizophrenic is obliterated:

The various kinds of deictic failure in language is what we here describe as the breakdown of the boundaries between discourse and enunciation. When this occurs the times, places, persons, and circumstances of the enunciation become diffuse, unstable and replaceable entities.¹⁰³

The proliferation of chains of signifiers constructed according to 'metonymic slidings that characterize the whole form and appearance of schizophrenia,'¹⁰⁴ is then a re-constitutive, reparative strategy to re-establish a deictic stability and re-ground the schizophrenic, through the re-planting of the enunciation matrix of I/you/here/now, in the symbolic order.

The Lacanian metaphysics accounting for the underlying pathological mechanisms are highly disputable, but Rosenbaum and Sonne provide plenty of clinical evidence – from transcribed interviews with schizophrenics – to support their assertions about the instability of the first, second and third persons within schizophrenese, and the relationship between this instability and the impossibility of the speaker and listener locating themselves in a shared space-time. Rochester and Martin notice something similar in speakers who are unable to establish referential chains throughout their speech, and that the '[r]epetition of nominal groups [...] means that the original

¹⁰⁰ For example, see a recent discussion in *Aphasiology* 24:3 (2010) 363-394, comprising a lead paper by Alfredo Ardila ('A proposed reinterpretation and reclassification of aphasic syndromes'), three commentaries by Hugh Buckingham, Andrew Kertesz and Jane Marshall, and a final response from Ardila. All four note that developments in neurology – specifically improvements in functional imaging technology – have made earlier naïve mappings of linguistic symptoms on to neuro-anatomy highly contestable. This observation coheres with conclusions put forward in this chapter regarding the neurological characterizing of schizophrenese.

¹⁰¹ Roman Jakobson and Grete Lübke-Grothues, 'The language of schizophrenia: Hölderlin's speech and poetry', in *Verbal Art, Verbal Sign, Verbal Time*, ed. by Krystyna Pomorska and Stephen Rudy (Oxford: Basil Blackwell, 1985) pp.133-140 (p.139)

¹⁰² Bent Rosenbaum and Harly Sonne, *The Language of Psychosis* (New York: New York University Press, 1986), pp.64-65

¹⁰³ Rosenbaum and Sonne, p.52

¹⁰⁴ Rosenbaum and Sonne, p.83

presentation of a participant is not followed by a phoric group that refers back to it ...'¹⁰⁵ Syntagmatic bias has forced out the metaphoric identification essential for establishing a consistent self through the space-time of the text, and also of the context. To clarify, schizophrenese – in these instances cited – keeps the grammatical identity of nominal groups (be they first, second or third person) instable. The phoric referential link between occurrences of the nominal is severed, so each appearance is 'as new.' Rosenbaum and Sonne identify a speaker who puns on you/they – which are phonically indistinguishable in Danish, *De/de* – destroying the deictic stability of the speech. Rather than engage in their subsequent metaphysical wonderings about things that by definition are unknowable, such as the (dis)integrative state of a person's unconscious, it is sufficient for this thesis to note that this disruptive, anti-deictic force is present within the Danish language itself, specifically the pun on *De/de*.¹⁰⁶ Language provides the material of its own disintegration. Could it be that the existential deictic uncertainty inherent in being a human subject has encoded itself in language, as a social product, and that this uncertainty is then dialectically re-inscribed in the interlocutory subjects that language produces?

Modelling the syntagmatic bias is difficult, not least as Rosenbaum and Sonne's interviews are English translations of Danish originals, and the muddying of the linguistic waters when moving between two languages is sufficiently obvious for the *DSM-5* authors to have noticed it, as observed earlier. In their own modelling, Rosenbaum and Sonne note the extended runs along the numerical and geographical syntagms in the following speech:

[T]he state has done very good work, they have discovered the hundred thousand million times million three hundred things on the bottom of the Silkeborg Lakes, in the Zealand Lakes and the North Sea, and up in the rainbow, they had looked up into the clouds [...] down in, down in caves [...] under Øster Søgade there they have beaten three hundred, eight, eight thousand, um, three hundred things, or one hundred, three hundred things down with sexual ... big sexual organs ...¹⁰⁷

This is modelled in figure 2.2 below. It is notable that the syntagmatic bias is so great that no significant progress can be made along the syntagmatic chain of the text itself; syntax turns vertical.

¹⁰⁵ Rochester and Martin, p.181

¹⁰⁶ This is Crapanzano's 'interlocutory collapse' but as a nascent quality of the language, there to be adopted by the linguistic subject. This is only half the story, of course. The linguistic subject is – as a matter of this thesis' ideological position – subjectivated by language, rather than some free individual prior to or outside language. So, the possibility within language for this 'interlocutory collapse', this deictic shock or – more plainly – this pun, is the creative constraint or expressive shortcoming (indicative of and formed by socio-historical conditions) that brings this subject into being, and defines those 'psychological' states it can have (for there is no having without expressing, for the speaking subject). Crapanzano describes 'interlocutory collapse' as 'a dramatic shrinkage of the pragmatically constituted distance between interlocutors that precludes any creatively responsive interlocution. It occurs when an addresser so identifies with an addressee, or vice versa, that they become one.' Interlocutory collapse is, very clearly, already a coded presence, a threat, within the Danish pronoun *De/de*, and one which *parole* can combat with some success through pragmatics (and the materiality of context) but that *langue* has no defence against except for futile rules of grammar. Crapanzano, p.747

¹⁰⁷ Rosenbaum and Sonne, p.80

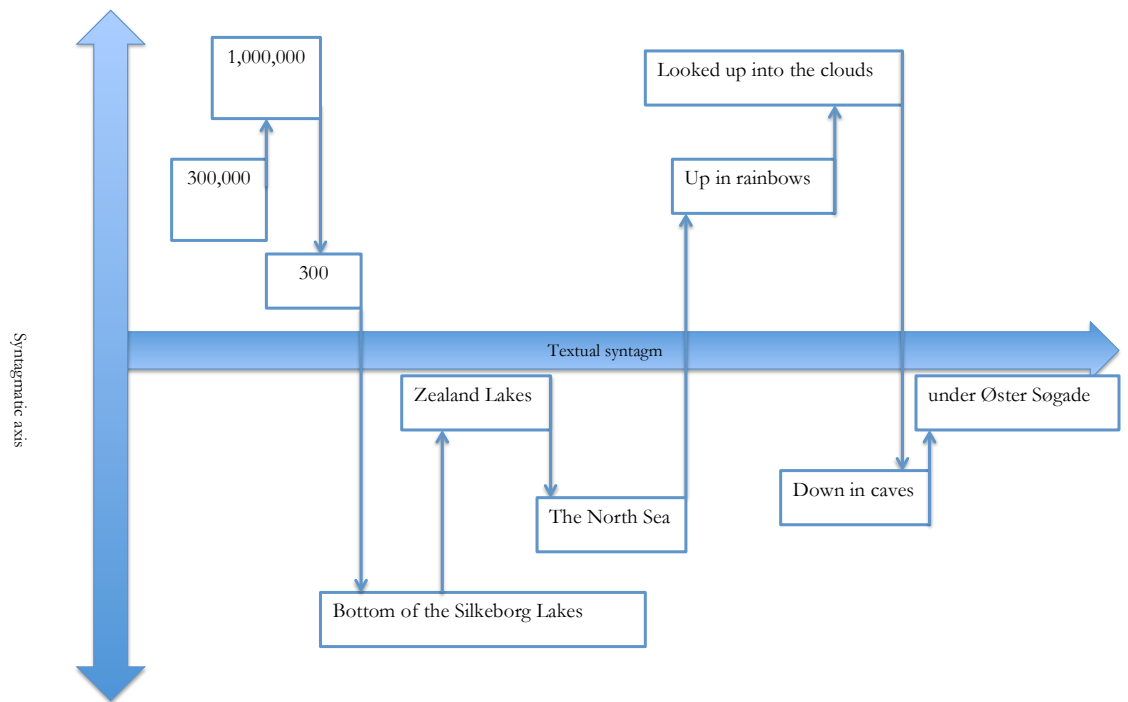


Figure 2.2
Model of the syntagmatic bias in schizophrenia

It might be that the syntagmatic bias, which sees the text rocketing up and down number scales, soaring into clouds and then plunging to subterranean depths, demonstrates a metonymising of some very simple metaphors. It would not be particularly taxing on the imagination to offer a re-inscriptive interpretation of these emphatic, accumulative, up and down motions, and expansions and contractions of size resolving on ‘big sexual organs.’ However, the separation between the present thesis (as listener) and the schizophrenic speaker is so great and so varied – comprising three decades, two languages, two countries – and the text so partial and mediated, that any interpretive reading would be barely less reductive and fictive than this parodic Freudian reading. In the next two sections, this thesis will examine recent examples of schizophrenese elicited specifically for this analysis.¹⁰⁸

Before turning to this analysis, it is necessary to mention Janusz Wróbel’s *Language and Schizophrenia* (1990). Wróbel describes his semiotic account of schizophrenic language as building on the work of Anna Gruszecka who ‘states that the misunderstanding with the schizophrenic comes not from a malfunction of the common language in schizophrenia, but from the different function of the linguistic system in schizophrenia.’¹⁰⁹ The analysis of (all) components of the

¹⁰⁸ Interviews were conducted through the community mental health teams under the Leeds and Yorks Partnership Foundation Trust (LYPFT), and at a survivor-led crisis centre in Leeds. Additionally, transcripts from interviews conducted by the University of Birmingham have been incorporated with permission. For a full acknowledgement, see the opening notes to this thesis.

¹⁰⁹ Janusz Wróbel, *Language and Schizophrenia* (Amsterdam and Philadelphia: John Benjamins, 1990), p.12

schizophrenic semiological sign system as an independent *langue* – distinct and separate semiotically from semiological sign systems of the non-schizophrenic – is an overriding ambition of this thesis. This chapter is concerned with mapping, modelling and inferring applicable conclusions from the linguistic system, as independent *langue*, here termed schizophrenese. Wróbel’s monograph represents the only other comprehensive attempt at this second process, and requires some analysis.

Wróbel builds on the conceptualisations of deictic destabilization in Rosenbaum and Sonne, and Rochester and Martin, and also concludes that this is at the base of the distinctive schizophrenic *langue*:

The schizophrenic split of mind manifests itself in language by the destabilization of the main element (*I*) of the primary elements of reference. This causes the destabilization of the remaining elements (*here, now*). The identification of the primary elements of reference of the deictical level (*I*) with the secondary elements of reference (*he*) (*I = HE*) provokes the translocation of the remaining elements of reference. Instead of the state *HERE – there, NOW – before or after*, there is a situation in which *HERE = THERE*, and *NOW = BEFORE* and *AFTER*.

[...]

The exposure of the sender (*I*) causes the expressive function to come to the foreground in the schizophrenics’ utterances; it is not subordinated to the referential function and even hinders the latter’s realization.¹¹⁰

As with Rosenbaum and Sonne before him, Wróbel makes an (unhelpful) appeal to metaphysics for the prime mover of the conceptual shift that results in the creation of schizophrenese. Instead of Lacanian theory, for Wróbel this transcendental is a phenomenological big bang, which he terms ‘schizophrenic illumination.’¹¹¹ Wróbel employs a triadic structure of an external reality (Re), an internal conceptual world (Se) and language (Sa), which relates clearly to both Lacan’s triad of the real, the imaginary and the symbolic, and the Peircean triad of *Object*, *Interpretant* and *Representamen*.¹¹² (Additionally, there is some conceptual overlap between Wróbel’s Se and Sa and Saussure’s signified and signifier.)

Wróbel contends that after schizophrenic illumination, the schizophrenic has a de-conventionalised relationship with reality, free from the accumulated socialised associations and rituals of the wider community. This is not a change in reality itself, but in the conceptual world (Se) erected by the self to mediate the reality (Re). When the schizophrenic reapplies this – altered – conceptual world (Se) to reality (Re), it generates an altered reality (Re I) for the schizophrenic. Simultaneously and conversely, the obscured and supplanted external reality (Re) is internalised by the schizophrenic and experienced as a hostile and alien new conceptual world (Se I). Gradually, the schizophrenic develops a new language that more accurately expresses the novel phenomenological experience of the schizophrenic (this *langue* exhibiting all the features discussed so far in this chapter in relation to schizophrenese). Finally, ‘the characteristic, conventional

¹¹⁰ Wróbel, p.40

¹¹¹ Wróbel, p.107

¹¹² Peirce, ‘Logic as semiotic’, p.99

relationship between Sa and Re disappears. The sign becomes the reality, and the expressed word is materialized (Sa is identified with Re I).¹¹³

There are two comments to make about Wróbel's account relating to its (relatively implicit) causal model. Firstly, it does not seem necessary – when so many people labelled as schizophrenic in the UK are chronically impoverished, un(der)employed, members of marginalised ethnicities, habitual users of cannabis, victims of (sexual) trauma, or some blend of these – to posit some mystical 'schizophrenic split of mind' as the aetiological point of departure. Why scratch around for unproven intangible causes when there is an abundance, almost an embarrassment, of material candidates to hand? To counter-posit that the schizophrenic split begins in the social locus rather than the neurological or phenomenological locus, thereby precipitating the deictic crisis, has the one key advantage that it is empirically verifiable that the social split occurs.¹¹⁴ Second, this thesis is highly sceptical of any account that introduces a transcendental *deus ex machina*, rather than an explanation (or motivating mechanism) that can be logically inferred (if not precisely proven) from a rigorous semiotic modelling of the object verifiably available for study. This object, as these two sections have striven to demonstrate, is schizophrenese texts, and not any pre-supposed transcendental, be it neo-Kraepelinaean 'thought disorder,' the Lacanian Unconscious or 'schizophrenic illumination.' In studying these texts, this thesis will avoid any attempts to categorize as deviant, peculiar or regressive material that is surely better understood as (self) expressive.

¹¹³ Wróbel, p.115. This paragraph is a tight summary of Wróbel pp.107-115.

¹¹⁴ Granted, it could be argued that the social split may be wholly a product of the manifestations of the schizophrenic pathology. Obviously, psychosis negatively impacts a person's socio-economic orientation. But, this thesis argues that the so-called 'schizophrenic split of mind' is a response to a deictic crisis whose origins are social and material. Of course, the infinite regress continues with a counter-theory that there is a 'schizophrenic' innate, biochemical susceptibility to translating a socio-economic split into a psychological one. And from there, one again counters that any susceptibility might be slowly acquired through experience or have an epigenetic source, or both. And 'off it goes on'. If origins are arbitrary, then this thesis chooses one for the deictic crisis that is, if not incontrovertibly accurate, observably real: the social rupture. (Samuel Beckett, *The Unnamable*, in *Trilogy* (London: Calder Publications, 1994), p.293. The quotation is appropriate to describe the aetiological history of 'schizophrenia' which, like the voice of Beckett's deconstructed narrator, offers up a text that is '[r]uminative, madly undoing each clause as it lurches forward'. Ian Miller and Kay Souter, *Beckett and Bion: The (Im)Patient Voice in Psychotherapy and Literature* (London: Karnac Books, 2013), p.192)

A new model of communication as compromise and complicity; when codes collide

/if snow is made with peanut butter then dogs are animals/ [...] One laughs because even though one realizes that the situation is unthinkable, one understands the meaning of the sentence. One feels fear because, even though one realises that the situation is possible, one does not like to accept such an alarming semantic organization of one's experience. The sentence appears to be ridiculously or tragically meaningful insofar as its meaning conflicts with the meaning-rules we possess. Its meaning is unacceptable not because it is incomprehensible but because – if so accepted – it implies the restructurization of our codes.¹¹⁵

David never told anyone about the code, which first entered his awareness at the conference. In his perceptions, feelings, and thoughts, the code gradually influenced everything except for the use of words per se - influenced telepathy, facial expressions, gestures, postures, and intensity, pitch, rate, rhythm, and pauses of speech ... Eventually, all aspects of his life came to be influenced by the code. Ordinarily unimportant information from external reality took on new dimensions for him.¹¹⁶

How does language speak? Like schizophrenia, language is treated *as if* understood. Language is idealised into a stable, observable, rule-bound and rational entity, in much the way the diagnostic diktats of the *DSM* and other psychiatric nosologies attempt to do with schizophrenia.¹¹⁷ Communication, as the word demonstrates, hinges on a process of sharing. Interlocutors share context and code, which in turn facilitates the exchange of discrete bundles of meaning or signification. It is a specific instance of sharing dependent on an established environment of sharing. Schizophrenics, and schizophrene, are outside this mutuality. The method of crossing between these bounded zones of mutuality, these linguistic communes, is translation: the transmuting of a message from one code to another. How, then, to translate between schizophrene and other *langues*? Roberta Payne, a person with lived experience of schizophrenia who has made a career of studying and teaching literature in European languages, conceptualises schizophrenia as 'a disease of translation'¹¹⁸ and her articulation of the (im)possibility of using words, as the only tools available, to translate untranslatable experiences across an ineffable divide in signification and reference poses a standing challenge to linguistics: how can communication bridge this gap? Payne proposes metaphor as mechanism, though is ambivalent about its chances of success: '(Being in a whirlwind is not a very good metaphor for that experience, but I have trouble finding words to describe it.)'¹¹⁹ Metaphors are not precision instruments. They impart something closer to Deleuzian 'sense' than any rigidly fixed meaning.

¹¹⁵ Eco, p.64

¹¹⁶ David Zelt, 'First Person Account: The Messiah Quest', *Schizophrenia Bulletin*, 7:3 (1981) 527-531, p.530

¹¹⁷ As social constructionist critiques of psychiatry's nosological drive to 'fix' schizophrenia tell of a motivating professional self-interest – mental illness' existence justifies the mental health industry – so Deleuze and Guattari observe that idealizing language into structural invariants 'is what allows linguistics to claim a basis in pure scientificity, to be nothing but science.' As argued in the previous chapter, just because the spectra of experiences encompassed by the term 'schizophrenia' are ill-accounted for and ill-explained by psychiatry's diagnostic nosologies, it does not follow that mental illness (psychosis, schizophrenia, madness, or whatever preferred sign ...) does not exist. Similarly, as Deleuze and Guattari argue, although the idealized, homogenous *langue* is a self-serving fiction of a linguistics anxious to be a pure science, that does not mean that language does not exist. (Deleuze and Guattari, *A Thousand Plateaus*, p.102)

¹¹⁸ Roberta Payne, 'First person account: schizophrenia and creativity', *Schizophrenia Bulletin*, 40:6 (2014) 1187-1188, p.1188

¹¹⁹ Roberta Payne, 'First person account: my schizophrenia', *Schizophrenia Bulletin*, 18:4 (1992) 725-728, p.727

Semio-linguistic analysis offers a means of modelling acts of schizophrenese communication and translation, and this thesis will apply Jakobson's model to these exchanges in order to discern the inter-code mechanics in operation. Jakobson is an appropriate choice of theoretician, enjoying the position of patriarch within 'clinical linguistics'. His *Child Language, Aphasia and Phonological Universals* – published in German in 1941 and English in 1968 – casts a long shadow over analyses of communication disorders.¹²⁰ In a 2011 paper on the history of clinical linguistics, Michael Perkins notes that Jakobson's structuralist observations established a 'focus on the inherent rule-governed nature of atypical speech and language [which] is still a guiding principal in clinical linguistics today.'¹²¹ Jakobson's model of communication, mapping six functions on to six factors of language, and reproduced below as figure 2.3, provides a very simple and direct explanation for the emotional, aesthetic judgments that schizophrenese provokes in listeners (addressees, in Jakobson's terms).¹²² Jakobson's model, though intended for use in linguistics, only has an implicit influence rather than explicit presence in the contemporary field. The model is more commonly cited in literature studies as a key schema for assessing and problematizing the category of literature or the literariness of any text. A typical Jakobsonian, structuralist definition of literature might be any text in which the poetic function is predominant.

¹²⁰ For instance, the book is referenced throughout *Twenty-First Century Linguistics* as a foundational text, suggesting it is anticipated to remain relevant for the indefinite future. No later works by Jakobson are mentioned, however. (*Twenty-First Century Linguistics*, ed. by Anne Cutler (Mahwah: Lawrence Erlbaum Associates, 2005).)

¹²¹ Michael Perkins, 'Clinical linguistics: its past, present and future', *Clinical Linguistics & Phonetics*, 25:11-12 (2011), 922-927, p.923 It is telling of the decline in research into psychotic speech acts and their form, content and structure (in comparison to the rise of research into neurological explanations for psychotic speech) that in nearly 30 years *Clinical Linguistics & Phonetics* has not published one single paper exclusively on schizophrenic and/or psychotic speech. (Except for one retracted paper: Ahmad Abu-Akel, 'Phoricity as a measure of Clozaril's efficacy in treating disorganized schizophrenia', *Clinical Linguistics & Phonetics*, 13:5 (1999) 381-393.)

¹²² Based on the models described in Roman Jakobson, 'The speech event and the functions of language', in *On Language*, 69-79. See especially Figure 4.1, p.73 and Figure 4.2, p.77.

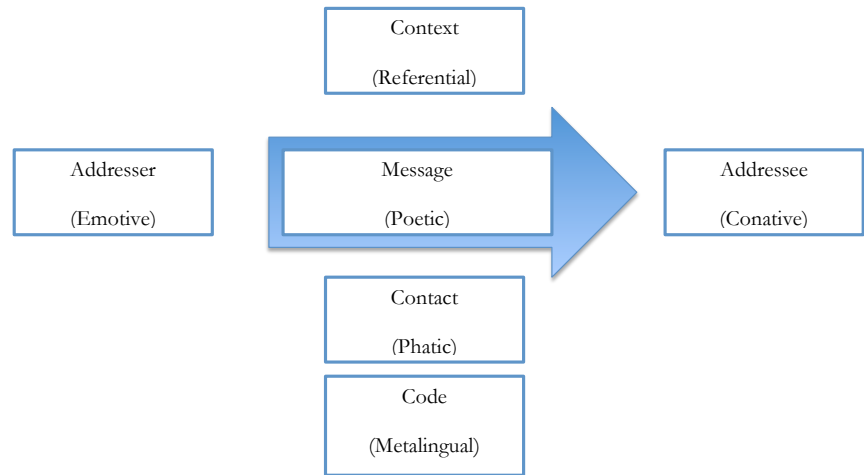


Figure 2.3
Jakobson's six features and functions of the speech act

When the code is inaccessible to the addressee, the metalingual function of communication ceases and the dependent referential and conative functions are subsequently blocked or dramatically altered. Depending on how much of a shared code the addressee believes to have with the schizophrenese addresser, the referential and conative functions will increase or decrease relationally. It may be that the addressee believes they share more of the code with the addresser than they do, and then they will experience the communication as performing its metalingual function, but 'failing' on the referential and conative function. This can be expressed by altering Jakobson's communication model as seen in figure 2.4 below.

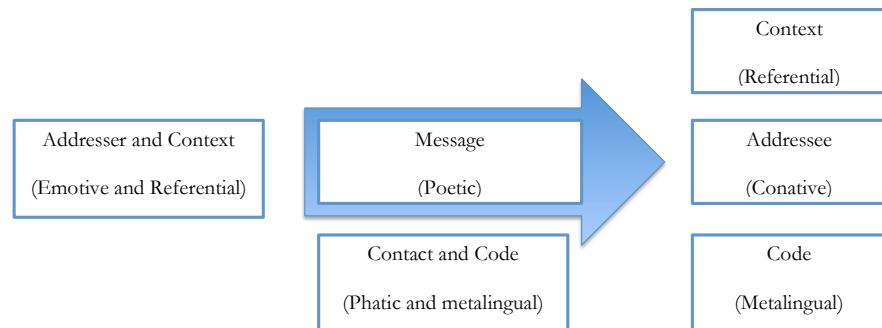


Figure 2.4
Six features and functions of the 'failed' schizophrenese speech act

In the most extreme example, when communication has entirely failed, the addressee has been wholly unable or unwilling to engage in the code of the schizophrenese message. Whether wilfully denying or simply being incapable of recognising the schizophrenese code, the metalingual function folds into the phatic function as the impenetrable (to the disconnected addressee) code can stand only as an iteration of its presence: code is reduced to the materiality of the act of contact. The core concept here is one of the complicity (or otherwise) of the addressee, and how this presence (or absence) distorts the communicative act unrecognisably. Addressee complicity rather than Chomsky's supposed competence on the part of the addresser is the determinant of successful communication. Very simply: the non-complicit addressee can hear only a welter of signifiers that all cohere on one discernible signifier, which is the sole presence of impenetrable speech, expressible as Sz Sa (phatic = metalingual). Consequently, without access to the code, and without the action of the metalingual function, the context (or signified) of the message is absolutely unavailable to the addressee for connoting from. Instead, the associated referential function is reflected back onto the addresser and conflated with the emotive function. This can be summarised as just one signified, which is that someone is speaking, expressible as Sz Se (emotive = referential). Further, by refusing to access the code and therefore by refusing the possibility of an objective context to the message, the message and addresser are reduced to a referential function that is only the emotive function. In terms of functional behaviour, the addressee – as the right-

hand side suggests – is able to connote from the reduced message as they receive it from the addresser. The message is reduced to the point that it is producing merely a text that signifies only that there is a speaker. In this way, it is able to ‘only’ be experienced as Andreasen’s ‘empty philosophising’, as mentioned in the opening section of this chapter.

If it is accepted that the code of schizophrenese is not directly accessible to the addressee, what kind of model of communication can be proposed? Figure 2.5 below offers a suggestion.

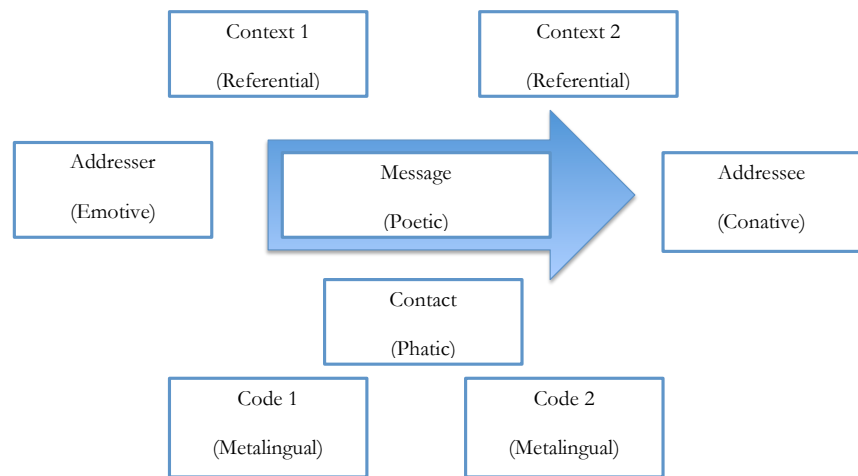


Figure 2.5
Six features and functions of the ‘successful’ schizophrenese speech act

An immediately obvious criticism of this model is that, without a shared code, there is no certainty of a shared context (and vice versa). This bifurcating of the sign is represented by the presence of two codes and two contexts. If it is accepted that the code is socially constructed within a ‘permanently dynamic synchrony’¹²³ and that – as it produces a heterogeneity of codes – there is always a meta-level at which separate codes (individual *langues* or systems) can also become inter-related subcodes (*paroles*),¹²⁴ then this model demonstrates how communication between different *langues* is possible. It is, though, dependent on both (or all) participants playing the cooperative game of complicity; literally, agreeing to understand in advance of actually understanding. Communication of all kinds therefore relies on complicity and abduction.

¹²³ Roman Jakobson, *Verbal Art, Verbal Sign, Verbal Time* p.6

¹²⁴ A view implicit in Jakobson’s assertion: ‘Language is a system of systems, an overall code which includes various subcodes.’ Jakobson, ‘Sign and system of language’, trans. by B Hrushovski, in *Verbal Art, Verbal Sign, Verbal Time*, pp.28-33 (p.30)

Imagine the model working to describe an exchange between a monolingual addresser and a bilingual translator as addressee. Code 1 – the code of the addresser – is simple: a *langue*, call it English. Code 2 – the code of the addresser, who is fluent in, say, both English and French – is slightly more problematic. It is not that English and French exist as two separate codes within the addressee. If so, the translator would be no more able to translate within their own head than one monolingual English speaker could communicate with one monolingual French speaker. Rather, the addressee has a code that – amongst many other things – maps¹²⁵ together the languages, which are two not especially closely related codes (now, subcodes). It follows that as Code 1 does not equal Code 2, for a fixed message, Context 1 cannot equal Context 2. Hence the phrase ‘lost in translation.’ This is without a consideration of any of the purely formal qualities (if such ‘purely formal’ qualities actually exist) related to the poetic function of the message that remain untranslatable. Arguably, these are not ‘purely formal’ qualities, because aesthetic appreciation (or otherwise) creates a conceptual referential for the poetic function.

That figure 2.5 rather than figure 2.3 represents ‘successful’ communication between *langues* – be it between English and French or schizophrenese and English – is surely unproblematic. However, this thesis goes one step further and proposes – by dropping down a level within the multi-system structure of languages – that figure 2.5 stand as a permanent revision to figure 2.3 in all communicative acts. This thesis’ analysis of schizophrenese therefore has this broader insight for semiotics: each code – even within the same *langue* – has sufficient idiolectic content and form that it can never be asserted that Code 1 (addresser’s code) = Code 2 (addressee’s code), or to return Peirce’s terminology, any fixed *Representamen* may generate different objects when in triadic relation with any *Interpretant*. Communication is reliant on a mutual, non-neurotic and unconscious acceptance of the gap between two contexts and two subjects (regardless of whether one, none or both have a psychiatric diagnosis). Subjects have to avoid being neurotic about the fact that this gap necessarily always exists, and its dimensions are unknowable, and much of the ‘success’ of the communication is generated through complicity on the part of the addressee, rather than clarity on the part of the addresser.

In *Universe of the Mind* (1990), Lotman – of the semiotic school at University of Tartu in Estonia – gives ‘artistic translation’ as one of the processes through which a text is a meaning-generating mechanism.¹²⁶ Rather than language functioning as the closed Sausurrean circuit of transmission, Lotman posits the addresser and addressee (Lotman uses the terms transmitter and receiver) working with ‘different codes c1 and c2 which overlap but are not identical’ or rather ‘a plural space of codes c1, c2, c3 ... cn, and each of them is a complex hierarchical construction

¹²⁵ ‘Mapping’ is a very dissatisfactory spatial metaphor to use; in some ways, these codes are no more mapped onto each other than salt and pepper are mapped onto each other when added to a soup. Here is a hint of the ‘never innocent’ metaphor of the spatial model in structuralist analyses feared by Derrida. Jacques Derrida, ‘Force and signification’, in *Writing and Difference*, trans. by Alan Bass (Abingdon: Routledge, 2001) pp.1-35 (p.19)

¹²⁶ Lotman, *Universe of the Mind*, p.14

capable of generating a set of texts in equal degree corresponding to it.¹²⁷ As a consequence, one transmitted message can potentially generate a far larger number of received messages. This capability to generate more messages is dependent on a quantum of untranslatability within the original message; the reader should be reminded here of Chaika's description of the unparaphrasability of psychotic speech mentioned earlier in this chapter.

Separately, Lotman redeploys Jakobson's model to demonstrate the nature of internal speech, which he terms 'autocommunication' and where the addresser and addressee are the same person. He gives examples from Russian literature of (literary) subjects entering into introspective reveries or enciphered self-communication, but the similarity between his account and what – potentially – occurs within schizophrenese is striking. In Lotman's account, an a-semantic, syntagmatically constructed secondary code interacts with the natural language code (the code used for simple transmission communication):

If, for instance, we stare at the pattern of the wallpaper or listen to abstract music, we ascribe meanings to the elements of these texts. The more the syntagmatic organization is stressed the freer and more associative will be our semantic connections. So the 'I-I' text has a tendency to build up individual meanings and to take on the function of organizing the disordered associations which accumulate in the individual consciousness. It reorganizes the personality who engages in autocommunication.¹²⁸

It is hard to remember that Lotman is *not* giving an account of schizophrenese, so well does the description fit. In schizophrenese, as in non-pathological autocommunication, two codes are operating at the same time on the one message, which reflects back on the subject and thereby creates a split within the subject. Though semiotics does not talk about hypothetical constructs like 'mind' or 'psychology', if this semiotic model is re-imported into the *DSM's* terminology of disordered thought and speech, it is clear that it is the disordered speech (disordered because operating according to a hybrid of codes, at least one of which is inaccessible to all addressees, including the addresser-as-addressee) which then creates the disordered thought (in Lotman's account, this is the bifurcated subject of 'I-I' communication).

In contrast to Wróbel's thesis, this Lotmanian model needs no intervening transcendental element. In Lotman's literary examples, the interposing secondary codes are the rocking of a boat (from Tyutchev's 'Dream Boat') or a storm in *Eugene Onegin*. A neuroscientific study into the etiological root(s) of schizophrenia might not ask why one percent of human beings experience this creative interference from an additional code or codes dis-conducive to the simple transmission of a message with a second party or the endurance of an unfragmented self, but rather ask why the other 99 percent do not experience it more often.¹²⁹ This semiotic model has considerable

¹²⁷ Lotman, *Universe of the Mind*, p.14

¹²⁸ Lotman, *Universe of the Mind*, pp.28-29

¹²⁹ It is very important to stress that 'creative' here means *only* that it creates a new message and/or subject i.e. the impenetrable speech act of schizophrenese or the newly synthesized self, incorporating self-as-addresser and self-as-addressee. It most emphatically does not mean to suggest that the secondary code is a source of (quasi)poetic inspiration, anymore than the interruptions of traffic from the street or the thump of a neighbour's sound system 'inspire' when derailing a PhD candidate's writing. However, it is the case that the

explanatory power when applied to the symptoms of schizophrenia. Thought insertion and auditory hallucinations, for example, are different translations of the enigmatic, subject-disordering introjection of the secondary code into autocommunication. The internal speech is disrupted by the secondary code – which could be as mundane as a dripping tap – which changes the message being communicated internally. The attribution of volition and an external agency to these creative disruptions is absolutely in keeping with the human consciousness' way of experiencing and explaining the world, and the *sine qua non* of every superstition, magic and myth from the Garden of Eden to Mystic Meg. It is worth noting that if this theory is correct, and schizophrenia is a disease of speech, that neither means that speech has to be recognisably disordered (which is – as argued earlier with reference to Andreasen and Chaika, amongst others – an aesthetic-moral judgement) nor that the symptoms be restricted to speech (or its supposed unobservable shadow: thought). A sensitivity to intruding secondary codes can, as mentioned above, be an explanation for symptoms not immediately obviously connected with speech acts (or rather semiotic (de)coding acts). Distractedness, thought insertion, delusions of reference, paranoid delusions – amongst others – are explainable as the products of a secondary code making internal speech ripe with unfamiliar meaning(s), and by extension making the internal speaking subject unfamiliar to, and fundamentally different from, itself.

An argument against this theory would be that the interrupting secondary code is no less a transcendental, metaphysical invention than Wróbel's schizophrenic illumination or the Lacanian fractured self. But these codes can be very practically and empirically identified within schizophrenese. Consider this passage from a paper by Perkins (1994):

A further type of recurrent perseveration is 'intrusion', defined by Wallesch (1990: 145) as 'lexical items that intrude formally adequate into otherwise correct productions'. In the following sample, where a schizophrenic patient is describing a picture, if the repeated portions shown in italics are 'filtered out' the remaining language appears relatively normal:

Some-farm houses - in a farm yard – *time* -with a horse and horseman - *time where* - going across the field as if they're ploughing the field – *time* -with ladies – or collecting crop *time work is* - coming with another lady - *time work is* - and *where* - she's holding a book – *time* - thinking of things - *time work is* - and *time work is where* - you see her coming *time work is* on the field - and *where work is* looking towards other people and *time work is where* the lady-another lady is - looking across to the gentleman - thinking of *time with him* and *where work is* - *where* her *time is where* working *is* and *time* thinking of people and *where work is* and *where* you see the hills - going up - and *time work is* - *where* you see the – grass - *time work is* - *time work is* and *where* the fields are - *where* growing *is* and *where work is*. (Allen, 1983, cited in Frith and Done, 1990)¹³⁰

poetic function both manifests the impact of a secondary code within its own message, as well as serving as the secondary (untranslatable) code in the generation of subsequent messages. Glibly, then, all poetic writing is schizophrenese, but not all schizophrenese is poetic. Here, poetic means that two things have occurred. First, it is a text in which – as Jakobson describes it – the poetic function of speech is primary, amongst the six functions. Secondly, in accordance with Lotman, it is a text that generates several meanings; it is generated – in part – by an untranslatable secondary code, and similarly remains – in part – untranslatable, or (which is the same thing, only more precise) *severally* translatable, generating more texts and meanings.

¹³⁰ Michael Perkins, 'Repetitiveness in language disorders: a new analytical procedure', *Clinical Linguistics & Phonetics*, 8:4 (1994) 321-336, p.324

Lotman's a-semantic, syntagmatically constructed secondary code can be reasonably inferred from the identifiable presence of additional textual elements within the message. What Perkins resists, and Lotman does not (but then, he is dealing with poetic texts and not schizophrenese taken from clinical records), is the new semantic associations – the textual generative creativity – that the intrusive secondary code provokes. Perkins – in keeping with the clinical attitude discussed at the close of the first section of this chapter – prefers to excise any textual manifestations of the secondary code. He wants schizophrenese without that which makes it schizophrenic: he wants only the residue of the 'relatively normal.'

What Perkins might 'filter' is arguably the most pertinent information. No codes are arbitrary. Even Tyutchev's and Puskin's secondary codes are motivated by aesthetic and thematic-symbolic concerns. Such filtering, despite the scientific rhetoric, is nothing more sophisticated than turning a deaf ear. An interruptive secondary (and perhaps tertiary and further codes) can be discerned in the speech of an interviewee with lived experience of psychosis. The interviewee refers to 'back in the day' eight times, and uses reasonably synonymous phrases – 'back in the past'; 'get back into it'; 'I can't go back' – on four other occasions. Despite the interviewer's questions being almost entirely orientated towards the present and focussed exclusively on voice-hearing (rather than a diagnosis or a medical regimen), the interviewee's supernumerary codes draw the discourse towards the past, and a reiteration of how 'it's mad.' (The interviewee uses this phrase eight times too. In contrast, the interviewee uses the word 'voices' only six times, despite the interviewer introducing the word on 12 occasions. Tellingly, the 'voices' are most often an 'it' for the interviewee. 'They' is usually reserved to refer to people who are, possibly dishonestly, claiming not to hear 'it'.) In response to a question from the interviewer as to whether the interviewee believes that they too can hear the voices, the interviewee's speech is entirely submerged in these other codes.

Yeah yeah. I don't want it on them what I've got like, but they should be able to man, but it's just lies man, it's a complete lie like man, it's all fucking bullshit like. It's like they want to be a part of this big fucker, this big story and that man and then it's like, I sit there and think yeah everybody does it, I shouldn't have done that back in the day like, but I done it innit, but you sit there and you think, you try to say I should never have done it like, but then the part comes to you thinking well you've done it so like you've got to live with it anyway so like, that's the way it goes innit. It's mad man, it's mad.¹³¹

Filtering out the reiterative phrases in the interviewee's speech as mindless perseveration would remove a discursive current that swells and breaks over the repetition of the word 'done'. Though opaque, the interviewee's supernumerary codes generate a sub-text focussing on a rupture in the past with a friendship group, for which the interviewee (ambivalently) believes himself culpable.¹³²

This reading may be wrong, and is certainly speculative, but an attempt at reading the codes seems more productive and humane than silencing them like so much psychotic white noise.

¹³¹ Interview transcript

¹³² Though the interview transcripts are fully anonymised it seems unavoidably apparent, within the language, that the interviewee is male. The subject is immanent in language.

Consider this concluding answer of the interview, in response to the question ‘do you feel in control of your voices?’:

Not in control, this is the way I think; I used to be a fighter man, I reckon fighting’s in my blood and that innit, but I reckon yeah, that they think they’re harder than me, so I think I’m harder than them innit, you know what I’m saying. I’ve had fights with my mates and that yeah, but I reckon it’s getting too dangerous man, I was getting too dangerous man, because I was keeping myself fit at them times innit, riding my bike, like shadow boxing, boxing with my mates, you know what I’m saying like and I get into shape easy for some reason, it’s mad man, it’s mad.¹³³

Although initially taking the interviewer’s verbal prompt, the interviewee’s ‘they’ does not seem to refer to ‘voices’ for long (or indeed at all, for how could he physically fight voices?) and the discourse turns to the ‘mates’ for whom he became ‘too dangerous’. Note, he equates his self with a dangerous situation: ‘*it’s getting too dangerous man, I was getting too dangerous.*’ The situation and the subject are blended through these codes. Questions about personal experience turn to answers about social interactions. Though the interviewee might mean ‘shadow boxing’ and ‘boxing with mates’ as two discrete activities from his former fitness routine, these function as convenient metaphors for the two codes at play in the interview. On the one hand, the interviewer wants to understand the interviewee as in a duel with themselves, ‘shadow boxing’: ‘do you feel in control of your voices?’ But on the other hand, the restricted code, at the heart of what the interviewee seems to be trying to communicate, is one of some social dispute in the material world: ‘boxing with mates.’ The irony is that the secondary text emerges within the sanctioned discourse and leaves the speaker of schizophrenese caught in the conflict between codes: linguistic shadow boxing.

Of course, in speaking schizophrenese, an interlocutor is not *only* speaking schizophrenese. The interviewee in this analysis is speaking schizophrenese and English. The relationship between these two codes is that of any two codes: they are interwoven into the *parole* of the speaker, as ‘lines of *inherent variation*’ rather than two atomised *langues*.¹³⁴ Deleuze and Guattari, developing Labov’s study of the speech of Black Americans in New York, suggest that when a speaking subject – according to a linguistic description – is said to be shifting continually between two supposedly homogenous invariant codes, then the flaw is not in something called the speaker’s ‘performance’ (let alone their ‘competence’) but in the ‘abstract distinction’ between the codes.¹³⁵ For Deleuze and Guattari, languages are best conceived as being in ‘immanent continuous variation’ and displaying a ‘generalized chromaticism.’¹³⁶ To subtract out schizophrenese English from Standard English would be as wrong-headed a theoretical approach as conducting an art appreciation class by attempting to separate out great paintings into their pure originary pigments. Language is a clash of codes, and the difference between schizophrenese and the ‘standard’ *langue* is not an absolute one. Rather, each enjoys differences of intensity. The supernumerary interruptive codes constitutive of schizophrenese are further constitutive of the ‘standard’ or non-pathological *langue*. Or, put

¹³³ Interview transcript

¹³⁴ Deleuze and Guattari, *A Thousand Plateaus*, p.103

¹³⁵ Deleuze and Guattari, *A Thousand Plateaus*, p.103

¹³⁶ Deleuze and Guattari, *A Thousand Plateaus*, p.108

differently, the interruptive creative clash of codes that conspicuously characterises schizophrenia is present, subtly, in all *langues*. For *langue* to be a usable term any more, it must be acknowledged that each *langue* is heterogeneous, and an amalgam of, not an abstraction from, its myriad *paroles*. To use Deleuze and Guattari's terms, schizophrenia is a minoritarian code in relation to the majoritarian code of the 'standard' *langue*, according to their distinction between: 'the majoritarian as a constant and homogeneous system; minorities as subsystems; and the minoritarian as a potential, creative and created, becoming.'¹³⁷ Schizophrenese, therefore, is a necessary component within any language, and illustrates, by the bold visibility of its utterances, the creative clashes that generate and evolve the 'standard' major language. Schizophrenese as an object of study allows for the observation of the construction and nature of both language and 'schizophrenia'.

Positing schizophrenia as a semiotic disease of speech, observable structurally in schizophrenia, requires some clinical supporting evidence. Published in 2011, two related papers on South African 'schizophrenic bilinguals' (as the papers refer to them) draw on a line of research – evident in the *DSM-5*'s anxious acknowledgement of second language problems quoted earlier – which suggest that the language (code) used by the patient affects the diagnosis received. The first paper by Smit, Conradie and Schoeman raises just that concern, noting that 'whether the patient is interviewed in his or her L1 or L2 might affect the accuracy of the diagnosis.'¹³⁸ The paper strikes on an important contradiction. Initially, the authors repeat the grand claims about speech documented throughout this chapter: 'the language of the schizophrenic patient provides insight into interpersonal relationships, the organisation of the mind on a perceptual and cognitive level, as well as the mind's capacity for concentration and attention.'¹³⁹ Yet immediately afterwards, Smit, Conradie and Schoeman note that there is considerable research demonstrating that bilingual schizophrenics exhibit different language symptoms in their two languages. The implicit argument – which Smit, Conradie and Schoeman do not make – of these two epidemiological 'facts' is that bilinguals have different capacities for concentration and attention, different perceptual and cognitive organising structures and even different interpersonal relationships depending on which of their languages they use. This seems far-fetched, to say the least. The differing manifestations of schizophrenia *qua* symptom depending on the language seems more easily explained by the theory that it is a product of one code (for example, the subject's L1 or L2) fusing with another code (or codes); a change in L1 or L2 is a change in one of the component codes of the new hybrid code, and therefore the hybrid would be different itself. But what about schizophrenia *qua* disease vector?

In the second 2011 paper, Theron, Conradie and Schoeman's pragmatic linguistic assessment of four bilinguals, presenting differently in their two languages, comes to a paradoxical

¹³⁷ Deleuze and Guattari, *A Thousand Plateaus*, p.117

¹³⁸ Mathilda Smit, Simone Conradie and Renata Schoeman, 'A grammatical analysis of the spontaneous L2 English use of schizophrenic bilinguals compared to typical bilinguals', *South African Linguistics and Applied Language Studies*, 29:4 (2011) 505-513, p.506

¹³⁹ Smit, Conradie and Schoeman, p.505

conclusion. Although, on a pragmatic assessment, there was no significant measurable difference between the extent of schizophrenese spoken, Theron, Conradie and Schoeman stress that there were distinct factual inconsistencies. Essentially, participants gave different responses to the same questions. For the researchers, this is considered a product of disordered thought:

In short, the factual inconsistencies observed seem to be due to characteristics of schizophrenic thought rather than characteristics of schizophrenic language [...]; the fact that Mr C, for example, has more insight into illness and a more accurate perception of reality when speaking in his L2 than when speaking in his L1 cannot be captured by linguistic analyses of his speech.

The assertion of the inability of linguistic analytical tests to ‘capture’ the language difference between L1 and L2 does not necessarily mean that it is thought and not language that is disordered.

Smit, Conradie and Schoeman provide a complementary conclusion. The schizophrenic bilinguals made phonological, syntactical, lexical and morphological errors typical of non-schizophrenic L2 speakers, but made semantic errors that were atypical both in terms of frequency and type, meaning, essentially, that those with a diagnosis of schizophrenia often said ‘mad’ things. (This is hardly a surprising revelation as the four research participants were selected for speaking schizophrenese.) Smit, Conradie and Schoeman make a pointed qualitative distinction between the semantic deviancies of their control group (‘simply a bit unclear’) and the schizophrenic group (‘completely nonsensical’).¹⁴⁰ From this, Smit, Conradie and Schoeman assert – with reference to Brown (1973) – ‘that because schizophrenics experience the world differently than non-psychotic people and their ‘understanding of the world is reflected in semantics’, semantics should be the locus of language-related problems in schizophrenia.’¹⁴¹ However, an understanding of the world is not merely ‘reflected’ in semantics, but constructed through it. Rather than adopting the dominant phenomenological bias, a semiotic analysis does not prioritise the individual and psychological, but rather the social and the structural. In semiotics, if ‘schizophrenics experience the world differently’ this is the result of a pre-existing (not necessarily schizophrenic) code (which obviously will be a composite of codes) acting on the subject as addressee. Strangely, the phenomenologist thinks everyone exists in their heads; they don’t, they exist in the world. The phenomenologist then has a model of schizophrenia as ‘in there’, when schizophrenia is patently ‘out here’. To paraphrase Polixenes, that experience which various linguists, phenomenologists and psychiatrists say adds to semantics, is an experience that semantics makes.¹⁴² To say schizophrenia is a disease of speech, is to make a claim that the coding of language (the *langue* of schizophrenese) is always the disease vector and the instance of speech (the *parole* of schizophrenese) is sometimes an observable symptom. Resolutely, vector and location is not the same origin. Language, and all semiosis, must be secondary to social conditions, and the individual subject is created through participation in the dominant semiotic. Though this clear line of progression must, in part, be a convenient

¹⁴⁰ Smit, Conradie and Schoeman, p.509

¹⁴¹ Smit, Conradie and Schoeman, p.511

¹⁴² ‘[T]hat art / Which you say adds to nature, is an art / That nature makes.’ William Shakespeare, *The Winter’s Tale*, in *The Alexander Text of William Shakespeare: The Complete Words*, ed. by Peter Alexander (London and Glasgow: HarperCollins, 1951), IV. 4. 91-92

simplification (to the point of fiction) for the sake of developing this argument, the model is of social conditions first, semiosis second and the subject (as semiotic product) third. When looking for a cause of the speaker of schizophrenese's reliance on a minoritarian semiotic, the answer must be in the world, and not in language nor in phenomenology, as Wilma Boevink details in her personal account in the *Schizophrenia Bulletin*:

I don't think that abuse itself is a strong cause for psychosis. It hurts, but it is rather simple. I think that the threat and the betrayal that come with it feed psychosis ... That excuses the offender and accuses the victim. And forces the child to accept the reality of the adults. That forces the child to say that the air is green, while she sees clearly it is not green but blue. That is a distortion of reality that is very hard to deal with when you're a child.¹⁴³

As Hoffmeyer observes, speech is the moment of alienation and rupture. It is the *locus qua* product of 'disease' not a first rank symptom:

[A] fresh form of alienation, a split between the analogic reality of experience and the digital reality of language, came into being at the heart of the semiosphere. The spoken word has endowed the semiosphere with its very own self-referential vertical semiotic system. A new code duality has emerged and with it the dynamic basis for a totally different kind of evolution: cultural history.¹⁴⁴

It is a failure of complicity, and a violent assertion of an erroneous code, on the part of interlocutors of power that creates this minoritarian semiotic of schizophrenese. Reader, be complicit from here on.

¹⁴³ Wilma A Boevink, 'From being a disorder to dealing with life: an experiential exploration of the association between trauma and psychosis', *Schizophrenia Bulletin*, 32:1 (2006) 17-19, p.18

¹⁴⁴ Hoffmeyer, pp.111-112

Lacan in the lavatory; the signifier in the signified

Before I was arrested at gunpoint, I drove by a glass picture frame shop which read “You’ve Been Framed” ... of course, I believed it was a message for me alone ... for murders I was going to be framed for. [...] Months later I was court ordered to the State Hospital. The word “ladies” on the restroom, was a message I was going to LA (Los Angeles) and would be murdered there ... I had many delusions, hallucinations about torture, rape, murder ... many religious thoughts and delusions (I am agnostic now) ...¹⁴⁵

A little boy and a little girl, brother and sister, are seated across from each other in a compartment next to the outside window that provides a view of the station platforms going by as the train comes to a stop. “Look,” says the brother, “we’re at Ladies!” “Imbecile!” replies his sister, “Don’t you see we’re at Gentlemen.”¹⁴⁶

Why should the syntagmatic oscillation between ‘LA’ and ‘Los Angeles’ need no time and no explanation to understand, whereas that between ‘ladies’ and ‘LA dies’ or even onwards to ‘goes to LA and dies’ be considered pathological? Is there a grammatical explanation, or is something linguistically permissible purely because of its frequency within the semiological system? Undoubtedly (and indeed, by brute force of logic), utterances of LA *qua* sign (signifying Los Angeles) outstrip utterances of ladies *qua* sign (signifying a woman’s fatal visit to Los Angeles).¹⁴⁷ Even on the basis of phonemes, there is no way to the ladies (let alone to the lady dying) that does not involve a thoroughfare through LA. What distinguishes the initialism for the Californian city from, say, the sixth interval in the octave can only be context.¹⁴⁸ What makes LA acceptable as an abbreviation of Los Angeles, in contrast to the unacceptability of ‘ladies’ as an abbreviation of ‘goes to LA and dies,’ is a certain predictability borne of socio-linguistic convention.¹⁴⁹ This convention itself is an accumulative product of context. Therefore, the question is not: what about a person’s

¹⁴⁵ Written correspondence from a US-based respondent.

¹⁴⁶ Lacan, p.417/500

¹⁴⁷ Though utterances of ladies *qua* sign signifying ‘women’ or sign signifying ‘women of a certain social status’ or sign signifying ‘a toilet for women’ must all conversely outstrip utterances of LA *qua* sign signifying ‘Los Angeles’, and indeed all signs signifying that city.

¹⁴⁸ In a written text, that is. Phonetically, LA (*elle-lay*) is nowhere near *la*, though they find a bridge in the *lay* of ladies.

¹⁴⁹ Sometimes it is not that the speaker of schizophrenese has practised a syntagmatic or paradigmatic movement outside the social norm, but rather that they exhibit a certain over-sensitivity to associations. So, when an anonymous correspondent to the *Schizophrenia Bulletin* says ‘I would not buy Trix cereal, because it was associated with prostitution in my mind, but I bought a lot of Cheerios to make my day happier,’ the former association may be wholly different from the socially endorsed connotations of Trix, but the latter is only an over-investment in an association no doubt consciously chosen by the producers of Cheerios. The name Cheerios is intended to convey feelings of positivity. The TV adverts, then and now, show people having their day made happier by eating Cheerios for breakfast. If it is madness to believe the messages of marketing, it is a madness that corporates and governments spend ever more millions of pounds on each year. (*Over-sensitivity* is perhaps over-normative; it is a greater sensitivity.) (Anonymous, ‘First person account: behind the mask: a functional schizophrenic copes’, *Schizophrenia Bulletin*, 16:3 (1990) 547-549, p.548) It is worth considering, when reading this section on esoteric words, that brand names are model examples. Where they differ from the neologisms and idiosyncracies of schizophrenese is that, with money and power behind them, they have become conventionally accepted. However, they neither denote nor connote precisely, except in relation to themselves as a brand. Cif, Snickers, Ugg, Virgin, Diesel – popular culture is distinguished from the semiotic of psychosis primarily by the complicity of those receiving its communications. It is also worth knowing that the association between Trix cereal and prostitution is hardly evidence of pathological thought. Eddie Murphy made the exact same joke on the Johnny Carson show in January 1982. From the sound of laughter, it appears that the audience had no difficulty with this connotative leap. <<https://www.youtube.com/watch?v=w1TKGtai7og>> [accessed 30 January 2016]

language competence, language performance, neurology, psychology, mind, or soul, makes them read 'ladies' for 'goes to LA and dies?' Rather, it is: what about their context makes them read it so?

The idiosyncratic utterance of the 'schizophrenic' cannot, reasonably, be read detached from the context of the idiosyncratic utterer. The utterer of schizophrenese is – to use Walter Redfern's succinct appraisal of Jean-Pierre Brisset – 'typical, mainly, of himself.'¹⁵⁰ To conceive of schizophrenese as some trans-historical, trans-individual system existing *a priori* to its speakers is as wrongheaded as to marvel at the remarkable coincidence that all of the world's handful of Sentinelese speakers happen to live in isolation on the same Andaman Island in the India Sea. Schizophrenese's development as a minoritarian code must be a product of social conditions; conditions which it, in turn, dialectically informs.

'The word is the ideological phenomenon par excellence';¹⁵¹ the words of schizophrenese are, in microcosm, the skirmish between an ideology (or assemblage of ideologies) and their most alienated products. As Vološinov adds:

[A]n encounter between the organism and the outside world [...] is not a physical one: the organism and the outside world meet here in the sign. Psychic experience is the semiotic expression of the contact between the organism and the outside environment. That is why the inner psyche is not analysable as a thing but can only be understood and interpreted as a sign.¹⁵²

Accepting the ideological nature of the word, and accepting 'nonsense as a word which says its own sense,'¹⁵³ it follows that precisely that which eludes demarcation by the properties and categories of denotation, manifestation and signification is the ideological position of the psychotic. Of course, schizophrenese should be outside conventions of denotation, when its speakers find their truth statements about the world to be frequently rebutted, by other speakers or by new irreconcilable truths. Similarly, schizophrenese is outside the conventions of signification, when its speakers are excluded from the social exchanges and structures productive of the patterns of meaning. And of course the speaker is outside the conventions of manifestation when unheard or unheeded, and when their speech brings incarceration, sedation and a further invisibilising. Prosaically, speakers of schizophrenese find themselves legally, medically and socially defined by words they may not accept, recognize, understand or have even heard. In the looking-glass land of their empirical testing of language, they may have found 'health' to mean something more like 'politics', 'care' to mean something more like 'coercion', 'community' to mean 'isolation.'¹⁵⁴ When their realities are

¹⁵⁰ Walter Redfern, *All Puns Intended: The Verbal Creation of Jean-Pierre Brisset* (Oxford: Legenda, European Humanities Research Centre, University of Oxford, 2001), p.8

¹⁵¹ Vološinov, *Marxism*, p.13

¹⁵² Vološinov, *Marxism*, p.26

¹⁵³ Deleuze, *Logic of Sense*, p.80

¹⁵⁴ As Betty Blaska wittily writes in the *Schizophrenia Bulletin* of being labeled a 'CMI': 'At the outset, I'd like to say that if we can be called CMIs — chronically mentally ill — then they, the mental health professionals, can be called MHPs. If we must be relegated to a three-letter acronym — and basically stripped of our identity and individuality — then they too can be lumped into one pot.' (Betty Blaska, 'First person account: what it's like to be treated like a CMP', *Schizophrenia Bulletin*, 17:1 (1991) 173-176, p.173

Also, to see an unintentionally amusing example of the majoritarian discourse overwriting the minoritarian, see the first person account by 'Elizabeth', a 10th grader, whose simple prose describing,

invalidated, small wonder they say the world no longer exists. When their words are measured as diagnostic symptoms, no surprise that they suppose their bodies have emptied and evaporated. If they have been abused through language, language itself has absorbed some of the abuse. To reform language and to speak it is not just an act of resistance, but one of restoration.

What mechanisms are enacted on words – as on the speakers of these words – within schizophrenia? Words, as signifiers, expand outwards, through perseveration and palilalia, or pack inwards, as portmanteaus.¹⁵⁵ Kraepelin observed how words were broken down lexicographically by ‘the affected use of hyphens’ and texts would stutter through ‘the recurrence of single parts.’¹⁵⁶ The signifieds concertina too. Moeze M Lalji, a Ugandan refugee living in the UK, composes poems as simple acrostics. Sometimes, the unpacked signifier brings a sequence of unpacked signifieds that seem – to the addressee – apposite, causal and *inherently* related to the signifier being decomposed, as in his poem ‘TONY BLAIR’:

TONY BLAIR
 T= Talk to Bush
 O= Only to Rush into Decisions
 N= Never Has This Country Ignored Its Government and People
 Y= You and Bush Have Created An Ocean Full of Tears
 BLAIR
 B= Brother Hood of Man in United Nations
 L= Left It To One Side
 A= Always Britain Has A Tradition of Evolutions
 I= Ignoring History We Are All in Tears
 R= Respect for Britain We Want Back in Evolution¹⁵⁷

This consanguinity of signification is often called aesthetics. Usually – at least within the field of literary studies, and within ‘high-brow’ popular culture – the greater, and more sophisticated, idiosyncratic and archaeological the exegesis required to establish this consanguinity, the more refined the aesthetics of the original text. Yet, in other apparently opaque examples of Lalji’s poetry, the associations are there to be made, if the addressee can be complicit in the communication. It is not hard to refer this back to the woman seeing messages in signs on shop

without self-conscious analysis, some difficult experiences, is firmly re-interpreted by editorial headings cramming this life under different diagnostic criteria: interpersonal functioning; impairment in goal-directed activity; hallucinations; thought disorder etc. When ‘Elizabeth’ says ‘[s]ometimes I laugh too much’, the paragraph gets headed up ‘affect’. (Anonymous, ‘First person account: schizophrenia with childhood onset’, *Schizophrenia Bulletin*, 20:4 (1994) 587-590, p.588

¹⁵⁵ One correspondent to the *Schizophrenia Bulletin* gives an account of ‘schizophrenic’ thinking that seems borrowed wholesale from Carroll’s aetiology of the portmanteau word. The schizophrenic thought: ‘to think two separate thoughts so closely together that they appear almost as one thought, and things that usually send the schizophrenic person into conflict can exist simultaneously.’ (Patricia J Ruocchio, ‘First person account: fighting the fight – the schizophrenic’s nightmare’, *Schizophrenia Bulletin*, 15:1 (1989) 163-166, p.165) The nonsense portmanteau: ‘For instance, take the two words ‘fuming’ and ‘furious’. Make up your mind that you will say both words, but leave it unsettled which you will say first. Now open your mouth and speak. If your thoughts incline ever so little toward ‘fuming’, you will say ‘fuming-furious’; if they turn, by even a hair’s breadth, towards ‘furious’, you will say ‘furious-fuming’; but if you have that rarest of gifts, a perfectly balanced mind, you will say ‘frumious’.’ (Lewis Carroll, *The Annotated Snark: Hunting of the Snark* (Harmondsworth: Penguin, 1962) p.42)

¹⁵⁶ Kraepelin, p.58

¹⁵⁷ Moeze M Lalji, *Schizophrenia and Multiculturalism Poems for Charity* (Chipmunkpublishing, 2008), pp.44-45

fronts and toilet doors to understand that those speaking schizophrenese suffer from an excess, and not a deficit, of communicational complicity. They are too *aesthetic* in their use of language, not – to repeat the old slur – too *concrete*.¹⁵⁸

For Deleuze, nonsense, which is defined as ‘that which, as such as it enacts the donation of sense, is opposed to the absence of sense,’¹⁵⁹ seems a perfect conceptual model for schizophrenese.¹⁶⁰ And the structural base component of nonsense is the esoteric word, a word that circulates and triggers irreconcilable and paradoxical series of connotation and denotation. Deleuze states that ‘[t]he esoteric word in general refers at once to the *empty square* and to the occupant without a place.’¹⁶¹ The empty square is the signifier and the occupant without a place is the signified. This formulation can be explicated with an example from transcripts of interviews with people with lived experience. When a speaker of schizophrenese refers to ‘my etheric ovary’,¹⁶² the signifier is in a relationship to some sense, but outside the (more) easily describable mechanisms of denotation (as reference) and connotation (as signification or meaning).¹⁶³ Without a fixed signified or without even a changeable but tangible range of interlocking, shared systems for signification, the signifier sits as an empty square. Reciprocally, the sense, which is unable to enter into the utterance or text through the regular signifying and referral mechanisms, is excluded but lurks like Banquo as the occupant without a place. What needs to be remembered, and will be stressed throughout this section and in the conclusion is that this is true for all language, not just nonsense or schizophrenese. As Schreber’s psychology threw up general truths, for Freud at least, about all psychologies, so does schizophrenese throw up general truths, for Deleuze at least, about all language.

In truth, the esoteric word is only the linguistic variant of a larger, general semiotic entity: the esoteric sign. Esoteric images abound in these interviews. When one interviewee as part of the interview process submits a camera film for development, there is on the film a literal blank image, the product of an attempt to capture an image of the source of the interviewee’s daily distress, an aggressive neighbour: ‘It’s weird you know, let’s put it this way, took a picture of the hallway; the camera seemed to work properly, took a picture of the lady next door and the camera didn’t work!’ One interviewee produced an esoteric word-image, a rebus (see figure 2.6). In glossing this, the

¹⁵⁸ See Karl Goldstein, ‘Methodological approach to the study of schizophrenic thought disorder’, in *Language and Thought in Schizophrenia: Collected Papers Presented at the Meeting of the APA, May 12, 1939*, ed. by J.S. Kasanin (New York: Norton & Co., 1964), pp.17-40. Indeed, ‘concrete’ thinking is a preoccupation (and presumption) of all eight of the papers collected in this volume.

¹⁵⁹ Deleuze, *Logic of Sense*, p.83

¹⁶⁰ And, of course, for Deleuze sense and schizophrenia were intrinsically, conceptually linked. Though *The Logic of Sense* mostly skirts around it, there is one series (‘Thirteenth Series of the Schizophrenic and the Little Girl’) explicitly dedicated to schizophrenia, and the text explores ideas that find their further elucidation (and sometimes contradiction or frustration) in Deleuze’s later two-volume *Schizophrenia and Capitalism* with Guattari.

¹⁶¹ Deleuze, *Logic of Sense*, p.55

¹⁶² Interview transcript

¹⁶³ It must be stated that this is not to claim that to describe either denotation or connotation is ‘easy’; merely, easier. A hierarchy of ease of description has surely appeared in the reader’s mind descending from reference through meaning to sense.

conventionalized meaning (the socially familiar connotations) of ‘hell raiser’ are subverted, as the speaker of schizophrenese pulls rank on their (linguistic) signs in the manner of Humpty Dumpty:

That’s heaven. That’s what I’m in, that’s what I mean ... hell raiser. I’ve been risen from hell, and gone, and been, raising up into heaven and then it says rest in peace, it’s a boat but it’s from Satan, the boat. It’s not from God. So it’s like, it’s evil, very evil boat. And I don’t know which one it’s going to be. Where I’m going to end up. Am I going to end up in the paradise part where the flowers are and the skipping rope? Or will it be the evil boat where I get tortured for the rest of my life. Is it going to be, is it going to be a death where I don’t kill myself or is it going to be a death where I kill myself and I’m going to be tortured for the rest of my life.¹⁶⁴

The interviewee – who in the same interview gives a description of their personal life of alcohol use, drug use and sexual activity reasonably congruent with the conventional connotations of the term ‘hell raiser’ – has employed the esoteric rebus to displace agency (and thereby perhaps culpability) to an unspecified other. It is not the *I* as narrative subject that raises hell, but rather another that raises the *I* from hell. Note, it is not even that the subject has risen from hell but has (agrammatically or ‘psychotically’)¹⁶⁵ ‘been risen.’ As an impenetrable rebus, this sign is rich in sense and converging, irreconcilable and irresolvable lines of signification. The textual exegesis, in the proliferating style of schizomimesis, only widens and slackens the net of connotation. The flowers of heaven seem explicable on their own, but less so when integrated with the term ‘hell raiser’ (regardless of which definition of the term is being adopted, for surely the flowers of heaven are neither the person raised nor the other doing the raising). To incorporate the ‘skipping rope’ is harder still. Not least because the image seems uninterpretable as a skipping rope: it has no handles, it is seemingly attached to the ground on the left of the picture and, perhaps most importantly, plants would probably be the very worst skippers in existence. Taken as one whole rebus, rather than two separate ones, there is a distinct echo between the tombstone-as-sails and the graveside flowers set against a tombstone. (It is surely as much tombstone as it is skipping rope. And are those not daisies being pushed up, rather than flowers just jumping up?) In this, and in myriad other ways, this esoteric rebus makes sense but no fixed, univocal and unequivocal meaning.

¹⁶⁴ Interview transcript

¹⁶⁵ For what is ‘psychosis’ if not a grammar, with concomitant lexicon? This thesis is predicated on the idea of psychosis as a semiotic.



Figure 2.6
The esoteric rebus

The esoteric word, like any word, should only be viewed in context, where it begins to make sense if not exactly have meaning.¹⁶⁶ The opening passage of Andrew Joyce's account of a five-year period of living homeless and medication free, *The Durham Light and Other Stories* (2009), shows how sense expands and thickens with context; as context broadens out the text, sense reciprocally (or antagonistically) penetrates into it. Signification, signs as molecularised meaning, separate out – as the molecules do in the transition from a solid to a liquid – as the syntagm is lengthened and contextualized. Between these ever-greater gaps – these loosened (or at least lengthened) associative bonds between the signifying molecules – ever more sense infuses. This expansion is easy to trace in Joyce's text. The first 'story' in the book is entitled 'The Durham Light.'¹⁶⁷ The title resists immediate, clear meaning. There is a signifying drag, as 'light' appears momentarily as a noun. Instead, it is an adjective that has metonymically excised the noun 'infantry.'¹⁶⁸ The adjective phagocytically destroys the signifier and absorbs the signified within its

¹⁶⁶ These terms are used in their Deleuzian sense. Meaning is the product of signification. Sense is an atmospheric quality that surrounds and suffuses texts (events, lives, organisations, societies etc.). For Deleuze, nonsense has sense, but not always precise meaning. This distinction strikes to the heart of the many different attempts to understand and unriddle 'psychotic' speech, from various disciplines and medico-social groupings: sympathetic listeners discern a sense behind, or buried within, the ostensibly meaningless or meaning-deficit 'mad' words of the 'lunatic'.

¹⁶⁷ Though catalogued as stories, the separate sections of the text are not discrete entities and many have no narratives as such. All are interrelated meditations on Joyce's experiences of psychosis, reflecting and refracting the same moments or ideas or beliefs, but with different emphases or from different angles. Formally, the text adopts the structure of the 'kaleidoscope of schizophrenia' that it takes as its content. Andrew Joyce, *The Durham Light and Other Stories* (Brentwood: Chipmunkpublishing, 2009) p.8

¹⁶⁸ One is reminded of Artaud's narrative subject in his early novella *The Nerve Meter* (1922), who says 'I am vacant by the stupefaction of my tongue' and performs this double vacancy of signifier and signified by blanking out the central noun when describing the relationship between (his) words and his self: 'All the terms in which I chose to think are for me TERMS in the literal sense of the word, that is, true terminations, borders of my mental _____, of all the states to which I have subjected my thinking.' Antonin Artaud, *The Nerve Meter in Selected Writing* ed. by Susan Sontag, trans. by Helen Weaver (Berkeley and Los Angeles: University of California Press, 1988) pp.79-90 (p.83)

now-modified sign structure. Such usurpations are common in language, and swiftly the former adjective is accepted as a noun in the currency of the *parole* and thence to the *langue*. There is scant confusion when people speak of catching the late-running *eight-oh-five*, picking up a takeaway or ordering a pint of Old Brewery. The ambiguity, the hesitation with the Durham Light, in contrast to when discussing the ‘big bad’ in genre television, is nothing to do with grammar and everything to do with familiarity.¹⁶⁹ As with ‘LA’ and ‘ladies,’ convention ensures clarity of signification; esotericism undermines it.¹⁷⁰

After the title, Voyce begins to talk elliptically about the Durham Light. (The capitalization serving as an instant lexical signifier that this is A Very Important Noun.)

It became apparent to me whilst I was homeless for five years that a tactical move had occurred involving the Durham Light. My primary context was of course the coming of the Soviets (the five homeless years were 1986-1991). It was obvious that the British state had collapsed. I had no contact with any agency or arm of the British state except the DHSS where I obtained £4.77 a day no fixed abode (NFA) rate dole money. Previously, I had quite a lot of contact with the British state: – tax department, government offices, hospitals etc. – so it was obvious that the British state had collapsed.

To an addressee not actively complicit, the opening sentence is opaque. The reference to a ‘tactical move’ and in the passive past (‘had occurred’) simultaneously erects and then dissipates an antagonistic agent in relation to Voyce; the Durham Light is agency as spectre, with all the ghostly associations that brings. Voyce’s attempt at establishing meaning, with his ‘primary context,’ is more successful for any addressee who already knows (or has intuited) that the Durham Light is a light infantry regiment. The shift to discussing geo-politics disturbs any smooth line of signification, as does the counter-factual positioning of the ‘coming of the Soviets’ explicitly in the years of glasnost perestroika and the highly visible decline and dismantlement of the USSR.

Only by placing the Durham Light within the context of Voyce’s material, socio-historical condition can its sense, if not its meaning, become readable. Abruptly released from pre-Thatcherite state apparatuses (‘tax departments, government offices, hospitals etc.’) as a result of the post-1979 renegotiation of the social contract and retrenchment of social support services, Voyce’s belief in the collapse or even the disappearance of Britain is easily explicable. Voyce is aware of the context-dependent nature of meaning in relation to his experiences. He has a section entitled ‘The Political Context’ and sees the story of his life:

From Keynesian full employment and assured futures, to economic breakdown, to having money and buying things, to the end of the crisis of the Cold War, my fortunes seemed to lead me naturally to identify with the times. Not family, work, sport or any other story. I seemed to fit in with the

¹⁶⁹ For a discussion of the ‘big bad’ in the ‘Buffyverse’ see Kevin K Durand, ‘It’s All About Power’ in *Buffy Meets the Academy: Essays on the Episodes and Scripts as Texts*, ed. by Kevin K Durand, (Jefferson, North Carolina: McFarland & Company, 2009) 45-56.

¹⁷⁰ Clearly, these uncommon syntagmatic decisions are the result of individuals playing an idiosyncratic language game, or playing the collective game of language but with a faulty application of the rules. Hence, there is no shared community who could endorse the coding that ‘mentioning “America” could be taken to mean “Am Erica,” i.e., a coded reference to someone who thinks he’s a woman.’ Anonymous, ‘Language games, paranoia, and psychosis’, *Schizophrenia Bulletin*, 37:6 (2011) 1099-1100, p1099

large social and political factors that I lived with.¹⁷¹

Though literally wrong and though – in this context that is no true context – the Durham Light *qua* sign does not seem to mean much, or anything, yet the text in its totality makes (a kind of) sense. So, the Durham Light, the esoteric phrase, becomes infused with sense whilst remaining disconnected from a strict signification.

The esoteric word does not have to be as apparent as an ‘etheric ovary’ or an idiosyncratically expanded ‘ladies’ sign. Consider the textual disruption caused by the fluctuations in signification around the neutral pronoun ‘it’ as it circulates through this interview excerpt. The esoteric word as a site of a sequence of substitutions undermines the certainty, whilst always keeping alive the possibility, of clear reference, broader meaning and fixed deictic relations:

For me, it’s [smoking marijuana] my cure. Taking the edge away. Taking the pain away that I’ve been carrying all my life. And sometimes I need it to make me feel good. And I wish people understand where I’m coming from and then they’ll know what it’s like to be me and to live this hell that I’m living and that’s why I put ‘hell hell hell is cool and hot’. Well, it is cool and hot. Takes that pain away. The edge. Even though it’s freaky writing. And I love it. ‘cos this is me. [...] So even though hell is cool and hot for me, that’s me.¹⁷²

The ‘it’ in question begins as an unproblematic reference to smoking marijuana, to soften an ‘edge’ (which might be the ‘edge’ or ‘pain’ of schizophrenic symptoms or of childhood sexual abuse, or of both, as two manifestations of the same signified). By the time the interviewee says ‘it is cool and hot’, ‘it’ has become both smoking marijuana and hell (in fact, a triple hell). With the final sentence, the third signified hell has been folded into this tripartite sign: ‘that’s me.’

In a sense, contrary to the claim earlier, schizophrenese has not vanished, but only become invisible. The esoteric words, or the fluctuations in the signifying processes of the sign, (re)appear slowly, like traces on a bathroom mirror emerge in the steam. When, early in an interview, a person with lived experience of schizophrenia introduces a terminological disjunction in denotation – a specific separation in the order of the signifiers that connotes (rather than denotes) some un(der)specified separation in the order of the signifieds – a readerly response is to smooth over the supposed crease in the expression: ‘I think what I mean is that their [the voices] consciousness has gone into my mind and they’re talking to me, and the fact that they’re a strong consciousness has made my mind weak.’¹⁷³ It is no great effort to be complicit in this utterance, and to read ‘consciousness’ and ‘mind’ as synonymic. Indeed, it is less of an effort than to do otherwise.

As the interview progresses, however, the interviewee continues to make this understated distinction between their ‘mind’ and the ‘consciousness’ of the voices. This almost imperceptible

¹⁷¹ Voyce, pp.54-55 A similar but far more explicit, detailed and dialectical interweaving of geo-politics and psychopathology can be seen in Gordon McManus’ analytical memoir *From Communism to Schizophrenia and Beyond*, (London: Whiting & Birch, 2012), co-authored with Dr Jerome Carson. The next chapter of this thesis will continue the analysis of signification-generation in ‘psychosis’ at the narratological level, where – as this reading of *The Durham Light* demonstrates – the processes operating at the level of the word, phrase and sentence naturally continue to self-propagate and disseminate.

¹⁷² Interview transcript

¹⁷³ Interview transcript

split in the denotation, whereby in absolute literal terms, to denote ‘mind’ is (at least trivially and indistinctly) different from denoting ‘consciousness’, is the originary point for a line of connotation that widens through a dialectical exchange with an increasing rupture in the denotation. The esoteric word ‘etheric’ starts to circulate through the interviewee’s speech, as an emblem of and vehicle for the incomprehensible sense of what is being said:

The voices say they are emptying my etheric mind, etheric engineering so that my mind becomes simple. As energy beings, we are, that’s etheric, etheric is the energy part of us, so what they’re trying to do is empty out all my energy from my energy being. And also, see our mind’s a collection of thoughts, things that we’ve studied and things that we’ve learned and energy that we were born with, and what they’ve done is they’ve gone into my mind and taken it, like broken my etheric mind up and taken it.¹⁷⁴

Retrospectively, this sense casts back some connotative meaning onto the distinction in denotation. The referent of denotation (‘mind’) has connotations of agency and rational personality; as a ‘collection of thoughts, things that we’ve studied and ... energy that we were born with’ it is an accumulative product of the individual’s life. Conversely, ‘consciousness’ is a blank, raw awareness; it is the uttering subject devoid of all biography, history, body or identity.¹⁷⁵ It is pure voice, and in seeking to manifest, it drains ‘etheric’ mind from the voice-hearer.

Is it plausible and persuasive to construct a theoretical edifice on what could be dismissed as a verbal habit or characteristic agrammaticism? Such reading is certainly more in the province of the Freudian than the clinician. Indeed, part of what constructs linguistics as a science (in the minds of linguists) is a tradition of prejudice, from Saussure through Chomsky and beyond, that entails the exclusion of the real mistake from the rarified object of study. Such apparently telling errors are the reddest intellectual meat to other disciplines. Sometimes, schizophrenic texts yield up seemingly simple parapraxes, that provoke deterministic, *diagnostic* readings easily. When this interviewee shifts into the present tense, at a moment that seems grammatically and semantically inappropriate, it is no difficult task to psychoanalyse this ‘slip’ as admissible evidence in some therapeutic interrogation of the unconscious: ‘If I *didn’t* defer from university, my life *would have* taken a different path. If I *didn’t* trust these people, my life *would have* taken a different path.’¹⁷⁶ Obviously, the analysis here – so says the analyst – remains within the moment of their bad decisions. And this reading only becomes more obvious when put in the context of their voices, which continually criticise them for these decisions.¹⁷⁷ Obvious, but also surely (and still obviously)

¹⁷⁴ Interview transcript

¹⁷⁵ ‘[R]ather, it designates exactly what linguists, referring to Oxford philosophy, call a performative, a rare verbal form (exclusively given in the first person and in the present tense) in which the enunciation has no other content (contains no other proposition) than the act by which it is uttered.’ Roland Barthes, ‘Death of the Author’ in *Image Music Text*, pp.142-148 (pp.145-146)

¹⁷⁶ Interview transcript [emphasis added]

¹⁷⁷ ‘Look at what you’ve done, your family the impact of you and the decisions you’ve made have impacted upon your family.’ If schizophrenic – as seen in Laing’s reading of Kraepelin’s dialogue with a patient in the previous chapter – and interpolation of voices, as reported by voice-hearers, is a triangulation through which hard-to-deliver (or hard-to-receive) messages are transmitted, then it is interesting to see within this reported speech a further triangulation. Grammatically, the voice-hearer’s text (albeit presented as the interpolation of their voices) cannot directly link the subject with the ‘impact’ upon the family. The first attempt breaks down,

wrong. For the textual subject is neither caught within the past, nor is the past eternally returning, at least not returning in the way imagined by psychoanalysis, in the way that a misaddressed letter returns, unaltered as an object travelling between the fixed points of a triangle: person at point A; the unconscious/the postal system; person at point B.¹⁷⁸ Rather, in the words Deleuze, what this constitutes is:

[A]n eternal return which is no longer that of individuals, persons, and worlds, but only of pure events which the instant, displaced over the line, goes on dividing into already past and yet to come. Nothing other than the Event subsists, the Event alone, *Eventum tantum* for all contraries, which communicates with itself through its own distance and resonates across all of its disjuncts.¹⁷⁹

And what, here, is the Event but psychosis itself? A psychosis that echoes through all the swerves of the narrating subject. Not only does it appear as double explanation for the parapraxes – that the ‘thought disorder’ of the psychotic makes them prone to such erroneous speech acts and failures in linguistic performance¹⁸⁰ and that psychosis is the repressed truth pushing for expression – but it is the impact (on the family, on the narrating subject) and the context for the bad decisions that caused the impact (deferring university, hanging out with a toxic social group) as well as the consequence of the impact (a derailed life, a troubled psyche). As a true Deleuzian Event, this psychosis can resonate in any direction, without heed to causality, corporeality or temporality. Further, psychosis is constitutive of the narrative subject. The esoteric sign is also the psychotic event. This is surely the sense to read into the account by a correspondent to the *Schizophrenia Bulletin* remarking of ‘the sentence *extraordinaire*’ that ‘invaded my consciousness that stayed there for years and often stamped its way into my reason to be.’¹⁸¹

The trauma of psychosis (which may or may not be the aetiological trauma *prior* to psychosis) violates the fixity of deictic relations constitutive of communication. When another interviewee recounts an instance of voice-hearing, consistency of tense is lost as the ever-present

losing the connective ‘to’: ‘Look at what you’ve done, your family.’ The second attempt is fatally ruptured, syntagmatically: ‘the impact of you [...] upon your family’ is split asunder by a triangulation between the voice-hearer (the ‘you’ object but also the speaking subject), the impacted family and the decisions. When ‘decisions you’ve made’ erupt into the sentence, it is they, and not the voice-hearer, that takes the active form of the verb, that ‘have impacted’, and reach a syntactical resolution with the object, the sufferer of the impact, the family: ‘the decisions you’ve made have impacted upon your family.’ Culpability for the impact is displaced onto the medium (the decisions) for the impact, rather than on the originating agent (the subject). The means becomes the motive, of sorts. Or to use Deleuzian terms, the Event or wound pre-exists, and brings about the conditions for its own actualization. It is difficult at this point not to think of the murderous triangulation machine formed by Roger, the lever and ‘Piggy a bag of fat.’ William Golding, *Lord of the Flies* (London: Faber and Faber, 1996) p.221

¹⁷⁸ Even if point B is, in fact, all points from point A onwards. For, even in this model, ‘eternal’ only means ‘from now, for a period of time.’

¹⁷⁹ Deleuze, *Logic of Sense*, p. 201. There is an error here, for Deleuze means not ‘individuals, persons, and worlds’ but ‘persons, worlds and God(s).’ For in his semiological system, ‘self is the principle of manifestation [deixis], the world is the principle of denotation [reference], and God the principle of signification [meaning].’ The terms favoured by this thesis are included in square brackets. Deleuze, *Logic of Sense*, p.200

¹⁸⁰ In one simple conflation of terminology, it is easy to demonstrate how neurological psychiatry, intentionalist speech act theory and transformational-generative grammar are all the same warden pulling a shift on different cell blocks.

¹⁸¹ Antoinette Rosa Ganim, ‘First person account: the delusion girl – diary of a schizophrenic’, *Schizophrenia Bulletin*, 13:4 (1987), 737-739, p.737

Event is re-staged in the telling:

I was, for this one I was in the bathroom, that one I was in my room, the first one I was in my room and the second time I was in the bathroom and then the third time I was in the front room, so wherever I am in the house they started. Like they're starting on me now that I'm remembering them, just doing the entry. I went to have a relaxing sit down in the front room and the voices are saying "Get up, get up".¹⁸²

Like an incantation that brings up the devil, to tell is to experience, and the moment of utterance, the textual now, and the reality around it shared with the interviewer is in a glitching co-existence with the moment uttered, the then: 'wherever I *am* [...] they *started* ... I *went to have* a relaxing sit down [...] and the voices *are* saying [...].' If this analysis begins to sound rather too esoteric itself, with talk of devils and incantation, that points to a flaw in the argument. It is not that the language calls out a mystical entity – call it devils, or voices, or schizophrenia – but that so-called mystical entity is absolutely and entirely a product of language. There is no way to not enact and to not hear the voices when speaking of them, for a voice – whether heard by many or heard by one, whether produced by a voice box, a 'Dictaphone',¹⁸³ a divinity or neuropathology – is never more nor less than a voice. To remember the voice is to re-hear the voice, and to re-hear the voice is for the voice to be speaking, for speaking is only ever the moment of speaking. The voice-hearer, regardless of the details of how and in what way they hear voices, is always in the Event of voice-hearing, when they hear them, and when they remember or speak of hearing them.

The voices appear *first* and *then* acquire pronouns. They take them as a linguistic necessity. Observe how they progress from a focalized, depersonalized (or pre-personalized) state of pure voice – 'the voices were going to make you drop it'; referring to themselves as 'you' the interviewee

¹⁸² Interview transcript

¹⁸³ One interviewee feels, by turns convinced and unconvinced, that the voices he hears are produced by Dictaphone. Again, the moment of voice-hearing and the deixis of the utterance about the moment are in tension. The interviewee is – many years after the event – still unsure about a gift of a Dictaphone from a friend, wondering whether it was, as claimed, to help him compose raps, or to play an extended, torturous and retributive practical joke by plaguing him with disembodied voices and 'they're actually like lying to me.' When the interviewee then refers to the Dictaphone in the room for the purpose of the interview, the status of his claim is unclear: '[n]ot like now, you've blatantly got one, you're not lying to me, you know what I'm saying.' It has (at least) a dual meaning. Along one line of signification, the interviewee is saying that he does not have some irrational fear of Dictaphones and is not worried when one is being used openly for a clear purpose, as in the interview.

Along another line of signification, which is not an alternative but a wholly co-existent line, the interviewee is stating that the interviewer is open about voices and acknowledges them. The 'lying' of the interviewee's friends consisted of them claiming they could not hear the voices, and that they were non-existent, when they could, in his opinion, hear them as well as he. That the interviewee applies the same phrase, but in the negative, to the interviewer – 'you're not lying to me' – connotes his recognition that the interviewer, as can be seen from the full transcript, has assiduously avoided any assertion that the voices might not be real (though, naturally, nor has the interviewer confirmed their objective existence). In contradistinction to the interviewee's friends – long gone, broken with over their 'lying' about the voices – the interviewer actively wants to discuss the voices. The interviewer is 'blatantly' not in on the lie to pretend the voices do not exist.

There is, of course, a third line of signification (and maybe many, many more): the interviewee may feel he has rumbled the interviewer in the process of lying, and is simultaneously ending the deceit and remonstrating. Such elements unavailable in a transcript, such as tone, gesture, volume and facial expression, would weight one line of signification over another. But, in doing so, they would not eliminate the other lines, which would remain, albeit in a diminished intensity.

adopts the voices' deictic position, but leaves it unvoiced – through a fusion with the interviewee's first person singular position ('I'm going to push') until they reach a full realization in the first person plural of their complete characterization:

Then I was making some honey water for myself and the voices were going to make you drop it, so sometimes if I'm carrying something like a drink, a drink of water or some water, my thoughts will start off like 'It's going to drop' and, it'll get like, if I'm holding it like, the thought will be like 'Oh it's going to drop, I'm going to push your arm' or something like that. [...] Like, they're not going to do it but my arm was just going to move. The voices 'We're going to make you drop it' and the voices 'We're going to get you'[,]

That this linguistic procedure, in the uttering, mirrors the voices' increasing agency, presence and influence over the interviewee, in the event being uttered, is no coincidence, because these are *one and the same thing*.

This is not to say that psychosis is the hearing of voices. In fact, the argument is more to the contrary: the hearing of voices is a language effect of a psycho-social trauma or Event. The hearing of voices is, in some cases, clearly secondary. To an extent, voices may only come into (full) being when recounted for another listener. In this, voices operate like (Peircean) signs: they require the third figure of the *Interpretant*, and their tripartite relations of *Thirdness* are irreducible to a collection of relations of *Secondness*. The voices, then, are a sign created in the semiotic act. This stands whether the *Interpretant* position is occupied by an external other – the interviewer – or is an internal figure in a mentally voiced semiotic exchange. This would explain why, instinctively, an interviewee, when asked how they knew a particular 'command hallucination' came from a particular male voice, did not respond by saying that it *sounded* like that particular voice rather than their own. Instead, they addressed the content of the voice's speech and replied: 'Because it's stuff that I would never think.' The content of the utterances of voices pre-exists, and necessitates the existence of the voices. It has been established earlier that to disregard voice-hearing as a meaningless symptom of pathology is wrong-headed, but to search for meaning within a materiality or personality of the voices is mistaken too. The voices are a sign vehicle for the hearer to experience their content. Granted, some of that content may be communicated through the manifestation of the voice, but the manifestation is – by absolute semiotic necessity – *a posteriori* to the content. This is certainly Descartes in reverse, or inside out: 'There is something to speak, therefore I speak, therefore I am.'¹⁸⁴

Undoubtedly, this process of manifestation is the sense (if not the meaning) of one interviewee's claim that the voices have taken 'etheric energy' from their mind, 'taken my mum from spirit and my grandmother from spirit.'¹⁸⁵ For a second interviewee, a voice lays claim to a particular celebrity identity and thereby 'is' that person: 'the guy said he was Nick Margerrison, so basically that he was him, you know what I mean, yeah.'¹⁸⁶ Another interviewee makes a disjunction between the voices as heard and *ur*-voices, that are actively adopting these voices in order to

¹⁸⁴ This argument will be developed further in chapter five.

¹⁸⁵ Interview transcript

¹⁸⁶ Interview transcript

vocalize: ‘Man, they use voices from back in the day, the voices like of a, like mates or girlfriend that I had back in the day or something like that. They just *use* them against me and that like man, it gets you wound up and that.’¹⁸⁷ Interestingly, this reveals that ‘voices’ itself is an esoteric word, hiding in plain sight. Though one of the signifieds that it generates is of voices (real or not, heard or not, voiced or not, etheric or just a mate’s), this does not exhaust the esoteric word, and is just one possible line of signification, itself spawning a multitude of further lines. But the esoteric word ‘voices’ is a signifier forced to approximate at an incommunicable sense: there is a ‘that’ which pre-exists the voices. What might that inexpressible be?

Here, Kristeva’s dual-modality model of language, as initially outlined in her 1974 doctoral thesis *La Révolution du langage poétique*, can prove useful. The expressible domain of the signifier, where signification (both connotation and denotation, for Kristeva) can occur, is conceptualized as *le symbolic*, where meaning is constituted according to socio-historically constructed laws. This signification is not merely linguistic, but encompasses all semiotic relations. Similarly, these structuring laws are not merely legal, and not merely explicit and standardized, but also idiosyncratic, contradictory and implicit. Everything that might be understood by the term semiotics or semiology would fall into *le symbolic*, whilst the other modality, confusingly called *le sémiotique*, is the domain of unconscious signifieds, comprising bodily instinctual drives. These two domains are distinguished by co-dependent signifying processes that are in permanent dialectic.

Putting aside the metaphysics of an unobservable unconscious or unquantifiable drives, Kristeva’s model has explanatory power when analyzing the relationship between signifiers and

¹⁸⁷ Interview transcript. On the recurrence of the third person plural pronoun, it is worth noting a 2015 study of word use that took 77 first-person accounts from the *Schizophrenia Bulletin* as its data set, using mood disorder accounts from the Anxiety and Depression Association of America website as a non-psychotic control. Observing an increased incidence of ‘they’ in the accounts written by people with a diagnosis of schizophrenia, the authors suggested ‘this is consistent with the externalizing bias observed in cognitive neuroscience studies of patients with schizophrenia. It may also reflect a shift in people with schizophrenia towards thinking of self as other.’ Leaving aside whether these two conclusions might be either different formulations of the same thing, or mutually contradictory, it is hard to see what other grammatical resource is available to a person speaking of voice hearing other than the third person plural pronoun. Necessarily, then, any attempt to communicate the experience of voice hearing becomes performative of an externalizing bias and/or a thinking of self as other, by the constraints imposed by the English language. S K Fineberg, S Deutsch-Link, M Ichinose, T McGuinness, A J Bessette, C K Chung and P R Corlett, ‘Word use in first-person accounts of schizophrenia,’ *The British Journal of Psychiatry*, 206 (2015) 32-38, p.35

The same paper also described how those with a diagnosis of schizophrenia spoke less of ‘ingestion’ and more of ‘religion’, thereby demonstrating the ‘external bias’ further. Quite how a thoughtful meditation on a personal relationship with God (in addition to a social relationship to a synagogue and a philosophical intellectual relationship with Judaism) as seen in *Schizophrenia Bulletin* 22:1 (1996) might show ‘less self-focus’ (Fineberg *et al*, p.35) than a person describing how they regulate their anxiety by watching what they eat is not immediately, intuitively clear. Interestingly, the Jewish account-writer’s language exhibits a distinctly Jewish resonance, as the rhetoric, syntax and tone – and not merely the content – serve to interpolate the narrative subject as an observant Jew. Consider how one sentence echoes both the archaic grandiosity of English language translations of Jewish Scripture, as well as the, by turns defiant and defensive, well-worn response to the Shoah: ‘I must thank him [author’s father] for undergoing such an ordeal and to him I must say, “Never again.”’ To a Vygotskian, this reads more like an internalizing than externalizing bias. (Anonymous, ‘First person account: social, economic and medical effects of schizophrenia,’ *Schizophrenia Bulletin*, 22:1 (1996) 183-185, p.185)

signifieds in schizophrenese.¹⁸⁸ Underpinning Kristeva's *le sémiotique* is an instable, heterogeneous and infinite syntagm: the semiotic *chora*. Stripping away the references to sphincters and wombs, the *chora* appears as a mass of raw phonic material that can give rise to subjectivating positions, signs and codes: 'Neither model nor copy, the *chora* precedes and underlies figuration and thus specularization, and is analagous only to vocal or kinetic rhythm [...] We emphasize the regulated aspect of the *chora*: its vocal and gestural organization is subject to what we shall call an objective *ordering* which is dictated by natural or socio-historical constraints.'¹⁸⁹ There are two important ideas to take from this. First, that the *chora* 'that "precedes" symbolization is only a *theoretical supposition* justified by the need for description.'¹⁹⁰ Secondly, it is a theoretical supposition that does away with any possibility of schizophrenese (or any minoritarian *langue*) as ancillary, secondary, diminished, deficient or disordered in relation to some majoritarian *langue*. With the *chora* in place as a theoretical construct, with different *langues* developing from varying social relations and physical realities acting on the shared raw material, disordered language or FTD can go the way of all prejudices dismissed as ableist in the field of disability studies. Schizophrenese is a linguistic codification of different, and perhaps more easily discernable, relationships with the inexpressible welter of signifieds that underpins all semiotics.

The emergence of the voices, their attainment of a form of expression¹⁹¹ (an identity) and their interpolation into the discourse with the assignment of a pronoun matches Kristeva's concept of the *thetic* phase which establishes the positions constitutive of the 'realm of signification' or *le symbolic*:

We shall call this break, which produces the positing of signification, a *thetic* phase. All enunciation, whether of a word or of a sentence, is *thetic*. It requires an identification; in other words, the subject must separate from and through his image, from and through his objects. This image and objects must first be posted in a space that becomes symbolic because it connects the two separated positions, recording them or redistributing them in an open combinatorial system.¹⁹²

Not only does this, in the case voice-hearers at least, allow for a replacement of the phrase 'psychotic break' with its connotations of irrevocable damage and medical other-ing with 'thetic phase', but it also re-emphasises that something conceptualized as a symptom of underlying neuro-

¹⁸⁸ As Guattari says, Kristeva imports a Chomskyan 'innateism of universals' into the *chora* and reduces 'linguistic semiologies' to a question of subjects, rather than social structures. 'In order to be delivered from the personological polarities of communication, we must refuse to be imprisoned by the hypothesis of a self-enclosed signifying unconscious subjectivity.' Félix Guattari, *The Machinic Unconscious*, trans. by Taylor Adkins (Los Angeles: Semiotext(e), 2011) [1979], fn.20, p.335

Indeed, Kristeva essentially outs herself as a Chomskyan, albeit one that has reversed through Freudian psychoanalysis. Hers is a generative grammar of the unconscious. See Julia Kristeva, 'The Speaking Subject', in *On Signs*, ed. by Marshall Blonsky (Oxford: Basil Blackwell, 1985) 210-220.

¹⁸⁹ Julia Kristeva, *Revolution in Poetic Language*, trans. by Margaret Walker (New York: Columbia University Press, 1984) [1974], pp.26-27

¹⁹⁰ Kristeva, *Revolution*, p.68

¹⁹¹ In terms of the signifier and medical semiology, this is the moment when the wholly subjective phenomenological experience of the symptom gives way to the communicable object of medical enquiry in the form of the sign. As Barthes says: 'the symptom corresponds to the *substance* of the signifier, the sign belongs very broadly to the *form* of the signifier.' Barthes, 'Semiology and medicine', p.206

¹⁹² Kristeva, *Revolution*, p.43

biological dysfunction (hearing voices) can be explained fully as a socio-linguistic phenomenon: an idiosyncratic calibration with the dominant symbolic order. This thesis is keen to avoid mystifying metaphysics. This idiosyncratic calibration with the dominant symbolic order is nothing more baffling than, for example, the disjunctive disempowerment experienced by a victim of childhood sexual abuse whose account and testimony is repeatedly denied, as described by Wilma Boevink at the close of the previous section.

Ultimately, this analysis returns to the opening quotation from Lacan, in which the different signifiers – the signs on male and female toilets – reintegrate into and thereby alter that signified. Schisms in the domain of the signified, by which is meant tangible interpersonal, socio-historical events as experienced by Boevink and the rejection of their subsequent discourse, provide the conditions for the esoteric signifiers characteristic of schizophrenese (but present within all codings). That these esoteric signifiers then serve to recapitulate such schisms is but the completion of the dialectical circle. Schizomimetically, the esotericism of schizophrenese infects the diagnostic discourse. There is no thought disorder within schizophrenese as acute as that in the diagnostic discourse about schizophrenese. Similarly, ‘schizophrenia’ – as this and the previous chapter illustrates – is clearly an esoteric word. The inexpressibility of its meaning, in exquisite tension with the palpability of its sense (for who ever failed to recognize madness without ever understanding it?), disrupts all nosological attempts to stabilize its denotation into diagnostic validity or its connotation into diagnostic reliability.

Schizophrenese throws down a challenge not just to resistant interlocutors, unable or unwilling to find moments of complicity, but to the disciplines of linguistics and psychopathology. It offers a semiotic which is markedly different, but different in a fundamentally similar way. The utterance in schizophrenese makes sense of the ‘schizophrenic’ experience (the Deleuzian Event of psychosis). This sense, though, not only cannot be rendered in strict, fixed meaning, but actually makes sense through a disruption of ‘standard’ modes of signification, reference and deixis. Yet, in an important reflexive point, schizophrenese’s difference is similar to other languages, in their realities as a mass of heterogeneous, conflicting *paroles* united around an always-idealised *langue*. The esoteric word, the temporally displaced moment, the blurred spatial relations between interlocutors, and the twisting, self-defeating ambiguities of signification all comprise the necessary constitutive elements of speech as a process operating at the liminal meeting place between internal, so-called psychological semiological systems and external, social semiological systems.¹⁹³ As Barthes observes: ‘[s]emiologically, each connotation is a starting point of a code (which will never be reconstituted), the articulation of a voice which is woven into the text.’¹⁹⁴ Small wonder, then, that

¹⁹³ ‘So-called’ psychological because this thesis holds, in the tradition of Vygotsky and Vološinov, that the individual consciousness, as construct and producer of its external and internal speech, is always a socio-historically and inter-subjectively constituted entity. The ‘internal’ and ‘external’ here might be better understood as ‘unvoiced’ and ‘voiced.’ Though, this naturally raises the thorny question of a distinction between ‘internal’ voices that may appear, to the subjective self, as ‘voiced’ or as ‘unvoiced.’

¹⁹⁴ Roland Barthes, *S/Z*, trans. by Richard Miller (Oxford: Blackwell, 2002) [1973], p.9

schizophrenese proceeds through connotation rather than denotation. The polysemy of words and the polyphony of the narrative self demonstrate that the potentiality of schizophrenese, the manifestation of the 'psychotic' communicative (as emblematic of the socio-economic) position, is a product of language and signification, and of the exact same coding mechanisms and raw semiotic material (*chora*) as any and all other languages.

Into the semiotic chora; away from metaphysics and materialism

Schizophrenics come to us, then, always already de-centered. Authors in every way un-authorized, they are entirely without essence, quintessentially Derridean.¹⁹⁵

Bitch is washing her hands. We can say a lot more but we don't want to.¹⁹⁶

Whether or not the point is proven that schizophrenia is a disease of speech, it is certainly beyond doubt that it is not *solely* a disease of speech. The speech of schizophrenics, like all speech, operates within the context of a gesturing body; it is a somatic text.¹⁹⁷ A biosemiotic reading of patients – which incorporates the sign generation of the speaking body into a heterogeneous text with the linguistic signs of their speech – would offer considerably more insight to clinical assessments of cognitive function than an analysis of the decontextualized, disembodied speech. Andreasen noted the vital embodiedness of speech in her papers describing the TLC: '[i]f deprived of the patients' gestures, facial movements, and intonational patterns, however, raters are likely to misunderstand and misinterpret portions of what is said and to overestimate the severity of thought disorder.'¹⁹⁸ As James Goss, building on McNeill's Growth Point theory notes: '[c]overbal gestures convey information that either reinforces the content of speech or provides complementary information that is related to, but different from, what is in speech.'¹⁹⁹ Goss continues:

These are also two opposing semiotic, analytic speech versus imagistic gesture. The meaningful shapes and motions that arise in gestures constitute imagistic thought that is global and synthetic, where the whole determines the meaning of the parts. In contrast, spoken language is analytic, segmented, and operates from the bottom up as linguistic units are combined linearly and hierarchically into meaningful constructions. These two opposing semiotic modes exist in an unstable relationship that is resolved dialectically through the semantic and temporal integration of speech and gesture. Analytic speech and imagistic gesture must be coordinated to form one coherent utterance through the unpacking of GPs [growth points].²⁰⁰

This biosemiotic model and the embodiment (and by extension social embeddedness) of speech is a ground zero of pragmatics and is fundamental to this thesis.

This chapter's analysis of schizophrenese has drawn on the deictic disturbance portrayed variously by Rochester and Martin, Rosenbaum and Sonne, and Wróbel, and then reflected these findings back onto the linguistic and semiotic theories of Peirce and Jakobson, and the philosophical writings of Deleuze and Guattari in particular. However, conceptualisations of the relationship between the body and schizophrenese, in avoiding shattering upon the jagged Scylla of (post)Lacanian psychoanalytic metaphysics, have become caught in the whirling Charybdis of neurological materialism. In the current prevailing research, schizophrenese is only aetiologically pertinent as a symptom directly relating to underlying neuro-structures and neuro-functions, to be

¹⁹⁵ Lee R Edwards, 'Schizophrenic Narrative', *The Journal of Narrative Technique*, 19:1 (1989) 25-30, p.28

¹⁹⁶ Interview transcript

¹⁹⁷ Perkins lists 'gesture and gaze' alongside neurobiology, social context and memory as influences on communication disorders to be accounted for within the developing discipline of clinical linguistics. (Perkins, p.926)

¹⁹⁸ Andreasen (1979b), p.1329

¹⁹⁹ James Goss, 'Poetics in schizophrenic language: speech, gesture and biosemiotics', *Biosemiotics*, 4 (2011) 291-307, p.296

²⁰⁰ Goss, pp.297-298

metaphorically represented by the sign products of functional magnetic resonance imaging (fMRI), the imaging of blood-oxygen-level-dependent (BOLD) signal changes or positron emission topography (PET).

As Slaby and Choudhury (2012) argue, there is a need for a critical neuroscience that integrates the registers of the social and the neural into a holistic dialectic model:

[A] critical neuroscience [must] work out [...] how to overcome the gap between social and neural, how to develop conceptual vocabularies and frameworks that overcome this stark distinction, and how to empirically study phenomena [...] with a view of the *situated* brain and nervous system. This goal would take as a premise that the brain and nervous system are nested in the body and environment from the outset and that their functions can only be understood in terms of the social and cultural environment.²⁰¹

Whilst the technology and insights of neuroscience have advanced considerably over the past 30 years, the linguistic characterisations of symptom as object of study remain in suspended animation. When working with a conceptualisation of schizophrenese as ‘positive FTD’ comprising ‘looseness, peculiar word usage, peculiar sentence constructions, and peculiar logic’²⁰² and a supposed schizophrenic ‘deficit in [...] paralinguistic or pragmatic abilities including the interpretations of metaphors, understanding of jokes, sarcasm, or emotional prosody,’²⁰³ researchers Whitney and Kircher (2009) are working with assumptions and prejudices that – in research terms – are positively antediluvian (despite their ghostly haunting of the *DSM-5*). In rooting their meta-study’s conceptualisation of the object of study in such unproven (or positively disproven) assumptions, Whitney and Kircher are studying an unreal object and then mapping it to techno-imagistic representations of a material reality.

It would be unfair to dismiss these studies as the new phrenology, as the instability or non-existence of the speech objects is captured in the contradictory and inconclusive results produced through the functional and structural analyses of the brain. Whitney and Kircher find insufficient proof to support a direct mapping from symptom (FTD) to function (aberrant temporal activation patterns) to structure (reduced superior temporal gyrus). They would be no more successful if they had attempted to map Schreberian rays onto neuro-functions and structures. Similarly, a meta-study trying to analyse the relationship between the right hemisphere and ‘non-literal language’²⁰⁴ conceptualised as a ‘heterogeneous linguistic entity of speech forms that go beyond the literal meaning of the words and requires the ability to process more than the literal meaning of an utterance in order to grasp the speaker’s intention [which] includes metaphors, proverbs, idioms, irony, sarcasm, and metonymy,’ is chasing a phantasm. The words ‘go beyond’ and ‘more than’ are

²⁰¹ Jan Slaby and Suparna Choudhury, ‘Proposal for a critical neuroscience’, in *Critical Neuroscience A Handbook of the Social and Cultural Contexts of Neuroscience*, ed. by Suparna Choudhury and Jan Slaby (Chichester: Wiley-Blackwell, 2012) pp.29-51 (p.33)

²⁰² Corin Whitney and Tilo Kircher, ‘Language lateralization in patients with formal thought disorder’, in *Language, Lateralization and Psychosis*, ed. by Iris E C Somer and René S Khan (Cambridge: Cambridge University Press, 2009) pp.169-180 (p.168)

²⁰³ Whitney and Kircher, p.170

²⁰⁴ Alexander Rapp, ‘The role of the right hemisphere for language in schizophrenia’, in *Language, Lateralization and Psychosis*, pp.147-156 (p.147)

indicative of a spatial and quantitative measuring of the meaning of words that has no grounding in observable language acts. The supposed schism between literal and non-literal meanings is a blunt re-importing of the very crude cerebral bilaterality that recent neuroscience has nuanced and problematized. Would Rapp know if he was being literal or figurative when responding to a question about his health with ‘I’m fine,’ and how can the role of social context and addressee in defining the literalness of speech act be plotted against his linguistic football pitch schema, let alone against the (still) mysterious functions and structure of the brain? In both the Saussurean conventionalised linguistic sign and the Peircean symbolic (and also mostly in the iconic) sign, there is an inherent metaphoric component in the very association of signifier with signified. Indeed, Peirce’s general theory of the sign, that it ‘is something that stands to someone for something in some respect or capacity’ gives all signs (and therefore all words, phrases and discourse) a fundamentally metaphoric nature.²⁰⁵

There is neither reason nor means for this thesis to challenge the generalised assertions of neuroscience regarding schizophrenia, of which Razafimandimby *et al*’s conclusion is typical: ‘results suggest that reduced leftward lateralization for language is stable over time and may correspond to an abnormality of language-related brain organization in schizophrenic patients.’²⁰⁶ But there are two important criticisms to propose. First, neuroscience does not understand (nor wants to understand) the structural and functional nature(s) of the speech it purports to study. Indeed, *in extremis*, neuroscience invents a more stable, easily classifiable but essentially false object of study in an unrecognisably neutered and reduced representation of speech or language, advancing the reductionist Chomskyan trend to make the creatively chaotic, polyphonic social dynamic of language a sequence of pulses and flows in a disembodied brain. Secondly, despite the well-known responsive plasticity of the brain (the discovery of which is one of the foremost cultural successes of neuroscience), neuroscience now assumes a linear, one-way causal relationship between brain structure and form, and schizophrenic symptoms.

In its ultra-materialism, neuroscience stumbles into metaphysics, with its construction of an idealized, hyper-delineated and defined language, and its metaphorical ‘mapping’ onto equally idealized, hyper-delineated and defined structures and functions of the brain. Predominantly, this marriage of metaphysics and materialism is mediated through technologically generated representational image metaphors, and equally metaphorically inflected language-based cognition and communication tests. In this, neuroscience falls foul of the trap Kristeva posits as at play within literary signification:

²⁰⁵ Peirce, ‘Logic as semiotic’, p.99

²⁰⁶ Annick Razafimandimby, Olivier Maïza and Sonia Dollfus, ‘Functional imaging studies on language lateralization in schizophrenia patients,’ in *Language, Lateralization and Psychosis*, pp.133-146 (p.141) It is also worth noting that the schizophrenic brain is most often conceptualized as being deficient – with reduced, or decreased leftward lateralization – when presumably a positive construction – with increased, greater rightward lateralization – would be an equally truthful expression. This matches the linguistic-diagnostic tradition of characterizing schizophrenese as deviant, peculiar, empty, meaningless etc. This also seems to lend some neuro-anatomical support to Carroll’s ‘perfectly balanced mind’ productive of portmanteau words.

[I]nstead of following denotative sequences, which could lead, from one judgement to another, to the knowledge of a real object, literary signification tends toward the exploration of grammaticality and/or toward enunciation. *Mimesis* is, precisely, the construction of an object, not according to truth but to *verisimilitude*.²⁰⁷

In place of a metaphysics of materialism, this thesis asks: what can be logically inferred from the close semiotic analysis of schizophrenese? The Kristevan semiotic *chora* – if filtered of some of its Lacanian excesses – has been shown to be heuristically successful in the previous section, and serves logically as a pre-existing mass of signifying potential from which social (in Kristeva’s terms *le symbolique*) and subjective (in Kristeva’s term *le semiotique*) codes can be generated. Such an analysis suggests that the structure and function of the brain (and their metaphoric renderings) are the dialectically established traces of idiosyncratic formations of the *chora*. If schizophrenese – as socially constructed code employed by a semiotically constructed subject in specific speech acts (internal and external) – pre-exists any individual brain (as it surely must today), then the schizophrenic brain and function, in addition to the speaking subject, must be constructs of that language as one of many potential (and overlapping and interacting) systems forming out of the *chora*.

This thesis has consequential implications for the aetiology of schizophrenia, in the light of ever-unsuccessful attempts to establish a genetic, or viral, environmental or other exogenous cause. If language – and specifically a schizophrenese *langue* code – is the (or a) disease vector, then it has to have developed dialectically with a (genetically encoded) sensitivity to disruptive secondary codes. Chicken-and-egg speculations of primogeniture are pointless here, not least as schizophrenese – as any code or *langue* – is diachronically dynamic. Instead, it is worth considering the radical and idiosyncratic research of Timothy Crow into the aetiology of schizophrenia. Crow has built a thesis over several decades that presents schizophrenia as an evolutionary genetic development coincidental with the ‘birth’ of *homo sapiens* and the ‘big bang’ of language competence and brain lateralization. An early Crow paper noted the possibility of a ‘virogene’ contributor to schizophrenia, whereby a viral sequence is integrated into the human genome, whilst broadly arguing against a viral component in schizophrenia’s aetiology.²⁰⁸ The (evidenced) schizophrenese *langue* and the (posited) genetically determined sensitivity to secondary codes (and the subsequent synthesising of schizophrenese) could plausibly have developed in a similar way.

Of greater significance is Crow’s hypothesis regarding the interwoven evolution of language and psychosis. For Crow, language ‘[a]s the characteristic that is associated with the success of the species ... is a correlate of the universality of psychosis.’²⁰⁹ (Crow is, here, referring very specifically to the uniform prevalence of schizophrenia(s) across geographies, ethnicities and

²⁰⁷ Kristeva, *Revolution*, p.57

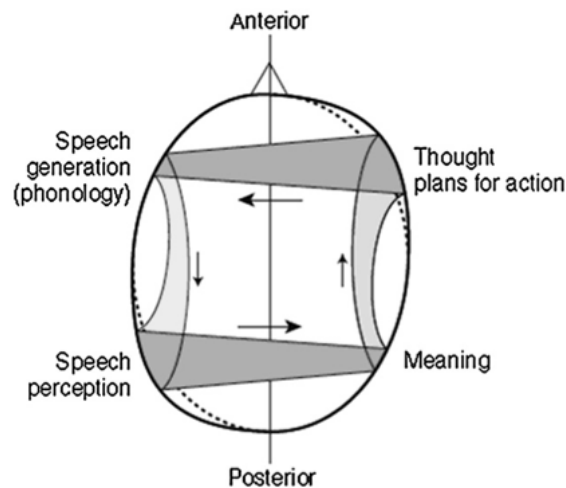
²⁰⁸ Timothy Crow, ‘A re-evaluation of the viral hypothesis: is psychosis the result of retroviral integration at a site close to the cerebral dominance gene?’ *British Journal of Psychiatry*, 145 (1984) 243-253

²⁰⁹ Timothy Crow, ‘The ‘big bang’ theory of the origin of psychosis and the faculty of language’, *Schizophrenia Research*, 102 (2008) 31-52, p.37

economies.) Crow's linking of the nuclear symptoms of schizophrenia to language is in accordance with the argument of this chapter:

To the objection that language abnormalities are not always a feature I propose the answer that they are not only present but integral to the core syndrome – that the nuclear symptoms themselves are abnormalities of language – specifically that these symptoms are anomalies of the transition between thought and speech (ie production) and between speech (perception) and meaning.²¹⁰

Crow roots this in the unique cerebral torque of *homo sapiens*. Crow has explicitly mapped the four-quadrant structure of the brain onto Saussure's semio-linguistic theory, whereby Broca's area is the signifier-producing area and Wernicke's the signifier-perceiving area, and each is linked across the hemispheric divide with a non-dominant quadrant filled with mirroring signifieds.²¹¹ Of course, Derrida's reservation about seductive spatial metaphors is relevant here. It is simply too early in neuroscience or semiotics to say in what literal way a hemispheric quadrant could be the physical location of signifieds. It is safer to locate signifieds where they are observable (through their signifiers): in human culture and interactions. As a functional model though, Crow's torque sits well with the theory of schizophrenese presented in this chapter.²¹²



Broadly, this thesis agrees with the inter-relatedness of genes, neuro-anatomy and function, socio-historical conditions and language, but stresses the primacy of socio-historical conditions and language – chronologically and causally, individually and collectively. Again, this thesis takes the position that language, in all its heterogeneity, is a social product.

Whilst Crow searches for an aetiological, genetic narrative, this thesis gives a synchronic, observable account. Additionally, with reference to the semiotic *chora*, this thesis argues that rather than language and schizophrenia being born through the same – genetically determined – speciation event, language (which always contained this schizophrenese) pre-exists schizophrenia at both the level of the individual and the species. Rather than there being a genetic change which allowed a language-use 'big bang', language was the epigenetic origin of the change. It is outside the

²¹⁰ Crow (2008), p.38

²¹¹ Timothy Crow, 'The nuclear symptoms of schizophrenia reveal the four quadrant structure of language and its deictic frame', *Journal of Neurolinguistics*, 23 (2010) 1-9

²¹² Figure taken from Crow (2010), p.5

scope of this thesis to prove this, but it seems a reasonable theory, as other primates (and other species) have demonstrable language-acquisition skills, and as pre-linguistic indexical and iconic semiotic codes are meaningfully interpretable by (perhaps all) non-linguistic organisms, and that the conventionalised symbolic code of language surely developed from indexical and iconic codes.²¹³ That schizophrenese may be the epigenetic *locus* and vector of schizophrenia might be supported by the earlier quoted studies on bilinguals, or by Louis Wolfson's therapeutic retreat from his mother English (and his mother) in *Le Schizo et les langues* (1970) and *Ma mère, musicienne, est morte de maladie maligne mardi à minuit au milieu du mois de mai mille977 au mouvoir Memorial à Manhattan* (1984).

In conclusion, schizophrenese is an observable *langue*. Whilst it is misguided to read schizophrenese *parole* as indicative of the pathological state (or otherwise) of an unobservable set of thoughts, a mind, psychological state or psychoanalytical transcendental bundle, these *paroles* can be used to form a speculative account of the *langue*. The *langue* itself – it has been argued – is an important aetiological *locus* of the 'disease', rather than simply a symptom. Additionally, it is a vector for the 'disease'. Schizophrenese is not aberrant or deviant language but – as demonstrated – it is simply a collection of possible codes within an even larger range of codes constitutive of semiotics. (As mentioned, this chapter has focussed purely on language, but the following chapters will turn to other semiotics.) Schizophrenese itself is a permanent feature of language in its raw form – the semiotic *chora* – and this is another sense in which schizophrenia is a 'disease' of language. Schizophrenese does not function in isolation. All codes are culturally co-authored, even in their most idiolectic elements. This does not mean that the code is easily accessible to all within the social relations that produced it. Often, the code is deliberately constructed to be inaccessible to some co-authors. This is the essence of the secret minoritarian language: to create an alternative refuge from the majoritarian orthodoxy or oppression. Subjects might be genetically predisposed to a sensitivity to the secondary code interruptions discussed, and – though this is harder to quantify at this stage – 'psychologically' predisposed to a sensitivity to the fracturing impact on the subject of the secondary code's interpolations into internal speech (as self-narrativising act). However, semiotics does not allow for a psychological element not reducible to genetics and social environment. Rather, what is called the 'psyche' or the 'self' is a constructed narrative, prone to deconstruction, reconstruction, degrees of translation and excision. It is to this narrative self that this thesis now turns.

²¹³ Something like this: a primate would point at a predator (an indexical sign); a primate hears the scream of another primate attacked by a predator (an iconic sign); a primate learns to point at a predator and scream (a symbolic sign). So language begins. For Crow, it is mate recognition rather than predator avoidance that is the core functional purpose of language. See Timothy Crow, 'Precursors of psychosis as pointers to the *Homo sapiens*-specific mate recognition system of language', *British Journal of Psychiatry*, 173 (1998) 289-290 and Timothy Crow, 'Did *Homo sapiens* speciate on the Y chromosome?' *Psychology* 11 (001) (2000) <<http://www.cogsci.ecs.soton.ac.uk/cgi/psyc/newpsy?11.1>> [accessed 13 February 2016]

II

TEXT

Recovery and life writing

Loss of self and bizarre thinking

Chapter Three: Death of the Memoirist

Writing is that neutral, composite, oblique space where our subject slips away, the negative where all identity is lost, starting with the very identity of the body writing.¹

He apprehends the wound that he bears deep within his body in its eternal truth as a pure event. To the extent that events are actualized in us, they wait for us and invite us in. They signal us: 'My wound existed before me, I was born to embody it.'²

Stories are increasingly a symptom of illness. Describing such stories as 'a recognizable genre of popular culture,'³ sociologist Arthur Frank argues that storytelling is a therapeutically useful response to a life interrupted by illness. In his formulation, '[d]isease interrupts a life'⁴ and leaves the individual a 'narrative wreck.'⁵ This wrecked self is then reconstructed through the telling of the illness story, a story in which 'the self is being *formed* in what is told.'⁶ Although it would be an oversimplification of Frank's theory to dismiss it as writing oneself well, that certainly forms a part of the process: '[s]tories have to *repair* the damage that illness has done to the ill person's sense of where she is in life, and where she may be going.'⁷

Frank develops a schema of four different body types⁸ – disciplined, mirroring, dominating and communicative – and three different narrative structures – restitution, chaos and quest. The individual body is supposed to manifest itself through its story, in accordance with one of these narrative structures, and this story-body is then to function as testimony to be witnessed by others, both in specific contexts – the medico-clinical, the familial – and in general socio-political ones. Frank is clearly indebted to Kleinman (amongst others) and builds on Kleinman's less mystical concept of the illness narrative as iterated in *The Illness Narratives*:

The illness narrative is a story the patient tells, and significant others retell, to give coherence to the distinctive events and long-term course of suffering. The plot lines, core metaphors, and rhetorical devices that structure the illness narrative are drawn for cultural and personal models of arranging experiences in meaningful ways and for effectively communicating these meanings.⁹

Kleinman's clarity belies a certain naivety regarding communication and narrative. The illness narrative is simply so much pathological content bundled up into an expressive, signalling narrative that then yields itself up for reconstruction by the clinician. As Kleinman describes:

¹ Roland Barthes, 'Death of the Author', p.142

² Deleuze, *Logic of Sense*, p.169

³ Arthur W Frank, *The Wounded Storyteller* (Chicago: University of Chicago Press, 1997), p.69

⁴ Frank, p.56

⁵ Frank, p.55

⁶ Frank, p.55

⁷ Frank, p.53

⁸ This terminology might (rightly) cast doubt on the applicability of Frank's theory to mental ill health. However, by 'body' Frank seems to mean the physical instance of the person. All events and illnesses are therefore bodily. Hysterical mutism or dysmorphophobia are bodily illnesses as generative of a body-self story as cardiomyopathy or the loss of a leg. Frank says he is adopting the concept from Kleinman (Frank, p.169) who defines it as 'an organic part of a sacred, socio-centric world, a communication system involving exchanges with others (including the divine)' (Kleinman, *Illness Narratives*, p.11) The question of the body will be addressed in the following section of this chapter.

⁹ Kleinman, *Illness Narratives*, p.49

To fully appreciate the sick person's and the family's experience, the clinician must first piece together the illness narrative as it emerges from the patient's and the family's complaints and explanatory model; then he or she must interpret it in light of the different modes of illness meanings – symptom symbols, culturally salient illness, personal and social contexts.¹⁰

Though the process of 'piecing together' might be an arduous and unattractive one, it is posited as an unproblematic possibility. Any ambiguity around meaning can ultimately be puzzled out.

Despite having the best of intentions – narratively, clinically, humanely – Rita Charon arguably falls into this error in *Narrative Medicine* (2006), her manifesto for 'medicine practiced with these narrative skills of recognizing, absorbing, interpreting, and being moved by the stories of illness.'¹¹ Her passionate insistence that 'we must be prepared to comprehend *all* that is contained in the patient's words, silences, metaphors, genres, and allusions' relies upon the possibility of a reader – clinician/diagnostician/critic/detective – capable of unriddling any and all texts, provided they have but the will. In such a catechistic discursive landscape, each question necessarily comes twinned with an answer of absolute perfection. Always, the solution takes the form of a reading – an ever-better, ever-deeper, ever-fuller reading:

Listening and watchful clinicians must become fluent in the tongues of the body and the tongues of the self, aware that the body and the self keep secrets from one another, can misread one another, and can be incomprehensible to one another without a skilled and deft translator.¹²

This is worryingly Messianic. The translator need only, after their 'skilled and deft' deep reading, call out 'Rise, take up thy bed, and walk. And immediately the man was made whole.'¹³

Charon is not ignorant of contemporary theories of narrativity and subjectivity; she certainly is not shy about making occasional mention of her PhD in English.¹⁴ Whilst recognising the influence of structuralist, post-structuralist and deconstructionist literary theories on notions of the self – at least as constructed by written narrative – Charon's theoretical acceptance of the notion of 'a fragmented "postmodern" self who realizes that he or she reflects all the discontinuities and ambiguities in the culture'¹⁵ evaporates the moment she attempts to apply her narrative and close reading skills in a clinical context. In an apparently not deliberately comic passage, Charon lauds how her 'readerly powers of interpretation and imagination'¹⁶ allowed her to divine that a patient's slow, painful death by cancer was a sorry occasion for sufferer, relatives and healthcare professionals all. Seemingly, reading fiction transforms people into godly empaths:

¹⁰ Kleinman, *Illness Narratives*, p.49

¹¹ Rita Charon, *Narrative Medicine* (Oxford: Oxford University Press, 2006), p.4

¹² Charon, p.107

¹³ *The Bible, Authorized King James Version with Apocrypha*, ed. Robert Carroll and Stephen Prickett (Oxford: Oxford University Press, 1997) John 5. 8-9. Such rhetoric is used in the cornerstone text of the US schizophrenia recovery movement. 'Recovery is the urge, the wrestle and the resurrection. Recovery is a matter of rising on lopped limbs to a new life.' (Patricia Deegan, 'Recovery: the lived experience of rehabilitation', *Psychosocial Rehabilitation Journal*, 11:4 (1988) 11-19 p.15) Deegan's language constitutes the person with schizophrenia as both Jesus and the lame simultaneously; it is no longer *physician* but *patient, heal thyself!*

¹⁴ For example, Charon p.146 or p.195. Charon's thesis was on Henry James, which suggests a patience and meticulousness no doubt invaluable in clinical settings.

¹⁵ Charon, p.73

¹⁶ Charon, p.146

[b]ecause I have learned to be a close reader, I can follow the plight of this man and his wife, the urgency of their need, and the affective response of his caregivers to their suffering.¹⁷ Again, Charon talks of ‘decod[ing] the complex secrets,’ ‘piece[ing] together’ and ‘crack[ing] the codes,’ and translating an ‘obliquely and fragmentarily reported’ narrative into a rich, complete – and by implication determinist – truthful narrative of the illness. Aesthetically, critics might feel that Charon has mostly translated the impactful laconicism of the case notes into the rather purple melodrama of her self-congratulatory text.¹⁸

This thesis has already argued that a form of translation error is taking place in the way that schizophrenia is being read. Using a Saussurean semiotic model, this thesis has suggested that schizophrenia should be interpreted as a distinct *langue* rather than a highly idiosyncratic instance of *parole*. This thesis has further demonstrated that language – schizophrenese or not – is schizomimetic, containing and manifesting the ‘symptomatology’ of ‘schizophrenia’. The work of this chapter will be to critically interrogate the idea that schizophrenia can be rendered in what might be termed an illness narrative and then decoded – be that Frank’s witnessing, Kleinman’s interpreting or Charon’s translating – to deliver up static, actionable clinical or pathological insights, a therapeutic blueprint for ‘repair’ (Frank) or ‘coherence’ (Kleinman). In doing so, this chapter will address problems of both narrative and the self. The key texts discussed will be Lori Schiller’s *The Quiet Room* (1994), Ken Steele’s *The Day the Voices Stopped* (2001), Pamela Spiro Wagner and Carolyn Spiro’s *Divided Minds* (2005), Elyn Saks’ *The Centre Cannot Hold* (2007), Anthony Scally’s *Eye brows and Other Fish* (2007) and *Henry’s Demons* (2011) written by Henry and Patrick Coburn. All selected memoirs are authored or co-authored by people with a diagnosis of schizophrenia (or related diagnosis, such as schizo-affective disorder in the case of Lori Schiller). These memoirs will be supplemented by three corpora of texts each claiming to offer direct access to first-person voice, and thereby, the illness experience of people living with a diagnosis: the first-person accounts published in the *Schizophrenia Bulletin* regularly since 1979;¹⁹ the publications of self-proclaimed ‘mental health publisher’ Chipmunkpublishing;²⁰ and accounts from the Hearing Voices

¹⁷ Charon, p.146

¹⁸ As a serendipitous side note, the patient in question had what Charon calls ‘a history of schizophrenia’ (p.144). The patient is administered psychotropic medication on 22 October, so that by 28 October, he has relinquished active self-destruction (by jumping out of the window) for passive self-abnegation (lying in bed and wishing he could die), and is therefore restored to good mental health. Two different (and contradictory) narratives of the mental health intervention suggest themselves from this fragmentary vignette. The first might be called the moral imperative of psychiatry, which insists the patient serenely and sanely squares up to death rather than fleeing out the window. The second might be the humanitarian imperative, which insists that the patient be empowered to die with as much dignity and as little distress as is therapeutically possible.

¹⁹ Providing, in part, the ‘in-depth textual reading’ Angela Woods notes is absent from the literature. ‘Rethinking “patient testimony” in the medical humanities: The case of *Schizophrenia Bulletin*’s first person accounts.’ *Journal of Literature and Science*, 6:1 (2013) 38-54, p.39

²⁰ Chipmunkpublishing might be generously described as a costly and unsuccessful route for people with lived experience to become ‘published’ authors. In effect, the publishing house is a print-on-demand self-publishing business. There is no inherent problem with this type of business, but Chipmunkpublishing charge over the odds and then proceed to sell a range of expensive, dubious ancillary services including workshops in marketing and neuro-linguistic programming ‘cures’ for psychosis. Worse, this receives Arts

Movement. These readings will be further supported by material generated from field research undertaken as part of this thesis. Ultimately, by placing schizophrenia memoirs and structuralist semiotic narrative theory in dialectical play, this chapter will offer some conclusions on what form a ‘schizophrenia’ narrative might take, what theories of the narrative self can tell us about ‘schizophrenia’ and what ‘schizophrenia’ can tell us about the narrative self.

‘Schizophrenia’, with its delusions, its distortions of time, its disruption and diminishment of the self, poses an obviously greater challenge to this narrative therapeutic practice than terminal cancer or chronic pain. It is an illness that, as part of its symptomatology, disrupts narrative, and particularly any narrative-of-self. As Paul and John Lysaker (2006) note:

Schizophrenia is often characterized by profound diminishments in the ability to experience and represent one’s life as an evolving story ... Beyond merely disorganized or implausible communications about facts, affects, thoughts and any of their contexts, these diminishments are intimately involved in disability and anguish and a sense of self that radically lacks depth and richness.²¹

Kleinman, addressing hypochondriasis, claims that it ‘creates a reversal of the archetypal medical relationship in which the patient complains of illness and the physician diagnoses disease. Rather, in hypochondriasis the patient complains of disease ... and the doctor can confirm only illness.’²² Schizophrenia, with its early association with hypochondria, goes further and denies the dichotomy of illness and disease.²³ As a disease, schizophrenia is known only by its illness form. As the *DSM-IV-TR* states:

No single symptom is pathognomonic of Schizophrenia; the diagnosis involves the recognition of a constellation of signs and symptoms associated with impaired occupational or social functioning.²⁴

Schizophrenia conceptually rejects Kleinman’s primary establishing terms; as a ‘constellation of signs and symptoms’ there is perhaps no discrete disease entity holding them within orbit. In Kleinman’s terms, there is in schizophrenia no disease at all, only illness(es). In narrative terms, there may be a form but no content, and that form – to build on Lysaker and Lysaker’s description – is the very collapse of narrative and the narrative subject.

Council funding. In terms of editing, the texts appear to have received at most a cursory read through. Sometimes, not even that. This is useful for the purposes of this research as – without the usual mediating influence of editors and ghostwriters – the texts are entirely the product of the person with lived experience. But, for the authors paying Chipmunkpublishing, the process is counter-productive. Chipmunkpublishing books only exist notionally. They are rarely available in bookshops or university libraries. Even the British Library has a bare handful of the thousands of books on their back catalogue. Rather than getting the voices of the mentally ill heard, Chipmunkpublishing just extorts them and ghettoizes them; few are read or sold.

²¹ Paul Lysaker and John Lysaker, ‘A typology of narrative impoverishment in schizophrenia: Implications for understanding the processes of establishing and sustaining dialogue in individual psychotherapy’, *Counselling Psychology Quarterly*, 19:1 (2006) 57-68, p.57

²² Kleinman, *Illness Narratives*, p.195

²³ ‘Most incurable hypochondriacs are schizophrenics whose delusions are primarily concerned with their own bodies ... Some genuine paranoiacs may perhaps also be hypochondriacs with delusions concerning their own health.’ Bleuler, p.288 Kraepelin also mentions the hypochondriacal nature of schizophrenic delusions in his taxonomic account of dementia praecox, within its description of the key psychic features of the illness (p.26), and also by ascribing hypochondriacal concerns to his clinical forms of simple depressive dementia (p.103), agitated dementia (p.124), catatonia (p.134) and paranoid dementia gravis (p.157).

²⁴ *DSM-IV-TR*, p.299

David Roe and Larry Davidson (2005) issue a defiant call for a ‘new story’ of the schizophrenic narrative. For them, these symptomatic narrative difficulties make the need for therapeutic narratives greater:

It has been on the basis of the perception that people with schizophrenia become totally absorbed into their illness and thus lose touch with reality, that both narrative and self have been negated, leaving behind nothing more than an ‘empty shell’ of a person. Not only has this perception been shown to be false, it also has the effect of further abandoning the person to the illness, dismissing rather than inviting narrative.²⁵

On the surface, Roe and Davidson appear to welcome the ambiguities of narrative, and suggest these add to its potential curative properties, in contrast to less tolerant ‘accepted discourse or reason’ by which they mean the less flexible discourses of medical authority, illness prognosis or seemingly bulletproof statistical statements about suicide rates, unemployment and recurrence in schizophrenia:

[T]he emerging self may contain the changes and vicissitudes associated with living with the illness while simultaneously preserving a contradictory sense of the person’s former life and projected future. While accepted discourse or reason would not be able to tolerate such opposing views existing side by side, narrative is flexible enough both to survive and to contain the apparent contradictions between self and illness.²⁶

However, such an approach, this chapter will demonstrate, can swiftly move from a valiant effort at emancipation to a tyrannical determinism. Although Roe and Davidson recognise that the reconstructed post-illness self *may* not exactly resemble the self prior to schizophrenia’s ‘major interruption,’²⁷ they only explicitly allow for the possibility that it would necessarily be a self that is different and better: ‘narrative is one of the few tools that enable the person to weave back together a sense of who she is that both incorporates and yet extends beyond who she used to be prior to illness and who she has become due to illness.’²⁸

There are many assumptions underpinning this approach. First, whilst acknowledging that the pre-illness and post-illness selves may not be identical, both are imagined to have a degree of fixity. This is evidently wrong, and is linked to a second assumption: the mistaken adoption of Frank’s (already dubious) interruption metaphor. A broken back resulting from a car crash might be an interruption to a life narrative,²⁹ but no diagnostic or therapeutic discipline – be it the medico-neurological, the psycho-dynamic, the spiritual, the social constructionist, or a mixture of these – can point decisively to a point of interruption that constitutes an obvious break with the pre-existing life narrative or the pre-existing narrating self. Contrast this conceptualisation with the model of psychosis as a Deleuzian Event discussed in the previous chapter. As the quotation at the opening of this chapter demonstrates, the process of narration necessarily smooths any interruptive

²⁵ David Roe and Larry Davidson, ‘Self and narrative in schizophrenia: time to author a new story’, *Medical Humanities*, 31 (2005) 89-94, p.90

²⁶ Roe and Davidson, p.93

²⁷ Roe and Davidson, p.93

²⁸ Roe and Davidson, p.93

²⁹ Though, how quickly might it be incorporated seamlessly into any narrative to become apparently inevitable? ‘Driving like they always did, it’s amazing they did not crash sooner.’

break into its unifying structure: once in the position as narrative subject, these illness narrators were indeed born to embody their wounds. This point will be proven in relation to those illness memoirs analysed within this chapter. The third assumption is the uncontested constructive and constitutive power of narrative. Roe and Davidson claim that:

The process of narrating suggests there is a narrator, an active agent, a self, authoring a new story. The process of authoring the story, in turn, helps to consolidate and integrate a sense of self.³⁰

Yet what is schizophrenia if not evidence of how the processes of narrative and authoring can serve to dilute the agency of the narrator and disintegrate a sense of self? Charon notes the ‘disruptive’ nature of narrative, ‘creating chaos out of linearity,’³¹ but ultimately sees these disordering impulses as being merely another form of order, and still appropriate for co-opting as tools in her decoding reading mission.

It is important that this thesis does not fall into the aimless suspicion detailed by Ann Jurecic’s *Illness as Narrative* (2012), and become the product of another of the ‘literary scholars who value complexity over utility.’³² Jurecic rightly observes that the hermeneutics of suspicion has seduced critics into lofty dismissals of illness memoirs and illness narrative theories, and that this casual contempt is emblematic of a situation whereby ‘contemporary critics have become alienated from ordinary motives for reading and writing.’³³ In plain language, this chapter will employ ‘sophisticated or knowing’³⁴ reading theories precisely to demonstrate a point highly pertinent to ‘ordinary motives for reading and writing’: that these memoirs, and the illness narrative theories that often legitimise and promote their production, propagate myths – about the nature of the self, about the nature of ‘schizophrenia’ and about the nature of narrative – that are unhelpful and potentially harmful.

At heart, these illness narrative theories briefly outlined all contain pernicious assumptions and barely concealed ethical judgements. Frank, for example, explicitly idealises the communicative body type over the others in his schema:

Finally, because my objective is an ethics of the body, I am mixing three ideal types with one *idealized* type. My typology seeks to be normative not in a descriptive sense but in a prescriptive one. I want to show how the communicative body distinguishes itself from other body types. By specifying the communicative body as the undertaking of an ethical task, I hope to orient an ethics of the body.³⁵

As with any ethical system, there is an implicit model of unethical body (or ‘body-self’ or ‘narrative-self’) behaviour: a refusal to communicate. A similar judgement can be seen in Frank’s three narrative types. The chaos narrative is a failure – if not an exact outright refusal – to communicate:

In the chaos narrative, consciousness has given up the struggle for sovereignty over its own experience. ... Thus just as the chaos narrative is an anti-narrative, so it is a non-self story. Where

³⁰ Roe and Davidson, p.94

³¹ Charon, p.219

³² Ann Jurecic, *Illness as Narrative* (Pittsburgh: University of Pittsburgh Press, 2012), p.12

³³ Jurecic, p.3

³⁴ Jurecic, p.3

³⁵ Frank, pp.51-52

life can be given narrative order, chaos is already at bay. In stories told out of the deepest chaos, no sense of sequence redeems suffering as orderly, and no self finds purpose in suffering.³⁶

Frank proposes merely to pity the chaotic non-self (although the word he uses is ‘honor’).³⁷ Though he talks of recognising the chaos narrative, he still considers it a ‘pit.’³⁸ Whilst he argues against denying, or refusing to witness, chaos narratives, or against any forcible corralling of the self out of a chaos narrative through a strong, re-inscribing psychotherapy, his conceptual structure necessarily presents the quest narrative as the ultimate good, which ‘speaks from the ill person’s perspective and holds chaos at bay.’³⁹

Frank’s model of the communicative body on a quest narrative echoes the individualistic, consumerist values of late capitalism and post-modernity more overtly present in the recovery movement, which developed in the US in the last decade of the twentieth century and is now enjoying considerable success in the UK. Turner-Crowson and Wallcraft (2002) link the recovery movement explicitly to a ‘burgeoning “consumer empowerment” movement’ and ‘the emergence of strong consumer organisations.’⁴⁰ Turner-Crowson and Wallcraft itemise recovery’s defining themes,⁴¹ which constitute an unsurprising blend of: non-deist spirituality and faith (*finding and affirming the spiritual dimension* as a means of access to life’s deeper meaning); rugged individualism and self-reliance (*[t]aking personal responsibility for one’s life*); a dissatisfaction with producer-led provision of healthcare and a disdain for professional expertise in contrast to the experience and intuition of the layman (*the importance of hope ... having been told by mental health professionals that prospects for recovery were slim or even non-existent*); a preoccupation with status (*[c]hanging other people’s expectations*); a view of society comprising only small collective units (‘a support system, including family, peers and other friends’); self-aggrandizement and the insistence upon an heroic life-narrative of improvement and amelioration (*[p]ersevering through pain, struggle*). From inception until 2005, with occasional hiatuses, the *Schizophrenia Bulletin* first person accounts’ prefatory blurb described correspondents as ‘consumers of mental health care.’⁴² (It was some years later when correspondents themselves started using the term to add to the ‘validity’ of their experience, and the opinions they formed as a consequence.)⁴³

³⁶ Frank, pp.104-105

³⁷ Frank, p.109

³⁸ Frank, p.110

³⁹ Frank, p.115

⁴⁰ Judy Turner-Crowson and Jan Wallcraft, ‘The recovery vision for mental health services and research: a British perspective’, *Psychiatric Rehabilitation Journal*, 24:3 (2002) 245-254 p.245

⁴¹ Turner-Crowson and Wallcraft, pp.246-247

⁴² Not that they were interested in any old ‘consumers’. The blurb advised clinicians to encourage ‘articulate patients, with experiences they believe should be shared’ to submit. It is no surprise that so few floridly psychotic accounts make it through such gatekeeping. See Woods (2013) for an analysis of one that slipped through.

⁴³ ‘I wished to establish my credentials as a consumer, a parent, and a professional to make certain points with validity.’ Barbara A Turner, ‘First person account: the children of madness’, *Schizophrenia Bulletin*, 19:3 (1993) 649-650, p.649

A 2008 literature review of the UK recovery movement concludes with an account of the ideological incompatibility of individualistic recovery and collective healthcare:

[I]t is virtually inconceivable that statutory health care providers will ever fully embrace the recovery paradigm that involves self-management and has choice, hope, freedom and autonomy at its core. Furthermore, these values are extremely difficult to measure in a system that resolves around targets and outcomes. While there may be workers within the system that genuinely subscribe to recovery principles, they will struggle to practise according to those values in a system that pays only lip-service to a philosophy that is very dependent upon human values and beliefs.⁴⁴

It is evident that ‘human values and beliefs’ must necessarily be individual; there can be no collective values and beliefs. The same implicit ideological stance can be seen in Professor Dr Michaela Amering’s preface to a 2009 collection of first person accounts from the Heaving Voices Movement calling for a (distinctly US consumer) model of healthcare predicated on a conception of the patient as empowered actant:

Self-determination and individual choice of flexible support and opportunities, promoting empowerment and hope, and assistance in situations of calculated risk are the new indicators of the quality of services. In contrast to a deficit model of mental illness, recovery-orientation includes a focus on health promotion, individual strengths, and resilience.⁴⁵

The central problem with the recovery movement is that it is a narrative by definition written by the victors. It is one of Romme’s diktats: ‘stop being a victim and become a victor.’⁴⁶ As G Thomas Couser notes, this is a problem intrinsic to the genre, for ‘autobiography as traditionally conceived, with its inherent valorization of individualism and autonomy presents its own barriers to people with disabilities.’⁴⁷ It posits narrative subjects who are inherently empowered – with sufficient financial and educational capital – and thereby capable of actively re-moulding their healthcare. In place of the callous vicissitudes of rudderless fortune, the discourse emphasises moral strength, with actants operating within vacuums, free from the influences of social or economic forces, and exercising absolute control over the cast and boundaries of their world.

There are some fundamental problems with the moral and political ethos of proponents of various recovery movements and illness narrative theories, and these are reproduced and writ large in schizophrenia illness memoirs. The focus of these movements, these clinician-theorists and these patient memoirists is on ‘recovery’ but the prefix is troubling. Should illness narratives aim for a return to a previous state? In what sense is this possible? This manoeuvre, it will be shown, is based on an unhelpful contradiction. First, there is the assumption that a healthy, pre-illness self exists (and this is differently conceptualised with varying degrees of stability, unity and tangibility). Second, narrative attempts to reconcile the illness self with the pre-illness self, and the attempts at recovery (and a restoration of an idealised former state of mental health), require a series of tactical

⁴⁴ S Bonney and T Stickleby, ‘Recovery and mental health: a review of the literature’, *Journal of Psychiatric and Mental Health Nursing*, 15 (2008) 140-153, p.150

⁴⁵ Professor Marius Romme, Dr Sandra Escher, Jacqui Dillon, Dr Dirk Corstens, Professor Mervyn Morris (eds.), *Living With Voices: 50 Stories of Recovery* (Ross-on-Wye: PCCS Books, 2009), p.i

⁴⁶ Romme *et al*, p.4

⁴⁷ G Thomas Couser, *Signifying Bodies: Disability in Contemporary Life Writing* (Ann Arbor: University of Michigan Press, 2009), p.45

compromises. Accurate, or otherwise, prodromal prefigurements of the illness self are either discovered or written into the pre-illness self. As Alison Yung and Patrick McGorry (1996) noted with reference to post-recovery accounts of schizophrenia prodromes:

Recall may be affected by a long delay between changes first occurring and obvious psychotic symptoms developing ... It may also be influenced by “effort after meaning,” which refers to patients and families looking for an event that seemed to start all the changes and dating their histories from that point.⁴⁸

In so far as narratively recovering oneself is a process of remembering oneself, this therapeutic recovery mission is highly susceptible to long-established problems related to memory, especially the ‘effort after meaning’ illustrated by Frederic Bartlett in a well-known series of memory exercises.⁴⁹ Such a process of recovery thereby fundamentally alters that which is supposedly recovered. It is recovery as the staging of the impossibility of recovery.

This is not to play word games with the very ‘real world’ business of people suffering with the symptoms of psychosis looking for therapeutic relief from storytelling. Rather, this semiotic analysis will contribute to better reading and writing strategies to improve this process, thereby answering Jurecic assertion that ‘critics need other options, interpretive approaches that enable them to assemble meaning in the face of life’s fragility.’⁵⁰ The hopeful enthusiasm of illness narrative theories, and their therapeutic potential, is highly seductive. Who could not be buoyed by the following account, and believe a useful curative tool or coping mechanism has been found for persons with a diagnosis of schizophrenia?

Such narratives of how sequential processes and patterns affect the course of psychiatric disorder can provide insights into its pathogenesis. These insights reveal that although disability may be pervasive, initially tenacious and disheartening, it can be overcome in part or whole by creating a map that illuminates a pathway to emerging ability and generates a hopeful landscape in which recovery may be more readily imagined, encouraged and realized.⁵¹

But consider what a grotesque misreading must be taking place when the above can be presented, without irony, as an interpretive response to Gogol’s ‘Diary of a Madman’ (1834).⁵²

What kind of map for successful navigation from madness could Gogol’s tale possibly offer? Titular madman Poprischin’s only pathway is ever-further and deeper into his delusional world; what he recovers is his fantasy, where he is the king of Spain. When immersed in his

⁴⁸ Alison Yung and Patrick McGorry, ‘The prodromal phase of first-episode psychosis: past and current conceptualizations’, *Schizophrenia Bulletin* 22:2 (1996) 353-370 p.355

⁴⁹ Frederic Bartlett, *Remembering* (Cambridge: Cambridge University Press, 1932)

⁵⁰ Jurecic, p.4

⁵¹ David Shiers, Alan Rosen and Ann Shiers, ‘Beyond early intervention: can we adopt alternative narratives like ‘Woodshedding’ as pathways to recovery in schizophrenia?’, *Early Intervention in Psychiatry*, 3 (2009) 163-171, p.164

⁵² A similar paper compares Anton Chekov’s short story ‘The Black Monk’ to a narrative elicited from a person diagnosed with schizophrenia. Broadly, and with good intentions, the authors repeat the unjustified belief, based on a tenuous etymological link, that an education in the ‘humanities’ can make clinicians more humane. For their part, humanities scholars often attribute Chekov’s insight into the human malady to his medical training. This paper shies away from bold conclusions, offering seemingly meaningless ones instead: ‘much more theoretical work is needed to put medical humanities, literature and medicine on a sound empirical footing.’ A A Kaptein, J J E Koopman, J A Weinman and M J Gosselink, ‘“Why, why did you have me treated?”: the psychotic experience in a literary narrative’, *Medical Humanities*, 37 (2011) 123-126, p.126

psychosis, Poprischin can dismiss his psychiatrist as the Grand Inquisitor and is protected, by his delusions, from the 'helpless rage'⁵³ of his prisoners. When the reality of Poprischin's situation penetrates through to his consciousness, his distress grows in response: 'Good God, what are they doing to me? They're pouring cold water over my head! They won't listen to me or come and see me. What have I done to them? Why do they torture me so?'⁵⁴ Having plummeted to the very depths of delusion, Poprischin experiences a sudden clarity and confidence of thought, and a self-assuredness (where the self is assured by the narrative it tells itself) which might be taken as signs of a successful illness narrative, were they not actually the very manifestations of his madness: 'The path ahead is clear: everything is as bright as daylight. I don't really understand why, but before this revelation everything was enveloped in a kind of mist.'⁵⁵ Strangely, the theory and the practice of illness narratives do not seem to allow for the fact that in a first-person narrative anosognosia and recovery may be indistinguishable. Only by greater retreat into his delusions does Poprischin find respite from the sorrows of his condition; an ominous omen for what a recovery narrative might mean for schizophrenia.

⁵³ Nikolai Gogol, *Diary of a Madman and Other Stories*, trans. by Ronald Wilks (Harmondsworth: Penguin, 1972), p.40

⁵⁴ Gogol, p.40

⁵⁵ Gogol, p.34. The 'revelation' in question is that the human brain is situated not in the skull but borne on the wind from the Caspian Sea. Perhaps this is what Charon means when she claims 'illness also gives searing clarity about the life being lived around it.' (Charon, p.97)

The body semiotic; the body schizophrenic

Apparently Arab scholars, when speaking of the text, use this admirable expression: *the certain body*. What body? We have several of them.⁵⁶

I was simply sectioned again, detached from my real self, observing what was being done to me in a third-person perspective. When I said this to my psychiatrist after being rescued from the top of a multi-storey car park, he dismissed my comment by saying that ‘you certainly communicate your distress clearly.’ It was not even my own distress – I was totally separated from myself, not knowing what action I was taking, let alone considering how to ‘communicate’ to others. I was unaware of myself, and my psychiatrist was unaware of me. What he chose to see was nothing but the symptoms alone.⁵⁷

Frank’s schema of body types and Kleinman’s definition of the body as ‘a communication system involving exchanges with others’ provoke three important questions, the first two being inquiries for qualitative research and the third being a matter of conceptualization. To what extent do people with a diagnosis of schizophrenia identify with the idea of being ill? To what extent do they identify that illness with their body? What concept of the body is appropriate for this thesis? The last of these questions will be addressed first, and then narratives produced by people with a diagnosis of schizophrenia will be analysed for the points of intersection between ‘illness’, ‘body’ and ‘self’.

Can the body be conceptualized semiotically? Eco builds on Hjelmsev’s model of planes of expression and content, giving the definition that ‘a sign is always an element of an *expression plane* conventionally correlated to one (or several) elements of a *content plane*.’⁵⁸ Within this model signs – or sign-functions as the term adopted by Eco – are generated when these two planes of expression and content correlate through a code. In this thesis, the body can be taken as space of manifestation for the expression plane, which in coded correlation with content – in this case, medico-diagnostic knowledge of the body – throws up a series of signs, which exist along the liminal surface of intersection between the two planes. To take a contentious claim, enlarged lateral ventricles in the brain constitute a sign of schizophrenia. This is but one possible sign that can be generated from this segment of the expression plane that is the semiotic body. For example, the same enlarged ventricles might – complementarily or contradictorily – be a sign of conduct disorder or some other mental illness. Beyond straightforward differences of diagnosis, the enlarged lateral ventricles might be a sign of the dominance of neurological methods for explaining, describing and defining behaviours and/or temperaments.

Moving to a different register, this signifier – or sign-vehicle in Eco’s formulation – can also correlate with different signified content to construct a sign of a subject’s location in time and space. Having enlarged lateral ventricles – as a possible form of the expression plane manifesting on the body – means you are not living in Ancient Rome or Medieval Iceland, as no such way of segmenting the expression plane to create such expression forms upon the body existed then and

⁵⁶ Roland Barthes, *The Pleasure of the Text*, trans. by Richard Miller (New York: Hill and Wang, 1975) [1973] p.16

⁵⁷ Clara Kean, ‘Silencing the self: schizophrenia as a self-disturbance’, *Schizophrenia Bulletin*, 35:6 (2009) 1034-1036, p.1034

⁵⁸ Eco, p.48

there. There was neither the equipment nor the practice of performing such a scopic act – so the expression form could not reasonably exist as a thing to be seen – nor was there the conceptual landscape for the content form of the sign, until brain anatomy was elucidated by Renaissance investigators, notably Da Vinci, da Carpi and Vesalius.⁵⁹ (And without the existence of the content form or expression form, the content substance and expression substance – the variables out of which the specific forms are drawn – could not exist either.)

All of these different signs require different codes to correlate different contents to the same form from the expression plane, this expression form being a sign-vehicle or signifier. These codes differ not just if you are a lover or a clinician approaching a body – are the flushed cheeks to become a sign of love or of fever – but if you are Bleuler or Kraepelin. This is the semiotic of the body at its most basic, and the model of this basic unit of the liminal body sign is shown in figure 2.1. The segmenting process operating on the planes of expression and content to form the manifesting sign-vehicle and the particular coded content correlate are schematized in figure 2.2.

⁵⁹ Ali Oguz Tascioglu and Ayse Beliz Tascioglu, 'Ventricular anatomy: illustrations and concepts from antiquity to Renaissance,' *Neuroanatomy*, 4 (2006) 57-63

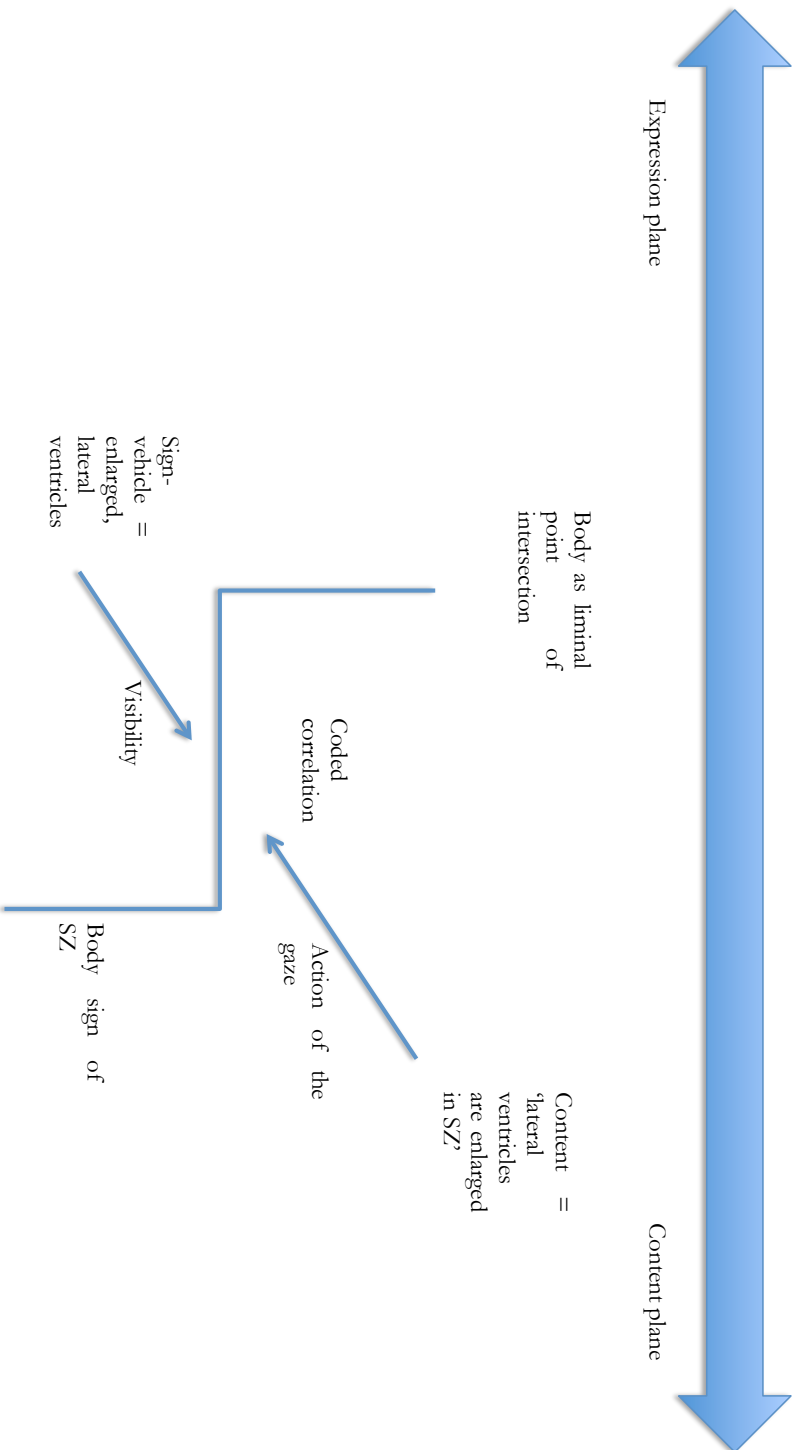


Figure 2.1
Model of the Liminal Body Sign

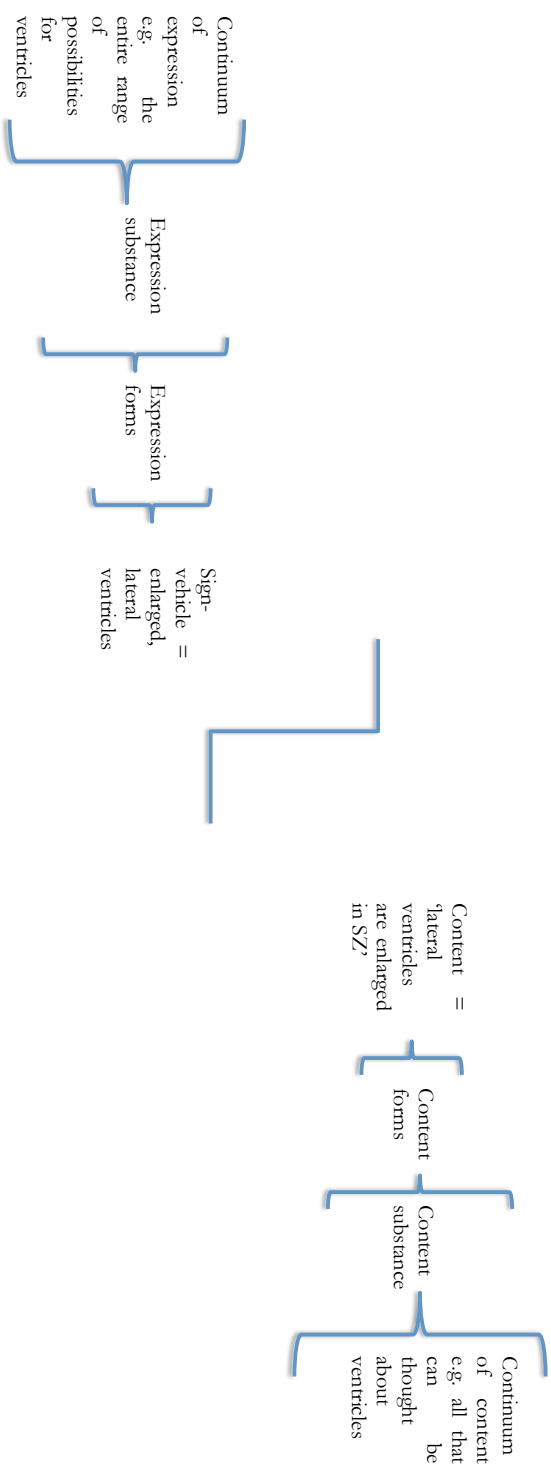


Figure 2.2
Model of the Content and Sign-vehicle Production

It has to be considered that the expression form or sign-vehicle – in this example, enlarged lateral ventricles – is itself part of a larger (potentially infinite) chain of sign-vehicles, which form what might be termed a centrifugal sign chain of the body.⁶⁰ The sign-vehicle of enlarged lateral ventricles generates the sign-function of schizophrenia. Leaving aside the concern that the body in question must already have been attached to a diagnosis of schizophrenia to have been subject to the investigation generating this sign-function, as brain scans are not conventionally the route to a diagnosis, this sign-function of schizophrenia can then become another sign-vehicle.

For example, it might be the sign-vehicle of the content ‘evidence in support of the theory that lateral ventricles are enlarged in persons with schizophrenia’ creating the new sign-function of this evidence. This sign-function then becomes a sign-vehicle for the further content ‘lateral ventricles are enlarged in persons with schizophrenia.’ This subsequent sign-function may then be a sign-vehicle for the content ‘evidence in support of the theory that neurology can delineate schizophrenia.’ Of course, by now the chains are splitting in a way best described as ‘arborescent.’⁶¹ In truth, there are multiple intersecting and diverging chains, so this model is but an arborescent abstraction from the rhizomatic mass.

This chain demonstrates materially Peirce’s ‘infinite semiosis’;⁶² it can continue indefinitely and perhaps infinitely, and such chains draw the line of signification away from the body as liminal sign and point of manifestation and into the history of medicine, the writings of clinical theory and the diagnostic discourse. Similarly there are centripetal sign chains of the body performing an infinite regress in search of a final *Interpretant*. These centripetal sign chains offer up signification as history, causality and biochemical and cellular investigation. So, the enlarged lateral ventricles are not just the sign-vehicle of schizophrenia, but are also the sign of intraventricular haemorrhages and infarcts. These haemorrhages and infarcts themselves are the sign-vehicle of that sign, but also the sign of birthing difficulties, and so on.⁶³ It should be noted that whilst these might appear as causal chains, these chains of signs are no such thing, as they instead denote a narrative of causality.

⁶⁰ These terms ‘centripetal’ and ‘centrifugal’ are not perfect, and ‘interior’ and ‘exterior’ may be more appropriate and accurate according to some criteria. The starting point in the body semiotic is the basic unit of the observable body sign, operating at the surface of the body, and here termed the liminal body sign. Therefore as there is no distinct centre – indeed, there most certainly is no final *Interpretant* to be reached travelling along the centripetal chain – but only the liminal point of intersection between a surface (the basic location of the expression function) and a gaze (the basic location of the content function), ‘interior’ and ‘exterior’ are more technically appropriate. However, ‘centripetal’ and ‘centrifugal’ are favoured as they convey a sense of the direction of sign-function generation – whether it is centripetally towards the cellular or centrifugally towards the social. (Although, the cellular – and all levels of the body semiotic – comprise cultural units coded by convention.) Further, ‘centrifugal’ and ‘centripetal’ work regardless of the liminal intersectional starting point, as – in the current example – the enlarged lateral ventricles are already – in another sense – interior to the body.

⁶¹ Deleuze and Guattari, *A Thousand Plateaus*, p.17

⁶² Charles Sanders Peirce, *Collected Papers of Charles Sanders Peirce*, ed. by Charles Hartshorne and Paul Weiss, 6 vols (Cambridge, Mass.: Harvard University Press, 1931-35), 1.339.

⁶³ This neuropathological model is taken from GW Roberts, ‘Schizophrenia: a neuropathological perspective’, *The British Journal of Psychiatry*, 158 (1991) 8-17. However, this is not being offered here as a meaningful account of the aetiology of schizophrenia, merely as pertinent exemplary material of signification for inputting into this body semiotic.

There is no burden of truth placed on this narrative, beyond that it is possible to think that it could be true, which is why it is helpful to distinguish between a causal chain – which is not the matter of semiotics – and a chain of signification that can denote a narrative of causality. Signs do not denote an objective reality, but rather only denote other signs that may or may not actually exist, but can be expressed and therefore made to exist within the sequence of signification. Eco terms this the referential fallacy: '[e]very time there is a lie, there is signification. Every time there is signification there is the possibility of using it in order to lie.'⁶⁴ Hence, the inclusion of a pink unicorn within a causal chain relating to schizophrenia might pose problems; within a chain of signification, it does not.

Through the action of these centripetal and centrifugal chains, the body semiotic exhibits what Eco calls, after Peirce, 'unlimited semiosis [...] the continual shiftings which refer a sign back to another sign or string of signs.'⁶⁵ This structure is presented in figure 2.3.

⁶⁴ Eco, p.59

⁶⁵ Eco, p.71

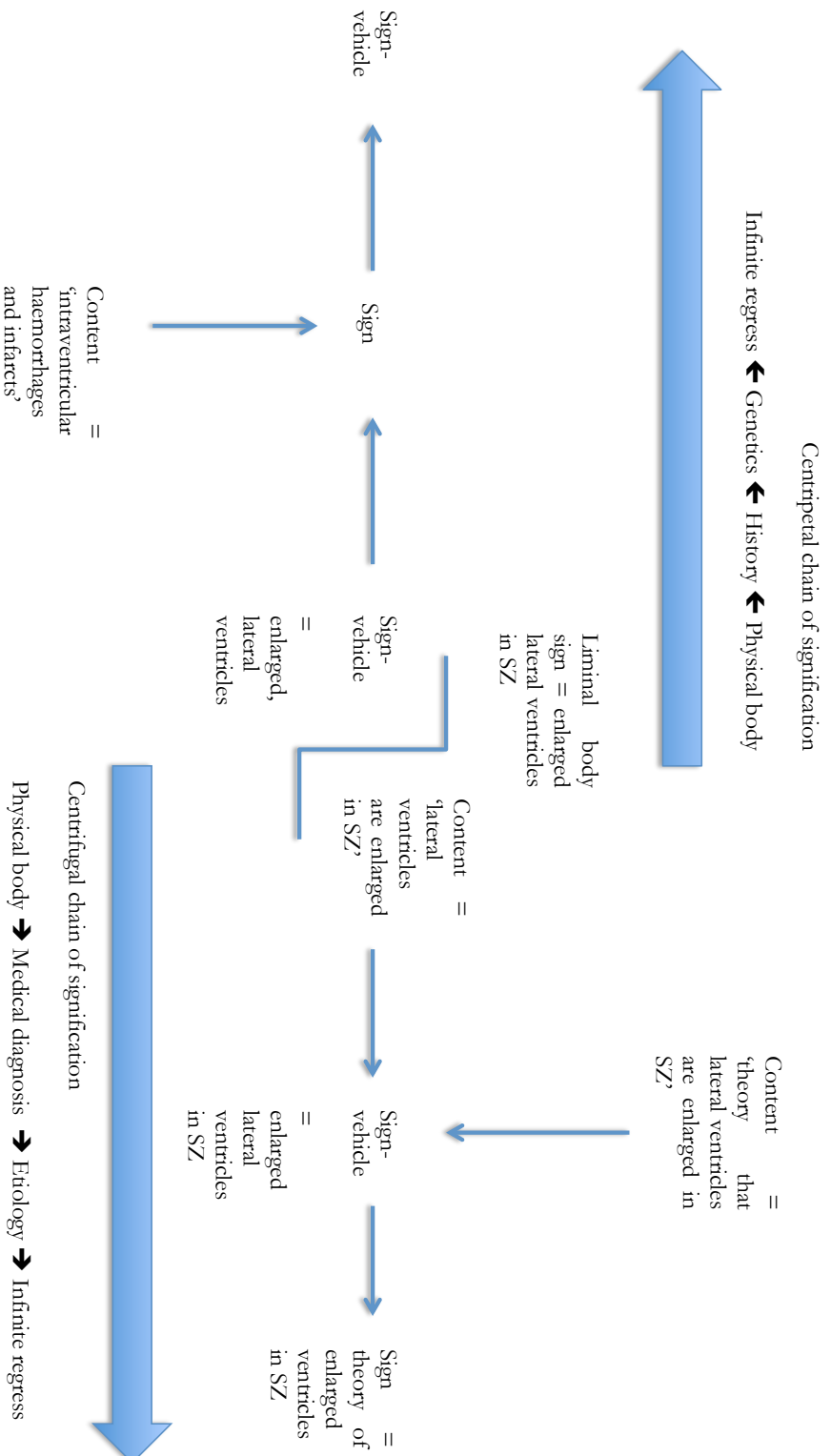


Figure 2.2
Model of the Body Semiotic

The difference between this semiotic body and the value-laden body types offered by illness narrative theorists, such as Frank, should be highly apparent. Abstract diagrammatics are important in the theory of semiotics, for challenging the received power structures enforced through assemblages of content and expression *as if* 'heaven-sent.' As Guattari notes: '[c]ontent and expression are not attached to one another by virtue of the Holy Spirit [...] instead, there are components of semiotization, subjectification, conscientization, diagrammatism, and abstract machinisms.'⁶⁶ But these diagrams are of no use within medical humanities without demonstrable applicability. Does the body semiotic produce novel analytical results when placed in dialectic with the body schizophrenic? Consider this passage from *Divided Minds* (2005), a memoir written by monozygotic twins, one – Pamela – suffering from chronic psychosis, and the other – Carolyn – a private-practice psychiatrist. Here Carolyn gives a description of an inpatient at Newton Hospital in 2000:

A pudgy middle-aged woman wanders nearby, head swaddled in a dark wool scarf. She wears two sets of old glasses and several sweaters layered under a heavy coat. Two paper bags dangle from handles around her wrists, and she clutches to her chest a canvas Stop & Shop bag, overflowing with books and papers. I watch her for a moment as she mutters to herself and gesticulates with wild, yellowed fingers, the movements snaking and purposeless, as she paces back and forth. I've seen this before on inpatient psychiatric units. Instinctively, I diagnose tardive dyskinesia, TD, the late-onset movement disorder caused by years of antipsychotic medication. Though mild sometimes, with only subtle finger twitching, it can be disfiguring with uncontrollable writhing of the torso, arms, face, and hands.⁶⁷

The 'wild, yellowed fingers' appear as the signifier or sign-vehicle of the liminal body sign. Rightly, this is a sememe – a composite semantic unit – of which 'movements snaking and purposeless' forms a contributory, glossing componential unit or seme.⁶⁸ At least some of the ways in which the yellowed fingers are wild is that they perform movements snaking and purposeless. Carolyn actuates a coding correlation between content – which she herself is contributing – and the sign-vehicle of the 'wild, yellowed fingers' to construct this liminal body sign of tardive dyskinesia.

Carolyn describes this coded correlation as 'instinctive' but the body semiotic prefers the broader term 'culturally conventionalised.' Of course, a code does not have to be widely recognised as a cultural convention – in the way that the shaking of hands is coded as a sign of agreement or of greeting – in order to qualify as culturally conventionalised. A traditional medical semiotics whereby 'wild, yellowed fingers' translates as an unproblematic, stable and absolute diagnostic sign of tardive dyskinesia represents a coding correlation well-known to a sizable minority culture, and which might be designated the diagnostic corpus of knowledge and mode of practice in US

⁶⁶ Guattari, p.45

⁶⁷ Pamela Spiro Wagner and Carolyn S Spiro, *Divided Minds* (New York: St Martin's Press, 2005), pp.273-274

⁶⁸ It is not the words in the text themselves that form the seme. Rather the seme is that semantic unit within the phrase 'wild, yellowed fingers' that then receives its explicit articulation in the clause 'movements snaking and purposeless.' 'Explicit articulation' is a non-semiotic, commonsensical concept. Semiotically, 'movements snaking and purposeless' is the sign-vehicle for many signs, one of which is the seme also contained within 'wild, yellowed fingers'. Whether there is an immutable, irreducible entity of content to that seme, which makes it possible to say that the same seme is reoccurring within the semantic content of these two linguistic signs – or lexemes – is a core semio-philosophical question for this thesis but to discuss it any further in this footnote would truly be a movement snaking and purposeless.

psychiatry circa 2000. Here the body semiotic offers up a centrifugal signification chain, which can then be used to open an analysis of the culture (or cultures) productive of such a code. Similarly, there is a corresponding centripetal signification chain, digging into the pharmacological actions generative of the ‘wild, yellowed fingers’ that could provoke analysis of the same object.

Without following those lines of analysis here, it should suffice to observe how the body semiotic neatly and concisely demonstrates the following not-unknown – though sometimes overlooked – qualities of diagnosis: it is a culturally rather than empirically defined act; as such it speaks of a set of cultural conditions rather than bodily ones; the conventionalised coding has a re-inscriptive effect on the expression form – ‘wild, yellowed fingers’ – superimposing the content form, so that the diagnostic observer ‘sees’ tardive dyskinesia rather than ambiguously polysemic expression; the cultural convention is highly naturalised, to the exclusion of both other codes and questions about the provenance of the code.

To return to the text, there is a narrative jolt coming, as Carolyn continues:

I look around for Pammy ... Some of the staff look familiar and I nod a silent greeting ... I’m not really listening [to the TD sufferer] and avert my eyes to discourage further conversation ... The head nurse approaches. I try to catch her eye to ask her where to find Pammy.⁶⁹

Of course, Carolyn has been playing the part of the Prefect of Police in Poe’s ‘The Purloined Letter.’ That the TD sufferer Carolyn is trying to avoid seeing is also the twin she is actively searching for is a ‘mystery ... a little *too* plain⁷⁰ for the construction of any narrative tension or aesthetic effect, and also a ‘little *too* self-evident’ for Carolyn to find acceptable. Her account continues with a description of how Pamela might be wrongly read by ‘other people’ whereby she ‘*looks like* the kind of crazy lady who lives in cardboard boxes on the sidewalk ... On subways, *she’s* the kind of person who makes people nervous, one of those nameless, faceless street beggars who stumble about talking nonsense to themselves.’⁷¹ Emphasis has been added to demonstrate how Carolyn naturalises the sign of madness, possibly to make a political point; Pamela moves from ‘looking like’ madness to ‘being’ it.

As a passage in an illness narrative, this misreading episode is perhaps a fiction to dramatise the tragedy of schizophrenia:

To the rest of the world she is not a brilliant, compassionate, incredibly talented poet and writer. Other people don’t see her in their aunt, or sister, their next-door neighbour laid low by an incurable illness. To the rest of the world she isn’t my twin; to the rest of the world she is nobody – she is an eccentric, fat, crazy, lumpy-purse-waving beggar.⁷²

The body semiotic allows for a plainer, plaintive cry from the illness memoirist: ‘you’re using the wrong code! Read me for who I am!’ However, there is a problem with Carolyn’s rhetoric. It is not only ‘the rest of the world’ who misread Pamela as ‘nobody’ instead of ‘twin’. This is obviously the mistake Carolyn herself has made. But it is not the case that Carolyn has read ‘crazy’ when she

⁶⁹ Wagner and Spiro, p.274

⁷⁰ Edgar Allan Poe, ‘The Purloined Letter’ in *Selected Tales* (Oxford: Oxford University Press, 2008), p.250

⁷¹ Wagner and Spiro, p.274

⁷² Wagner and Spiro, pp.274-275

should have read ‘person laid low by an incurable illness.’ Rather, Carolyn so over-inscribed Pamela with her medico-diagnostic code that the clinical entity of ‘person laid low by an incurable illness’ obliterated the familial entity of ‘twin’. In semiotic terms, Carolyn’s reading error is the more grave than that of those she is criticising. The signs generated by the ‘other people’ reading Pamela are not mutually exclusive (if not exactly complementary); the same person can read Pamela according to two different codes and thereby produce the sign of ‘bag lady’ and the sign of ‘person laid low by an incurable illness.’ Carolyn’s coding – the cultural turned instinctual – is ‘a sort of Procrustean bed’⁷³ that produces the sign of ‘anonymous mental health patient’ which is incompatible with the sign ‘twin’ or even the sign ‘Pamela.’

The liminal body sign has become a space in which the person – twin, Pamela – has vanished, and illness has overwritten itself.⁷⁴

⁷³ Poe, p.257

⁷⁴ The schizophrenic body semiotic makes no distinction between signs of illness and signs of cure. The obesity and shakes (tardive dyskinesia) that are, as Carolyn observes, signs of the use of anti-psychotics become also signs of the underlying illness that would ‘necessitate’ the use of such anti-psychotics. So, the signifying chain works as follows: the sign-vehicle of obesity and shakes conveys the content that the body in question has engaged in long-term use of anti-psychotics; this new sign (the use of anti-psychotics) then becomes the sign-vehicle for the next quantum of content in the signifying chain, that the body in question has psychotic episodes. Therefore, signs of cure are read as signs of illness. Lori Schiller, in her memoir co-written with Amanda Bennett *The Quiet Room* (New York: Warner Books, 1994), demonstrates this conflation: ‘In a family – and a world – that valued thinness and saw fat as a failure of will, how could I explain that the medications had taken over my body the way the Voices had taken over my brain? How could I walk around with this sign of my illness stamped on every line of my body?’ (p.227) Of course, such confluences occur in many (perhaps all) illnesses. The plastic cast becomes the sign of the broken leg; the electrolarynx, the sign of the cancer. This phenomenon is obviously more pronounced in cases of mental illness, as these (often) lack visible physical manifestations. Hence, the cure has a blank slate upon which to inscribe its signs.

I am illness

Hospitals are necessary. Meds are necessary. [...] Meds have become an extension of my mind. If I don't take them, I will not survive.⁷⁵

"I'm a schizophrenic are you?" I looked up and it was one of the service users I had seen around the hospital. He sat down on the chair opposite me and there was a small low table between us. "Well are you?" I thought about using my standard reply of 'allegedly' but then felt I needed to educate him. Educate not in a condescending way but I didn't really want him to refer to himself as a 'schizophrenic' and certainly not to introduce himself as one. "The doctors say I have schizophrenia but schizophrenic is not something I would call myself."⁷⁶

In this exchange, Anthony Scally – a memoirist with a diagnosis of schizophrenia – is demonstrably pushing against the formulation of schizophrenia as an exclusively '*I am*' illness. Estroff (1989) provides a succinct account of this illness structure:

Having schizophrenia includes not only the experience of profound cognitive and emotional upheaval, it also results in a transformation of self as known inwardly, and of person or identity as known outwardly by others. Schizophrenia, like epilepsy and haemophilia, is an *I am* illness, one that is joined with social identity and perhaps with innerself, in language and terms of reference. A comprehensive account of schizophrenia would include the person, the subject, the self that both *has* and *is* this (or these) disorders. To study the subjective experience of schizophrenia, we must identify and know the subject.⁷⁷

The description allows for greater complexity than the term at first suggests. The subject 'both *has* and *is*' schizophrenia.⁷⁸ Semiotically, schizophrenic narratives are presented with a conundrum: if the subject identifies with the illness, then what narrative of recovery is available? Elyn Saks in *The Centre Cannot Hold* (2007) recounts a friend's warning to write her memoir anonymously so as to avoid being reduced to 'the schizophrenic with a job.'⁷⁹ Her response comprises two questions: 'Is that who I am? Is that *only* who I am?'⁸⁰ Estroff poses this problem:

We are *not ourselves* in some profoundly cultural and symbolic way when we are sick and injured. Yet, of course, we are. The implication is that we reject the dysfunctional self of sickness as *not me*, as

⁷⁵ Susan S Salsman, 'First person account: the best medicine', *Schizophrenia Bulletin*, 29:3 (2003) 615-616, p.616

⁷⁶ Anthony Scally, *Eyebrons and Other Fish* (Brentwood: Chipmunkpublishing, 2007), p.138

⁷⁷ Sue E Estroff, 'Self, identity, and subjective experiences of schizophrenia: in search of the subject', *Schizophrenia Bulletin*, 15:2 (1989) 189-196, p.189

⁷⁸ The foundational dialectic between this grammar and stigma was discussed briefly in the previous chapter in relation to Reynaert and Gelman.

⁷⁹ Elyn Saks, *The Centre Cannot Hold* (London: Virago, 2007), p.308 Louis Sass investigates the implications for self-identity and self-narration of the different monikers for schizophrenics, both in the introduction to his *Madness and Modernism: Insanity in the Light of Modern Art, Literature and Thought* (New York: Basic Books, 1992) and in his more recent paper "'Schizophrenic person" or "person with schizophrenia"?: An essay on illness and the self', *Theory & Psychology*, 17:3 (2007) 395-420. He critiques the shift in terminology from 'schizophrenic' to 'person with schizophrenia', arguing that it serves to accidentally diminish or deny insightful, accurately and useful truths about the illness: "[s]chizophrenic person' or a 'person with schizophrenia? No answer will be quite right, it seems to me; perhaps the best answer is to say: both. Here, as in other psychiatric illnesses, the relationship between self or person and illness is complex, ambiguous, even paradoxical. Yet one thing is clear: no single model, and no single way of speaking, of the relationship of illness to person can do full justice to the complexities of what is surely one of the most paradoxical of all psychiatric conditions: schizophrenia. To the extent that the 'person with schizophrenia' formula excludes the implications of 'schizophrenic person', and invokes a standard, deficit-oriented conception of all that is 'schizophrenic' in a patient's being, it is likely to blunt our clinical acuity, and also to foster oversimplified models in scientific research on pathogenesis as well as treatment.' Sass (2007) pp.410-411

⁸⁰ Saks, p.308

other than a familiar and claimed self. This is all well and good if illness or injury is temporary, and we can return to reclaim ourselves.⁸¹

The narrative of self recovery must – given the narrative reality of an altered, ill and pre-recovery self – therefore be a narrative of self annihilation. These narratives construct an ill self, and then obliterate it; in essence this is the narrative of the scapegoat.

Overtly influenced by Barthes, Charon provides an account of the ‘delicate pact’ of intersubjectivity that lies at the heart of narrative, the telling and reading of stories: ‘[a]ssuming genuineness in the transaction, the speaker is revealing deep and unknown truths, not only by the words chosen but also by the forms, the diction, the metaphors adopted in the course of telling a tale.’⁸² Yet this ‘genuineness’ is a textual effect. The only measure practicably applicable is the very text that created the speaker/author. Theories of illness narrative make a profound error in believing that the textual authenticity can be extrapolated out into the biography or pathological reality of the author, as the name on the spine of the book. Several of the illness memoirs considered in this chapter immediately give a blunt, materialist riposte to such wild hope by being wholly or partially ghostwritten. As Couser observes ‘with the help of a collaborator, questions then arise as to the agency, authority, voice, and authenticity of the self-representation.’⁸³

In *The Quiet Room*, Lori Schiller, the biographical patient – the ill self and speaker about to reveal ‘deep and unknown truths’ – is frank about her reliance on the memory of others in constructing her memoir. In her opening note, she describes her friends, family and attendant medical professionals as a hive mind for her text:

[T]hese people serve as my memory ... I have turned the telling of these periods over to people whose memories are clearer than mine ... In the interests of accuracy, we tried to interview as many people involved with my life, my illness, my treatment as possible.⁸⁴

There is a commonsensical argument for this as good practice. It is the forensic approach of the police inspector or the investigative journalist: interview all the witnesses, weigh up their stories, eliminate the inconsistencies and strike at the truth. Only in this way is a crime solved and a mystery uncovered. But as an attempt to represent the experience of psychosis, this approach is self-defeating. Schiller conflates the process of cure with the ability to reproduce an acceptable narrative of her illness:

As I get better, my ability to remember accurately and to distinguish fact from fantasy improves ... The only place where my memory still conflicts in any substantial way with external evidence is in my recollections of the events at Lincoln Farm.⁸⁵

⁸¹ Estroff, p.191

⁸² Charon, p.53

⁸³ Couser, p.32

⁸⁴ Schiller and Bennett, unpaginated ‘Author’s note and acknowledgements.’ It is interesting to note the use of the singular. Whilst, perhaps as a result of pugnacity on the part of a literary agency, the ghost-writing Bennett has an author credit on the book-as-commodity, the text – as a narrative of recovery – has to be owned wholly by Schiller to be an authentic-seeming confession from the depths of psychosis. The singular author’s note switches between the singular and plural first-person pronouns but Bennett is an invisible presence at most throughout the narrative. After all, what value is there in a confession written by another person?

⁸⁵ Schiller and Bennett, unpaginated ‘Author’s note and acknowledgements’

Part of Schiller's 'very personal journey'⁸⁶ is to accept that her experience of reality is wrong, and much of this – to judge by these prefatory remarks – has been pre-emptively excised. There are only the barest traces of her psychosis within the text. Most often, these appear as evidence of their own invalidity.

Consider Schiller's impassioned rejection of the terms 'psychotic' and 'hallucinations.' This operates on three levels. First, it is a refusal to be defined as sick or dangerous: 'I wasn't a *Psycho*-tic woman with a butcher knife.'⁸⁷ Secondly, it is a defiant insistence of her own authentic phenomenological self-experience: 'Hallucinations meant that you were seeing something or hearing something that didn't really exist. But when I heard the Voices screaming at me, they were real.'⁸⁸ These first two levels communicate several valuable ideas worth rehearsing continually in the public discourse around schizophrenia: a person with a diagnosis of schizophrenia can find much to object to in cultural representations of others with their diagnosis;⁸⁹ within psychosis, delusions and hallucinations have a phenomenological reality⁹⁰ that demands recognition in both social and clinical settings.

The third level upon which the passage operates, though, subtly undermines these ideas. For this is psychosis performed, not psychosis experienced. And the performance is written from the perspective of cure.⁹¹ Schiller says: 'I knew they [the medical staff] were trying to trick me, trying to torment me into madness. I knew they could read my mind and hear all that the Voices were saying about them.'⁹² Just as Gulliver is the unreliable narrator *par excellence*, whose declared 'absurd ... Project ... of reforming the *Yaboo* Race'⁹³ vanishes within his narrative along with his underlying misanthropic *Houyhnhnm* prejudices, so too does the dual temporal perspective of illness memoirs such as Schiller's disappear, along with their underlying agendas and assumptions. Remembering that this text is itself the authorised, authentic history of Schiller's illness, as made clear by the remarks on memory in the opening note, then the paranoid fears about the medical staff must necessarily be a performance rather than genuine. A text prefaced by one of these self-same medical professionals, and bookended by panegyrics to the efficacy of clozapine is predicated on the basis that medical professionals are to be trusted (as the real) over the Voices (the delusion). Schiller makes this opposition explicit when she is tempted into nostalgia for her receding auditory

⁸⁶ Schiller and Bennett, Doller in her foreword

⁸⁷ Schiller and Bennett, p.90

⁸⁸ Schiller and Bennett, p.90

⁸⁹ Such representations are dealt with in detail in Chapters Four and Five.

⁹⁰ Though it is worth restating Sass' observation, quoted in the previous chapter, that these beliefs are treated with a 'certain distance or irony' by the schizophrenic. (Sass, *Paradoxes*, p.20)

⁹¹ The self constructed from the narrative perspective of cure always gets the last word, redefining the past self. Consider this opening: 'The difficulty is to write clearly about an unbelievable something that occurred 10 years ago. It is recalled in my mind as unrelated images and imaginings, like a half-remembered dream. Ten years ago, apparently, I was out of my mind, yet until recently I had no idea that was the case.' Anonymous, 'First person account: birds of a psychic feather', *Schizophrenia Bulletin*, 16:1 (1990) 165-168, p.165

⁹² Schiller and Bennett, p.90

⁹³ Jonathan Swift, *Gulliver's Travels* (Oxford: Oxford University Press, 1998), p.xxxvi

hallucinations: ‘I was choosing my sick Voices over a healthy reality. I must really be crazy!’⁹⁴ Schiller’s sensational, shocking description of brutally beating the family dog to death – her original ‘sin’⁹⁵ – is unsurprisingly revealed to be a symptom of her psychosis: ‘[i]t isn’t true. It never happened.’⁹⁶ It is as if Laing’s one solid contribution to the understanding of psychosis never happened: what is the phenomenology of psychosis if not a postcard from that peculiar terrain where the never-happened can still be true?

That the schizophrenic narrative – from the microcosmic individual delusions through to the sweeping themes of death, persecution and sin – cannot be ‘true’, is the clinical judgement of the eponymous Quiet Room, which makes its appearance halfway through the text. A solitary confinement cell, the Quiet Room is initially symbolic of medical authority against which Schiller increasingly revolts. Whilst others found that the Quiet Room ‘made them feel safe from whatever was tormenting them,’⁹⁷ for Schiller it is a place of torture, in which she paces like a caged animal. By excluding all other possibilities and all other human contact, the Quiet Room either traps her with her psychosis or offers a different oppression, institutional tyranny: ‘If the Quiet Room was successful in stripping me, for the time being, of my Voices, then the silence itself became overpowering. If not, then there I was, all alone with my tormentors.’⁹⁸

Unyielding reality is not a good thing within the narrative when it offers no hope of cure. The ‘stiff scholarly’⁹⁹ doctor who ‘broke in’ to a discussion between Schiller’s parents and staff at Payne Whitney Clinic with a fatalistic definition of Schiller’s illness lectures the Schillers that ‘[i]t would be better for both of you if you faced the facts.’¹⁰⁰ When the ‘facts’ mean irreversible, irresistible illness, then psychosis is a mere narrative practice for life, as Schiller concludes: ‘I still equated taking medicine with being sick. If I stopped, I thought, I’d get well.’¹⁰¹ However, when the ‘facts’ become the facts of cure, then the phenomenological truth of psychosis cannot be accommodated within the narrative. This re-encoding of the narrative operates within the narrative as simple indoctrination. Schiller is gradually trained – through a ‘monotonous chant’¹⁰² resonant of cultish brainwashing – to accept the Quiet Room: ‘[t]his time everyone talked to me over and over again. The Quiet Room isn’t a place for punishment, they said, and it isn’t your enemy.’¹⁰³ Schiller’s acceptance of the therapeutic benefit of the Quiet Room transforms it to a place of solace. Upon discharge from New York Hospital, Schiller is ceremonially awarded a copy of the psychiatric unit’s

⁹⁴ Schiller and Bennett, p.263

⁹⁵ Schiller and Bennett, p.9. And it is an original sin that is certainly more amenable to Schiller’s teenage self, her narrating/composing self, her ghostwriting partner and her authenticating committee of relatives, medical professionals and friends, then the original sin that is elided in accounts of her ‘summertime fling’ (p.6), to be discussed in a later section of this chapter.

⁹⁶ Schiller and Bennett, p.9

⁹⁷ Schiller and Bennett, p.148

⁹⁸ Schiller and Bennett, p.148

⁹⁹ Schiller and Bennett, p.69

¹⁰⁰ Schiller and Bennett, p.70

¹⁰¹ Schiller and Bennett, p.171

¹⁰² Schiller and Bennett, p.224

¹⁰³ Schiller and Bennett, p.224

‘universal passkey.’¹⁰⁴ In an institutional environment where ‘keys made the sounds of freedom and control,’¹⁰⁵ Schiller is now rehabilitated to the point of being – symbolically – welcomed onto the side of control.

The object of control has been obscure throughout the text. Unequivocally, *The Quiet Room* has presented a narrative of battle. The metaphorical register is established firmly by Schiller’s therapist, Jane Doller, in the foreword. According to Doller, Schiller’s account is of ‘her battle with schizophrenia’ in which she ‘didn’t fall victim’ but managed to ‘face the illness head-on’ with a ‘curing arsenal’ and employ her ‘willpower and determination [to] ... conquer her own illness.’¹⁰⁶ What is more, Schiller shares the hero role with another player: ‘Our hopes for the future of many mentally ill patients lie largely in a whole range of new drugs now under development.’

Susan Sontag’s famous essay *Illness as Metaphor* warned that using the ‘language of warfare’¹⁰⁷ to describe cancer and its treatment allows for any and every brutalisation of the patient *qua* Ben Suc¹⁰⁸ in the military campaign against the illness. A similar process is at work with schizophrenia; memoirists like Schiller are measured by the expectations of a heroic narrative that prefers to write its protagonists into a coffin well-decorated with medals than into the troubled, compromised life of the conscientious objector. In the last chance saloon of a trial period with (then) experimental drug clozapine, her parents discuss the possible risks and rewards of the treatment:

“You’ve got no choice but to try this drug,” Marvin chimed in. “If it kills her – well, maybe she’s better off dead.”

When I heard what we had said, I was horrified. How could any parents say that about their child? But I thought about it and realized that we meant it. If this drug didn’t work, then maybe she really was better off dead.¹⁰⁹

In this narrative of self-annihilation, if the hero is the drug, then villain of the piece is the narrating self (as ill self). By vigorously pursuing the annihilation of the ill subject – which is the subject as illness – and by positively identifying with the method of control in the ordering metaphor of the Quiet Room, conducted against the backdrop of perpetual war – ‘my own fierce battle – that I know now will never end’ – Schiller is able to declare at the close of the narrative that: ‘[she] had won the victory over [herself]. [She] loved Big Brother.’¹¹⁰

Claire Berman, co-writer of Ken Steele’s posthumously published memoir *The Day the Voices Stopped* (2001), offers the same narrative in her closing acknowledgements. She codifies Steele according to a highly familiar cultural narrative: ‘Once upon a time there was a man named Ken Steele ... He was an American hero.’¹¹¹ A simple narrative structure once again presents itself: the

¹⁰⁴ Schiller and Bennett, p.259

¹⁰⁵ Schiller and Bennett, p.259

¹⁰⁶ Schiller and Bennett, unpaginated foreword

¹⁰⁷ Susan Sontag, *Illness as Metaphor & Aids and Its Metaphors* (London: Penguin, 1991), p.65

¹⁰⁸ Sontag, p.67

¹⁰⁹ Schiller and Bennett, p.248

¹¹⁰ Orwell, p.637

¹¹¹ Ken Steele and Claire Berman, *The Day the Voices Stopped* (New York: Basic Books, 2001), p.257

hero is the cured-self and the villain is the ill-self. It is important to note that the villain is not the illness itself, but the self-made-ill. The hero destroys the villain. That very victory is indeed what makes him or her a hero. There is no doubt within this narrative structure as to what is bad and what is good. However, whilst hero and villain are as opposed as day and night, they are within the same superstructure: the self. Therefore, the hero has to destroy an iteration of their self. This internal battle is not just the preferred narrative structure for the story of the American hero, but also for that of the illness narrative, and that of the experience specifically of schizophrenia, and many other stories besides: an internal conflict between irreconcilable elements of an inharmonious whole. The narrative demands an end where harmony and unity are restored. Berman's Steele faces the dilemma of all American heroes, none greater than Superman who confronts his ill-self in a junkyard and destroys it so that he might live, cured.



Figure 3.1
The mythic image of the recovery movement¹¹²

Frank articulates the danger inherent in narratives of heroic (re)birth: '[t]he risk of quest stories is like the risk of Phoenix metaphor: they can present the burning process as too clean and the transformation as too complete, and they can implicitly deprecate those who fail to rise out of their own ashes.'¹¹³ A remarkable example of this narrative insistence can be seen in a first person account from the *Schizophrenia Bulletin*. This anonymous account culminates with the subject being reconciled both to (a Christian) God and to the psychiatric medical treatment being pushed on her (incarceration and anti-psychotics), and concludes with a self-solving epiphany blending the religious and the pharmaceutical salvations under the metaphor of disease as battle to be fought and riddle to be solved: 'I was numb with joy. The pieces to the puzzle had finally come together.' However, after this walk into the sunset comes a postscript that gently destroys the entire mythic narrative edifice: '*Note:* Problems arose after my discharge that required a more lengthy

¹¹² *Superman III*, dir. by Richard Lester (Warner Bros., 1983)

¹¹³ Frank, p.135

hospitalization.¹¹⁴ Of course, after the heroic ending to the ‘battle’ and after the ‘puzzle’ has been solved and God and meds have been taken into the heart, the subject needs to hide behind the euphemistic contingent ‘problems’.¹¹⁵ It is an article of (American mythic) faith that the hero always wins in his (and the hero is always a he, even when he is biographically a she) duel with his sick self.¹¹⁶

Structurally, *The Day the Voices Stopped* pursues this narrative of self-annihilation, but Steele – as a narrative figure – is perhaps more resistant to the hero role than Berman is aware. Within the text, a self *qua* illness is steadily constructed characterised by persistent demonic voices urging suicide. On Steele’s admission to Manhattan State Hospital, the voices deliver a clinical judgement: ‘Unless you kill yourself, you will live like this – an animal – for the rest of your life, with us as the only people who talk to you ... You have to kill yourself, Kenny. There is no other way.’¹¹⁷ The voices themselves are exorcised from the text with the appearance of risperdone.

The voices offer Steele an over-determined narrative of self-destruction. Every event, every person, every conversation is the trigger and justification for suicide. In effect, the voices are presenting a life narrative to Steele: the narrative of a victim of schizophrenia. Although Steele does, at one point, manage a narrative riposte, it could not be further from the self-(re)constructing narrative theorised about by Frank, Charon and others. In Metropolitan State Hospital, Steele hears a series of ‘souls’ or ‘ghosts’¹¹⁸ who provide a narrative balm which functions as an escape from – rather than a return to – the self:

The voices of these storytellers were not threatening. They never ordered me to hurt myself, never yelled or screamed. Like the characters I met in books, they provided respite from the evil voices – perhaps because their narratives had nothing to do with me and I could lose myself in the imaginary worlds that they painted for me. Over the years, they would reappear in my life at different times and in various places. Unlike the evil voices, they were always welcome.¹¹⁹

These stories are not therapeutic tools that return and re-inscribe the self; they are diverting fairy tales, distanced, separate and ‘nothing to do’ with the ill self. They are not a place for (re)discovering the self but a narrative space in which the ill self can ‘lose’ itself.

The assertion of agency is integral to Steele’s narrative of recovery, and agency seems more important than action itself. When abandoned in Denver, Steele takes some refuge from the voices

¹¹⁴ Anonymous, ‘First person account: a pit of confusion’, *Schizophrenia Bulletin*, 16:2 (1990) 355-359, p.359

¹¹⁵ Rather than guns and God, it is meds and God: ‘I believe my condition improved because of the combination of Risperdal and my religious faith.’ Marcia Murphy, ‘Grand rounds’, *Schizophrenia Bulletin*, 33:3 (2007) 657-660, p.659 One correspondent even suggested, ‘Joan of Arc has proven the perfect role model for how to live with faith as a schizophrenic patient.’ Aaron Reina, ‘Faith within atheism’, *Schizophrenia Bulletin*, 40:4 (2014) 719-720, p.720 It is interesting to see that, like all genres, illness writing has become increasingly self-referential. Murphy’s account is not about her illness but – recursively – about the *story* of her illness, contributing her account to a ‘Grand rounds’ event for teaching medical students.

¹¹⁶ Patricia Ruocchio writing of her own experiences genders her ‘schizophrenic individual’ as a man, ‘Fighting the fight – the schizophrenic’s nightmare’, *Schizophrenia Bulletin*, 15:1 (1989) 163-166

¹¹⁷ Steele and Berman, p.58

¹¹⁸ Steele and Berman, p.93

¹¹⁹ Steele and Berman, p.94

in alcohol. Alcohol quietens the voices and allows Steele to experience his suicidal ideation¹²⁰ as belonging to him, and thereby making it a ‘serious option.’¹²¹ Similarly, when Steele voluntarily admits himself to hospital, what makes the medical encounter morally good (in contrast to obviously bad and traumatic instances of forced admission) is not what the action constitutes (as the treatment remains consistent, comprising a blend of physical and chemical restraints) but who is the actant, who is authoring the narrative. This assumption of agency is the ‘extraordinary’ quality that makes the ordinary assertion of medical power acceptable within the narrative: ‘I did the most extraordinary thing. *On my own*, I went to the emergency room ...’¹²² Steele’s acceptance of the medication – within a narrative where rejection of medication has been a structural characteristic – operates as an acceptance of medical authority, which might be interpreted as the medical narrative and the medical construction of Steele’s selfhood. Importantly, he chooses to be compliant precisely because he is given the choice of noncompliance: “‘If you don’t like it, you can stop taking it,” he added. No other doctor had ever given me that choice.’¹²³ Steele’s narrative frames his complicity as a celebration of agency. A similar move is apparent in an account by Deegan, who analyses two contradictory sign-functions generated by two different codings of the prescription of antipsychotics:

I did not experience myself as ‘noncompliant.’ From my perspective, I was actively rejecting my psychiatrist’s prognosis of chronicity by throwing away the medicine he prescribed for me. In other words, my psychiatrist had paired a profound message of hopelessness (you have a disease from which no one recovers) with the prescription to take powerful drugs that often have noxious and dangerous side effects, for the rest of my life. Unwittingly, he had prescribed not just medication, but a life of chronic illness from which it seemed there was no escape. If my psychiatrist had paired the use of medication with the goal of recovery, it is likely my response to the prescribed treatment would have been very different.¹²⁴

In semiotic terms, the recovery movement response to concepts of diagnosis boils down to a rejection of the code of medical authority, and the insistence of the adoption of their own code. At its core is a refusal to allow a stain of signification from the sign of schizophrenia to inscribe itself on the sign of the self.

This is a battle of coding, but one with fatal outcomes in reality. Steele died of heart failure at the age of 51. He was sufficiently obese for this to be made mention of as the primary defining

¹²⁰ The schism between the medical codification of schizophrenia and the phenomenological codification is succinctly conveyed by an exchange between Steele and a Colorado nurse. “‘Do you have suicidal ideation?’ she asked me. “‘I don’t know what that means,” I told her, “but I have voices telling me to jump off buildings and to cut my throat.”” (Steele and Berman, p.112) A simple semiotic reading shows how medical terminology functions as a sign of the user’s authority, and reciprocally, forces the patient into a position of either accepting the coded account of their experience, and thereby recognizing the greater authority of the medical discourse – as Deluzean majoritarian *langue* – and its author/speakers over their own narrative, or of refusing or remaining unable to partake in the coding conventions, in which case the schizophrenic is excluded from the very Saussurean ‘community of speakers’ (Saussure, p.66) generating the discourse from and within which they are to produce the narrative of their illness.

¹²¹ Steele and Berman, p.111

¹²² Steele and Berman, p.111

¹²³ Steele and Berman, p.193

¹²⁴ Patricia Deegan, ‘The lived experience of using psychiatric medication in the recovery process and a shared decision-making program to support it,’ *Psychiatric Rehabilitation Journal*, 31:1 (2007) 62-69 p.63

characteristic in a eulogy quoted in the foreword to his memoir.¹²⁵ The weight gain and related cardiovascular problems caused by antipsychotic medication are well documented.¹²⁶ It is not the purpose to suggest that there is a definite causal relation between Steele's medication and early death, but to note how structurally, his memoirs follow a narrative of self-abnegation. In the opening chapter his doctor reduces Steele to 'one word, neatly printed in capital letters: SCHIZOPHRENIA.'¹²⁷ The young Steele is described in a tussle of signification with the definition he finds in his local library, which culminates in a revolt against these texts – 'I shoved the books across the library table; I desperately needed to put space between me and the terrifying message they contained' – and an interpolation of the narrative voice offering a more amenable definition 'as a biological brain disorder that is manageable if properly treated with medication and psychotherapy.'¹²⁸

These competing definitions of schizophrenia operate in the same way as the voices urging Steele to kill himself. They fiercely present their own code and generate their own sign-function on the sign-vehicle of the body of the subject. Steele's own death allows Berman's final unchallengeable coding to occur. With all respect to Steele himself, the narrative of self-abnegation established appears, with this final codification, as a brutal bastardisation of the hero narrative, one in which it is better to be sane and dead, than alive and mad.

In Steele's case this narrative becomes self-proliferating. Steele, in the final few years of his life, becomes an editor and public speaker. His function is to reiterate his narrative – of 'recovery'¹²⁹ through compliance – but it is now a narrative that insists and excludes all other self-stories. The memoir ends with Steele's narrative being re-inscribed on a young schizophrenic, Danny. Described by Steele as a '*miracle*,'¹³⁰ Danny enjoys the 'opportunities that [Steele had] been robbed of'¹³¹ and – through the act of graduation – comes to represent a pre-emptively cured (or saved, given the redemptive rhetorical tone) Steele. In Frank's terms, the interruption of illness into Steele's life, which enables him to generate his narrative of recovery, is itself interrupted in Danny's life by Steele applying his *prêt-à-porter* illness narrative. Steele's narrative is not merely one of self-abnegation within his own biographical, material life; it is a narrative designed to infect and interrupt other life narratives and to eradicate itself from the narrative possibilities for this other

¹²⁵ 'Everything about you was big – your size, your intelligence, your personality ...' Steele and Berman, p.xii

¹²⁶ For a recent survey see John W Necomer, 'Antipsychotic medication – induced weight gain and risk for diabetes and cardiovascular disease,' *Energy Metabolism and Obesity Contemporary Endocrinology*, (2008) 223-245

¹²⁷ Steele and Berman, p.12

¹²⁸ Steele and Berman, p.15

¹²⁹ Steele repeats his story to 'spread the message that recovery from mental illness is possible and that people suffering from mental illness need to be understood and assisted, not feared and avoided.' (Steele and Berman, p.234) Rather like anyone who has 'reformed' and renounced a vice, Steele was transformed from skeptical absconder from the medical system to psychotropic evangelical. Such Damascene conversations are the recurrent structuring thematic of the first person accounts in the *Schizophrenia Bulletin*.

¹³⁰ Steele and Berman, p.239

¹³¹ Steele and Berman, p.239

life. Simply, Steele writes himself (as psychotic, as prostitute, as destitute) *out* of any future life narratives, and writes *in* a version of cure that is based on a born-again enthusiasm for medication.

At the same time, Steele's narrative expresses scepticism about the possibility of crude narrative re-inscriptions. Steele responds to the illness narratives presented at an AA meeting with imitative desire: '*Wow*, I thought. *Maybe I'm a paranoid alcoholic and not a paranoid schizophrenic.* [...] Alcoholics could get better and stay that way. Schizophrenia, according to what I'd read, was a lifetime affliction.'¹³² The objective of this desperate shove in Steele's tussle of signification is to re-diagnose and re-write oneself well: re-coding the symptoms as signs of alcoholism not schizophrenia by a simple substitution of signifieds. Unsophisticated and – more importantly to the illness narrative ideology – inauthentic attempts at re-writing such as this fairy tale self-re-diagnosis, or Steele's attempt to flee into the alias of Shannon Steele and a false biography of 'preposterous stories'¹³³ (in which, matching the thematic content and tone of his illness narrative, his family members have been violently erased in a plane crash) either shatter in the face of more powerful narratives (as Steele's re-diagnosis as an alcoholic yields to the insistence of the symptomatic auditory hallucinations) or disintegrate when twisting and turning to accommodate their own fatal contradictions (as Steele's allegedly tragically killed parents are also supposedly alive to raise his imaginary son).

In contrast to Scally's model of 'I am not illness,' Steele and Schiller offer narratives of 'I am not-illness.' The narrative 'I' of the text is a product and object of the illness. Obviously, this is not to suggest that the historical individuals Ken Steele and Lori Schiller are 'products' of an 'illness' (called schizophrenia). Rather, the Steele and Schiller as narrators within their respective texts, are constructed as products of schizophrenia as discourse. Barthes summarises this familiar distinction neatly: '[n]arrator and characters ... are essentially "paper beings"; the (material) author of a narrative is in no way to be confused with the narrator of that narrative. The signs of the narrator are immanent to the narrative and hence readily accessible to a semiological analysis.'¹³⁴ It is in this sense that the narrators become open to re-inscription; the memoirist is – textually – dead, and the question becomes: what is inscribed in its place?

¹³² Steele and Berman, p.144

¹³³ Steele and Berman, p.188

¹³⁴ Roland Barthes, 'Structural Analysis of Narratives', *Image Music Text*, pp.79-124 (p.111)

Re-structuring the memoirist

The minimal complete plot can be seen as the shift from one equilibrium to another ... The two moments of equilibrium, similar and different, are separated by a period of imbalance, which is composed of a process of degeneration and a process of improvement.¹³⁵

So even if I 'hear' someone saying, 'Look, she's at the computer writing,' I can rephrase it to myself, 'I am at the computer writing.' I shift from third person to first person. [...] One of her [Dr Ann Alaoglu] greatest strengths is her ability to paraphrase. When I was stressed or unhappy she may have said, 'You seem really down today. What's going on?' I remember psyching myself up for a flight but telling Dr Alaoglu that the trees were warning me not to go. Dr Alaoglu responded by saying, 'You seem a bit nervous about your trip.' If I had said that to a former therapist of mine she would have suspended my visit and told me (yes, told me!) I was crazy. I think paraphrasing is critical: Hearing how others interpreted what I said gave me a sense of how I was communicating.¹³⁶

Sass and Parnas (2003) conceptualise schizophrenia as a disturbance of ipseity, defined as 'the experiential sense of being a vital and self-identical subject of experience or *first person perspective* on the world.'¹³⁷ The supposedly curative process of constructing an illness narrative can serve to repeat (rather than redress) this disturbance. The 'schizophrenic' narrative subject is – as Leslie Greenblatt's account suggests – highly susceptible to paraphrase. Mechanisms of paraphrase are evident in the 'disease' and the attempts at recovery: the psychosis translates someone out of their pre-illness self, and the response involves insisting on regaining definitional control, through self-led interaction with voices, psychodynamic therapies or both. However, the disruption and rephrasing of the self is further inherent in the nature of writing; to shift from material, historical entity to textual narrator is to suffer another disturbance in ipseity. It is also a necessary outcome of the 'minimal complete plot' as outlined by Todorov. Importantly, over the divide – the 'period of imbalance' – when the status quo of identity is disrupted, there are two points of equilibrium where the sense of the self-identical subject is restored, and yet the subject has altered.¹³⁸

Frequently, as with *The Quiet Room* and *The Day the Voices Stopped*, these memoirs are not about illness. They are distinctly about cure. At the core of the cure narrative is a reconstitution of the narrator.¹³⁹ Building on Todorov's foundational structuralist assertion on narrative – 'the minimal schema of the plot can be shown naturally by a clause'¹⁴⁰ – this archetypal narrative, be it *The Quiet Room*, *The Day the Voices Stopped*, the *Schizophrenia Bulletin* first person accounts or Deegan's illness narrative(s), can be formulated as a series of structuralist clauses:

¹³⁵ Tzvetan Todorov, 'Structural analysis of narrative', trans. by Arnold Weinstein, *NOVEL: A Forum on Fiction*, 3:1 (1969) 70-76, p.75

¹³⁶ Leslie Greenblatt, 'First person account: understanding health as a continuum', *Schizophrenia Bulletin*, 26:1 (2000) 243-246, p.244

¹³⁷ Louis Sass and Josef Parnas, 'Schizophrenia, consciousness and the self', *Schizophrenia Bulletin*, 29:3 (2003) 427-444 p.429

¹³⁸ Todorov is not talking of the subject, but of plot, but both operate identically, and in fact may be the same thing under different grammatical conditions.

¹³⁹ This should not be confused with Frank's restitution narrative; all three of Frank's narrative types involve a reconstitution of the narrator. Applying Todorov's structuralist account, there is no narrative difference between Frank's restitution and quest narratives (though there are political, ethical and aesthetic differences – and it may be argued that the political and ethical operate only as aesthetic ornaments within Frank's narrative typology). Again, Frank's chaos narrative is not another structure of narrative, but rather is the first half of Todorov's structure, abandoning the narrator in their state of disequilibrium.

¹⁴⁰ Todorov, p.74

1. X is disrupted by Y
2. Z tries to reconstitute X by fighting Y
3. X mistakenly fights Z
4. X and Z reconcile and fight Y
5. X ends reconstituted

Of course, in these narratives, X = the memoirist as self, Y = schizophrenia and Z = psychiatry (and psychotropic drugs). The narrative structure is not unique to these memoirs, but may be a distinctly American cultural product. The structure works as the ideal narrative of post-World War II American military adventures. Try X = Korea, Y = Communism and Z = Capitalism, which gives a story of a different but no less enduring *Spaltung*. In articulating his ‘minimal complete plot,’ Todorov was making direct reference to the plot(s) of different tales within the *Decameron* but his ‘broad schema’¹⁴¹ suits the narratives of these illness memoirs just as well, revealing how paradigmatic they are of Western narrative tradition.

In *The Quiet Room*, the reconstituted life is a paragon of market capitalist values; the consumerist bourgeois definition of a successful life is reaffirmed to the point of parody:

Now that I’m back to my college weight ... I feel chic and pretty again. I dress casually in jeans and a sweater, spray on my favorite Calvin Klein Escape perfume and head for local hangouts ... I’ve met a hot dog peddler, a fax machine salesman who owns his own company, an IBM programmer, a General Motors plant supervisor and a cemetery executive ... I very badly want to get married and have kids ... I would probably be better off trying to find a ready-made family ... It’s going to take a very special guy to realize how much I have to offer him ... (That’s a glimpse of my personal ad.)¹⁴²

To be well in this narrative is to conform to a certain body type (youthful and thin), to associate with certain brands, to understand others in terms of their occupation (and by extension their wealth), to conceptualise personal relationships in market terms and to find self-worth in a hetero-normative model of domesticity. It is precisely this life narrative that schizophrenia has overwritten for Schiller: ‘[a]long the way I have lost many things: the career I might have pursued, the husband I might have married, the children I might have had.’¹⁴³ Reading the first person accounts in the *Schizophrenia Bulletin* one might be forgiven for thinking that ‘schizophrenia’ was a disease that specifically frustrated middle class social ambitions, the main symptom being the interruption of a college degree. In such a narrow social class, ‘recovery’ means reclamation of class privilege.¹⁴⁴ The Hearing Voices Movement (HVM) – despite, or maybe because, of its post-hippie esotericism – toes the same ideological line, of capitalist individualism with a liberal (in all senses) sprinkling of

¹⁴¹ Todorov, p.75

¹⁴² Schiller and Bennett, p.266

¹⁴³ Schiller and Bennett, p.7

¹⁴⁴ There appear to be no working class correspondents, though Woods (2013) notes a particularly florid account from the only correspondent from the global south. The silent voices of the (majority) of people with lived experience of psychosis who, through the class-inflected vagaries of a representation through the composition of a written text and all the self-selecting confidence and facilitating education, and free time, that requires, are excluded from the *Schizophrenia Bulletin*’s implicit conceptualization of the ‘schizophrenic’ comprise a deafening boom. See K Pushpa, ‘Schizophrenia – a victim’s perspective’, *Schizophrenia Bulletin*, 35:1 (2009) 3-4

evangelical salvation.¹⁴⁵ Consider Gavin Young's contribution to *Living With Voices*. He frames himself as a consumer of the HVM brand, and Escher and Romme's products in particular, in contrast to his store-floor rejection of bio-medical psychiatry: 'I also bought *Making Sense of Voices* some time ago, and look forward to reading it [...] schizo-affective disorder [...] a diagnosis I never bought.'¹⁴⁶ As with Greenblatt, Young describes his life as a puzzle being solved: 'it's like a huge jigsaw puzzle called "MY LIFE".'¹⁴⁷ The role of Escher, Romme and HVM is eulogised to the point of supernatural agency, through extensive religious and celebrity metaphors, two of the most potent codes in contemporary American culture: 'you and Dr Romme gave me the 'keys to the kingdom' [...] and I began to feel empowered again [...] my salvation [...] you've given me a 'gospel' to spread.' They are 'celebrities [...] heroes' and Young signs off 'a real fan.'¹⁴⁸ If it seems unfair to hold this gushing praise against Romme and Escher, it is worth noting Romme's comments at the start of the volume: 'We edited the interviews down [...] focusing on what was said about recovery.'¹⁴⁹

Similar late capitalist values are presented as inarguably good and desirable at the end of Steele's narrative, where he ruminates on the life narrative that he also implies would have naturally been his, had schizophrenia's interruptive narrative not written itself over his life: 'How different my life would have been if I'd been able to finish high school, attend college, graduate, find a job, perhaps even marry and raise a family.'¹⁵⁰ The hetero-normativity of this might be surprising given that the only sexual relationships described by Steele have been homosexual ones, mainly comprising two stints as a 'male hustler'¹⁵¹ and two affairs bordering on prostitution. However, his homosexuality is clearly associated with the illness-narrative and the illness-self. Prostitution and homosexuality are presented as symptoms of Steele's illness, although the illness – in the form of the voices – is never slow to criticise the homosexuality with aggressive admonishments of '*Faggot! Pig! Whore!*'¹⁵² Despite this, it is not the homophobia, but homosexuality that is presented as a manifestation of illness, with a pathogenesis rooted in the socio-economic (Steele is out of cash), the personal and domestic (Steele would rather do anything than return home) and the bio-medical (Steele's decision making and agency are greatly reduced by his on-going harassment by his voices).

¹⁴⁵ If Apple Inc. and Steve Jobs as brands reasonably represent how 1960s California hippie culture was the crucible of early twenty-first century global capitalism, it is (grimly) amusing to see how Eleanor Longden – a psychologist with lived experience – quotes the Apple ad campaign 'Here's to the crazy ones' (1997), as a chapter epigram in her memoir, itself published by TED, producers of smartphone-friendly, sound-bite-stitched neoliberal 'think' pieces. In the advert itself, Apple's parade of 'crazy ones' includes Alfred Hitchcock, John Lennon, Muhammed Ali, Martin Luther King Jnr and Bob Dylan. (Of course, the real 'rebel' they were lauding was returning CEO Steve Jobs.) Eleanor Longden, *Learning from the Voices in My Head* (New York: TED Conferences, 2013) Kindle ebook

¹⁴⁶ Romme *et al*, p.169 It is interesting to note that what is important is to *buy* Romme's book, which seems to bring therapeutic benefit without even having to *read* it.

¹⁴⁷ Romme *et al*, p.170

¹⁴⁸ Romme *et al*, p.170

¹⁴⁹ Romme *et al*, p.5

¹⁵⁰ Steele and Berman, p.239

¹⁵¹ Steele and Berman, p.43

¹⁵² Steele and Berman, p.75

The ‘cured’ Christian Steele retrospectively (re)writing his homosexual past as bad and ill is less an example of ‘ill people’s self-stories as moral acts’¹⁵³ as it is of self-stories as *moralising* acts. The phenomenological experience – both content and form – of illness is delineated as bad and then rejected wholesale on that basis. All that illness teaches here is the moral goodness of being well.

Schizophrenia writes its own narrative onto the self, but what it has replaced is not something intrinsic to the individual, but simply a rival narrative. Structurally, there are two separate life narratives, each causing the schizophrenic memoirist – be it Steele or Schiller – some distress. Very clearly, there is a schizophrenic life narrative comprising symptoms (predominantly, for Schiller, the Voices and paranoia, accompanied by periods of mania and depression, and in the context of hebephrenic disorganisation), prolonged periods of in-patient care and concomitant social problems. All of these cause distress in themselves. Supplementary to this, but not necessarily subordinate, is the loss of a desired narrative of the bourgeois triumvirate: career, marriage, children.¹⁵⁴ This loss causes distress parallel to the distress caused by the narrative of schizophrenia, but this desired narrative could have been lost (and the distress suffered) without the imposition of schizophrenia’s narrative. A diagnosis of cystic fibrosis would have provided a different life narrative to the one Schiller or Steele never had. So too might any number of diagnoses, or indeed any genre of life narrative. It is not just the sick who do not get to live such a narrative; socio-economic conditions are, of course, a great determinant of life narrative.

Returning to *Divided Minds* with Todorov’s model of (different) (re)constitutions over a space of disequilibrium, this approach resolves a concern that strikes to the core of the memoir. On first reading, it is difficult to understand the purpose of juxtaposing Pamela’s narrative with Carolyn’s, as the latter is – for a considerable proportion of the book – unaware of her twin’s suffering, and is – for much of the remainder – unsympathetic.¹⁵⁵ The only plausible objective is to

¹⁵³ Frank, p.157

¹⁵⁴ These are the signs of a bourgeois life narrative, in contrast to: work, love, community.

¹⁵⁵ Whilst some of Carolyn’s complaints about her sister could be read as a frank, truthful representation of the complex emotions psychosis can provoke in relatives and friends, the extended criticisms of her husband border on the bizarre. Possibly, they are included to demonstrate that a life without mental illness still has difficulties and psychic pain, and indeed once she has filed for divorce Carolyn likens her marriage to madness: ‘All these years I’ve doubted my own sanity ... Is this how she [Pamela] feels when the voices start in on her?’ (p.281) The memoir *qua* score settling seems to be a family trait for the Spiros. When Pamela dissects one psychiatrist to her face with vicious gusto, the reader might agree that the clinician is ‘as idiotic, overinvolved and incompetent as she worries she is’ (Wagner and Spiro, p.240), before remembering that the psychiatrist has been textually constructed in precisely this way to justify the criticism which – if an accurate account in itself – was leveled a decade before the text of *Divided Minds* was completed.

Saks is not above abusing the memoirist’s privilege of turning real, flesh and blood subjects into objects within their narrative world. She dedicates two chapters (chapters seven and eight) to her three years of psychoanalysis with British analyst Doctor Elizabeth Jones. The termination of their analysis is excruciating and terrifying for Saks, and results in her being violently manhandled out of Jones’ home in Oxford. But the memoirist, as Author Tyrant, the Toddler-as-God, is perfectly comfortable serving revenge up after decades in the memory’s deep refrigeration. On first appearing in the text, Jones is ‘without question, the ugliest woman I’d ever seen’ (p.82), and this ‘truth’ is the one secret that Saks – contrary to Jones’ rather fascistic rule of complete disclosure of ‘everything that came to [...] mind’ – hordes away just for herself: ‘I’d break this rule only once: I never told Mrs Jones how ugly I thought she was.’ (p.83) Jones exits the text mentally and physically ruined by a brutal car accident, subsequent surgery and then (co-morbid) Parkinson’s.

demonstrate the impact of schizophrenia upon a life course, with Carolyn as the non-psychotic control experiment with identical environment and genes. Given the degree of shared ‘self’ between two monozygotic twins, *Divided Minds* then stages this plot of ipseity disturbance over both a horizontal axis (the linearity of time, specifically in the life narrative of Pamela) and vertically (between the two sisters). The text plots their divergence from having one unified, shared self-identity to each being the other’s alternate life. An anxious rivalry, bound up with their shared identity, characterises the relationship between the twins, and this is the structuring motif of the narrative, in terms of content and form. Narrative sequences are selected to reiterate – over these divided narratives – a lifelong battle for primacy and hunger for the other’s portion of their pooled identity, from an altercation on their sixth birthday – ‘I swallow the terrible injustice of life with a twin who steals your crown, and I swallow the injustice of being Pammy in the red crown instead of Lynn in the blue’¹⁵⁶ – through to their fractious co-writing of the text in 2003. At this stage, Pamela has become a ‘size 1X’¹⁵⁷ because of her anti-psychotic medication Zyprexa. Carolyn’s response illustrates their parallelism: ‘I hate seeing what I’d look like if I gained so much weight. It’s like seeing myself in one of those “fattening” mirrors in a carnival.’¹⁵⁸ The series of photos interpolated into the middle of the text – a well-established piece of formal rhetoric for memoirs, as an attempt to provide incontrovertible documentary evidence that the narrative is authentic and ‘real’ – function as picture story of this divergence. Within 22 photos (making brief textual space of over a century of living), the twins move from being indistinguishable babies, in which each is always, unavoidably recognised in the other (‘This is anyone’s guess, but I’m pretty sure that’s Lynn on the left.’¹⁵⁹) to being irreconcilable, where almost no trace of twin-ship remains, and each becomes the site of the other’s failure to recognise anything of themselves. Carolyn’s image is a sign of social, personal, economic and sexual success. She is contextualised by her recreational interests, which are clearly expensive and glamorous; explicitly labelled ‘in competition’, she remains a viable participator in the world. Conversely, Pam is located temporally by her medication, being ‘post-

‘White as a sheet, frail and trembling, she reached out her hand and said my name. “I love you,” she said.’ (p.171) Saks is magnanimous in her eventual victory. Destroyed, decrepit and demented so ‘she would never be who she once was,’ just as Saks had been by her psychosis when she first met Jones in all the glory of her ugliness, how does Jones appear now? ‘[I]t occurred to me how truly beautiful she was’ says Saks who, at this point within the narrative has ceased medication and has been readmitted to Yale – and at this extra-narrative point of writing is a successful professor of law – and is ascendant and empowered over the deteriorated, declined Jones. (p.172) To use Jones’ Kleinian terms, the ‘bad breast’ got bitten.

Memoirists can easily operate in the paranoid-schizoid position, without challenge. They weave a phantasy text in which they are omnipotent, with access to the minds and full control over the actions of all persons-as-objects within it. It is a playground of the memoirist’s projection and introjection, for the narrative voice is that which always transgresses textual ego boundaries. Of course, this might be par for the Kleinian therapeutic course. Why not view this all as healthy acts of spite on the path to reintegration of the (narrating) paranoid-schizoid self? But you don’t have to be skeptical about (Kleinian) psychoanalysis to feel uncomfortable with the unilateral textual dissection of private persons and private moments. This is the tussle of transference as public gladiatorial contest.

¹⁵⁶ Wagner and Spiro, p.16

¹⁵⁷ Wagner and Spiro, p.284

¹⁵⁸ Wagner and Spiro, p.285

¹⁵⁹ Wagner and Spiro, caption for the second plate, unpaginated.

Zyprexa.’ The contrasts are shocking – the dungarees versus the ball gown; the ‘crazy’ lady’s cat versus the younger man – and the shock is of dubious value. Any reader might wonder at the course of the conversation between the twins that settled on this selection and ordering of photographs.



Figure 3.2

A rare case of ex utero twin embolization syndrome

Just as the body semiotic makes no distinction between the signs of illness and the sign of cure, but operates as a system for solidifying these shifting signs into some fixity of meaning, so does the narrative plot combat – as well as create – this ipseity disturbance. Shaun Gallagher (2003) offers four capacities – grounded in neurological functions – that are necessary for self-narrative:

temporal integration of information; minimal self-reference; encoding and retrieving autobiographical memories; engaging in reflective metacognition.¹⁶⁰ In relation to self-reference, Gallagher suggests that ‘I can never subjectively misidentify myself when I say ‘I’. This makes the minimal self an extremely secure anchor for self-narratives.’¹⁶¹ However, it is possible that the reverse is the case, and that rather than the minimal self being a secure anchor for the self narrative, might it not instead be a product of the text? Texts allow for the expression of an ipseity disruption in terms of content, whilst potentially negating this disruption through the stabilising (or at least reifying) effect of narrative on the subject; this ‘I’ that anchors the text for Gallagher, may well be a piece of textual structuring that the text itself generates. At any point within a narrative, a subject uttering ‘I’ is perhaps – within the text at least – enjoying a unity of self never experienced by the material historical figure being signified by the ‘I’.

In her first-person account in the *Schizophrenia Bulletin*, Ruocchio describes the chaotic state of existence between the ontologically stable poles of madness and sanity as the worst self-position possible:

Often I wish that they had left me in the world of insanity where everything is predictable, all is the same, and nothing changes. Now I am often uncertain as to whether I am sane or insane and find that most of the time I am a mixture of the two, a condition I find almost impossible to tolerate because the uncertainty is so painful and terrifying.¹⁶²

This raises a troubling question for advocates of the illness narrative therapies: to what extent is the unification of the self as subject an unavoidable consequence of textual processes, rather than an indication of any genuine effect on the material person to whom the narrative pertains?

Late in Saks’ text, the memoirist describes a conflict between the different ill-self and illness narrative constructs of Saks (the patient) and Kaplan (her psychoanalyst). Kaplan attempts to write a medical narrative on Saks, using the rhetoric of diagnosis and prognosis: ‘[w]hen you’re ill, you’re totally indistinguishable from the worst kind of schizophrenic. It’s not going to change, it’s not going to get better, and it’s not going to turn into something better.’¹⁶³ Saks rejects this narrative, and reasserts her *self* over Kaplan’s characterisation of her: ‘I was Elyn and I was Professor Saks, but I was *not* the Lady of the Charts; she was a figment of *his* imagination, not mine.’¹⁶⁴ This manoeuvre is typical of Saks. Throughout the text, she seeks to re-establish herself, in the face of her illness, through identification with her academic and professional achievements. Saks is not fighting against being an institutionalised self. Rather, she is battling over the type of institution. When hospitalised at Yale-New Haven’s Memorial Unit 10, Saks rejects in-patient care as it threatens her self-definition: ‘I need to get back to law school ... I was a student, not a mental

¹⁶⁰ Shaun Gallagher, ‘Self-narrative in schizophrenia’, *The Self in Neuroscience and Psychiatry*, ed. by Tito Kircher and Anthony David (Cambridge: CUP, 2003) pp.336-357 (p.336)

¹⁶¹ Gallagher, p.343

¹⁶² Ruocchio, p.165

¹⁶³ Saks, pp.246-7

¹⁶⁴ Saks, p.247

patient – why couldn't he see that?¹⁶⁵ When treated at Warneford in the UK, Saks is accepting of the therapeutic 'recommendations'¹⁶⁶ of her clinical team, but emphatically rejects their proposal that she abandon her graduate studies to become a full-time patient: 'I *will* remain enrolled at Oxford University ... And under no circumstances shall you contact my parents.'¹⁶⁷ Universities encode the self with a narrative of edification; hospitals, with disintegration. Schiller pursues the narrative of disintegration, as a means of clearing away the narrative wreckage of the ill self, and building a re-covered self on the vacant plot. Saks holds her self in a point of tension between these two dynamics of edification and disintegration.

Sustaining this tension in the face of the re-insistent recurrence of disintegrating events (the moments of psychosis) and the re-establishing structuring objectives (the professional and academic achievements) constitutes the narrative of the text. In this way, the memoir's title, a well-known quotation from WB Yeats' 'The Second Coming', operates as an organising metaphor for the narrative and for the text. The centre that cannot hold is the textual subject, which is constantly under threat. This existential threat to the subject is dramatically staged by the delusions as a global catastrophe reminiscent of Schreber's grandiose cosmological apocalypses. Saks attempts to hold this self together by her constant re-iteration of her narrative of intellectual development. As with Steele, pure agency is the key constituent of the self: '[a]s I watched everything I valued disintegrate, I nevertheless fought to somehow hang onto my autonomy – my *self*.'¹⁶⁸ Again, as with Steele, the narrative is one of the self reconciling this constituent agency and autonomy with an acceptance of the chronicity of the disrupting illness and the necessity of adherence to a medical regimen. However, Saks' text does not evangelise about recovery; the medication functions not as a narrative turn towards the construction of a 'cured' self but rather as a turn towards a reconstituted ill self. Kaplan identifies the destructive challenge to Saks' ipseity as being based in a desire to assert an unsustainable, autonomous, non-ill self: 'I've repeatedly told you that you'll need to stay on meds the rest of your life, that trying to get off them keeps you stuck in the same place – going from well to symptomatic to well again.'¹⁶⁹ Rather than battling to re-inscribe a (re)created self over the text of schizophrenia, or to place medication or cure in the space usurped from the self by the illness, Saks develops a pragmatic narrative of acceptance, that might match Frank's idealised heroic model of the Bodhisattva, 'the hero of perseverance through suffering.'¹⁷⁰

Saks' text is a repudiation of the existence of an Author God who gives biographical and interpretative unity to the text. The text is formally presented as having this unity; Saks does not share authorship in the way the Steele and Schiller do. However, the closing acknowledgements

¹⁶⁵ Saks, p.147

¹⁶⁶ Saks, p.74

¹⁶⁷ Saks, p.75

¹⁶⁸ Saks, p.75

¹⁶⁹ Saks, p.260

¹⁷⁰ Frank, p.134

describe the text as a ‘collaborative effort’¹⁷¹, identifying a ghost writer (Larkin Warren), as well as significant contributions from a panoply of textual contributors and influences typical of the professional production of texts as commodity. These include editors, agents, publishers and even two different teachers of ‘memoir writing.’¹⁷² Publisher Robert Miller is credited with choosing the text’s title. In these final lines of the text, the idiosyncratic organising metaphor, apparently so characteristic of the narrating self, so expressive of the unique phenomenological experience of Saks as schizophrenic, so integral to the thematic and rhetorical structure of the text (and thereby the construction of Saks) is shown to be a double quotation, a reference to the reference of another. In Barthes’ terms, the text (and the narrative self constructed by it) is a ‘tissue of quotations’¹⁷³ drawn across culture, from different professional disciplines (psychoanalysis, psychiatry, law, publishing) and via the ‘collaborative effort’ of different biographical, material individuals.

Formally, the text enjoys a unity in stark contrast to the narrative content. There is little of the disturbed chaos narrative to Saks’ text; it proceeds with a forensic rigour, exposing only a few intriguing, and editorially marked, ellipses in relation to Saks’ family.¹⁷⁴ In the same way, a unified narrative subject appears within the text, despite two important factors: first, the on-going presence of a disease that – according to the very content of the narrative – shatters that subject’s unity and coherence of self, and secondly, the fact that the unified subject of the text is the product of several different authorial sources. The narrative unity then is a textual product, and the acknowledgement of this unity (which Frank might consider therapeutic ‘witnessing’) is nothing other than an unavoidable consequence of reading, as famously described by Barthes: ‘a text’s unity lies not in its origin but in its destination.’¹⁷⁵ Structurally, the harmonious unified narrative self is the textual embodiment of the narrative’s successful recovery, to reconcile the interpolated illness narrative with the projected life narrative. As Saks notes: ‘I needed to put two critical ideas together: that I could both be mentally ill and lead a rich and satisfying life.’¹⁷⁶ The organising metaphor then becomes one of the triumph and ownership of acceptance, rather than the tragedy of an inescapable fate. The metaphorical statement ‘the centre cannot hold’ does acknowledge that the centre will always be prone to attack and collapse, but at the same time, it reaffirms that such a centre – tentative, temporary, transitory – does exist. Moreover, Saks’ text is generating a self that

¹⁷¹ Saks, p.311

¹⁷² Saks, p.311

¹⁷³ Barthes, ‘Death of the Author’, p.146

¹⁷⁴ Saks is continually offering her parents either no narrative or one that is a ‘shortened, tidier version of the truth’ (Saks, p.70). This redaction operates in both directions. Discussion and examination of Saks’ parents – surely a recurrent theme in her decades of psychoanalysis – is continually curtailed within the text, and the ‘wall of appropriateness’ (Saks, p.110) erected between parents and child is replicated throughout the narrative. At one point, Saks considers the psychodynamic theories of the domestic etiology of schizophrenia. Whilst she notes sardonically that ‘[a]ccording to the crushing weight of a century’s teaching, my illness was an indictment of my parents,’ Saks does not attempt to refute this either (Saks, p.157).

¹⁷⁵ Barthes, ‘Death of the Author’, p.148

¹⁷⁶ Saks, p.308

requires active location within a temporal stream – where it moves through cycles of holding and not holding. She states: '[m]y good fortune is not that I have recovered from mental illness. I have not, nor will I ever. My good fortune lies in having found life.'¹⁷⁷ Without the temporality, recovery is not possible, but to what extent is this temporality yet another textual product of the cure narrative?

¹⁷⁷ Saks, p.310

Out of time

[T]emporality is only a structural category of narrative (of discourse), just as in language [*langue*] temporality only exists in the form of a system; from the point of view of narrative, what we call time does not exist, or at least only exists functionally as an element of the semiotic system.¹⁷⁸

My journal has evolved from the written word to transformation, current lived experience, and the expectation of good things yet to come. [...] With life and recovery, it is not about seeing me as a victim; it is about trying new things and moving forward with an attitude of victory.¹⁷⁹

There must be *time* for cure. These texts are preoccupied with chronology. *The Quiet Room* and *Divided Minds* time-stamp each individual chapter. *Henry's Demons* (2011), a hybrid narrative presenting non-integrated, parallel narratives by father and (ill) son, gives a basic chronology of Henry's illness, as if to say that the timeline of events is the one element of the narrative(s) too important to be subjected to the inevitable disruptive, deconstructing ambiguities that irreconcilable twinned narratives will create. In this, the texts may be staging the clinical obsession with clear, linear accounts of illness progression: '[c]linical work unfolds in a highly regulated temporal frame – clinicians are anxious to nail down the chronology and duration of symptoms.'¹⁸⁰ Cure, and the cured narrative, follows the straight line. Psychosis though, like a Deleuzian Event, denies this linearity. Correspondents to the *Schizophrenia Bulletin* such as M MacPherson rely on the long-standing organisational metaphor of the hardship memoir: the long journey of return.¹⁸¹ Longden similarly entitles a chapter in her memoir 'The living death – and the long road back' and compares her 'journey' to that of mountaineer Joe Simpson in his 'survival memoir' *Touching the Void*.¹⁸² Patrick Cockburn may open his co-authored text with a chronology, but Henry Cockburn is continually disordered and displaced in time (and mind) by 'polka-dot days', which last various periods of time, though rarely equate to a day.¹⁸³ *Divided Minds* and *The Centre Cannot Hold* both open with a proleptic incident of acute psychosis, before adopting a cradle-to-grave (or at least cradle-to-cure) linear account. Each text exhibits a tripartite position of narrative temporality, in which, simultaneously, the narrative voice is located prior to psychosis, within the psychosis and after the psychosis.

Problems with the narrative time are therefore signs of structural unreliability within the narrative and the narrator(s). In itself, it does not perhaps matter that Carolyn's recollection of her sixth-grade classmates' fit of Beatlemania dated November 1963 is historically impossible. Carolyn may believe that girls were 'gathered at Sue's or Candi's desk – something to do with the Beatles and their newest record'¹⁸⁴ on the day of JFK's assassination but the Beatles never charted in the

¹⁷⁸ Barthes, 'Structural Analysis', p.99

¹⁷⁹ M MacPherson, 'Psychological causes of schizophrenia', *Schizophrenia Bulletin*, 35:2 (2009) 284-286, p.284

¹⁸⁰ Charon, p.121

¹⁸¹ For which, of course, the cultural lodestone is Nelson Mandela, *Long Walk to Freedom Volume 1: 1918-1962* (Boston, New York and London: Little, Brown and Company, 1994)

¹⁸² The phrase is Longden's.

¹⁸³ Patrick and Henry Cockburn, *Henry's Demons* (London: Simon & Schuster, 2011), pp.169-177

¹⁸⁴ Wagner and Spiro, p.34

US until the release of ‘I Want to Hold Your Hand’ on 26 December, 1963.¹⁸⁵ This is not an exercise in pedantry. The assassination of JFK is presented as a moment laden with significance and as the first manifestation of what eventually becomes Pamela’s psychosis. Pamela describes a classic delusion of reference – ‘I killed him! I’m to blame!’¹⁸⁶ – coincident with a hypersensitivity to stimulus – ‘all my senses have been supernaturally enhanced’¹⁸⁷ – and, most diagnostically important, the commencement of hearing persecutory, punning voices – ‘*Thrills will kill, Pam Spampamamam. Will you? Kill you?*’¹⁸⁸

Within the narrative(s) of *Divided Minds*, 22 November 1963 is pivotal. It marks the appearance of Pamela’s symptoms. The high co-morbidity of stress and a range of psychiatric disorder including schizophrenia is a commonly accepted fact, without there being any definitive understanding of the processes (social and/or biochemical) connecting the two nor any agreement on the direction of causality in the relationship.¹⁸⁹ ‘The notion that stress is a precipitating factor for psychosis in vulnerable individuals has face validity and resonates for patients and their families,’¹⁹⁰ and this is demonstrated by Pamela’s account of her response to the news. She concludes: ‘But I feel ripped apart, and put back wrong. I know that the world is a terrible place, that nothing will ever be the same: I know that I am evil.’¹⁹¹ Though the narrative conspires to convince the reader that they are getting contemporaneous first-person accounts of the two twins’ contrasting responses, this is obviously only a literary technique. Both Pamela and Carolyn focalise their accounts through their 12-year-old selves, adopting the present tense and a self-consciously constricted vocabulary and expressive range. Carolyn’s non-psychotic response is – at least superficially – out of step with the collective mourning:

I am so confused. I don’t understand what’s going on. I understand that the president is dead, but I can’t figure out why it is so terrible. The president doesn’t mean anything to me. He’s the man who’s called Mr. President.¹⁹²

Clearly this is not the narrative voice of a 50-year-old psychiatrist. Nor is it a redacted contemporary diary entry, repurposed as illness memoir; the confusion over the Beatles is a mistake that could only occur with a retrospective writing.

Here is the structural problem with the case study of *Divided Minds* given in miniature. Pamela’s account may well be accurate, but it is unavoidably written from the temporal perspective of cure. A reader cannot know whether the narrative operates as an authentic account of the first

¹⁸⁵ Walter Everett, *The Beatles as Musicians: The Quarry Men Through Rubber Soul* (Oxford: Oxford University Press, 2001), p.206

¹⁸⁶ Wagner and Spiro, p.32

¹⁸⁷ Wagner and Spiro, p.29

¹⁸⁸ Wagner and Spiro, p.31

¹⁸⁹ Daniel J Lodge and Anthony A Grace, ‘Developmental pathology, dopamine, stress and schizophrenia’, *International Journal of Development Neuroscience*, 29:3 (2011) 207-213

¹⁹⁰ Cheryl Corcoran, Elaine Walker, Rebecca Huot, Vijay Mittal, Kevin Tessner, Lisa Kestler and Dolores Malaspina, ‘The stress cascade and schizophrenia: etiology and onset’, *Schizophrenia Bulletin*, 29:4 (2003) 671-692, p.672

¹⁹¹ Wagner and Spiro, p.34

¹⁹² Wagner and Spiro, p.38

childhood instance of psychosis written with appropriate accuracy some 40 years after the event or whether the narrative simply demonstrates a desire for the self with schizophrenia to provide such an account.¹⁹³

A similar operation takes place within *The Centre Cannot Hold*. Saks presents her anxieties about the disintegration of a coherent, unified and delineated self as a prodromal symptom or contextual and/or causal characteristic. Describing her first sexual relationship, Saks claims she experienced love making as existentially challenging, and therefore frightening: 'I would suddenly get frightened, losing the sense of where I left off and he began ... for me, "becoming one" with a man felt like a loss of self.'¹⁹⁴ The temporal location of this insight is presented as contemporary with the experience; however, the similarity of this account of the youthful Saks' anxiety to the Kleinian account of the porosity of the self's boundaries in the paranoid-schizoid position poses an unanswerable question: is this supposed 'insight' *by* the subject self *into* the subject self authentic or is it an example of a past re-inscribed by Saks' subsequent years of reconstructing herself with her Kleinian¹⁹⁵ British analyst Dr Jones as the 'glue':

Her tolerance and understanding seemed endless, and her steady and calm presence contained me, as if she were the glue that held me together. I was falling apart, flying apart, exploding – and she gathered my pieces and held them for me.¹⁹⁶

Placing Saks' description of Jones as 'the first accomplished professional woman I had come to know'¹⁹⁷ in the context of Saks' frequent reassertions of her career as an alternative self to the imposed ill-self, raises the possibility that Saks' re-constitutive narrative is – partially, at least – a re-inscription of the identity and modes of experiencing and understanding expressed by Jones. This is not an attempt to psychoanalyse the text and ask if Jones' cruel death prompted in Saks a therapeutic reconstruction of the dead mother figure in her self-narrative. It is merely to observe that textual components of Saks' narrative self – the focus on the professional identity, the drive to rebuild and reiterate, the anxiety about losing the self in the narratives of others – are also textual components of Jones, as presented by Saks. To return to the question of ideology momentarily, psychoanalysis generally, and Kleinianism specifically, can easily be characterised as bourgeois ideology of the self, obsessed with the 'abstract biological person, biological individual – that which has become the alpha and omega of modern ideology.'¹⁹⁸ Kleinian psychoanalysis exhibits a pre-occupation with object relations that, it is almost too obvious to state, constitutes a commodity fetish of the emotions.¹⁹⁹ The popularity of illness memoirs illustrates the dominant ideological cult

¹⁹³ Research suggests that, normally, anchoring autobiography with historical dates – and vice versa – is highly accurate. See Alex Fradera and Jamie Ward, 'Placing events in time: the role of autobiographical recollection', *Memory*, 14:7 (2006) 834-845

¹⁹⁴ Saks, p.35

¹⁹⁵ Saks, p.85

¹⁹⁶ Saks, p.93

¹⁹⁷ Saks, p.86

¹⁹⁸ Vološinov, *Freudianism*, p.17

¹⁹⁹ For an attempt to reconcile socialism and Kleinian psychoanalysis see Michael Rustin, 'A socialist consideration of Kleinian psychoanalysis', *New Left Review*, 131 (1982) 71-96.

of the individual, and the insistence upon framing social problems as individual narratives. Memoirs of ‘schizophrenia’ offer a potential threat to this ideology with their protagonists whose unifying narrative subjective self is clearly in crisis.

For this very reason, if the person with schizophrenia suffers from disrupted or diminished auto-noetic awareness, these memoirs often exhibit an anxiety about creating that coherent self through time. Kai Vogeley and Christian Kupke (2007) map Edmund Husserl’s longstanding phenomenological tripartite conception of time consciousness – as ‘the experience of an *impressional present*, rooted in and constantly modified by the mutual relationship and interaction of a *retentional past* and a *protentional future*’ – onto a similar model drawn from cognitive neuroscience relating to the prefrontal cortex by Joaquin Fuster.²⁰⁰ Their paper develops ‘the hypothesis that patients with schizophrenia are unable to link the separate aspects of events into a cohesive, memorable, and distinctive whole as reflected by a quantitative and qualitative impairment of auto-noetic awareness.’²⁰¹ As retrospectively constructed memoirs that project backwards their reconstituted recovery authors, memoirs such as *Divided Minds* and *The Quiet Room* offer an apparently unified self in the Husserlean *impressional present*, but this is merely a textual effect, and one that can be deconstructed on close reading, as demonstrated.

Texts constructed without the self-conscious professional (be it the literary or medical profession) imperative to generate a harmonious narrating self occupying an ever-present *now* as the moment of being-recovered, and without the layers of professional oversight, and over-writing, supplied by editors, ghostwriters and medical co-authors, demonstrate Fuster’s account of the broken temporal links constitutive of the self. For example, this disrupted auto-noetic awareness can be seen schizomimetically manifesting formally in Jamie Kershaw’s novel *Plan 103f* published by Chipmunkapublishing, whose ‘professional’ practice is unburdened by editorial interventions (or even a proper proofread, to judge by their output). Though not a memoir, Kershaw describes the text as a blend of ‘fiction/non-fiction’ in an introduction that also provides a detailed synopsis of the story.²⁰² As forever anxious about losing the narrative thread, the text reiterates and self-referentially discusses and marks its own progress along a course repeatedly laid out in advance. The opening chapter – entitled ‘Exposition’ – offers a starting point that is temporally the conclusion of the various characters’ intertwining narratives. Composed of quite strongly clashing strains of prolepsis and analepsis in an attempt to affirm the narrative unity, and similarly flowing between ‘seven principal characters [that] could be said to represent different aspects of the author’s own character, broken dreams, and failed experiences,’ rather than simply disintegrating, *Plan 103f* is caught in a never-ending moment of disintegration.²⁰³ Kershaw’s anxiety about his

²⁰⁰ Kai Vogeley and Christian Kupke, ‘Disturbances of time consciousness from a phenomenological and neuroscientific perspective,’ *Schizophrenia Bulletin*, 33:1 (2007) 157-165, p.158 [Italics in original.]

²⁰¹ Vogeley and Kupke, p.162

²⁰² Jamie Kershaw, *Plan 103f: Is Mental Health Really The Be All And End All Of Our Dreams? Or Are We Just Deluded?* (Brentwood: Chipmunkapublishing, 2010), p.8

²⁰³ Kershaw, p.8

characters collapsing results in frequent recapitulations of their wafer-thin characterisation and chronologies; at one point, he breaks off the narrative entirely to give potted character summaries.²⁰⁴ The closing lines read like a parody of the individualistic clichés of self-help and life writing genres:

Next they would see a new chapter, a new dawn and a new day. Either way, they were glad for what they had been through.

One thing was for sure – they would have to stick at it, keep ploughing the furrow and reshaping their plans. Plan 103f had been for them. The original concepts had come, life had thrown down the gauntlet for them, they bit the bullet, and now they were back to themselves once again. This was just the beginning.²⁰⁵

A very similar set of schizomimetic textual ‘symptoms’ relating to the self in time can be seen in Christina Bruni’s 2014 account in the *Schizophrenia Bulletin*. In a text of only a few hundred words, and which is presented as tale of successful recovery, there are continual temporal signposts of specific dates and periods of time, but these again present a chronology that, despite its insistence, fails to hold together. Bruni attempts to nail each paragraph into a linear account, and yet the text flickers between moments that seem, at best, under-integrated:

Over 6 years [...] a 9-year run [...] Since 2002 [...] In June 2000 [...] over 12 years [...] a 7-year gig [...] In 1990 [...] Friday, September 25, 1987, at five o’clock [...] 9:00am that Saturday [...] 24 h [...] 3 weeks [...] over 20 years [...] April 1992 [...] 2 weeks [...] spring of 1998 [...] Five years into this [...] since July 2003, going on 10 years [...] April 2007 [...] a week before my birthday [...] the next day [...] that April night in 2007 [...] For 16 years [...] Within 3 days [...] the fall of 2007 [...] in 1987 [...]²⁰⁶

Preoccupied with isolating and delineating her ‘breakdowns’ as ‘episodes’ hermetically sealed off from the on-going life narrative of recovery and remission, the text reads like the anti-chronology of the Deleuzian Event. This is not to poke fun at errors or inadequacies in the writing of a person with lived experience of mental ill health. These errors in respect to the self as organized in narrative, and specifically in narrative time, simultaneously suggest the inappropriateness of illness narrative theories for ‘illnesses’ where the disruption of the unified sense of self is a primary ‘symptom’ – rather than a secondary effect – and show how texts themselves can embody, in their form, experiences that might be inexpressible (or, at least, difficult to express with clarity and aesthetic potency) in their explicit content.

Henry Cockburn demonstrates a temporal displacement in the chapters he contributes to *Henry’s Demons*. Whilst Henry’s father Patrick provides the bare, factual opening chronology of his ‘hospital stays’²⁰⁷ and the apparently objective account of his ‘illness,’ Henry interjects the

²⁰⁴ Kershaw, pp.75-81

²⁰⁵ Kershaw, p.284

²⁰⁶ Christina Bruni, ‘Immediate intervention: life-long success’, *Schizophrenia Bulletin*, 40:1 (2014) 3-4, pp.3-4. Even the title speaks to a temporal *Spaltung*: the ‘immediate’ and the ‘life-long’ pull in opposite directions.

²⁰⁷ Cockburn and Cockburn, unpaginated. Despite being entitled a ‘timeline of Henry’s hospital stays’, the chronology includes an entry for a six-month period in the family home, and a one-term return to Brighton University. This speaks to the medicalization of Henry in the eyes of his family. Because he is now a mental health ‘patient’, wherever he stays – even if it is his home or his parents’ home – it is conceptualized as a ‘hospital stay.’

occasional chapter giving a commentary that is by turns complementary and contradictory.²⁰⁸ Henry's own narrative begins in chapter three, by which time the details of his 'psychotic break' have already been recounted by Patrick Cockburn, setting a pattern whereby the supposedly more reliable narrator lays out a biographical and biochemical 'objective' version, to be followed by a briefer phenomenological, subjective account by the 'patient'. At the start of Henry's first chapter, he describes his moment of diagnosis as a third (and thereby series establishing) encounter²⁰⁹ with the word 'schizophrenia' to which he responds: 'I didn't think of it as an illness but as an awakening, a spiritual awakening.'²¹⁰ The use of the past tense suggests that Henry – at the time of writing in 2009/2010 or at least at some later point in time from the diegetic time of the text – no longer holds the beliefs of 2002. Yet, at the close of the same chapter, he shifts to the present tense: 'Do I have schizophrenia? [...] I think I just see the world differently from other people, and maybe if psychiatrists understood this, I would not have been in the hospital.'²¹¹ Henry's final chapter (the last in the text) seems to have a similar split temporal perspective. The first half of the chapter appears to be written from Cygnet Hospital in Beckton, and is voiced by a narrative self explicitly angry with psychiatrists for extending his incarceration and implicitly proud of his many breakouts.²¹²

Henry offers an ironic belittlement of the hospital psychiatrist's renewal of his section: 'what a psychiatrist says carries a lot of weight compared to that of somebody who has been diagnosed as a schizophrenic. He said he believed I was a risk to myself because I used to swim in rivers and lakes.'²¹³ What is specifically schizomimetic about this is that the irony and the 'schizophrenic' distance (as noted by Sass and referred to earlier) both deploy the same dual subjective perspective. Simultaneously, Henry both knows that he is considered a suicide risk because he has nearly died by swimming in Newhaven harbour (as well as several other misadventures involving heights, water, railway sidings), and also believes that the medical account of his experiences (the diagnostic term 'schizophrenia') is false or at least very incomplete. The psychiatrist would not have said that Henry was a risk to himself because he likes swimming in rivers and lakes, and Henry knows that he is redacting the psychiatrist's own text to make it seem ridiculous, and is certainly presenting this as a punch-line of sorts. However, Henry also – in a way that seems somewhat contradictory – believes the truth of his own redaction, even as he presents it ironically. He ironises then not just the object of his irony – the psychiatrist's medical account of him *qua* patient – but also the subject of his irony – his own phenomenological, 'spiritual

²⁰⁸ Of the 17 chapters, Henry writes five and contributes some paragraphs to a sixth. 10 are written solely by Patrick, with a further two chapters written with additional text from Henry and from Jan Montefiore, Henry's mother.

²⁰⁹ And here the reader might be instantly reminded of Steele's response to the word, or the Bellman's refrain that 'what I tell you three times is true.' Carroll, *Snark*, p.46

²¹⁰ Cockburn and Cockburn, p.31

²¹¹ Cockburn and Cockburn, p.43

²¹² '[D]uring those seven years I have escaped over thirty times.' Cockburn and Cockburn, p.217

²¹³ Cockburn and Cockburn, p.220

awakening.’²¹⁴ It is this ambivalence of subjective perspective that has caused the disruptions in tense throughout Henry’s text. It is not that there is a clear *before* (when he did not have ‘insight’) and *after* (when he does), despite the apparent irrefutable tangibility of the opening timeline. Rather, he holds these positions in the same self and at the same time, and this is so integral to the disruption of both that the ambivalence manifests itself textually as inconsistent temporal splits and contrasts.

When the text makes its final proleptic shift to Henry in a ‘step-down’ facility (the phrase is used by Patrick Cockburn in the opening timeline), the reader has been primed for a textual resolution, prefigured in the narrative dumbshow of the opening chronology. At last, it seems, the reader has reached the temporal moment when Henry has developed ‘insight’ into his ‘illness’ and is now compliant in the pharmacological ‘control’ of his ‘disease’ in accord with Patrick Cockburn’s insistence at the close of chapter two (immediately prior to Henry’s appearance as a second narrative voice in the text) that ‘[s]o much turned on Henry recognising he was ill and taking medication, which might not cure his psychosis but at least control it.’²¹⁵ Such a conclusion might make sense of the temporal twists in Henry’s attitude towards his ‘illness’, yet the moment of temporal, textual and subjective unity is dogged by the same ambivalence and irony exhibited throughout his text: ‘I am still not sure I am mentally ill.’²¹⁶ The double perspective described above in relation to his ironising of a psychiatrist, is actually a triple perspective, as well as being within the ‘illness’ or the diegesis, as a patient or protagonist, Henry has a second perspective as being without the ‘illness’ as narrator or a person undergoing a spiritual awakening or as a ‘recovered’ patient. The third perspective is a meta-textual one, from which he can ironise the situation of being both within and without the ‘illness’ or text. This is a position of Peircean *Thirdness* akin to the self-conscious, post-modernist writer (or, worse, the post-structuralist critic). Consider the final two-sentence paragraph of the text: ‘[i]t has been a very long road for me, but I think I’m entering the final straight. There is a tree I sit under in the garden in Lewisham which speaks to me and gives me hope.’²¹⁷ The first sentence conforms to the genre expectations of the illness memoir, resuscitating the dead metaphor of the journey, but the final sentence tangles this with a deep irony that the hope for recovery is inextricably tied to a performed lack of ‘insight’ tantamount to a rejection of the concept of ‘insight’ and the ‘disease’ model to which it is appended. It is absolutely impossible that Henry, at this point in writing in 2010, was unaware that many (especially

²¹⁴ Not dissimilar from the ‘ambivalent feelings’ 10-year old Henry apparently had towards his four-year old brother Alex (p.56). This is a curious detail that Patrick Cockburn should go seemingly out of his way to insert into the narrative and, perhaps purely from the reader’s own effort after meaning, starts to acquire quasi-diagnostic significance. Its inclusion is less pointed than the rather more lengthy suggestion that Henry’s maternal, Jewish genetic heritage bears some aetiological weight. In the Cockburns, ‘there were no traces of any mental disorder; both were highly self-confident and tough-minded.’ (p.110) Contrast this with the alleged ‘evidence that Hugh [Montefiore’s] family had a genetic predisposition to schizotypy which might [...] lead to a mental disorder, and this susceptibility had been inherited by Henry.’ (p.113)

²¹⁵ Cockburn and Cockburn, p.27

²¹⁶ Cockburn and Cockburn, p.221

²¹⁷ Cockburn and Cockburn, p.222

psychiatrists) connect a refusal to ‘accept’ a diagnosis with ‘non-compliance’ with treatment and therefore a ‘poor prognosis’; cheekily, he makes exactly such a posture the motor to carry him across the ‘final straight’ of a ‘long journey.’ Only when aware of this deliberate irony does the reader notice that the ‘long road’ may not – as the reader has been conditioned to think – refer to recovery or ‘insight’ but could equally be the quest for spiritual enrichment, as which Henry has very frequently conceptualised his experiences.

There will necessarily be different ‘times’ for the illness memoir. First, there is non-existent narrative time mentioned by Barthes in the quotation at the start of this section. This time is a ‘structural category’ of the text, and is subordinate to an organising logic. The examples examined above demonstrate how the narrative time can collapse into inconsistency when chronology is forced to kowtow to the narrative’s logic. Secondly, there is the materialist timeframe of the simple chronology, although it is important to note that this materialist timeframe can become – in another analysis – a narrative in itself. When texts attempt to organise themselves into such chronologies, they start to undo themselves as the shattered auto-noetic awareness of the narrating self prevents the assertion of any clear linearity. Thirdly, there is the time of the reader. This thesis is not interested in the actual, literal time an individual might spend reading a book, but rather in remembering that the text is receiving its – temporary – unity in a reading space that operates within a different and ‘real’ time. This reader time-space is the time of ‘the enunciation [in which] every text is eternally written *here and now*.’²¹⁸ The narrative attempt to construct a self is ordered according to the time-logic of the text but the unity is composed in the eternal moment of the text’s performance in the time-space of the reader. Textual schizomimetic manifestations – such as the temporal *Spaltung* pulling apart the grammatical tense agreement of Henry Cockburn’s account of his illness – both act as the attempt in re-unifying the self and also enact the very disintegration they attempt to remedy. Only through acts of considerable redacting and rewriting can a ‘cured’ textual subject be created. However, these acts do not have to be intentional. Indeed, some are unavoidable. Consider the necessarily linear layout of interpolated voices in a text such as *The Centre Cannot Hold*. Despite voice-hearers routinely describing their voices as multiple, overlapping and cacophonous, the mimetic conventions of the illness memoir genre, especially that it be written in accessible, clear prose, insist upon an already-sanitised representation of voices, to a degree, controlled and regulated in their grammatical, orthographical place.

Here the thesis returns to the claims made by illness theorists that narrative can function as a therapeutic tool, re-establishing the ipseity, agency and coherence of the self disrupted by illness. But the textual method of achieving these aims is dishonest – or incompletely honest, at least – and edges towards tyranny. To re-use the Big Brother metaphor from earlier, the underlying theory of narrative reconstruction of the self is no different from the philosophy that drives the work of the Ministry of Truth: ‘Who controls the past ... controls the future: who controls the present controls

²¹⁸ Barthes, ‘Death of the Author’, p.145

the past.’²¹⁹ The illness memoirist uses their dual dominance of the present (both in the performative ‘*here and now*’ of the text and the materialist present of compiling the book as product) to construct a past that suits the dominant ideology of the self. This ideology in the memoirs explored is invariably a reiteration of prevailing cultural values – Christ cures, medicine cures, success cures, wealth cures. In effect, the text becomes a demand to accept these values, and this codification of what it is to be ‘healthy’ or a ‘self’. The potential value of this for the material individual (the name on the spine) comes in the reassurance the text then provides about their future, which will see the endurance of the thriving, authentic, (re)constituted well self.

²¹⁹ Orwell, p.88

The dispersed memoirist

Psychosomatic suffering is the price we pay for this self-propagating folly. Our swarming innards cannot live up to the demand placed on them to be meaningless. The psychological root penetrates deep into the bodily fluids to become illness. The brain-module cell swarms misunderstand one another and send conflicting messages to tissue and glands. We fall ill because our cells cannot quite succeed in uniting us.²²⁰

When I pretend to write on what I have written in the past, there occurs in the same way a movement of abolition, not of truth ... I do not try to *restore* myself (as we say of a monument) ... I myself am my own symbol, I am the story which happens to me: freewheeling in language, I have to compare myself to ...²²¹

Barthes' extraordinary text *Roland Barthes* (1975) offers a performance of the post-structuralist self. Composed of fragments of text, images, even sheet music, and with a shifting narrative perspective (sometimes in the first person, sometimes in the third), the text does not engage in the fiction of rigidly constructing a unified, over-determined self. Instead, the text remains an un-integrated tissue of quotations, or rather the logic of structural integration is self-consciously arbitrary (fragments are entitled and alphabetised) and therefore readerly re-integrations are invited. Temporal ordering to ascribe a fixed meaning is overtly challenged throughout: '[w]hat right does my present have to speak of my past?'²²²

The narrative subject performs a *Spaltung* as unifying principle. It is *la personne divisée* [...] [as] a dispersion of energy in which there remains neither a central core nor a structure of meaning: I am not contradictory, I am dispersed.²²³ A similar narrative structure is used in *Henry's Demons*, where the same 'story' is presented within the different (and fragmentary) parallel narratives of Patrick and Henry. Unlike *Divided Minds*, this text does not present a clear polarity of narratives, offering the 'well' and the 'schizophrenic' in an ill-matched dialectic.²²⁴ Whereas contradiction in illness memoirs demands to be resolved into an authoritative account (the voices were or were not real), *Henry's Demons* allows for the absence of a central structuring meaning through its dispersed narratives.

Hoffmeyer's biosemiotics applies a similar model to the biological organism. Psychological illness is both a product of and a productive factor in a fundamental disunity. Hoffmeyer conceptualises this disunity as playing out in parallel at the cellular and psychic levels. If texts and selves both entail a balance between cohering centripetal drive and an *incohering* centrifugal one, then the narrative practice of writing oneself well seems especially ill-suited to 'diseases' of ipseity. Texts and selves draw material into a unity that is necessarily present to a degree in reading even when wholly and deliberately absent in composition. The most obvious examples from literature and art are texts constructed according to the Dadaist cut-up technique. To couch it in semiotic

²²⁰ Hoffmeyer, p.128

²²¹ Roland Barthes, *Roland Barthes*, trans. by Richard Howard, (New York: Hill and Wang, 2010) [1975], p.56

²²² Barthes, *Roland Barthes*, p.121

²²³ Barthes, *Roland Barthes*, p.143

²²⁴ This thesis has already shown how the narrative of health within *Divided Minds* asserts itself as the primary and *Ideal* narrative, and inscribes its moral code over the 'ill' narrative through its absence and difference.

terms, a text that is hyposemic provokes a hypersemic reading. This is intrinsically schizomimetic as such reading strategies are characteristic of very many ‘schizophrenic’ memoirists. Erin Hawkes/Stefanidis writes on several occasions in the *Schizophrenia Bulletin* of the ‘Deep Meaning’ that she discerns in syntagmas of signs: ‘Ah, another clue! [...] I was being messaged by various things I found on the sidewalk: a red elastic band, intact, meant that I would not have to open my wrist and bleed out again; a yellow strip of plastic prophesied that my body would become a crime scene with that “Do not enter” warning. I collect them, keep them in a little drawstring bag.’²²⁵ In-keeping with the findings in the previous section, Hawkes’ temporal perspective is split, manifesting in textual form her ambivalence about whether Deep Meaning is real or not.

Voyce’s passion for decoding leads him to misprise a genuine coded message. ‘I knew there was Tchaikovsky’s 1812 Overture which went dot-dot-dot-dash. However, in my learning of Morse I thought dot-dot-dot-dash was “B”. I took this to be “B” for “Back”. By signaling “B” you were saying: “Get Back”. Pigeons and other birds did this.’²²⁶ Shifting narrative temporal perspective, Voyce – as the post-psychotic writer of the text – laconically notes his delusional misreading in parenthesis: ‘(Actually Tchaikovsky was writing V for Victory, the true translation of dot-dot-dot-dash.)’ Though right about coding, Voyce misses additional coding from his delusional semiological system; it is Beethoven’s Fifth Symphony that begins with dot-dot-dot-dash. At (one of the rhizomatic) heart(s) of Voyce’s semiological system sits the concept of Russian military. There is no need, at this stage in the analysis, to question whether or not this is itself a metaphor displacing some other feared power. (Voyce does frequently describe suffering financially at the hands of an overbearing father, but sometimes, a cigar is just a cigar.) However, this concept is not quite an ordering principle – for psychosis and sense are not morse code – but more of a recurring motif, like that of opening of Beethoven’s Fifth. The ‘psychotic’ system of signification erected in Voyce’s narrative around coded messages pertaining to the Russian military is not dismantled wholly post psychosis. Though the misprision of B for V is amended by the ‘de-psychoticised’ narrative subject, that subject misses the larger misprision of Beethoven for Tchaikovsky and, so doing, reinstates the paranoid anticipation of a Russian triumph. Though ‘allied ... to the new winning side, the incoming Soviets,’ Voyce appears (prudently) fearful of the inevitable Stalinist invasion throughout his text.²²⁷

As well as the persistence of the psychotic system, it is worth reiterating its social embeddedness. Psychosis is always historicized, and operates as an excess (not a deficit) of meaning (or connotative signification). As Vonnegut asks about his own Soviet-infused ‘psychotic’ system of signification in the 1980s: ‘Why is there so much meaning when the mind breaks? Why isn’t it just static or nonsense? I became convinced that my being willing to wrestle the Russian Bear could

²²⁵ Erin Hawkes, ‘Making meaning’, *Schizophrenia Bulletin*, 38:6 (2012) 1109-1110, p.1109 See also Erin Stefanidis, ‘Being rational’, *Schizophrenia Bulletin*, 32:3 (2006) 422-423

²²⁶ Voyce, p.51

²²⁷ Voyce, p.20

avoid a nuclear exchange and save millions upon millions of lives, not to mention the planet, from nuclear winter.’²²⁸ Similarly, when Milton Greek, a correspondent to the *Schizophrenia Bulletin* deconstructs their ‘hallucinations as symbolic stories,’ it is not just that the narrative self, as diegetic object in the moment of the psychosis, is hypersemically constructing a sequence of meanings (a story), but from a position of *Secondness*, the ‘cured’ narrative self, as biographical subject after the moment of psychosis, is creating a diagnostic/recovery sequence of meaning from the hallucinations *qua* symbolic stories.²²⁹ Further, though, in a position of *Thirdness*, this all unfolds in a cultural context comprising these various myths and symbolisations, and in an inter-personal reality whereby individuals construct their own (de)codings to make sense of the world. It is for this reason that the material within the symbolic stories draws – albeit sometimes obliquely – from the same intertextual data. It is not hard to understand, contextually, Greek’s so-called bizarre thinking: ‘I interpreted the small town to be heaven, and, [...] I believe that Jesus was saying that if I went into the woods and starved myself to death as penance I would go to heaven.’²³⁰ Such tales of self-abnegation and purgative transcendence of the physical and worldly for spiritual ends infuse human discourse, and are no doubt particularly culturally salient in contemporary Ohio.²³¹

Hypersemia is then a practice by the ‘schizophrenic’ figure within their texts. Just as voice-hearing might be the symptom of content, and schizophrenese might be the symptom of expression, hypersemia might be the symptom of narrative structure. The ‘schizophrenic’ subjects are both dogged and defined by it. Schizomimetically, texts can generate a quasi-pathological hypersemia in the reader, through the communicative complicity inherent in the reading act. These moments can go unnoticed yet they are surely closer to a mimetic representation of the experience of being within psychosis than any distancing account composed from the safe, far shore of sanity, the key to the Quiet Room in hand. These schizomimetic instances puncture and disrupt the reader’s own reality. Scally, for example, gives an account of tearing up his home, searching through books, newspapers, CDs and LPs following a trail of ‘clues’ relating to a colour coding communication system he is receiving (or, more accurately, constructing). As the chase for signification bounces from *Far From the Madding Crowd* to the symbolism in chess to the colours of Manchester football teams to Jim Reeves song lyrics, the reader can follow the loose associations but with a certain ironic distance. Scally adds a commentary in italics and frames the account as a demonstration of psychotic symptoms: ‘Here, I am just trying to make a small example of how my thoughts were going and making links from one thing to another.’²³² If he does not explicitly and unequivocally repudiate his hypersemic belief system, he certainly has none of the wily ambivalence seen in Henry

²²⁸ Vonnegut, pp.108-109

²²⁹ Milton T Greek, ‘How a series of hallucinations tells a symbolic story’, *Schizophrenic Bulletin*, 36:6 (2010) 1063-1065, p.1064

²³⁰ Greek, p.1064

²³¹ It is a nice coincidence that it is very easy to find signification in the fact that Milton Greek lives in Athens, OH. Greek, p.1063

²³² Scally, p.53

Cockburn's text, saying bluntly, 'I felt like I was Einstein in a lab [...] I had probably been more like some crackpot professor.'²³³ However, consider his description of the mess in his room: '[t]here was a note on the mirror which was off the wall leaning against the chair (the note reading – 'man in the mirror'). Of course the album nearest to it was Michael Jackson's 'Off the Wall' (oddly though the song 'man in the mirror' wasn't on that album).'²³⁴ The operative word here is 'oddly'. There is – when outside Scally's sign-constructing discourse – absolutely nothing odd that the track is not on *Off the Wall*. It would be more 'odd' – as in less probable – to have the double coincidence of the proximity of the seemingly pertinent album and the seemingly pertinent track title to the mirror off the wall. However, the reader, and Scally himself, have schizomimetically lost the detachment with which the rest of the signifying frenzy was represented. The endurance of the signifying chain that Scally – and all illness writing theorists – would wish to see curtailed and parcelled off into some antediluvian time of 'illness' in contrast to the 'cured' moment of textual composition, is a re-emergence of the Deleuzian Event. Very simply, it is the paradox of the 'schizophrenic' memoir that it is necessarily always that hypersemia which disrupts the narrative of the self *qua* biological, biographical entity that provides the structuring, signifying unity of the narrative of the self *qua* textual subject and object.

A similar manoeuvre occurs in *Henry's Demons*. After an abortive attempt at initiating a romance with a female flat mate on Brighton beach, Henry is left bathetically stoned and bereft, cutting a figure that would be comic if not for the tragedy of his impending psychotic break (already, with deep dramatic irony, very familiar to the reader, who has reached this point in the narrative two chapters before Henry does): 'I still had my basketball with me. It felt so cumbersome, but I didn't throw it away. I asked if she knew anything about Buddhism because she had orange trousers on.'²³⁵ The connection between Buddhism and orange trousers might not be immediately apparent to any reader of this thesis, but it has been seeded steadily through Henry's text, and is 'symptomatic' of his immediately prodromal phrase. The reader of *Henry's Demons* is constructed to unambiguously read this association as a sign of Henry's imminent psychosis. The drive of the semiotic logic of the text is sufficiently potent, and Henry's 'madness' so well-established by this point in the text, that it deters the reader from asking if there is not a non-pathological semiotic process occurring simultaneously: is it unreasonable to add the student's orange trousers to a stream of data comprising her barefoot dancing on Brighton beach and her enrolment on an art course in a self-consciously counter-cultural city like Brighton and to then construct from this a chain of signs in support of the hypothesis that the person is a Buddhist? This is the kind of abduction for which Holmes would be praised.

In effect, the reader has been driven into a deterministic semiotic of diagnosis, which has been subtly – if not intentionally – constructed by Henry's text. Henry opens his account with the

²³³ Scally, p.54

²³⁴ Scally, p.54

²³⁵ Cockburn and Cockburn, p.35 and p.65 respectively

diagnostic semiotic: he is having the word ‘schizophrenic’ appended to himself. His shift from this sign construction, endorsed by biomedical authority, to his unauthorised interpretation of a letter D painted on a road as meaning ‘daemon’ serves as an ironic riposte.²³⁶ Indeed, are Henry’s sign constructions any more indicative of magical thinking than the culturally acceptable fear, expressed by both Henry’s flatmate and his school teacher, that walking barefoot means running a serious risk of HIV infection from a broken needle. This implausible paranoia is gently dispatched by Henry with flattened humour: ‘[s]urely there can’t be that many junkies in Brighton, I thought.’²³⁷ Henry explicitly states his fondness for the ‘symbols and signs’ of Jean-Michel Basquiat and is described by Patrick as having a juvenile talent for constructing ambiguous, allegorical artworks.²³⁸ Though it may be coincidence (much like the coincidence of Scally’s Michael Jackson album), orange images and references to Buddhism are woven through Henry’s first chapter. Before nearly dying at Newhaven he ‘knocked on an orange coloured door.’²³⁹ A few months earlier (but later in his narrative) he left ‘orange flowers in a pot’ on the grave of his father’s nanny, an important childhood figure for Henry.²⁴⁰ Though their colour is not specified, the cider being drunk by a tramp and the basketball being (rather ridiculously and impotently) held by Henry are presumably both orange.²⁴¹ Henry visualises a Golden Buddha²⁴² and the chapter concludes with him befriending a female nurse in the Priory who tells him – unlike the object of his unrequited affections on Brighton beach – ‘how she was interested in Buddhism.’²⁴³ Similarly, the impression of beauty on Henry made by his fellow student’s barefoot dancing seems thematically inseparable from his sudden ‘psychotic’ insistence on foregoing shoes. What is important is not Henry’s intention, nor the plausibility of a reading that draws signification from these recurring signs and motifs. Rather, it is useful to observe how conjectural hypersemic abduction is an instinctual, integral component of the reading process. There is a drive – in the ‘schizophrenic’ or in the complicit reader or in the ‘recovery’ patient – to construct a unifying order from potentially random, meaningless data: a drive to make signs. In the words of one correspondent to the *Schizophrenia Bulletin*: ‘[s]chizophrenia is a disease of

²³⁶ Cockburn and Cockburn, p.32

²³⁷ Cockburn and Cockburn, p.40 [Italics in original] The unilateralism of the idiolect is what gives it a pathological status, rather than an inherent bizarreness in the signification. Aaron Reina, in a hypersemic and suicidal ‘mania’ responds to a ‘decorative anchor’ by taking it as a meaningful sign: ‘[n]aturally, there would be signs for me to interpret. The anchor spoke of a Björk song, called *The Anchor Song* [...] I thought she was speaking literally and that the song was as sign for me to drown myself.’ A reader may challenge Reina’s sign construction, but there is a reasonable question unasked about a culture that hangs ‘decorative anchors’ and what it intends to signify by so doing. Aaron Reina, ‘The spectrum of sanity and insanity’, *Schizophrenia Bulletin*, 36:1 (2010) 3-8, p.5

²³⁸ Cockburn and Cockburn, p.35

²³⁹ Cockburn and Cockburn, p.32

²⁴⁰ Cockburn and Cockburn, p.37

²⁴¹ Cockburn and Cockburn, p.35

²⁴² Cockburn and Cockburn, p.38

²⁴³ Cockburn and Cockburn, p.41

information. [...] In psychosis, nothing is what it seems. Everything exists to be understood underneath the surface.²⁴⁴

The cohering, unifying signifying structure – posited as cure – is structurally identical to the hypersemic determinism of delusions of paranoid conspiracy. Marvin Cohen’s account in the *Schizophrenia Bulletin* details how disparate elements in his environment were transformed into signs generating a developed, coherent super-narrative, albeit one that was factually wrong and composed of improbable and surprising constructions of meaning. As Hoffmeyer’s biosemiotic model suggests, there is an evolutionary purpose to a hypersemic drive: connecting a narrative from the data received is a process complementary to developing a unified, enduring self. Once this narrative is well-established – whether it is the narrative of a stable psychic identity, a paranoid fantasy about being filmed and ridiculed (as Cohen feared) or a cultural myth about the ‘recovery’ journey and illness writing – all further signs are easily incorporated into the structure and feed towards its conclusion, which takes on the appearance of being inevitable, eternal and objectively truthful. Constructing a narrative of any kind is precisely this process of semiotic narrowing described by Cohen: ‘An event with many possible interpretations took on only one, sinister interpretation.’²⁴⁵ Once in place, this semiotic can absorb whatever new data appears and (relatively) seamlessly integrate it into its semiological sign system. Consider how no matter what input Chris Fleshner receives from his sister, it is incorporated with ease into the signifying system he is perpetuating:

My sister said innocently, “God doesn’t give signs that often.” I thought to myself, “True. I haven’t seen a sign in a long time, and there it was - the dog bite - so I’d better pay heed.” Then I said, “Maybe it was a sign from the devil.” My sister said, “He wouldn’t bother.” What she meant was that the devil would not bother with such a trivial sign as a little nip on the thumb, but what I perceived was that the devil wouldn’t bother with me because I was too sinful to worry about.²⁴⁶

This suggests two ideas. First, that schizomimetically, ‘schizophrenic’ thinking and cultural mythological representations of the ‘schizophrenic’ ‘as almost mythical and certainly at times over-determined *figure*’ function with a similar over-writing, tyrannical hypersemia.²⁴⁷ Secondly, textual and signifying unity is pointedly not a bulwark against psychosis or the guarantor of ipseity; it is the *sine qua non* of bizarre thinking.

In 2011, Woods called for an account of the genre conventions of illness memoirs:

A sophisticated account of genre is largely absent from literary and semiotic approaches to medicine-related and illness narrative. Genre, with its three dimensions of formal organisation, rhetorical structure and thematic content, is a universal feature of all textuality, and a careful

²⁴⁴ Susan Weiner, ‘First person account: living with the delusions and effects of schizophrenia’, *Schizophrenia Bulletin*, 29:4 (2003) 877-878, p.877

²⁴⁵ Marvin Cohen, ‘Emerging from schizophrenia’, *Schizophrenia Bulletin*, 34:3 (2008) 406-407, p.407

²⁴⁶ Chris Fleshner, ‘First person account: insight from a schizophrenia patient with depression’, *Schizophrenia Bulletin*, 21:4 (1995) 703-707, p.705

²⁴⁷ Angela Woods, *The Sublime Object of Psychiatry: Schizophrenia in clinical and cultural theory* (Oxford: Oxford University Press, 2011) p.127

examination of how it enables and constrains the production of certain kinds of narratives in an array of medical and broader cultural contexts is, I would argue, overdue.²⁴⁸

The aim of this chapter has been to go some way towards providing this account, presenting examples of the genre and the supporting narrative theories. Emphatically, the genre through formal organisation, rhetorical structure and thematic content has been demonstrated to enact tyrannical narratives of 'cure'. Textual manifestations of psychosis are mediated through the narrative logic of cure; the psychosis is kept always at a distance, and sits as the knowable, describable object of the text rather than as its ineffable subject or its motivating dynamic. Schizomimetic disruptions in these texts, however, illustrate the contradictory consequences of writing the self. A unity is imposed by the reader's hypersemic response, but the restrictions and ambiguities of text disintegrate each unity any subject tries to impose. Significantly, parallels have been observed between: the sign-generating mechanisms of psychosis; the recovery mythology and genre; non-pathological interpretative decodings; and of the functions of text (from the perspective of the narrative subject and the reader). These schizomimetic echoes between the form and content of the *content* of these texts, the form and content of the *expression* of these texts, and the form and content of signification-producing selves (pathologised or not) will be further explored in the next section in relation to images, and specifically cinematic syntagmas of images.

²⁴⁸ Angela Woods, 'The limits of narrative: provocations for the medical humanities', *Medical Humanities* (2011) 37 73-78, p.74

III

IMAGE

Hollywood and phenomenology

Hallucinations and delusions of reference

Chapter Four: Beyond Empathy, to Obtuseness

Can one understand symbols? Other people's symbols, not one's own, can only be seen as they appear from without. We cannot understand them from within, from the very heart of their reality.¹

If the obtuse meaning cannot be described, that is because, in contrast to the obvious meaning, it does not copy anything – how do you describe something that does not represent anything?²

Everyone has seen psychosis. If nowhere else, on Oscar³ night in 1997, 2002 and 2013 when *Shine*⁴, *A Beautiful Mind*⁵ and *Silver Linings Playbook*⁶ won for their representations of people living with a diagnosis of schizoaffective disorder, paranoid schizophrenia and bipolar disorder respectively. On the small screen, Clare Dane's CIA agent, Carrie Mathison, in *Homeland*⁷, juggles battling jihadist threats to American national security with battling the symptoms of mental ill health.⁸ But what is it that is seen and shown when seeing psychosis?

Karl Jaspers, in chapters IV and V of his *General Psychopathology* (originally published in 1913), outlines a phenomenological approach to decoding the psyche's objectively verifiable physical manifestations (chapter IV) and 'understanding' the subjective, and invisible, underlying meaningful mental connections (chapter V). This methodology falls naturally into two discrete processes. The first is an empirical, reading process:

The psychic quality, the inward element, can be seen in the outward form and movement of the *human body*, made visible to us as expression. [...] Psychic expression as we understand it in men is something *empirically real*. It is accessible to us, present as something that *responds*; we treat it as an *empirically real force*.⁹

However, the 'understanding of expression' is a reading process conducted on a mutable text, for the 'frontier of understandable expression is not well demarcated'¹⁰ and is driven not by a process of rational interpretation but by the 'psychological power of empathy.' It is possible already to sniff

¹ Karl Jaspers, *General Psychopathology*, I, trans. by J Hoenig and Marian W Hamilton, (Baltimore: Johns Hopkins Press, 1997) [1959], pp.332-333

² Roland Barthes, 'The Third Meaning' in *Image Music Text*, trans by Stephen Heath (London: Fontana Press, 1977), pp.52-68, p.61

³ Officially, these are the Academy Awards, awarded by the American Academy of Motion Picture Arts and Sciences (AMPAS).

⁴ *Shine*, dir. by Scott Hicks (First Line Features and Miramax, 1996) won Best Actor, and was nominated for Best Actor in a Supporting Role, Best Film Editing, Best Original Score, as well as the big three awards, Best Director, Best Original Screenplay and Best Picture.

⁵ *A Beautiful Mind*, dir. by Ron Howard (Universal Pictures and DreamWorks Pictures, 2001) won Best Picture, Best Director, Best Adapted Screenplay and Best Supporting Actress, as well as being nominated for a further four Academy Awards.

⁶ *Silver Linings Playbook*, dir. by David O. Russell (The Weinstein Company, 2012) only won Best Actress, but was nominated in all four acting categories, and also for Best Picture, Best Director and Best Adapted Screenplay.

⁷ *Homeland*, developed by Howard Gordon and Alex Gansa (Showtime, 2011-ongoing)

⁸ *Homeland* is broadcast in the US on cable channel Showtime, and each season has had between one and two million viewers. About twice that figure watched the earlier seasons in the UK, where it screens on national network Channel 4. 'Homeland US return is ratings hit'. *BBC Online*, 2 October 2012 <<http://www.bbc.co.uk/news/entertainment-arts-19796962>> [accessed 11 January 2015]

⁹ Jaspers, p.256

¹⁰ Jaspers, p.255

a trace of something worryingly transcendental here.¹¹ This same process of empathy is similarly relied upon to ‘understand’ the meaningful mental connections that constitute the psyche. When Jaspers outlines this process in chapter V, the observable physical material (the ‘signifiers’) are seen to re-emerge, along with their context and boundaries of possibility (the *langue*) as the psyche itself (the ‘signified’) ‘recedes’:

We conceive the psyche as the objective correlate to the method of understanding. The psyche appears to recede and in its place we are occupied with its foreground (phenomena, expression, psychic content) and with conditioning factors (the body and Existence itself). What psychological understanding gives us is the bond that holds together all that we can understand and all that belongs to it which we cannot understand.¹²

Though Jaspers presents himself as a phenomenologist, his (dis)appearing psyche seems a transcendental signified *avant la lettre* vanishing beneath a wild streaming *différance* of ambiguous and un(der)demarcated phenomena. Bonding all these together into an ‘understandable’ but not explainable unity (or succession of unities) by the magic operation of ‘empathy’, is a leap of psychological (if not theological) faith. And it is a leap only half taken. As the opening quotation from Jaspers notes, there remains always a something beyond the reach of empathy, an understanding of the ‘symbols’ of another from within their own reality.

When psychosis is ‘seen’ on film, it is precisely this cacophony of Jasperian ‘symbols’ (or, to use better terminology, ‘signs’) that is seen. And their proliferation and hyper-visibility contributes to a comfortable cultural, medical and filmic shared belief that beneath resides a unified, if partially unknowable, whole: the signified psyche. Interrogating and dismantling this erroneous belief will be one of the central tasks of this chapter and the next, and it will be done by a systematic examination of the structure of these filmic signs.

At the 74th Academy Awards ceremony in 2002, audiences were presented with a tripartite visual sign of a person living with a diagnosis of schizophrenia. Throughout the programme, on the many occasions when *A Beautiful Mind* was mentioned, the camera moved between images of the cast and production crew, and further images from the film. Consequently, a composite visual sign was created of the central protagonist, Nobel Prize-winning mathematician John Nash.¹³ This sign comprised images of the real-life Nash in the audience of the ceremony, the fictionalised Nash from within the film *A Beautiful Mind*, and the actor playing Nash, Academy Award-winner Russell Crowe (figures 4.1, 4.2 and 4.3). This sign communicates – in no particular order – wealth, official

¹¹ Though the exact sentence has the ring of a religious entreaty – ‘[t]he psychological process of empathy has been *invoked* to explain the understanding of expression’ [emphasis added] – Jaspers remains agnostic, leaving it an open question as to whether or not that is how understanding works (Jaspers, p.254).

¹² Jaspers, p.312

¹³ In truth, Nash was not precisely a Nobel Prize winner. The economics prize he won ‘is not, in fact, a Nobel Prize, but rather “The Central Bank of Sweden Prize in Economic Science in Memory of Alfred Nobel.”’ (Sylvia Nasar, *A Beautiful Mind* (London: Faber and Faber, 2001), p.358) Also, he was not – as shown in the film – awarded the prize as an individual. Rather, he shared it with fellow game theorists John Harsanyi and Reinhard Selten. This is mentioned not to denigrate Nash but to argue that the film showing Nash as a solitary winner is a clear sign that the real achievement – in the moral economy of the film – is his ‘triumph’ over his illness, and not his contribution to economics.

recognition, heterosexuality, triumph over adversity.¹⁴ In short, the person with a diagnosis of schizophrenia is an exceptional human being in an epic battle, at least when rendered by the Hollywood machine.¹⁵ Indeed, in France, the film was called *Un Homme d'Exception*, and the DVD cover underlines the synonymy of troubled genius (the beautiful, but sick, mind) and the masculine heroism (the exceptional male) (Figure 4.4).¹⁶

¹⁴ In some ways, the implicit message that wealth and remission from schizophrenia are positively correlated (if not causally related) is perhaps one of the most accurate communications from *A Beautiful Mind*. A 2005 meta-analysis noted that, whether through social selection or social causation, low socio-economic status (SES) and schizophrenia are highly correlated across different economies. (Saraceno, Benedetto, Itzhak Levav, and Robert Kohn, 'The public mental health significance of research on socio-economic factors in schizophrenia and major depression', *World Psychiatry* 4.3 (2005): 181-185) In constructing its filmic sign of the schizophrenic, *A Beautiful Mind* elides Nash's years of poverty.

¹⁵ Though Crowe did not win the Academy Award for his performance as Nash, he had won it the year before playing a gladiator who (successfully) pursues a campaign of revenge against Emperor Commodus. Crowe's semiotic capital was (and remains) his status as a mythic hero, struggling against remarkable odds. In terms of the semiotic of *A Beautiful Mind*, Crowe's other roles are highly pertinent. As Lotman correctly observes, '[t]he cinema audience deliberately and consistently connects films having a common central actor into a series and views them as a text, a kind of artistic whole.' (Jurij Lotman, *Semiotics of Cinema*, trans. by Mark E Suino (Ann Arbor: University of Michigan, 1976), p.91) Undoubtedly, 'Nash' forms part of text compiled from Crowe's various troubled heroes: the wronged General Maximus (*Gladiator*, dir. by Ridley Scott (DreamWorks Pictures and Universal Pictures, 2000); the revisionist Robin Hood (*Robin Hood*, dir. by Ridley Scott (Universal Pictures, 2010); the loose-cannon cop, Bud White (*L.A. Confidential*, dir. by Curtis Hanson (Warner Bros., 1997), and numerous other leading roles.

¹⁶ The deep structural sexism and misogyny in Hollywood cinematic representations of people with mental health problems can be illustrated by a quick comparison between *A Beautiful Mind* and its exact contemporary, *Crazy/Beautiful* dir. by John Stockwell (Buena Vista Pictures, 2001). In *Crazy/Beautiful*, Nicole (played by Kirsten Dunst) is physically 'beautiful' (and by metaphorical confluence wealthy, white and distinctly ruling class) whilst being an emotional and psychological mess, and therefore 'crazy'. It is the male protagonist, Carlos (Jay Hernandez) who is smart, sane and hardworking (as well as being poor and Mexican). Nicole's 'craziness' is both inseparable from and mitigated by her 'beauty', and these are the two balancing sides of the equation of her identity. But the 'beauty' is only curative and enabling in that it draws Carlos to her, and he then – in tandem with Nicole's father – stabilizes and normalizes her life.

Conversely, Nash's beautiful mind (and its supposed curative properties) is wholly his own, and though he functionally needs Alicia's support throughout the film, it is still his mind that 'solves' his madness when Alicia is in the act of leaving him, by noticing that the visually hallucinated Marcee (Vivien Cardone) has never aged. Nash says – after a sequence of images of Marcee – 'I understand. She never gets old. Marcee can't be real. She never gets old.' This is an intriguing choice of device for dramatizing a successful instance of reality-testing in a film, as one of the most peculiar, almost uncanny, effects of films is that they consistently fail to represent ageing. In *A Beautiful Mind*, none of the characters (hallucinated or not) appear to have aged between 1947 and 1956. When ageing is staged in the film – via a disturbingly timeless extended montage where 1950s cars and 1970s flares peacefully co-exist, and which (jokingly?) culminates in Nash tracing a lemniscate first with his bicycle and then with his finger – it would fail to meet any reasonable reality test, being a parade of unlikely facial prosthetics and grey wigs. Very explicitly though, Nash's 'beautiful mind' is the solution to its own problem. As Nash says: 'That's what I do. I solve problems ... All I have to do is apply my mind.'

It says something for the filmmakers' idea of their potential audience that they felt it necessary to adopt a belt and braces approach to marking the passage of diegetic time. After the opening act in Princeton, 1948, there is a caption that reads 'The Pentagon, 1953.' After a brief pause for comic effect, this is supplemented by a second caption: 'Five years later.' Howard and Goldsman were not anticipating an audience primarily composed of mathematicians.

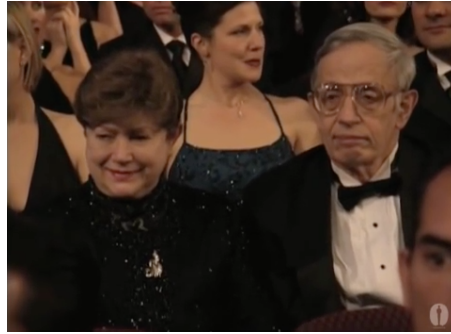


Figure 4.1
John Nash and Alicia Nash at 74th Academy Awards Ceremony

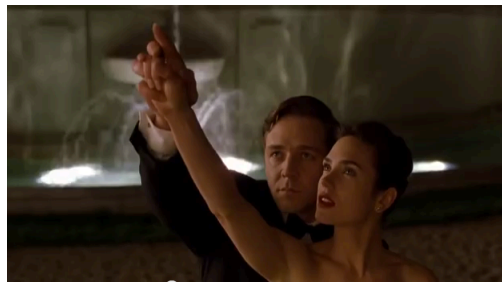


Figure 4.2
Still from *A Beautiful Mind*



Figure 4.3
Russell Crowe at 74th Academy Awards Ceremony

Like any authorised cultural epic, *A Beautiful Mind* reaffirms the dominant ideology, as Ron Roberts notes in *Real to Reel* (2011):

A Beautiful Mind does not present Nash's life as a narrative of liberation from his own emotional shortcomings, ultimately giving way to an enhanced appreciation of human virtues and an increased questioning of the inherent values in the national corporate psyche. Instead we see a degraded 'epic' of an American hero who managed to overcome the burden of mental illness through the help of a devoted wife, aided and abetted by caring psychiatric authorities. This necessarily leaves unquestioned the causes of Nash's apparent psychological meltdown and the significance of the wider cultural milieu in it.¹⁷

The model of a recovered or 'cured' life is very familiar from the previous chapter's reading of illness memoirs such as *The Quiet Room*: individualistic success in the capitalist triumvirate of career,

¹⁷ Ron Roberts, *Real to Reel: Psychiatry at the Cinema* (Ross-on-Wye: PCCS, 2011), p.45 When considering *A Beautiful Mind* a 'degraded epic', it is worth remembering that screenwriter Akiva Goldsman was best-known, prior to this film, as the writer of *Batman Forever* dir. by Joel Schumacher (Warner Bros., 1995) and *Batman and Robin* dir. by Joel Schumacher (Warner Bros., 1997).

domestic life and heterosexual sex. As ‘Nash’ himself puts it to Doctor Rosen, when explaining his ‘noncompliance’ with his antipsychotic regimen: ‘Because I couldn’t do my work. I couldn’t help with the baby. I couldn’t respond to my wife.’ Further, the epic (‘degraded’ or not) is necessarily, definitionally, a celebration of the age. Though the age celebrated by the film is very much the age of the production rather than the diegetic age depicted. It is a monument to the medical humanitarianism of the turn of the 20th century, in contrast to the gruesomely depicted insulin comas and straightjackets of the mid-20th century.¹⁸ The world had to catch up with Nash’s brilliance (and Alicia’s therapeutic devotion and kindness). As an epic, *A Beautiful Mind* whiggishly insists on how much better the ‘now’ of production is than the ‘then’ of the story.



Figure 4.4
French Two-Disc DVD wrap around cover (2002)

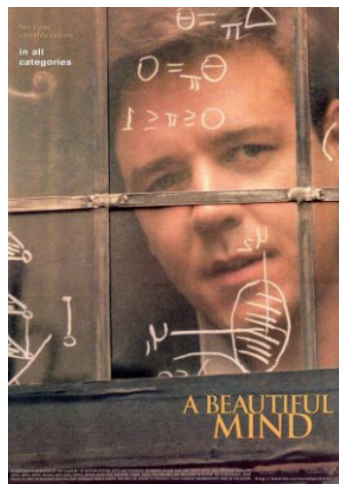


Figure 4.5
Trade press advert targeting the members of the
Academy of Motion Picture Arts and Sciences (2001)

The most commonly occurring images from *A Beautiful Mind* – and consequently some of the most commonly occurring examples of the filmic sign of schizophrenia – are of three kinds. First, those emphasizing Nash’s ‘genius’ by juxtaposing him with visual props of (exceptional) intelligence, specifically chalk boards and windows adorned with unintelligible (to the un-

¹⁸ Indeed, as Nasar notes, even in the flawed ‘then’ of the late 1950s, insulin treatment was already rather ‘then’ in contrast to the more ‘now’ antipsychotics and electroshock treatments. (Nasar, p.293)

exceptional, at least) mathematical equations. Figure 4.5 provides an example, where ‘Nash’ is framed within the equations scrawled romantically on his Princeton accommodation window. Formally, he resides literally within the mathematics produced by his eponymous beautiful mind. This maps very neatly onto the thematic message of the film, that Nash (and the schizophrenic) lives within their own idiosyncratic code, or world or world-as-code, that other (less beautiful) minds cannot penetrate. What Figure 4.5 shows being offered to Academy members ‘for your consideration’ is a highly conventional cultural myth of madness-as-genius.

The second kind of image is of the ‘schizophrenic’ saved by love. Frequently in images from the film, ‘Nash’ is pictured with his wife ‘Alicia’. One of the key divergences the film makes from Nash’s biographical history is that it presents him as a monogamous, heterosexual married man. The well-known biographical fact is that Nash had several homosexual relationships, and another long-term heterosexual partner with whom he had a child, and that he and Alicia were divorced for almost 40 years, only remarrying some years after the end of the film’s narrative.¹⁹ The US Blu-Ray and DVD covers (figures 4.6 and 4.7) show ‘Nash’ and ‘Alicia’. In Figure 4.6, the two figures are sharing a gaze, indicating not only ‘love’ but also ‘understanding’. In Figure 4.7, ‘Alicia’ is cradling ‘Nash’s’ head, simultaneously sharing the burden of his illness²⁰ and supporting his genius; both genius and illness are constructed as a weight physically embodied, and requiring two (in heterosexual union) to carry. Figure 4.2 stages the same message. ‘Alicia’ and ‘Nash’ are sharing a reading experience. ‘Nash’ is showing her his way of seeing the stars. Again, this production of images from the stars is simultaneously creative mathematic geometric genius and hallucinatory mental ill health. They are presented as one unity, rather than two discrete things. Similarly, ‘Alicia’s’ empathetic, love-inspired melding of her vision of reality with ‘Nash’s’ (operating both literally, in picking out images from the stars, and figuratively, in embarking on a Christian model of marriage²¹) is conflated with the filmic spectator’s own act of empathetic complicity. ‘Nash’s’ seduction of ‘Alicia’ is also the mechanism for the film’s seduction of the spectator into its own mythology of ‘schizophrenia’.

The final type of image is that of the schizophrenic-as-hero, very obviously demonstrated by figure 4.6. Compare this pose of taut alertness and gaze of haunted intelligence with those employed by Crowe two years earlier on the poster for *The Insider*, also based on a true story in which Crowe’s character believed himself to be both victim of and existential threat to a shadowy conspiracy (figure 4.8). Any spectator-reader making an empathetic leap to ‘understand’ these

¹⁹ Nash’s romantic misadventures comprise an entire section of Nasar’s biography. The Hollywood filmic machinery over-writes Nash’s arrest for ‘public indecency’ in much the way he attempted to at the time, through an insistent re-iteration of his heterosexual qualifications. ‘[Nash] “pulled a picture out of his wallet and showed us a picture of a woman and a little boy. ‘Here’s the woman I’m going to marry and our son.’”’ (Nasar, p.186)

²⁰ As shall be discussed in more detail in the next section, schizophrenia is communicated in the filmic semiotic as a presence located predominately within the head.

²¹ ‘For the husband is the head of the wife, even as Christ is the head of the Church’ *King James Bible*, Ephesians 5.23

physical phenomena will be led, with *A Beautiful Mind*, into the same delusion experienced by the protagonist. This is the obvious intent of the filmmakers, but it creates a problem for the representation of the schizophrenic, when dressed in rhetoric borrowed from a different ontological status and mental state, or – in filmic terms – genre. This is empathy misplaced.



Figure 4.6
US Blu-Ray wrap-around cover (2011)



Figure 4.7
US Two-disc Awards Edition DVD wrap-around cover (2002)

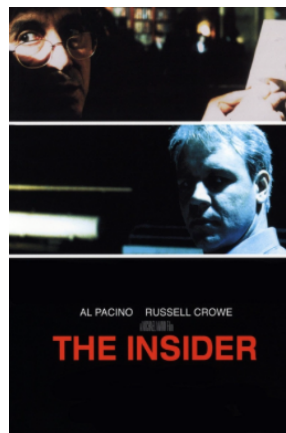


Figure 4.8
Poster for *The Insider*, dir. by Michael Mann (Buena Vista Pictures, 1999)

All this matters, as *A Beautiful Mind* is the 309th highest grossing film at the global box office ever,²² almost 42 million Americans alone saw the Oscar ceremony,²³ and John Nash's face is the first anyone sees if searching for a 'famous schizophrenic' via Google (Figure 4.9). It matters too because there is a strange level of acceptance of these filmic representations. They bring a self-authenticating weight of proof, measured in reels of celluloid. So it is that a Canadian psychiatrist can write of *A Beautiful Mind* with straight-faced sincerity that:

[i]t is a very rare person with schizophrenia who can selectively ignore visual and auditory hallucinations, let alone work at the high level that Nash does. This is a movie about an exceptional person, and as such is not a typical representation of schizophrenia.²⁴

The logic of the first sentence should raise the intellectual possibility that the symptomatology on display in *A Beautiful Mind* is false. When something flies in the face of clinical accounts, is it really 'very rare' or just bunkum? Rather than untypical, the representation is merely untrue. The Hollywood hero myth seduces spectators (even psychiatrists) into a seeing 'a very rare person ... an exceptional person'. Another US psychiatrist, Jason Rosenstock, is equally beguiled by the film's self-authentication. First he notes the derisive responses the film provokes from those with a diagnosis of schizophrenia. Secondly, he adds that clinicians have reservations about the very atypical symptoms attributed to Nash and that the film is peppered with historical inaccuracies. Thirdly, he further suggests that the film might actually contribute to the stigmatisation of those living with a diagnosis, as they will be under the weight of a cultural expectation to recover (and perhaps scoop a Nobel Prize on the way), and finally he refers to director Ron Howard 'having admitted taking liberties for dramatic effect, raising doubts as to how much should be believed.' All this before, rather perversely, concluding that '*A Beautiful Mind* is a powerful and influential film that will and should be used in psychiatric education.'²⁵ Powerful, influential, derisively inaccurate, of doubtful honesty and liable to increase social stigma, are qualities that make for a fairly toxic mixture.

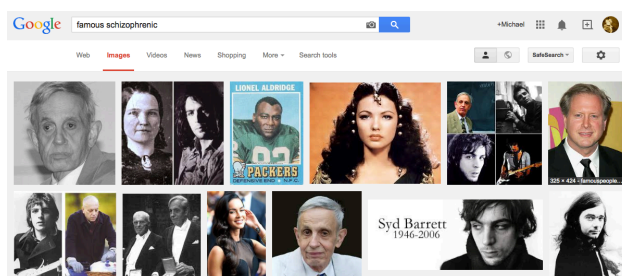


Figure 4.9
Google Image search for 'famous schizophrenic'

²² Only two films dealing (very broadly) with mental health conditions feature higher in the list: *Black Swan* at 288 and *Rain Man* at 249. Both won Academy Awards.

<<http://www.boxofficemojo.com/alltime/world/?pagenum=4&p=.htm>> [Accessed on 17 November 2014]

²³ Gary Levin, 'Least-watched Oscars still puts ABC at No.1', *USA Today*, 27 March 2002 <<http://usatoday30.usatoday.com/life/enter/tv/2002/2002-03-27-nielsens.htm>> [Accessed on 17 November 2014]

²⁴ David J Robinson, *Reel Psychiatry*, (London, Ontario: Rapid Psychler Press, 2003), p.45

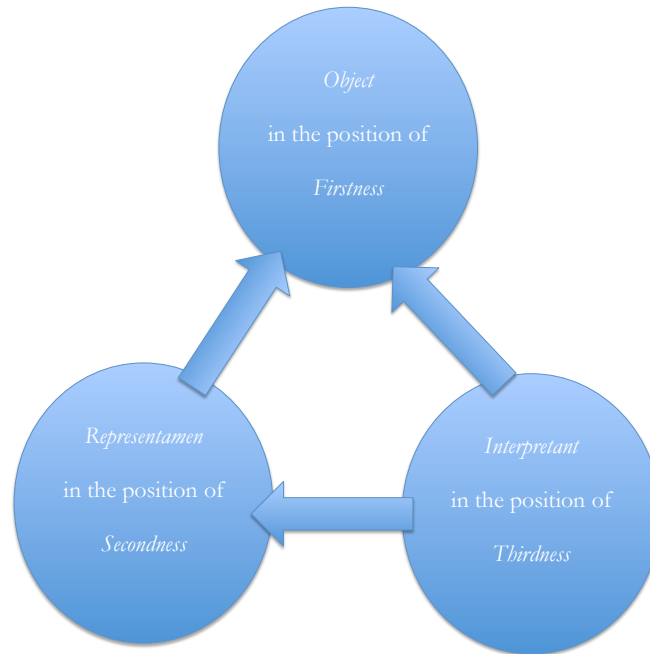
²⁵ Jason Rosenstock, 'Beyond *A Beautiful Mind*: Film Choices for Teaching Schizophrenia', *Academic Psychiatry*, 27:2 (2003) 117-122, p.118

The composite sign of Nash-‘Nash’-Crowe is of a recognisable type in the semiological sign system of Hollywood. These triangular character signs are routinely created by the cinematic productive machinery, and are especially evident on Oscar night. The celebrity or real-life biopic and the illness biopic are established cinematic genres, and *A Beautiful Mind* offered a deeply alluring blend of the two.²⁶ The culturally received wisdom is that these roles are especially successful on Oscar night as they allow actors an opportunity to give virtuoso performances, offering the representational red meat of a real life, an existentially and emotionally ‘real’ event in the form of illness and/or death, or a combination of the two. However, observing the tripartite sign created, another plausible explanation is that in such roles, the representation (from within the diegetic material of the film itself) is subordinated to the act of representation, signified by the tripartite sign of the historical figure, the diegetic figure, and the actor figure (in the case of celebrity or real-life biopics), or the tripartite sign of the historical embodied illness, the diegetic embodied illness, and the embodied acting (in the case of illness biopics). It is surely acceptable to claim that in the semiological system of *A Beautiful Mind*, the sign of the real-life, Nash-‘Nash’-Crowe, equals the sign of the illness, schizophrenia-‘schizophrenia’-acting. This equivalence operates between the matching component parts, in that Nash and schizophrenia are equivalents, and between the composite signs as wholes. Following the logic of the construction of the tripartite sign of the real-life biopic, these are not sign systems within which the sign of the actor vanishes into the diegetic character. Consider this tripartite sign in terms of Peirce’s triadic structure of the sign.²⁷ Figure 4.10 shows the Peircean triad. Historical Nash might stand in the position of *Firstness* as the *Object*, with diegetic ‘Nash’ as the *Representamen*, and a spectator-reader in the position of *Thirdness* as *Interpretant*. However, when placing this sign in the semiotic logic of the Academy Awards ceremony, it might be better restructured to have Crowe (the actor, ‘for your consideration’) as the *Object*, with ‘Nash’ as a *Representamen* of his acting prowess. Therefore, when the act of representation is foregrounded over the representation, the semiotic *Object* and also – by extension – the object of study becomes the representational process itself, in this case the filmic productive machinery.

²⁶ The BBC noted that 16% of Academy Award-winning performances between 1927-2012 were for characters based on real people. Another, not entirely over-lapping, 16% were for characters with a ‘mental illness or physical disability’. Since that article, Jennifer Lawrence won for a character with an unspecified mental health problem, and Daniel Day-Lewis won as Abraham Lincoln in 2013. In 2014, Matthew McConaughey won for a performance (of a real person) that culminated in dying of Aids, and Cate Blanchett for one that culminated in being destitute and delusional. In 2015, the best actor and best actress awards were won for portrayals of neurological illnesses, Lou Gehrig’s disease and Alzheimer’s disease respectively. (Lucy Rogers, ‘How to win an Oscar’, *BBC Online*, 25 February 2012 <<http://www.bbc.co.uk/news/entertainment-arts-16932374>> [accessed 17 November 2014])

²⁷ Peirce, ‘Logic as semiotic’, pp.98-119

Figure 4.10
The Peircean triad



Richard Maltby's comprehensive survey of US cinema – *Hollywood Cinema* (2003) – discusses the duality of the performing body, occupying a position both within and without the diegetic world of the film:

Star acting simultaneously provides audiences with autonomous and integrated performances. The star is present as a production value and as a known bundle of personality traits, and therefore performs his or her star persona in a movie autonomously. At the same time the star is an actor “disappearing” into his or her role.²⁸

Maltby adds that this ‘star acting’ of ‘classical’ Hollywood (by which he means pre-1950s) was superseded by the Method acting of Lee Strasberg. However, despite the Method’s much vaunted claims to ‘truth’, Maltby argues that ‘much more explicitly than the performance styles of Classical Hollywood’s star vehicles, the Method registered the distinction between actor and character ... [and] Method performances were very visibly performances, collections of expressive gestures and techniques.’²⁹ With Nash-‘Nash’-Crowe, as is common in a mainstream cinema that has effortlessly fused star vehicles with (supposedly) highly psychologised post-Method performing styles, there is

²⁸ Richard Maltby, *Hollywood Cinema*, 2nd edn (Blackwell Publishing: Oxford, 2003), p.382

²⁹ Maltby, p.399

a cinematic product which synthesises a ‘known bundle of personality traits’ – a bankable epic hero of proven manliness and exceptionality – with a performance that is ‘very visibly’ a performance.³⁰

As the public flocked to see Crowe-Nash do valiant battle with his own ‘mind’, attitudes towards those with a mental illness were simultaneously hardening in the UK,³¹ US³² and Germany.³³ It would seem that the public was seeing schizophrenia more, understanding it better, and liking it less.³⁴ As a 2012 meta-analysis of studies of public attitudes towards mental illness put it:

Two distinct developments emerged: first, the public’s literacy about mental disorders clearly has increased. Second, at the same time, attitudes towards persons with mental illness have not changed for the better, and have even deteriorated towards persons with schizophrenia.³⁵

At first glance, it might seem that this is but evidence for the theories of Sander Gilman on the function of illness stereotypes as a mechanism for re-enforcing a cultural ideology that locates – via reassuring fantasy – all loss of control, all deviancy, all that is evil and bad in a pathological Other. If so, could a decreasing social acceptance of the mentally ill be driven by popular representations such as *A Beautiful Mind*, despite the sympathetic nature of the representation, because the schizophrenic so depicted, is a radically Other stereotype? Gilman says specifically of representations of mental illness:

Of all the models of pathology, one of the most powerful is mental illness. For the most elementally frightening possibility is loss of control over the self, and loss of control is associated with loss of language and thought perhaps even more than with physical illness. Often associated with violence (including aggressive sexual acts), the mad are perceived as the antithesis to the control and reason that define the self. Again, what is perceived is in large part a projection: for within everyone’s fantasy life there exists a play of aggression not essentially different from that of the initial moment of individuation, an incipient madness that we control with more or less success.³⁶

³⁰ Sass conceives of a post-Kantian ‘dual self-consciousness’ (Sass, *Paradoxes*, p.80) at the (solipsistic) heart of the schizophrenic subject. Referencing a patient of Eugen Bleuler’s, who experiences himself as both ‘King of the World’ and unable to leave the asylum, Sass suggests that ‘one may even begin to suspect, in the presence of such patients, that they are somehow only playacting’ (Sass, *Paradoxes*, p.4). Is it too much to suggest that there is a blend of autonomous and integrated performances at work when ‘the Virgin Mary or the Queen of England continues, without protest or any apparent feeling of incongruity, to perform the same menial tasks as other patients?’ (Sass, *Madness and Modernism*, p.274)

³¹ Nisha Mehta, Aliya Kassam, Morven Lesse, Georgia Butler and Graham Thornicroft, ‘Attitudes towards people with mental illness in England and Scotland, 1994-2003’, *The British Journal of Psychiatry*, 194 (2009) 278-284

³² Bernice Pescosolido, Jack Martin, J Scott Long, Tait Medina, Jo Phelan and Bruce Link, ‘“A disease like any other”? A decade of change in public reactions to schizophrenia, depression and alcohol dependence’, *American Journal of Psychiatry*, 167 (2010) 1321-1330

³³ Matthias Angermeyer, Herbet Matschinger, Mauro Carta and Georg Schomerus, ‘Changes in the perception of mental illness stigma in Germany over the last two decades’, *European Psychiatry*, 29 (2014) 390-395

³⁴ ‘Understanding ... better’ insofar as the dominant biomedical and psycho-social disease models are better disseminated and elucidated. Pescosolido *et al* found that – between 1996 and 2006 – there had been a further increase in the preference for neurobiological explanations over personal-moral ones, with just short of 90% of people surveyed conceptualizing schizophrenia as a brain disease best treated by psychiatrists and medicine (p.1324).

³⁵ Georg Schomerus, C Schwahn, A Holzinger, P Corrigan, H Grabe, Mauro Carta and Matthias Angermeyer, ‘Evolution of public attitudes about mental illness: a systematic review and meta-analysis’, *Acta Psychiatrica Scandinavica*, 125 (2012) 440-452, p.448

³⁶ Sander Gilman, *Difference and Pathology: Stereotypes of Sexuality, Race and Madness*, (Ithaca: Cornell University Press, 1985), pp.23-24

This psychologising of the public may well be correct, and certainly provides an explanation for the otherwise counter-intuitive observed results that people are growing less tolerant of the mentally ill.³⁷

However, this third section of the thesis will attempt another explanation, which does not require recourse to a very Kleinian-infused psychological doctrine like Gilman's. Instead, this thesis will argue that there is something about the cultural encoding and representation of schizophrenia that is both informed by and perpetuates a social hostility towards those living with a diagnosis. This section will consider a series of filmic representations of schizophrenia. For convenience and relevance, these will be restricted to 21st century fictional representations in the US or UK.³⁸ This is not merely a matter of expediency. The studies quoted earlier – including the 2012 meta-analysis – charting increasingly negative social attitudes towards people with schizophrenia are almost entirely drawn from US and UK cohorts.

This section will perform a close semiotic reading of the following filmic representations of schizophrenia or psychosis: *Some Voices*³⁹ (2000); *A Beautiful Mind* (2001); *Spider*⁴⁰ (2002); *Tarnation*⁴¹ (2004) *Keane*⁴² (2004); *Blue/Orange*⁴³ (2005); *Poppy Shakespeare*⁴⁴ (2008); *The Soloist*⁴⁵ (2009); *Silver Linings Playbook*⁴⁶ (2012); *Ollie Kepler's Expanding Purple World*⁴⁷ (2013), *The Voices*⁴⁸ (2014) and US network TV programme *Perception*⁴⁹ (2012-2015). This examination is timely. To quote a 2015 paper on filmic representations of 'madness', such cultural products – whilst certainly comprising a well-established, centuries-old cross-media genre – are proliferating exponentially:

Although Western art has always been interested in the phenomenon of madness, the medium of film, with its interest in visualizing a person's frame of mind, has particular potential when it comes to representing mental illness. However, a review of the history of film productions in the US reveals that a [sic] number of films dealing with the topic of madness has indeed increased drastically over the last 10 years or so. While approximately ten films took up the subject in the 1980s, and 25

³⁷ British daily newspaper *The Sun*, which prosecutes a seemingly endless campaign of maligning the mentally ill, exhibits just such a tension in its attitude to the sexual objectification of teenage females. For older men to enjoy images of naked teenage females above a certain age is as absolutely right and 'good' as older men enjoying images of naked teenage females below a certain age is absolutely wrong and 'evil'. That *Sun* journalists see themselves (consciously or not) catering for the 'play of aggression' constitutive of the fantasy lives of their readers, and themselves, gives a perfectly psychologically plausible (if unfalsifiable) rationale for their preoccupation with violent acts committed by those living with a mental health diagnosis.

³⁸ This chapter will not be considering the box office hit *Me, Myself & Irene*, dir. by Bobby and Peter Farrelly (20th Century Fox, 2000) for the reason that, as the charities Mind and the National Schizophrenia Fellowship, and the Royal College of Psychiatrists argued at the time, '[t]he behaviour portrayed in the film [...] has nothing whatever to do with schizophrenia.' (Rita Baron-Faust, *Me, Myself & Irene*, *British Medical Journal*, 321 (2000) 770, p.770)

³⁹ *Some Voices*, dir. by Simon Cellan Jones (Film Four Distributors, 2000)

⁴⁰ *Spider*, dir. by David Cronenberg (Sony Pictures Classics, 2002)

⁴¹ *Tarnation*, dir. by Jonathon Caouette (Wellspring Media, 2004)

⁴² *Keane*, dir. by Lodge Kerrigan (Magnolia Pictures, 2004)

⁴³ *Blue/Orange*, dir. by Howard Davies (BBC Four, 2005)

⁴⁴ *Poppy Shakespeare*, dir. by Benjamin Ross (Channel Four, 2008)

⁴⁵ *The Soloist*, dir. by Joe Wright (Paramount Pictures, 2009)

⁴⁶ *Silver Linings Playbook*, dir. by David O Russell (The Weinstein Company, 2012)

⁴⁷ *Ollie Kepler's Expanding Purple World* dir. by Viv Fongenien (Nimbus Films, 2013)

⁴⁸ *The Voices*, dir. by Marjane Satrapi (Lionsgate, 2014)

⁴⁹ *Perception*, created by Kenneth Biller and Michael Sussman (Turner Network Television, 2012-2015)

dealt with it in the 1990s, this number doubled in the new millennium with approximately 50 films produced up to the present time.⁵⁰

As Stephen Harper observes, with particular reference to *A Beautiful Mind*, *Keane* and *Spider*, these cultural products frequently exhibit:

one of the most significant changes in the representation of mental distress in recent years: the shift in narrative point of view from the third to the first person. Mental distress films, if seems, increasingly aim to get 'inside the heads' of their subjects. For many conservative critics, this drift towards subjectivism sails close to spurious relativism.⁵¹

This thesis offers a different criticism, and will argue that – in attempting to visualise internal phenomenological states that are neither knowable, nor certainly known to exist – the filmic productive machinery generates a semiotic of empty and re-purposive signifiers which, when accepted through an empathetic 'understanding', serve to generate unhelpful myths about the experience of living with a diagnosis of schizophrenia. Most importantly, these images simulate the very empathetic understanding their production presupposes. It is this all-too easy empathy, this self-perpetuating empathy that empties the public of sympathy for people living with a diagnosis; their imagined phenomenology is experienced as-if understood, and moreover, is experienced as-if experienced by the spectator. Hostility towards those with a diagnosis of schizophrenia both manifests as and is furthered by an eradicated pseudo-empathy, that re-encodes the pathological subjectivity according to cinematic and social norms.

To counter this problem, this chapter will then suggest that by rejecting empathy and allowing for the un-understandable obscure signs that the filmic machinery accidentally generates, a semiotic system of unresolved deictic tensions and fluctuating signifieds can emerge. This filmic representational mode, of unruly obtuseness, will be termed schizomimesis, for its quality of representing schizophrenia in a semiotic that formally echoes the representational modes of schizophrenia. The following three sections will map out schizomimesis, in distinction to empathy, first in the domain of signifiers and then in the domain of signifieds. The final chapter will then continue this argument by exploring the implications of schizomimesis for deixis, the construction of the self and new filmic (or quasi-filmic) avatar therapies, and deictic drama therapies for people with a diagnosis of schizophrenia, as well as the implications for a semiotic theory of film.

⁵⁰ Susanne Rohr, 'Screening madness in American culture', *Journal of Medical Humanities*, DOI 10.007/s10912-014-9287-3 Rohr offers a very wide definition of what constitutes a film 'dealing with the topic of madness', including a controversially wide and open range of mental states or illnesses ('bipolar disorder, dissociative identity disorder, paranoia, amnesia, Alzheimer's disease, autism and others'). Given that, her figures seem – as she says – rather 'approximate', but the picture she paints is broadly accurate.

⁵¹ Stephen Harper, *Madness, Power and Media: Class, gender and race in popular representations of mental distress* (Palgrave Macmillan: Basingstoke, 2009), pp.70-71

The visual delusion

John, look at me. Do I look like I'm imagined?⁵²

The film is artistic and it doesn't describe accurately the nature of the delusional thinking that was my history, and it interprets ... It has someone who sees imaginary persons, sees that different persons are actually present there / ---/ and that is not, that's not even typical in schizophrenia. But that interprets the idea of delusions. More typically a person may hear voices, they're talking with spirits or something which are not there. This is the form of more typical delusions. But you can't illustrate that in a movie very well. I mean if the movie shows someone who can be seen, then the person seeing the movie can better understand it. This can occur in mental illness but it's the less typical form.⁵³

Film makes the same attempt that psychology or neurology makes: to peer into the mind or brain of the schizophrenic. If neurology tries to offer a purely scopical, materialist, causal account of the brain, and psychology an emotional, phenomenological, empathetic sense of the mind, film promises, tantalisingly, a mixture of the two. Film can both provide visual evidence and personal testimony. As a form of phantasmagoric "Total Work"⁵⁴, film alleges to provide the life as lived, from the subjective and objective viewpoints.⁵⁵

Roberts notes that screenwriter Akiva Goldsman and director Ron Howard both confuse their terminology by referring to visual delusions rather than visual hallucinations.⁵⁶ Strictly speaking, delusions are psychic 'mistakes' whereas hallucinations are sensory ones. As the quotation from Nash above demonstrates, it was a mistake that he himself made when talking about his symptoms and experience. Experientially, perhaps, it feels as though these elements, partitioned hermetically into symptoms (hallucinations, delusions etc.) by clinicians and researchers, are but different manifestations of the same phenomenological state. That laypersons have little interest in terminology is unremarkable, but the confusion raises a useful question: are thought production and sensory reception two discrete processes? Saussurean semiotic theory would suggest not, as both are conjoined halves of an indivisible coding process. In these terms, thought belongs to the realm of the signified, and sensory data to that of the signifier. To reference again Crow's torque,⁵⁷ to suggest that a person might suffer from the semiotic disorder of schizophrenia only in relation

⁵² Parcher (Ed Harris) in *A Beautiful Mind*.

⁵³ John Nash in interview with Marika Griehsel, 2004. "Transcript from an interview with Dr John Nash", Nobelprize.org, 1-4 September, 2004 <http://www.nobelprize.org/nobel_prizes/economic-sciences/laureates/1994/nash-interview-transcript.html> [accessed on 25 November 2014]

⁵⁴ Theodor Adorno describes the phantasmagoric work as follows: 'In the absence of any glimpse of the underlying forces or conditions of its production, this outer appearance can lay claim to the status of being. Its perfection is at the same time the perfection of the illusion that the work of art is a reality *sui generis* that constitutes itself in the realm of the absolute without having to renounce its claim to image the world.' Theodor Adorno, *In Search of Wagner*, trans. by Rodney Livingstone (London and New York: Verso 2009) p.74

⁵⁵ Maltby overtly likens film to ethnography, referencing James Clifford's account of 'participant observation' in *The Predicament of Culture* (Cambridge, MA: Harvard University Press, 1988). Maltby quotes Clifford referring to a 'continuous tacking between the "inside" and the "outside" of events ... a dialectic of experience and interpretation' (Maltby, p.342; Clifford, p.34). Maltby does not continue to follow Clifford, though, who claims 'there has been a marked shift in emphasis from the former to the latter' (Clifford, p.34). In film, and in the culture of empathy, there has been a marked shift in the other direction.

⁵⁶ Roberts, p.54

⁵⁷ See Chapter Two.

to delusions (signifieds) or hallucinations (signifiers) would be as odd as a neuroscientist insisting that a patient only had schizophrenia in one or other hemisphere. When a person with a diagnosis of paranoid schizophrenia remarks ‘I could smell burning flesh and believed women were being gassed, raped, murdered, cremated ... I would be next’⁵⁸ there is a clear signifying chain. The smell of ‘burning flesh’ is the signifier that combines with the signified of burned bodies to form the sign of bodies being cremated. This sign then becomes a signifier that combines with the signified of ‘women being gassed, raped, murdered, cremated’ to form an important structural sign in this person’s ‘paranoid’ narrative.

Schizophrenia here has more in common with storytelling than psychology. The semiotic of schizophrenia offers an aesthetically pleasing unity.⁵⁹ Roberts, or any other psychologist, or psychiatrist or anyone else wanting to separate out delusions from hallucinations is missing a truth inadvertently captured in *A Beautiful Mind*: psychosis is an holistic system. Although it is wholly fictionalised by Goldsman, and unrelated to the psychotic mythology experienced by the real-life Nash, the signifying chain that unites the visually hallucinated Parcher and the delusional narrative of cold war conspiracy is coherent, logical and easy to analyse. Formally, it is as integrated as the signifying chain drawn from the account of a person living with a diagnosis of schizophrenia.⁶⁰

However, if the ‘visual delusions’ of *A Beautiful Mind* can be justified because of the formal, aesthetic and thematic cohesions between schizophrenic signifiers (hallucinations) and signifieds (delusions), that is not to place them beyond criticism. The cinematic imperative to render-as-visible (‘visibilise’) is currently in an awkward tension with cultural, political attitudes towards the

⁵⁸ Research study respondent, female with a diagnosis of paranoid schizophrenia. Quoted verbatim from a written response. Ellipsis in original.

⁵⁹ The interrelated nature of schizophrenic phenomena too frequently treated as discrete symptom entities is compelling described in a 2015 paper by Humpston and Broome. The paper lays out three methodological assumptions that mirror those underpinning a semiotic account of schizophrenia:

- 1) Belief and perception are interconnected;
- 2) Experiences are not static and can morph into one another; and
- 3) The phenomenology of schizophrenia and related psychoses needs to be understood in the totality of the experience, rather than as isolated and atomistic mental events.

Clara S Humpston and Matthew R Broome, ‘The spectra of soundless voices and audible thoughts: towards an integrative model of auditory verbal hallucinations and thought insertion’, *Review of Philosophy and Psychology* (2015) 1-19, p.2

⁶⁰ If Goldsman’s fictional psychosis is to be compared unfavourably to Nash’s, it is surely in the paucity of its imagination, and the timidity of its execution. Whilst Goldsman’s ‘Nash’ furtively toils away in a half-abandoned shed at the bottom of his garden, like some frightened animal, the real-life Nash was prone to jump in his Mercedes and head for Washington DC to pressgang ambassadors and world leaders into forming a global government (Nasar, p.251). Goldsman’s supposed KGB operatives are hackneyed men in black; Nash imagined them with a bold expressionist streak, decked out with red neckties (Nasar, p.242). Whereas Goldsman’s Parcher briefs ‘Nash’ on an explicit Russian plot to move atomic weapons around US soil, Nash’s plot transcends the terrestrial in favour of the celestial. He is the ‘left foot of God on earth’ (Nasar, p.275) and is decoding messages in the *New York Times* sent from ‘abstract powers from outer space’ (Nasar, p.241).

Of course, it was a common metaphor in Hollywood in the 1950s for the fear of communism to be mythologized as an alien invasion – *Invasion of the Body Snatchers* dir. by Don Siegal (Allied Artists Picture Corporation, 1956) is the well-known archetype – and Nash’s psychosis drew from this cultural context. That Hollywood could enjoy such creative flights of fancy in the 1950s, but felt compelled to bring Nash’s narrative back down to earth, literally and figuratively, in early 21st century tells in itself the story of the steady neutering of popular culture.

mentally ill. Whereas for centuries, displaying a visual otherness was central to representations of madness, there is now a need to display those with mental health problems as un-other or to invisibilise. Much has changed since Otto Wahl's landmark critique of media representations of mental illness, *Media Madness* (1995). Wahl recounts the famous anecdote about why real psychiatric patients were not used as extras in *One Flew Over the Cuckoo's Nest*⁶¹:

Using actual patients from Oregon State Hospital, where the movie was filmed, for walk-on roles was considered, but such use was rejected because the real patients did not look distinct enough to depict mental patients on the screen.⁶²

Even the most cursory study of the film reveals a smorgasbord of visibilised otherness, where mental ill health is insistently signalled over and again through out-sized beards, missing clothes, crooked grins, wheelchairs, lop-sided faces and so on (see figure 4.11). This contrasts noticeably with the prevalence of public awareness campaigns designed to promote the destigmatisation of mental health generally (and 'schizophrenia' specifically) and which tend to do so by emphasising the intrinsic non-otherness of mental ill health. The much-mobilised statistic that one in four people experience mental ill health at some point in their life encourages visual representations where mental ill health is pointedly invisible, or a shaded difference between otherwise identical and interchangeable figures, as can be seen in examples from current US and UK mental health organisations (figures 4.12 and 4.13).⁶³ The (creative) tension between the cinematic imperative to visibilise and the socio-political imperative to in-visibilise explains an historic shift in the visual rhetoric of 'madness', as evidenced in several filmic and televisual representations of schizophrenia: rather than looking different, the mad look differently. Indeed, this pun is central to the early publicity for TNT's *Perception* (figure 4.14).



Figure 4.11
Psychiatric in-patients from *One Flew Over the Cuckoo's Nest*
A highly visibilised parade of psychotic physiques

⁶¹ *One Flew Over the Cuckoo's Nest* dir. by Miloš Forman (United Artists, 1975)

⁶² Otto Wahl, *Media Madness: Public Images of Mental Illness*, (Rutgers University Press: New Brunswick, 1995), p.38

⁶³ Mental Health Association of East Tennessee, 'Frequently asked questions', *mhaet.com*, <<http://www.mhaet.com/faqs.php>> [accessed 5 January, 2015] and the Mental Health Foundation, UK, 'Statistics', *mentalhealth.org.uk*, <<http://www.mentalhealth.org.uk/help-information/mental-health-statistics/>> [accessed 5 January, 2015] See also the 2015 Get the Picture campaign by Time to Change (the activist organization run by leading UK mental health charities Mind and Rethink Mental Illness) aiming to offer alternative images of mental illness to the notorious 'headclutcher' image. 'Get the picture,' *time-to-change.org*, <<http://www.time-to-change.org.uk/getthepicture>> [accessed 28 March, 2015]



Figure 4.12

Mental Health Association of East Tennessee, US website

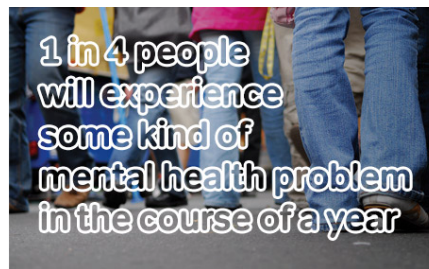


Figure 4.13

The Mental Health Foundation, UK website
The invisible illness

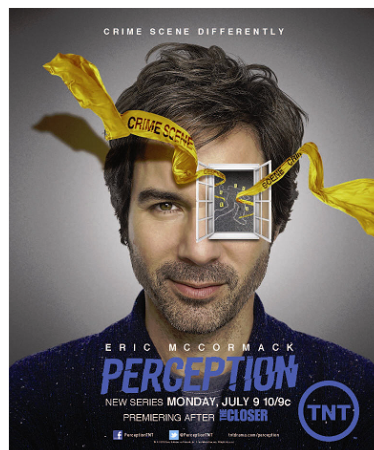


Figure 4.14

Print and online advert for *Perception* (2012)

As with TNT's *Perception*, so too within *A Beautiful Mind*'s semiotic, schizophrenia is enacted by both looking different and looking differently. The opening image sequence of a welcome address by the head of department firmly establishes 'Nash' as apart from his peers. The composition of the shot in figure 4.15 clearly creates an 'expressive space'⁶⁴ in which 'Nash' is physically apart from the rest of the new intake at Princeton. This signified difference is doubled by 'Nash' not looking at Professor Helinger (Judd Hirsch), in contrast to all his peers. (Significantly, rival student Hansen (Josh Lucas) is the only other person to look away from Helinger and to see Nash. This is one beautiful mind recognising another, or one half recognising the other half of an

⁶⁴ Maltby, p.316

antagonist pairing, as they are each ‘the other winner of the distinguished Carnegie scholarship.’⁶⁵) In combination, the camera and ‘Nash’ establish a narrative of looks. First, looking away, which signifies an arrogance and aloofness. Secondly, as the camera closes in on ‘Nash’, the look is evidently distracted, now signifying contemplation, and – of course, as it is ‘Nash’ – an exceptional genius. Finally, there is the look of ‘Nash’'s hands, which – in their nervous, erratic twitching, awkwardness and extension of his thought (and speech) processes (see figure 4.18)⁶⁶ – function as a conventionalised gesture of his mental state. Each of these three looks, frames the schizophrenic as looking different, in three different contexts: the social (figure 4.15), the psychic (figure 4.16) and the physical (figure 4.17). Yet simultaneously, both because gawping at the mad for entertainment is formally out of fashion⁶⁷ and because the primary signified of the sign ‘Nash’ is ‘performance for consideration in the Academy Awards,’⁶⁸ the film exchanges looking *at* ‘Nash’ for looking *through* ‘Nash’.



Figure 4.15
Not-looking as looking different

⁶⁵ *A Beautiful Mind* dir. by Ron Howard

⁶⁶ Most probably, Crowe's hand gestures were meant in imitation of the real Nash. The film's Facebook page alleges that Crowe studied video footage of Nash to prepare for the role. However, remembering the tripartite sign described earlier, it is very clearly the case that these hand gestures signify not Nash nor schizophrenia, but ‘Nash’ and ‘schizophrenia’ as the products of a performance within a filmic machinery. ‘Friday Fun Fact: For A Beautiful Mind Russell Crowe prepared for his role by watching videotapes of real-life mathematician John Nash, studying his writing and reading his biography by Sylvia Nasar.’ 6 April 2012 <<https://www.facebook.com/ABeautifulMindFilm>> [accessed 20 January, 2015]

⁶⁷ In Andrew Scull's evocative description of Bedlam: ‘the crazed were reduced to a spectacle, an ever varied menagerie from which an audience of both provincial bumpkins and urban sophisticates could derive almost endless amusement.’ *The Most Solitary of Afflictions: Madness and Society in Britain, 1700-1900* (Yale University Press: New Haven and London, 1993), p.52

⁶⁸ The underlying equation is ‘Nash’ = ‘schizophrenia’ = ‘cultural product (performance) validated by productive industry (AMPAS).’ As formally validated epic of the dominant capitalist ideology, it is implausible that ‘Nash’ should be an undesirable other, and seen as ridiculous or odd. His social oddness, and odd mannerisms, exist only as prodromes of his ‘schizophrenia’ and therefore as key exhibits in the case for his genius. During his long period of recovery, a young Princeton student demonstrates that ‘Nash’, within the diegetic reality, looks different and is a suitable object for the classical spectator mockery of Georgian Bedlam. However, within what Etienne Souriau terms ‘spectatorial reality’, ‘Nash’ is a hero. The spectator empathises with ‘Nash’ (and thereby with the position of ‘schizophrenic’), and the student's cruel, anachronistic joke is further evidence of the moral superiority of the cultural ideology of the film's 21st century production over that of its mid-20th century diegetic reality. (Etienne Souriau's seven levels of filmic reality are detailed in Warren Buckland, *The Cognitive Semiotics of Film* (Cambridge University Press: Cambridge, 2000), p.47)



Figure 4.16
Looking differently as looking different



Figure 4.17
Looking at a difference as looking different



Figure 4.18
The gesture of 'beautiful' thinking



Figure 4.19
Putting a camera inside the head of a 'schizophrenic'

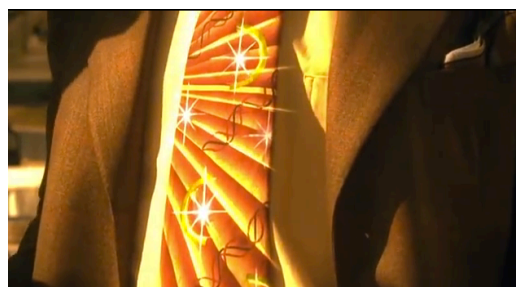


Figure 4.20
Genius as prodromal symptom

This partial focalisation through ‘Nash’ is achieved by the camera assuming the subjectivity of ‘Nash’, whilst retaining ‘Nash’ – in part – as an object within a shared inter-subjective diegetic reality. Figure 4.19 details the movement of the camera into the head of the ‘schizophrenic’: there is a shot of ‘Nash’, amused by a private thought; there is a shot of ‘Nash’ manipulating a glass tumbler to refract light; the camera tracks along the table following the refracted light, pausing to illuminate a bowl of lemons; finally the tracking shot settles on another student’s ‘bad’ tie (figure 4.20). As the shot tracks, the soundtrack is disturbed: the voices of the students assume a distance and echo; there are chimes and an ethereal wind.⁶⁹ The entire sequence has executed a complete (but temporary) interiorising of the filmic narrative viewpoint within ‘Nash’'s subjectivity, from a point of absolute exteriority, in which ‘Nash’'s objectivity was signified by the enigmatic connotation(s) of his un(der)motivated smile (or ‘inappropriate affect’ as the diagnostically minded might say). This focalisation-through-tracking-shot might be termed the empathetic camera move. Certainly, that interpretation is being easily invited. However, this empathetic identification is too beguiling, and ought to be resisted. It is pseudo-empathetic, rather than empathetic (see figure 4.21 for a Peircean model of the empathetic triad and figure 4.22 for a graphic explanation of how ‘Nash’ as a subjective point remains outside the triangle of empathy created in the sequence). Might the camera manoeuvre not more sceptically but more accurately be described as thought insertion, enacted cinematically? The thought insertion is dual. Within the diegetic material, it stages the insertion of an improbable thought: that the light refraction through the tumbler illuminates a decodable narrative of steadily degrading patterns, meaning that the ‘bad’ tie is mathematically explainable. Within the spectatorial reality, the focalisation inserts the thought that ‘Nash’ is a mathematical genius, and that something mathematical (and brilliantly, beautifully so) has taken place. This is thought insertion rather than simple implication or connotation as the pseudo-empathetic camera shot creates the ‘visual delusion’ of having seen this genius at work, through its own subjective eyes. Apparently accidentally, this short sequence raises a hypothesis with implications for analyses of schizophrenia: empathy and thought insertion are structurally and functionally identical, and are distinguished only by volition, in that empathy is a product of conscious will, whereas thought insertion is perhaps a failure of the conscious will to exclude, or the product of unconscious will.

⁶⁹ As a soundtrack to psychosis, this is risible aesthetically, if not clinically. It sounds as though it were a track on an sound effects CD entitled ‘uncanny moment’.

Figure 4.21
The pseudo-empathetic triad

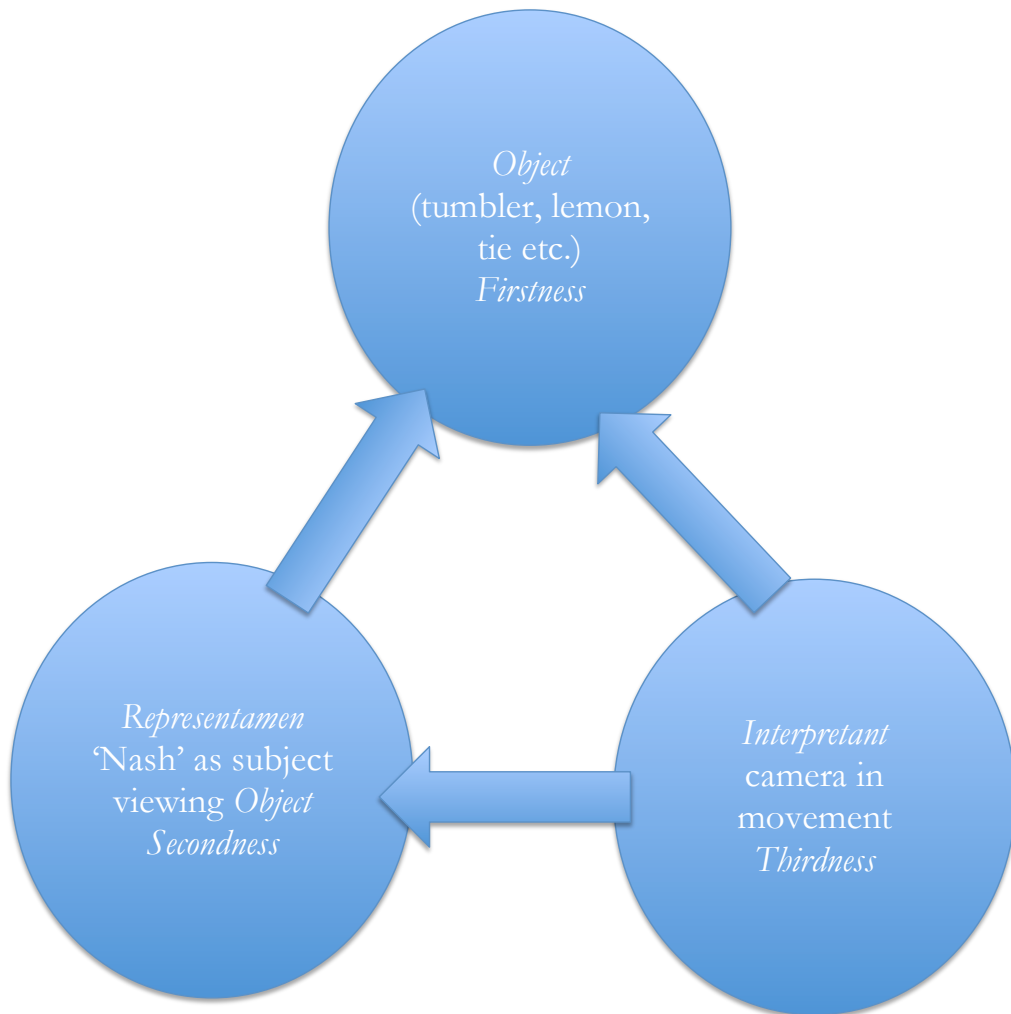
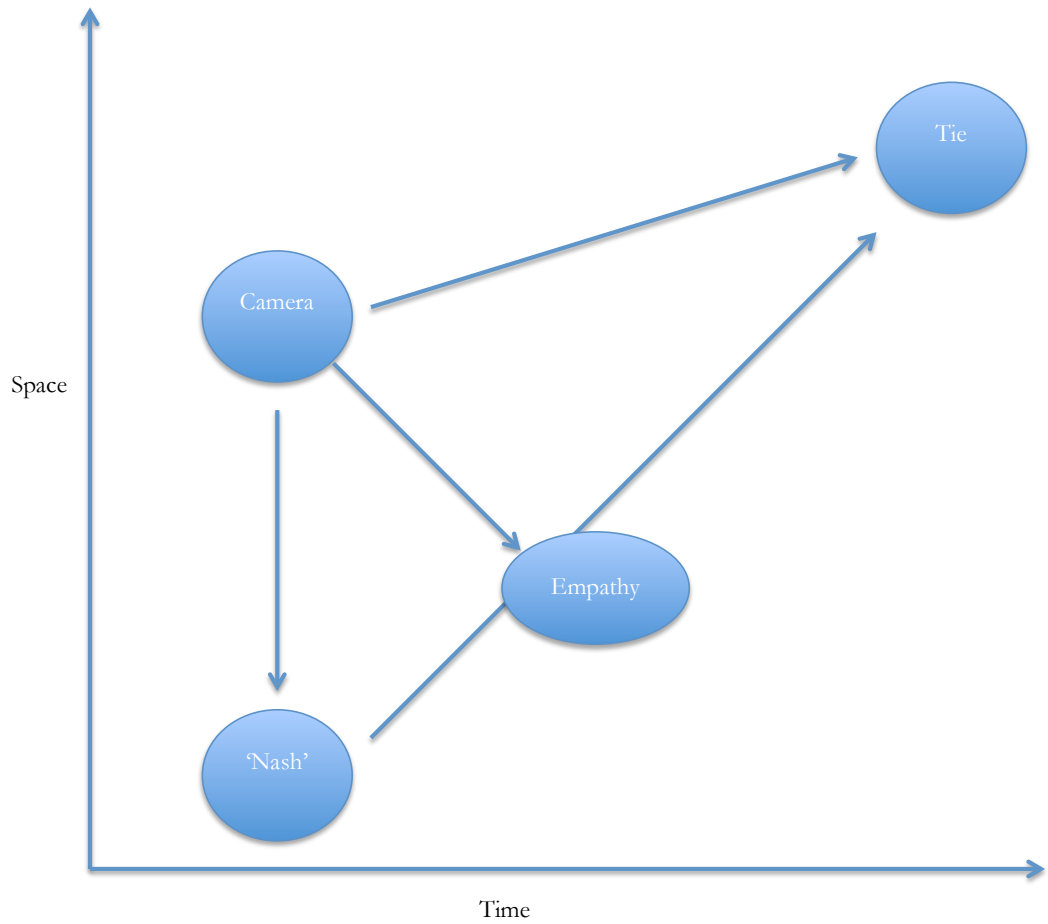


Figure 4.22
The pseudo-empathetic tracking shot



Line NT = line of vision for 'Nash' encompassing tumbler, lemons, bowl and tie
 Line CE = line of movement of camera, converging with NT at point of empathy
 Triangle CNT = the shot sequence
 Triangle CNE = empathy gap
 NB 'Nash' as subjectivity falls outside the visual empathetic triangle CET. Supposed empathetic insight into 'Nash's' subjectivity is a retro-engineered visual effect of cinema.

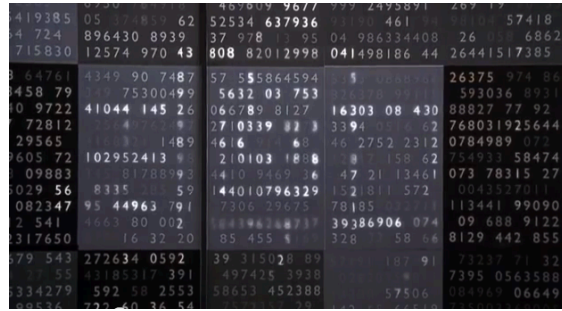


Figure 4.23
Seeing differently



Figure 4.24

The reverse-shot as head-shot combines enforced pseudo-empathy with a re-enforced, heavy metaphor for genius.



Figure 4.25

With the passage of time, 'Nash's intensifying thought is signified by the contrast between the emptying room and the greater size of his head in relation to the rest of the Pentagon. In the 'profilmic' reality, all that has happened is that Crowe has taken a step or two closer to the camera.

Later, when 'Nash' is invited to do some code-breaking at the Pentagon, the film performs another empathetic camera shot sequence, to indicate that the spectator is looking through 'Nash' (figures 4.23, 4.24 and 4.25). This shot sequence comprises two 360° rotations around 'Nash', followed by shot-reverse-shots of him 'decoding' seemingly random numbers displayed on outsized (and surely anachronistic) computer screens. These shot-reverse-shots are punctuated by angled zoom shot, as though 'Nash' were catching the supposed Soviet encrypted communication unawares. The camera rotation operates connotatively, to communicate (with the doubled rotation for emphasis) that nothing escapes the eye of the genius, and also operates pseudo-empathetically, as the spectator appears to be taking in all that 'Nash' sees, but in actuality is only taking in 'Nash' engaged in seeing (or rather 'seeing' or 'looking differently'). The spectator's subjectivity swirls down the cinematic plughole into 'Nash's subjectivity. Throughout this shot sequence plays a

soundtrack of the ethereal movie score, overlaid with a voice – possibly, but not certainly, that of ‘Nash’ – wittering numbers. This sub-audible, incoherent verbal intrusion, offered (perhaps) as evidence of a beautiful mind whirling at super-human speeds, might be one of the few depictions of symptomatology within *A Beautiful Mind* recognisable to people with lived experience.

Retrospectively, it is very hard to establish how real this scene is. Formally, ‘Nash’'s super-human decoding in this scene is identical to that in later ‘schizophrenic’ moments: shot-reverse-shot, dramatic music and random letters, numbers and shapes arising spontaneously from a more homogenous mass. Similarly, ‘Nash’'s looking different(ly) has been well-established as a sign symptomatic of ‘schizophrenia’, or rather that ‘schizophrenia’ and looking different(ly) are both symptomatic of his genius (his beautiful mind). Also, it is ultimately revealed that ‘Nash’ has been hallucinating since his first day at Princeton, five years earlier, if not before.⁷⁰ Certainly, Parcher’s passing appearance in the Pentagon scene is – within the film’s diegetic reality – an hallucination. But this confusion in relation to this scene is actually just bad craftsmanship rather than an attempt to capture the ambiguity and uncertainty of being within psychosis.

On the contrary, the film – aside from this scene – is remarkably efficient at tidily assigning images, figures, events, sounds to ‘Nash’'s subjectivity or to the objective diegetic reality. As such, the film effects not a descent into madness – because the madness was not really visible as madness, nor formally or semantically very mad – but rather an ascent into reason. This is no accident. For the film to function, there has to be clarity – for the spectator, and only once the ‘reveal’ that Parcher, Charles (Paul Bettany) and Marcee (Vivien Cardone) are symptoms of mental ill health – about what belongs to the diegetic reality and what belongs to the delusional reality drawn from ‘Nash’'s subjectivity through the filmic mechanisms of (pseudo)empathy. ‘Alicia’'s panic – on finding visual evidence of the return of ‘Nash’'s psychosis – is only dramatically effective and affecting if the spectator is in complete agreement with her on the state of ‘Nash’'s mental health. It is impossible to fear for the baby, which ‘Nash’ has left in a running bath believing it to be watched over by Charles, and also believe that Parcher is real. The spectator has to choose a reality at this point. This is not particularly taxing, given how sign-posted the ‘right’ decision is. Further, it is worth recognising that ‘Nash’'s visual hallucinations do produce objectively verified residue, in the form of posted decoded messages to Parcher or the scattered, fragmentary texts in

⁷⁰ Although Nasar’s book includes several references to Nash being an ‘eccentric’ before then, it claims that the ‘strange and horrible metamorphosis’ (Nasar, p.240) of the psychotic break only occurred in early 1959. In the film, ‘Nash’ has been hallucinating Charles (Paul Bettany) for five years without any – documented – additional symptoms (unless refracting light across ugly ties counts). Aside from duplicating the reveal, that ‘Nash’ and through him, the film, has been hallucinating, Charles does not serve much narrative purpose. He and Marcee muddle the clinical picture, not only for being sustained visual hallucinations, but for being benevolent and friendly towards ‘Nash’. Presumably, it was thought they might add a bit of sentimental tension to ‘Nash’ renouncing his hallucinations and delusions. Without them, he would just have to have given up being wrong (thinking he is involved in national security, believing medical professionals are KGB agents and so on). With them, he has to say goodbye to dear friends in order to get ‘better’. Also, with the Charles subplot, it is very easy to imagine the elevator pitch for the movie being something like: ‘Ivy League *Fight Club*.’

his office. This residue then gets repurposed in the film as visual evidence not of the truth, but of the falsity, of his experiences and beliefs. It is also essential to understand that the ‘reveal’ is only complete once ‘Alicia’ discovers and accepts that ‘Nash’ is psychotic. Throughout, ‘Alicia’ structures the spectator’s reading of the film. For all the pseudo-empathy with ‘Nash’, there is a projective empathy with ‘Alicia’. Even before she has entered the narrative, the representation of ‘Nash’ is a prodromal prefiguration of her subsequent view of him. Only ‘Alicia’ can see ‘Nash’ as the film has conditioned the spectator to see him all along: as an eccentric, heroic genius worthy of (nearly) unconditional love.⁷¹ The empathy mechanism is a function of love: ‘Alicia’'s love for ‘Nash’, contemporary culture’s love for flawed heroes or mad geniuses but also – distantly – the surviving love of seeing psychic suffering as ghoulish entertainment. Like any love mechanism, this empathy constructs the object of its love.⁷²

This easy empathy – that the filmic machinery can generate almost unthinkingly – empties both the ‘schizophrenic’, as object of enquiry and diegetic subject, and the ‘schizophrenic phenomenology’, as experiential object and mimetic subject, of any subjective psychosis. To put it another way, this simple interchange of subjectivity between spectator and (retrospectively constructed) character, is dependent on the content and the form of the representation being distinctly non-psychotic. As Parcher shouts at ‘Nash’, ‘John, look at me. Do I look imagined?’ No, or at least, no less than the butterscotch *Happy Days* Princeton campus or the Fred and Ginger black-tie star gazing of ‘Nash’ and ‘Alicia’. Indeed, all residual psychosis is objectified even within the ‘schizophrenic’ subject. ‘Nash’ – as a subjective self – suffers no intrinsic split. The visual

⁷¹ Despite the inelegance of the doubled quotation marks, the reader should be able to understand the importance in referring to the figures within the diegetic reality as ‘Nash’ and ‘Alicia’ to avoid confusion with the historical individuals. The reality of their relationship was fundamentally different from that within the narrative of *A Beautiful Mind*. This difference is very neatly demonstrated by how the film alters a small detail from their first meeting in a calculus lecture, in which Alicia was a student and Nash was the lecturer. Both film and biography represent the lecture room as unbearably hot for the students, because Nash, distracted by outside noise, has refused to open the windows. Nasar’s text shows Alicia successfully challenging Nash’s bullying and indifference: ‘Alicia jumped up from her seat, ran over to the windows in her high heels, and opened them one after another, each time with a toss of her head. On her way back to her seat, she looked straight at Nash, as if daring him to reverse her action. He did not.’ (Nasar, p.196)

In the film, there are workmen directly beneath the lecture room windows, giving an acceptable rationale to ‘Nash’'s insistence on keeping them closed; he is sensitive genius rather than insensitive tyrant. ‘Alicia’ opens the windows, apparently in a challenge to ‘Nash’'s authority, but the tension is quickly diffused when it becomes clear she has only opened them in order to ask the workmen to take a break for 45 minutes. ‘Nash’ acknowledges – with a cryptic reference to the multiple possible solutions to quadratic equations – that ‘Alicia’ has successfully resolved this problem. So, a biographical gesture of defiance, emblematic of a relationship that would proceed very haphazardly through sometimes violent opposition and rejection, is exchanged for a fictionalized gesture of empathetic and mutually acceptable conflict resolution, emblematic of a relationship – within the diegetic reality of the film – where ‘Alicia’ sacrifices herself repeatedly to support her husband, and to give a platform to his genius. Significantly, ‘Alicia’ is constructed as a desirable female at this very moment. She applies her desirability (and makes a play of helplessness) to persuade the workmen to take a break, and – through a leering shot focalized through ‘Nash’ of ‘Alicia’ leaning out the window – Howard establishes that this faux-fawning and bending over are sufficient bedrock for a supposed love able to trump schizophrenia.

⁷² Erotomania – as this chapter will demonstrate – is a driving dynamic of cinematic texts, in terms of structure, aesthetic, content and affect. In schizomimesis, this erotomania is doubled; psychosis is reduced to a cinema of erotomania whilst cinema accelerates into erotomaniacal psychosis.

hallucinations project any pathology away from his self and his sense of self, leaving a wholly intact identity, ego and set of cognitive faculties. Visibilised in this way, schizophrenia becomes an illness of the senses only; the visual hallucinations are specs of dust trapped somewhere in the oracular device, and something to be swept away or ignored. Film is an art form that necessarily operates across several different realities,⁷³ therefore, the diegetic level happily accommodates an additional subjective reality (experienced through pseudo-empathetic focalization) which stands only in the relationship of an error to the objectively verified diegetic reality represented. There is nothing particularly 'bizarre' about 'Nash's delusions, especially in the context of a Hollywood film. They just happen not to be true.⁷⁴ Hence, the cinematic motion of empathy is actually one of dissociation and rupture, splitting the schizophrenic subject from their schizophrenia, both in terms of form and content. This empathy is then a blanketing motion, one that conceals the obtuseness constitutive of psychosis. What is produced is madness sanitised. Nor is there any great artistic dividend earned in this cheap disbursement of authenticity. As any casual viewer of the film would testify, the cod thriller elements are little more than a few sinister men in black hats, squeals of car tyres and furtive glances through drawn blinds.

TNT's *Perception* ran for three seasons between 2012 and 2015, and has a central protagonist, Dr Daniel Pierce (played by Eric McCormack), who is a professor of neuroscience at a fictional Chicago university, a person living with a diagnosis of paranoid schizophrenia and – as a direct consequence of these two complementary (within the diegetic reality of the show) qualities – an expert consultant with the FBI. His academic research and his lived experience enable Pierce to look differently, and solve (by diagnosis) murders, medical conditions and inter-personal problems. Pierce even glosses this convenience with some quasi-neuroscience: his unconscious brain has noticed something and can communicate the content of this extra-perceptual neurological stratum back to Pierce's conscious mind by staging a visual hallucination. Madness, in this symbolic economy, is therefore rational, goal-driven and perceptually and intellectually superior to sanity. As might be expected, Pierce is always battling with institutional failings, from workplace stigma to FBI bureaucracy to medical tyranny. In absolute contrast to the socio-economic reality for many

⁷³ Souriau's seven are: afilmic; profilmic; flimographic; screenic; digetic; spectatorial and creational. Buckland, p.47.

⁷⁴ *A Beautiful Mind* is in some ways a companion piece to Mel Gibson vehicle *Conspiracy Theory*, dir. by Richard Donner (Warner Bros., 1997). Mel Gibson's NYC taxi driver begins the film as someone with a pretty mundane network of delusional beliefs (secret government agencies, shadowy threats to national security, nonspecific tampering with his brain and even a compulsive need to buy *Catcher in the Rye*). Gradually, all his delusions are shown to be true, and he is revealed to be a brainwashed assassin. (Even the repeated purchases of Salinger's novel serve the dull semi-bureaucratic purpose of monitoring his movements.) As with *A Beautiful Mind*, the delusional reality and the non-delusional reality are wholly interchangeable. Being 'schizophrenic' is nothing more than hitching your wagon to the wrong star. That one film is – ostensibly – about mental ill health and the other about secret agents is a deeply superficial difference. Both Gibson and Crowe play heroes who master their subjective realities; the latter by suppressing it and the former by validating it.

living with a diagnosis of schizophrenia in 21st century America, Pierce is a self-actuating, financially independent, middle-class white male, with agency, volition and material means.⁷⁵

Perception has extensively borrowed from the visual rhetoric and filmic syntax and grammar of *A Beautiful Mind*. As Christian Metz observed, on the *ad hoc* development of conventionalized cinematic code(s), ‘there are certain “syntactical procedures” that, after frequent use as *speech* [*parole*], come to appear in later films as a language system [*langue*].’⁷⁶ For certain, *Perception* and *A Beautiful Mind* are speaking the same *langue* of filmic schizophrenia. Conventions of cinematic production of ‘schizophrenia’ *qua* visual hallucinations that reach their apotheosis in *A Beautiful Mind* are repeated as cliché in *Perception*. Pierce experiences stable, non-bizarre visually hallucinated people, with whom he can interact, and who – invariably – provide essential clues for the resolution of any given episode’s murder and plot. Concurrently, Pierce has a long-term sustained visual hallucination: an ‘imaginary friend’ called Natalie Vincent (played by Kelly Rowan).⁷⁷ Visual hallucinations are apparent – to the spectator – only through their appearance and disappearance through a triangulation of shots: a shot-reverse-shot of Pierce and the hallucinated character, followed by a wider shot showing only Pierce.

Again, as with *A Beautiful Mind*, the problem is not just that visual hallucinations are an atypical symptom of psychosis, but that these visual hallucinations are intrinsically ordered and reasonable, and the hallucinated world and the non-hallucinated co-exist conveniently. A frequent feature of *Perception* is that ‘real’ characters invariably leave seating and standing space around Pierce for his hallucinated characters, who are always appropriate for the context (figures 4.26 and 4.27).⁷⁸ Also, as with *A Beautiful Mind*, these visual hallucinations are a method by which the filmic representation separates the subject with a diagnosis of schizophrenia from anything resembling

⁷⁵ A recent ethnography of an Assertive Community Team (ACT) in the United States, frames ‘service users’ in the context of avolition, poverty, self-destructive behaviour, drug addiction, sexual abuse and medical coercion achieved through the control of meagre benefit payments. (Paul Brodwin, *Everyday Ethics: Voices from the frontline of community psychiatry*, (University of California Press: Oakland, 2013)) To ask those in the care of the pseudonymous Eastside Service whether the representation of schizophrenia in *Perception* spoke to them of their condition would be an exercise in humiliation.

⁷⁶ Christian Metz, ‘The Cinema: Language or Language System’ in *Film Language: A Semiotics of the Cinema*, trans. by Bertrand Augst (University of Chicago Press: Chicago, 1991), pp.31-91 (p.41). The French terms are added in brackets for clarity. It is worth noting, though, that Metz argues that there is no true *langue* in cinema, only instances of *parole* [speech] and an inter-textual language (in the Saussurean sense whereby a language is the organic sum of a *langue* and all instances of *parole*). For Metz, cinematographic language has no phonemes or words, and no second articulation and very little first articulation (pp.61-65). Furthermore, its signs, in Metz’s analysis, are rarely ‘true signs’ and its communication is only one way (p.75). Hence, it is a language without an underlying structural *langue*.

⁷⁷ One amusing contradistinction with *A Beautiful Mind* is that whereas that film – as mentioned earlier – makes a plot point out of the non-ageing of the visually hallucinated characters, the pre-titles hook of the season one finale, ‘Light’ (17 September, 2012) is dependent on Pierce’s hallucination ageing perfectly over decades. In the episode, Pierce receives in-patient care from a new psychiatrist, Caroline, who is identical to Natalie. It transpires that Pierce saw Caroline at a university party decades earlier and – lacking the confidence to approach her – hallucinated an entire relationship and friendship with her surrogate Natalie. For the drama to work, Natalie and Caroline obviously had to age identically over the intervening years.

⁷⁸ Jokingly, in ‘Asylum’ (13 August, 2013), Freud appears to Pierce. As a nice moment of intertextuality, he is played by Judd Hirsch, who also played Helinger, the fictional head of the mathematics school at Princeton in the opening act of *A Beautiful Mind*.

madness or psychosis. Pierce is simply seeing things that happen not to be true. The psychosis, such as it is, is extrinsic to him. Because filmic representation deals in visible forms and objects primarily, the phenomenological state has to be externalised, materialised and visualised. In doing so, it shifts from phenomenology to simple phenomena. The pseudo-empathy of partial focalisation combined with the a-psychotic psychosis makes these phenomena at worst an incorrect alternative narrative. At best, as in *Perception*, they become a very guarantor of the ‘schizophrenic’ Pierce’s sense of reality. In the finale to season one, ‘Light’, when confronted with the ‘real’ Caroline, rather than her hallucinated doppelgänger Natalie, it is alarming to Pierce to discover that the person he is talking to is *not* his hallucination. Pierce’s improbable mastery of his ‘schizophrenia’ in the form of compliant, reasonable and helpful visual hallucinations is threatened by the apparent existence of a ‘real’ objectively verifiable representation of one of his hallucinations. The logic has become so distorted by this a-psychotic psychosis that Caroline’s ‘real’ existence disturbs his self-image and constructed sanity, and he asks his informal carer Lewicki to confirm his sanity by reassuring him that he *is* hallucinating. The dramatic music, close-up on Pierce and sudden cut to adverts all indicate that the spectator is meant to share the character’s anxiety, because in the semiotic of *Perception*, the visual hallucination is a sign of Pierce’s sanity.



Figure 4.26

Perception (‘Asylum’, 13 August, 2013)

Pierce’s hallucinations are so well-integrated into his life ...



Figure 4.27

Perception (‘Asylum’, 13 August, 2013)

... there is always a convenient stage-managed spot for them to appear.

A Beautiful Mind and *Perception* are filmic representations partially focalised through a ‘schizophrenic’ protagonist, but where the concept of the ‘schizophrenic’ phenomenology is entirely retro-engineered from the visual possibilities and conventions of non-psychotic

representations of reality. *Spider* and *Keane* offer two contrary models of extended focalisation through a ‘schizophrenic’ character. *Spider* is directed by commercial auteur David Cronenberg, and immerses the spectator in a highly subjectified diegetic world. The protagonist (the eponymous Spider, played by Raph Fiennes) has been transferred from in-patient psychiatric care to a halfway house in the East End of London, where he grew up. As a consequence of this – perhaps – Spider is recollecting (and reliving) childhood memories, and specifically – in-keeping with the narrative convention of representations of mental illness – the causes, context and occasion of what might be termed his psychotic break.

The focalisation of the holistic diegetic reality operates in both directions. The first, and most apparent, direction of the focalisation pertains to that which might be called the narrative form and content: older Spider’s re-telling (and literally, re-writing, as he scribbles his narrative in a dog-eared notebook, stashed furtively under the carpet in his temporary bedroom) of his earlier trauma. This focalisation is vital to the story. Indeed, the story is predominantly a product of narrative form, as the dramatic tension entails a steady de-coding of the focalisation to discover what exactly happened to this triangular family in the 1950s.⁷⁹ In this, the film contains strong traces of its origin as a novel written in the form of Spider’s own writings about his past.⁸⁰ It is no surprise perhaps that *Spider* relies on what Deleuze, in his two-part philosophy of the cinema, describes as the ‘perception-image’ infused with a ‘semi-subjectivity’, and he notes that Passolini likened this form to Bakhtin’s account of free indirect discourse.⁸¹ Deleuze summarises it as follows: ‘there is not a simple combination of two fully-constituted subjects of enunciation, one of which would be the reporter, the other reported. It is rather a case of an assemblage of enunciation, carrying out two inseparable acts of subjectivation simultaneously, one of which is present at his birth and brings him onto the scene.’⁸² *Spider* is structured as a sequence of these perception-images performing two inseparable acts of subjectivation at the same time.

Spider inhabits his memories, moving through his childhood home, and following his parents to the local pub, the family allotment, the river front, the far-flung corners of a microcosmic globe born from a child’s mind. As figure 4.28 demonstrates, the older Spider is at

⁷⁹ Triangular is the word. More than anything *Spider* is a reaffirmation of the Freudian Oedipal complex. It might be felt that any 21st century account of schizophrenia that presents a pre-pubescent boy’s wild hostility and attraction towards his mother’s newly discovered (for him) sexuality as the overriding, if not sole, etiological factor, is dallying rather carelessly with the implicit misogyny that has dogged psychodynamic explanations of psychosis (and neurosis) since their conception.

⁸⁰ That said, the articulacy and insight of the novel’s narrator, who writes with a ‘fluent hand, the hand of a writer’ is degraded into inaudible mumblings, uncomprehending stares and inertia in the film. (Patrick McGrath, *Spider*, (Penguin: Harmondsworth, 1992) p.155) When the camera glimpses Spider’s writings, they look hieroglyphic: visibilised psychosis. The impact of the medium is significant. No matter how partial or unreliable, a literary narrative voice is always, by definition, active and vocal. Trickster god they may be, but a god nonetheless. In a film, narrative figures become spectral onlookers. They functionally only need to frame the action to indicate, semiotically, that the scene is a product of their memory or narration. They then fall into a passive, silent role, which is the attitude adopted by the older Spider for much of the film.

⁸¹ Gilles Deleuze, *Cinema 1*, trans. by Hugh Tomlinson and Barbara Habberjam, (London: The Athlone Press, 1992), p.72

⁸² Deleuze, *Cinema 1*, p.73

once immersed in and yet separate from this diegetic reality. Similarly, he is both master of this reality, creating it up out of the void, and also prisoner within it, compulsively trapped into reliving it. And as an environment, Spider's subjective reality is both the product and the cause of his mental distress. All these qualities show the economic efficiency of Cronenberg's visual semiotic as a metaphor for suffering psychotic delusional thinking.



Figure 4.28

Spider is immersed in the 'schizophrenic' diegesis, but subjectively outside his younger self.



Figure 4.29

There seems to be no fixed answer to the question of where and when Spider is, despite (or because of) the overbearing sense of place throughout the film.



Figure 4.30

There is no outside-of-head in schizomimesis

But the focalisation works in the opposite direction too: Spider's narrative is focalised through the diegetic reality. Older Spider's environment is distorted. The gas towers loom with a dreamlike over-determinacy. London streets are uncannily deserted, evoking early photography, when the long-exposure times turned the city's populace to barely visible ghosts. Time too, is unreliable, partial. Spider seems too young, in the first years of the 21st century, to have gone through puberty in the 1950s. When asking where and when older Spider is, for example in figure 4.29, it is not possible to give a determinable answer. This indeterminacy enjoys a tense co-existence with a visual and temporal filmic schema that is also highly insistent. Almost every

moment of screen time is distinctly a place and a moment heavy with inexpressible meaning. In this, Cronenberg constructs an environment redolent in schizophrenic difference, and that embodies not hackneyed, clinically implausible but cinematically conventionalised symptoms, but rather the aura of psychotic disturbance in the materials of its *mise-en-scène*. Whereas the first form of focalisation provides a de-psychoticising and empathetic unriddling of Spider's madness (where, ultimately, every mystery has a motivation, according to a very traditional Freudian master signifier code, and the web of events can be unspun into a linear progression), the second form of focalisation undoes this, by laying an obtuse webbing of uncanny, unresolvable signifiers onto the filmic material (figure 4.30). The *mise-en-scène*, the weave of cinematic signifiers, is schizomimetic, in contrast to the a-psychotic signified content as a plot of (and also plot *as*) mental illness resolving along the lines of risk factors, prodromal symptoms, first episode, (medical) intervention, (partial) recovery, relapse, and so on.⁸³ It is schizomimetic in that it very particularly enacts specific elements of schizophrenic symptomatology, in this case that space, as Jaspers – building on Binswanger – describes it, 'takes on *an affective character*'⁸⁴ and that time is constructed according to a schizotypal 'auto-noetic awareness.'⁸⁵



Figure 4.31
A composite, object sign of phenomenology



Figure 4.32
Visualising the embodied phenomenology

⁸³ With plot-as-mental illness, each filmic text conforms to this narrative structure. Whether the film has a sentimental happy ending or not depends on whether the narrative ends at the point of recovery or relapse. *A Beautiful Mind* ends in an orgy of recovery; *Spider*, with a poignant slip back into psychosis, and – naturally, for the moral economy of the film – back into in-patient medical care.

⁸⁴ Jaspers, p.81 Italics in original.

⁸⁵ For an account of auto-noetic awareness see Hannah Winfield and Sunjeev K Kamboj, 'Schizotypy and mental time travel', *Consciousness and Cognition*, 19 (2010) 321-327. Or, alternatively, read that famously schizomimetic novel written in the 'telegraphic schizophrenic manner' (unpaginated title page) whose protagonist is 'spastic in time' (Kurt Vonnegut, *Slaughterhouse Five*, (London: Random House, 1991) p.17).

In *Keane*, director and writer Lodge Kerrigan also uses *mise-en-scène* to enact phenomenology, but his film constructs the schizophrenic subject as a composite object in conjunction with his environment, thereby implicitly incorporating the socio-economic determinants of mental ill health in the semiotic (see figure 4.31). Unlike Howard or Cronenberg, Kerrigan makes no attempt to represent the phenomenological experiences of the central protagonist literally or metaphorically. Keane, played by Damian Lewis, remains the literal object of the camera's gaze, and the psychosis is visibilised through the cinematic representational technique. These comprise predominantly: shaky hand-held camera work; erratic cuts within scenes to indicate small jumps in time, thereby cinematically performing Keane's agitation; very few cutaways; a tight focus on Keane, especially his head; repeated use of off-screen dialogue.⁸⁶

The last of these devices is especially witty. For example, in a scene where Keane behaves slightly erratically in a mostly empty bar, and provokes an argument with the bartender about the volume of a song he has selected on the jukebox, he stands on a chair to be closer to the speaker and sings along (loudly and inaccurately). The bartender starts shouting at Keane to get down, and cinematic convention (loosely adhered to throughout this brief exchange so far) would have the camera move or cut between bartender and Keane to capture action and reaction. Instead, the camera maintains its focus on Keane, and only the bartender's voice is heard. Although this is not an auditory hallucination within the diegetic reality of the film, the disconcerting effect of an auditory hallucination is subtly played out on the spectator who is inevitably discomforted by the flouting of this cinematic convention.

Here is a solution to the thorny problem of reconciling the cinematic imperative to visibilise with the objective invisibility of someone's subjectively experienced phenomenology: an embodied phenomenology. The camera maintains a close, scrutinising gaze on Keane for much of the film; his head is rarely out of the frame, and is most often in a close shot, even when cinematic convention might prompt a cutaway, reverse shot or wider shot. At the same time, Lewis stages the experience of a schizophrenic phenomenology but to be read, by the spectator, un-empathetically. He mutters under his breath. His eyes dart wildly. It is very possible that he is experiencing auditory or even visual hallucinations. He is undeniably paranoid, and his behaviour is objectively peculiar.⁸⁷ Importantly, though the presence of an altered (or at least, alternative) phenomenology is very clear, and easy to read, the content of that phenomenology remains obtuse. There is no empathetic invasion of Keane's subjectivity by the spectator. Yet this is not a simple voyeuristic re-stating of

⁸⁶ The confluence between the cinematic rhetoric of the espionage myth and mental illness is nicely evidenced by Lodge Kerrigan bringing this distinctive nervy directorial style to an episode of *Homeland*, 'State of Independence' (14 October, 2012), also starring Damian Lewis.

⁸⁷ Kerrigan does not establish the oddness of Keane's behavior and appearance by triangulating him with other figures within the diegetic reality and the extra-diegetic spectator. This would be a simple Peircean triad, with Keane in the position of *Firstness* (behaving oddly), other diegetic figures in the position of *Secondness* (shown in shot reacting to this oddness, and thereby constructing it as odd) and the spectator in the position of *Thirdness* (validating the social construction of Keane's behavior as odd). Doing so would push the spectator into identifying with the reacting figures in the position of *Secondness*.

the (pleasurable) gap between the non-pathological spectator and the schizophrenic object, a comforting cultural balm as described by Gilman in the introduction to this chapter. Rather, it is schizomimetic in the domain of the signifier.

What is meant by that term? Whilst presenting the phenomenology as embodied in the figure of Keane, Kerrigan also enacts this embodiment in the formalism of the film. The symptomatology of schizophrenia is represented metaphorically in the form, rather than the content, of the representation. Rather than focalising *through* the subjectivity of the figure of Keane, Keane's subjectivity is focalised through the filmic representational machinery. It is contra-empathetic, or indeed schismatic or schizoid, in that it breaks association between the spectator and either the object of Keane or other figures (in the position of *Secondness*) within the diegetic material. However, this break with Keane is counterbalanced by the formal embodiment of his phenomenology.

Consider figure 4.32. In the image on the left, Keane is anxiously sidling around a central pillar in the New York City Port Authority Bus Terminal, a location he is compulsively drawn to repeatedly during the film, and where – according to his account – his daughter was abducted from him several months ago.⁸⁸ Keane appears simultaneously desperate to confront his daughter's abductor – whom he seems sporadically convinced will reappear at the same time of day that his daughter disappeared – and also petrified of being followed or watched. At one and the same time, he is the subject and the object of a pursuit. The spectator is denied any external, objective evidence to support or refute Keane's belief that he is being followed. Whilst the camera frames the diegetic reality of the film objectively, eschewing literal focalisation through Keane, it also excludes visual information that would help the spectator develop fixed, certain ideas about the truth (or otherwise) of Keane's interpretation of reality. In this image and the second image in figure 4.32, where Keane is searching through lockers in a panic, the camera keeps Keane, as embodied psychosis, in its gaze at all time. This very process of relentless objectification of Keane means

⁸⁸ In relation to Keane's possibly abducted daughter, the film enacts the experience of holding beliefs in the absence of confirmed objective grounding, a 'psychotic' symptom. It is impossible to determine, unambiguously, whether or not Keane had a daughter, and whether or not she has been abducted, or whether the abduction is, for example, a Freudian psychotic defence imagined to shield Keane from a truth less palatable to his ego, such as, his daughter having decided to break contact and live with her mother and stepfather, or perhaps merely a metaphor for Keane's ex-wife refusing to allow Keane access to his daughter. No interpretation is verified, and the diegetic reality yields little in the way of proof. No one at the Port Authority Bus Terminal can remember the abduction, but then, why should they? A spectator might be considered complicit in Keane's psychosis to imagine that this monumental event in his life should have any such impact in the lives of complete strangers, especially given the necessarily transient nature of the community of people at a bus terminal.

Conversely, though, the spectator's empathetic bias might be criticized for tilting too far in the opposite direction, revealing a psycho-normative urge to write Keane's tragedy off as the hollow yarn of a delusional brain. To take the lack of verification of Keane's narrative by people at the bus terminal as proof of its status as delusion would be to make the self-same referential error attributed to Keane above: the abduction would not have touched their lives to make sufficient impression, so the absence of such an impression cannot be assumed as evidence that the abduction was fictitious. The spectator is, therefore, suspended in a profound Derridean semiotic uncertainty. The signified of signs may be one thing, or that thing's complete opposite or, naturally anything between those two poles. This schizomimesis in the domain of the signified will be addressed in the next section.

refusing cinematic convention to frame in wider establishing shots or to follow his line of vision. As a consequence, the spectator, through the restricted gaze of the camera, reaches a point of epistemic uncertainty. The spectator cannot see whether there is a reasonable potential suspect on the other side of the pillar in the first image, nor can they see whatever is (or is not) in the locker in the second image. This filmic technique, termed here schizomimesis in the domain of the signifier, forces the spectator to experience an uncertainty phenomenologically proximate to that experienced by a subject in a delusional state interacting with a reality at odds with their beliefs.⁸⁹



Figure 4.33

The schizophrenic as self-conscious object of the cinematic gaze

Keane challenges the cognitive function that Warren Buckland describes as ‘filmic competence [...] the spectator’s knowledge or intuition about filmic meaning.’⁹⁰ Specifically, as demonstrated, it does this by schizomimetically collapsing the ordering dichotomy that Buckland attributes to cognitive film theorists like David Bordwell: either objective, non-focalized and from the perspective of a non-diegetic narrator (somewhat equivalent to the third-person form in writing) or subjective, focalized and embodied in a character within the diegesis.⁹¹ *Keane* engages the spectator in a dialectical exchange, through an objective yet embodied and focalized perspective, which projects the meanings and affects generated within the filmic text back out onto the spectator. The character Keane’s paranoid and delusional game of cat and mouse with imagined second parties is enacted through a verifiable game of cat and mouse between Keane and the spectator. When Keane is overcome with paranoia whilst taking Kira (a young girl he befriends) ice skating, he starts shouting: ‘What are you looking at? Don’t look at me.’ Within the diegetic reality, no one is looking at him. (Granted, his shouting may well have changed that.) However, he has been visibly discomforted by the gaze of the spectator for an hour of ‘filmophanic reality.’⁹² He is an object (self)conscious of the camera’s gaze (see figure 4.33). In this way, schizomimesis uses the co-existence of different realities within the same filmic text to enact meanings and affects pertaining to its content: the lived experience of mental distress. The spectator, feeling their gaze

⁸⁹ Consider the affective visual hallucinations of the unnamed protagonist (N played by Anna Maxwell Martin) in *Poppy Shakespeare* (figures 4.34, 4.35 and 4.36) constructed of bold sweeps of metaphor.

⁹⁰ Buckland, p.141

⁹¹ Buckland builds this account through the second chapter of his book, but see especially pp.49-51.

⁹² Souriau’s term relating to the reality of the film as projected on the screen. Buckland, p.47

disturbing the diegetic character, experiences something proximate to the psychotic delusion of reference, whereby the person with lived experience of psychosis feels that their thoughts or acts are influenced by or influencing events shown on television.

The relationship between enacted delusions of reference and the play of signifieds in these representations is the central concern of the next section of this chapter.



Figure 4.34



Figure 4.35

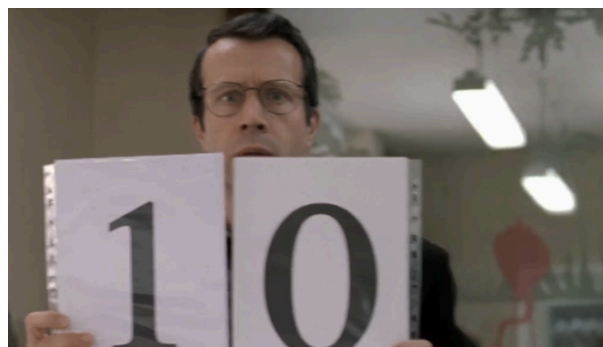


Figure 4.36

Poppy Shakespeare

Visual hallucination as affect and metaphor

Schizophrenic signified; the absent transcendental

RAY It's a sign.
 LAURA What's it a sign of?
 RAY It's meaningful.
 LAURA What does it mean?
 RAY I don't know, I don't know what it means. It's just meaningful.⁹³

A visual or an auditory theme [...] once it has been placed in its correct syntagmatic position within the discourse that constitutes the whole film, takes on a value greater than its own and is increased by the additional meaning it receives. But this addition itself is never entirely "arbitrary," for what the theme symbolizes in this manner is an integral situation or whole process, *a part of which in fact it is*, within the story told by the film [...] In short, the connotative meaning *extends over* the denotative meaning, but without *contradicting* or *ignoring* it. Thus the partial arbitrariness; thus the absence of total arbitrariness.⁹⁴

Film, like schizophrenia, finds it hard not to mean. Both rapaciously accumulate signifiers and then equally as generously dole out signifieds. Christian Metz, a founding father of film semiotics, identifies several mechanisms underlying this surfeit of signification, though it should be noted that he does not analyse it in these terms. Firstly, there is the unavoidable denotative signification of cinema, inherited from photography. No photograph can avoid denoting its various objects by what Metz calls a form of simple iconic analogy, and these objects recorded (at least in the pre-digital age) are represented within the image through mechanical reproduction and analogy rather than code: 'denotation is a visual transfer, which is not codified and has no inherent organisation.'⁹⁵ Metz reiterated this claim, drawing on the work of Pier Paolo Pasolini, claiming the filmmaker's 'raw material is the image – that is to say, the photographic duplication of a real spectacle, which always and already has a meaning.'⁹⁶ When a shot of a house is shown, it is impossible for this to not signify a house. This denotation is so strong that it cuts through all layers of reality encompassed within a film. It is an absolute denotation, and does not require any other language. Indeed, even if, as per the apocryphal 'founding myth'⁹⁷ of cinema, spectators were unable to distinguish between their reality and that on the screen, this denotative signification still functions.

Secondly, as Metz also notes, each act of denotation is additionally constructed. This is a marked difference between the static, unitary photograph and the moving pictures of cinema. In

⁹³ *Some Voices*, dir. by Simon Cellan Jones (Film Four Distributors, 2000)

⁹⁴ Christian Metz, 'Problems of denotation in the fiction film' in *Film Language*, pp.108-146 (p.110)

⁹⁵ Metz, 'Some points in the semiotics of the cinema' in *Film Language*, pp.92-107 (p.98). Metz makes this point at several stages in his theories. Here he is borrowing explicitly from Roland Barthes for whom 'the photograph (in its literal state), by virtue of its absolutely analogical nature, seems to constitute a message without a code.' Roland Barthes, 'Rhetoric of the Image' in *Image Music Text*, pp.32-52 (pp.42-43). For Peirce, given the underlying physical causality in the process, photographs are not iconic but indexical signs. (Peirce, p.106.) See Chapter Five footnote 75 for a fuller discussion. In a very literal sense, all digital photography (and film) is coded, obviously. Presumably, it is possible to use that coding process to produce metaphorical representations of objects by, for example, rendering the image in computer code, or translating it into sound, words, movements or some other form. However, whether seen as iconic or indexical signs, it is definitely correct that there is no coding involved in the recording process of pre-digital, photo-chemical photography. The composition and interpretation processes clearly do entail forms of coding.

⁹⁶ Metz, 'The modern cinema and narrativity' in *Film Language*, pp.185-234 (p.212)

⁹⁷ Martin Loiperdinger and Bernd Elzer, 'Lumière's arrival of the train: cinema's founding myth', *The Moving Image*, 4:1 (2004) 89-118

cinema, there is a ‘whole semiotics of denotation’⁹⁸ and the significate⁹⁹ ‘house’ can (and indeed, in some senses, must) be constructed through an assemblage of images. Even the shift from a simple establishing exterior shot of a house would contribute to a montage shot denotatively signifying ‘house’ upon cutting to an interior shot. Similarly, holding the exterior shot of the house for any period of time would construct a composite shot signifier of the denotative signification ‘house’, establishing that part of the significate ‘house’ is the object quality of endurance through time.¹⁰⁰ This is perhaps taken to its logical, artistic endpoint with Andy Warhol’s *Empire* (1964), a film composed of one slow-motion, eight-hour (and five minutes) shot of the Empire State Building.

Thirdly, each shot, Metz asserts, is an actualized unit, equivalent not to the linguistic word but to the sentence. As Metz states: ‘[t]he image of a house does not signify “house,” but “Here is a house”’; the image contains a sort of index of actualization, by the mere fact that it occurs in a

⁹⁸ Metz, p.98

⁹⁹ The term ‘significate’ is used here for ‘signified’. Although both are different translations of the same French word *signifié*, the two codings into English allow for a nuance of difference. In this case, to talk of the signified ‘house’ might sound as though a specific house is being referred to, whereas to use the terminology ‘significate’ – and to talk of the significate ‘house’ – makes clearer that what is signified is the concept of ‘house’ as well as (and inextricably linked to) the specific house also being signified. Throughout this chapter, ‘significate’ is used when it appears to offer a certain precision that would be lost by always using ‘signified’.

¹⁰⁰ For Metz, this shot would surely be an exemplar of his first syntagmatic type, the autonomous shot (see Metz, pp.124-135). Metz does not believe that either first or second articulation is possible within film semiotics. Of course, many films have soundtracks that are partially linguistic, and therefore entirely susceptible to articulation to the level of phonemes. Non-linguistic soundtracks are also naturally divisible down to minimum distinctive units of sound that lack signification on their own, or at least have less signification. The infamous stabbing strings during Marion Crane’s murder (*Psycho*, dir. by Alfred Hitchcock, Paramount Pictures, 1960) can be dissected into phonemes (or phoneme equivalents) that do not, individually, contain the signification that the whole theme does.

Metz correctly interprets the shot, and even the discernable moments within a shot, as equivalent to a sentence or actualized statement, and this is at least partially because even in this moment of near-simultaneity, film offers a sufficient range of units to generate signification. As recognized, each visual element within a frozen frame of film – assuming it is a representational non-abstract element – has immediate, unavoidable denotative signification, and so cannot be likened to the phoneme, and this signification can be autonomous, so the element cannot be likened to a morpheme. To take figure 4.34 as an example, all sub-images within the shot take the diegetic object and the profilmic object as their referents. So, the signifier of the image of a figure in the bunny suit has two signifieds: the affective visual hallucination of N (the diegetic significate) and the actor in a bunny suit (the profilmic significate). Given that the bunny is absent from the novel’s account of N’s assessment (see Clare Allen, *Poppy Shakespeare*, (Bloomsbury: London, 2007), pp.215-218), the figure in the bunny suit has a further meta-filmic signification, functioning as a sign of the differing requirements and functions of film in contrast to those of the literary text, specifically the need to visibilise, and the aesthetic demands and parameters of such a need.

However, very obviously, the shot can be broken down into distinctive units analogous to morphemes and phonemes, lacking individual signification. In terms of the filmic image, the spaces between individual signifying object images, the quality of lighting, the position of the camera are certainly distinct elements that contribute to the signification of the shot but do not signify in themselves. (It is important to distinguish between the technical acts – for example, positioning a camera, selecting a lens and focus range, arranging lighting and applying filters – and the image effect, for example, that figures are seen from above, that they are warmly or coldly lit etc. Only these image effects can be considered analogous to phonemes and morphemes as only they are manifest within the shot, albeit that they follow absolutely inevitably and causally from the technical acts that fall outside the shot, and outside the filmic semiotic.) Similarly, as already demonstrated, the soundtrack is divisible into analogous components.

This observation is helpful primarily to emphasize how signification is constructed synchronically across the multiple signifying layers of the shot (including its soundtrack) in profound contradistinction to the chronologically linear construction in sound (be it drama, spoken poetry and prose, music or just plain noise) and in print (without images). That film’s second articulation exists by separating out these differing signifying layers is an observation apparently missed by Metz.

film.¹⁰¹ Film, therefore, is an unruly meaning-generating machine, that cannot but denote (at least, as long as its raw materials of denotation are drawn photographically from a non-abstract reality composed of objects capable of being rendered mimetically). Further, this denotation is necessarily highly motivated, rather than arbitrary, and penetrates across signifiers, with a self-narratising drive that has no subjective agency behind it, as in the case of the composite signifiers denotatively signifying ‘house’ through a shot sequence. Finally, this non-intentional, irrepressible denotative sub-narrative of signification and presence is self-conscious and its own meta-narrative. So, ‘house’ and ‘this is a house’ are concurrent narratives of denotative signification. This emphatic insistence is then a very easy hook for any connotative signification, as a spectator asks, ‘why a house?’ or ‘why this house?’

Jean Mitry, a contemporary and generally fellow traveller of Metz’s, summarises the tendency of filmic representation to supercharge its objects with signification neatly:

Objects become in it the symbols of what they are in a representation concealing, far beyond superficial similarity, a truth which they themselves are incapable of expressing. *Reproduction is richer in meaning than the reproduced object.*¹⁰²

This supercharging of objects with signification is not just a tendency of filmic representation but, as this section shall argue, is also the underlying semiotic process in the Schneiderian first rank symptom of the delusional percept. Jaspers’ description of the ‘*delusional atmosphere*’¹⁰³ as foundation for delusions in schizophrenia bears clear similarities with the semiotic account of supercharged signification in film:

Patients feel uncanny and that there is something suspicious afoot. Everything gets a *new meaning*. The environment is somehow different [...] perception is unaltered in itself but there is some change which envelops everything with a subtle, pervasive and strangely uncertain light. A living-room which formerly was felt as neutral or friendly now becomes dominated by some indefinable atmosphere.¹⁰⁴

Jaspers conceptualizes the primary delusion as a self-conscious process of a ‘*seeing of meaning*’,¹⁰⁵ or what might in semiotic terms be described as a (hyper)consciousness of (supercharged) signification. For Jaspers, ‘the delusional experience of reality [is one] in which the environment offers a *world of new meanings*’:

Perceptions are never mechanical responses to sense-stimuli; there is always at the same time a perception of meaning. A house is there for people to inhabit; people in the streets are following their own pursuits. If I see a knife, I see a tool for cutting. If I look at an unfamiliar tool from another culture, I may not see its precise meaning but I can appreciate it as a meaningfully shaped object.¹⁰⁶

Simple perception entails not just a perception of meaning, but a subjective projection of meaning. Even, as Jaspers hints, when the perceiver has no ‘precise meaning’ to project, on an enigmatic or

¹⁰¹ Metz, p.116

¹⁰² Jean Mitry, *Semiotics and the Analysis of Film*, trans. by Christopher King (London: The Athlone Press, 2000), p.186

¹⁰³ Jaspers, p.98 Italics in original.

¹⁰⁴ Jaspers, p.98

¹⁰⁵ Jaspers, p.99 Italics in original.

¹⁰⁶ Jaspers, p.99

obtuse object, then the concept of meaning is projected, enabling the perceiver to ‘appreciate it as a meaningfully shaped object’. These projections of signification are amplified in both the psychotic state (Jaspers’ delusional atmosphere) and also the filmic text. In both, objects are supercharged with signification so that ‘[o]bjects, persons and events are simply eerie, horrifying, peculiar, or they seem remarkable, mystifying, transcendental. Objects and events signify something but nothing definite.’¹⁰⁷ Cinema entails a psychotic supercharging of signification; psychosis entails a cinematic atmosphere of meaningfulness.

If this chapter is arguing that many of the conventional cinematic effects which project a constructed subjectivity back onto the spectator are – in semiotic terms at least – identical to the processes detailed in Jaspers’ account of morbid phenomenology (specifically, thought insertion, delusional thinking, voice-hearing, affectivity of space and time), then how can it also be claimed that Jasperian empathy is neither desirable or possible through cinematic representations of psychotic phenomenology? Central to this argument is that cinema is a productive mode that conceals its own effects constitutive of its (un)reality. Similarly, a delusional belief system conceals the mechanisms and effects through which it is constituted. To empathise would be to be complicit in these concealments, regardless of which semiotic system (cinematic or delusional) is being empathized with. At heart, empathy is an accepting of a system of signification (be it the subjective phenomenology of another person, or the meaning structure of a filmic text, or both) *as-if* understood. In contrast to practicing a complicit empathy, this chapter’s call to obtuseness translates here as a focus on precisely those signifying elements within these semiotics that fail to mean, or *mis*signify, and do so instructively, revealing the mechanism of the semiotic’s construction and the falsity of its effects.

Structurally, the way in which signification is bound onto and explodes out from images within the semiotic of cinema is identical to the operation of signification in the coding act pathologised as ‘delusions of reference’. Certainly, the cinematic staging of mistaken decoding by ‘schizophrenic’ characters within the narrative is one common way in which ‘schizophrenia’ is signified within filmic representations and, in contrast to the visual hallucinations discussed in the previous section, this ‘symptom’ is typical (rather than atypical) in clinical accounts. As a rhetorical convention signifying schizophrenia, there are numerous examples in *A Beautiful Mind* and *Perception*. In both, this compulsive decoding doubles as signification of ‘character’. ‘Nash’ and Peirce are decoders, a mathematician and a neuro-psychiatrist respectively, and each has a supercrip alter-ego as Cold War spy or FBI consultant. Decoding, as an act, signifies across three levels, or genres: the medico-diagnostic (the decoder *qua* ‘schizophrenic’); the personal and professional (the decoder *qua* validated professional); the romance or fantasy (the decoder *qua* superhero, spy, detective etc.). Naturally, the assumptions of these roles in turn affirm the ideological constructs within which the roles function, so the ‘schizophrenic’ decoder affirms the medico-diagnostic

¹⁰⁷ Jaspers, p.100

model of mental disease, the qualification-bearing professional decoder affirms a liberal capitalist order that equates productive employment with character, and the sleuth decoder affirms the fantasy of contemporary Hollywood and television.

A conventional decoding shot sequence from *A Beautiful Mind* has already been analysed in the previous section for its formal qualities and how it constructs the signifier of ‘schizophrenia’. This section is concerned with what happens to the signified within the process of decoding. The UK film *Some Voices* (2000) – adapted by Joe Penhall from his 1994 stage play of the same name, described as ‘a film that rises above the usual dross of mental illness movies’¹⁰⁸ not least for its reasonably clinically faithful representation of ‘schizophrenic’ symptomatology – opens with a sequence of (potentially faulty) decoding. Being driven by his brother Pete (David Morrissey) to Shepherd’s Bush, London on release from an undisclosed (and, in 2000, rather anachronistic) asylum, Ray (Daniel Craig) seems preoccupied with some unusual sights alongside the motorway. The film cuts between these images – including a half-missing junction sign (figure 4.37) and a group of builderers (figure 4.39) – and Ray’s face (figure 4.38).



Figure 4.37

Self-conscious denotation segues into connotation for both the ‘schizophrenic’ and the spectator, in the opening sequence of *Some Voices* (2000).



Figure 4.38

The decoding subject as filmic object.

¹⁰⁸ Peter Byrne, ‘*Some Voices* [Review]’, *British Medical Journal*, 321 (2000) 770, p.770 Byrne praised particularly the use of audio effects to recreate the sensation of auditory hallucinations, in contrast to *A Beautiful Mind*’s dubious metaphorical visibilising of hearing voices into seeing people.



Figure 4.39

The accidental signifier: by placing it within the filmic syntagm, profilmic material beings to denote and connote. The semiotic of cinema forces a panoply of different significates on these accidental signifiers, with the amorous gusto of the florid 'psychotic'.

Six different processes of signification take place within this shot sequence, with different signifieds. Narratively, the sequence signifies Ray's return home from in-patient psychiatric care, and his unfamiliarity with what he sees suggests an extended period of time away from London. Thematically, the uneasy and questioning glances at the world establishes the disharmonious relationship Ray, and all the protagonists, have with their environment and their lives. This is a clear example of 'schizophrenia' as both product of and metonym for socio-economic problems; as writer Joe Penhall said (of the original stage play): '*Some Voices* was about the difficulties of assimilating in the metropolis.'¹⁰⁹ Formally, this interchange establishes a degree of focalisation through Ray. Any spectator somehow unfamiliar with any simple synopsis of the film will, by this early point, have intuited – as a result of this shot sequence – that Ray is the central protagonist, and that they are invited to empathise with him and adopt his perspective (literally with figures 4.37 and 4.39). Diagnostically, especially coming after Ray's release from an asylum, the sequence is the first cinematic symptom sign, or rather a prodromal sign, of the 'schizophrenic' episode that will erupt within the film's diegesis; Ray's main 'symptom' is delusions of reference, particularly a belief in communicating with aliens via swirls, wheels and crop circles. Here are four processes of signification – the narrative, the thematic, the formal and the diagnostic – constitutive of the filmic text. What of the final two processes of signification?

These two significations are meta-filmic, signifying about the film itself rather than about its diegetic material. The first meta-filmic signification of this sequence shot is that *Some Voices* is schizomimetic in the domain of the signified. How to explain the implications of that term? It is a reasonable assumption that the builderers and the partial motorway sign belong to the profilmic reality, and were not staged for the film but merely recorded. Cellan Jones' direction to Craig may have been an instruction to look awed or confused by these first glimpses of post-institutionalised life. Within the editing process, by simple montage alternating candid footage of profilmic reality

¹⁰⁹ Joe Penhall, *Some Voices*, in *Plays: 1* (Methuen: London, 1998), p.ix. This is the central structuring theme of Joe Wright's *The Soloist* also, which is as much about black poverty in Los Angeles as it is about a disease called 'schizophrenia'. Similarly, Joe Penhall's subsequent play and film *Blue/Orange* is as much about race and poverty, and the dialectical relationship between urban social alienation and 'psychosis', as it is about a set of symptoms and a diagnosis.

with reaction shots of Craig, the director has constructed an exchange modelled on Jakobson's model of communication (discussed and modified in Chapter Two; see figure 4.40). These profilmic elements are already signifying denotatively. As described, they additionally acquire connotative signification, as the spectator asks why they are being included within the film. By introducing these signifiers into an alternating montage with an actor's reaction, they gain even greater connotative weight. In the position of *Thirdness*, the spectator is validating the semiotic communicative exchange whereby these profilmic elements signify. What is important though is that these self-same elements exist outside the filmic semiotic without those signifieds (both the four forms of signification mentioned earlier and these two further meta-filmic significations). This sequence – in its use of profilmic material to act as signifiers of a delusion of reference – has schizomimetically performed that very delusion of reference, and has re-appropriated these signifiers (or rather has taken wholly formed signs from reality and degraded them into signifiers within a new semiotic of their delusion of reference) and then pushed highly idiosyncratic signifieds onto them.¹¹⁰

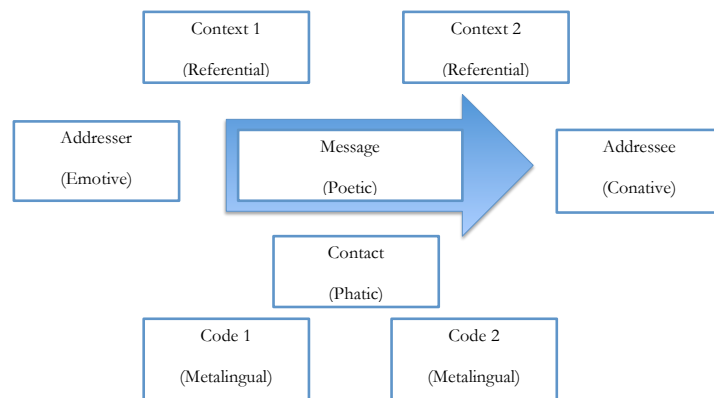


Figure 4.40
The modified model of communication

To understand how this schizomimesis enacts the represented delusion of reference, it is necessary to analyse the delusion within the diegesis as experienced by Ray, and its filmic rendering. *Some Voices* moves between a focalization through Ray (figures 4.37 and 4.39) and viewing his subjectivity as a filmic object (figure 4.38). In Peircean terms, the spectator shifts from a position of

¹¹⁰ This process – the schizomimetic rhetoric of textual accounts of delusions of reference – was detailed in the previous chapter with reference to *Henry's Demons*.

Secondness – in which the spectator shares the perspective of Ray in relation to the *Firstness* of a supposed sign (in these examples, the motorway sign or the builderers) – and a position of *Thirdness*, in which the spectator (through filmic montage) establishes Ray in a position of *Secondness* in relation to the *Firstness* of the sign. Hence, Ray is placed within Jakobson’s communication model in the role of the supposed addressee, and this continues throughout the film as he is seen experiencing messages from graffiti, the television and extra-terrestrials (through crop circles).¹¹¹ This is an important cinematic sleight of hand here as, of course, in the film’s diegetic reality there is no intended message; nothing that Ray interprets as a sign is actually such, except for him. To employ the triadic sign model here: Ray is *Interpretant* to the *Representamens* of crop circles, windmills and so on, in which the *Object* is not the literal object (crop circles, windmills and so on, which is also the denotative signified of the image-objects in the diegesis) but rather the opaque, quasi-cosmic message Ray believes himself to be receiving. Here is a working definition of the mystic and mystifying signified at the heart of the delusion of reference. A schizophrenic sign is one where there is no independent *Object* in the position of *Firstness*.

To return to this meta-filmic level of signification – the schizomimesis in the domain of the signified – the filmic process necessarily constructs the re-occurrence of swirls within *Some Voices* as meaningful; rendering them, by all accounts, as signifying coded messages capable of communication. A perfectly adequate triadic sign is established in which the re-occurrence of swirls are *Representamens* of the *Object* of the psychotic subjectivity, and are easily understood by the *Interpretant*, either the spectator of the film, or – within the diegesis – those characters registering Ray’s psychotic behaviour and thinking as unusual. In this triangulation, the spectator or a character like Pete would stand as *Interpretant* and in position of *Thirdness* to Ray and his delusions, themselves now in a position of *Secondness* to, in the diegesis, the non-present *Firstness* of the message content. However, as shown, in the meta-filmic level of signification, there is an entirely non-psychotic *Firstness* and *Object*, which is the signified psychotic subjectivity. This leads to the sixth and final process of signification.

The second meta-filmic signification is that filmic schizomimesis in the domain of the signified is quasi-therapeutic, or at least self-negating and operates as its own antipsychotic. Once the operation is performed – creating and staging a delusion of reference – it undoes its own performance. The delusion of reference ceases to be such. Meta-filmically, as the builderers and broken sign start to signify Ray’s delusion of reference, Ray’s response ceases to be a true delusion of reference. By virtue of rendering these delusions through a filmic semiotic – by representing them – their signification ceases to be ‘symptomatic’ of psychosis. Psychosis becomes the referent, the signified, the non-psychotic *Firstness* and *Object*, rather than a quality of the act of signification as performed by the ‘schizophrenic’ subjectivity. This meta-filmic catharsis of filmic schizomimesis in

¹¹¹ See the Jakobson communication models, figures 2.3, 2.4 and 2.5 in Chapter Two of this thesis, and figure 4.40.

the domain of the signified will be considered further in Chapter Five. What is worth noting at this stage is how easy it is for a non-psychotic spectator to empathise with a represented subjectivity where the troubling psychosis is parcelled off under a lower-level semiotic; as long as the filmic text makes sense, as long as its chains of signification and exchanges of meaning are unproblematically accepted by the spectator, then rather than a straightforward Othering of the 'psychotic', as described by Gilman, there is an empathy with a psychotic subjectivity that has internally Othered its psychosis. Recognising and allowing the obtuseness concealed by the filmic machinery would be, surely, a more respectful and genuine witnessing than this pseudo-empathy.

These meta-filmic significations perform a relentless, futile drive for meaning making. In the act of searching for meaning, meaning is constructed. *Some Voices* illustrates these two meta-filmic significations very well. Throughout the film, Ray's delusions of reference grow and infiltrate the visual rhetoric and thematics. Within the diegesis of the film, Ray – searching for meaning, for a grand signified to attach to all the signifiers he feels weighing upon him – tries to use Laura (Kelly Macdonald), and their love affair, as a kind of transcendental signified. In the uncontrolled proliferation of signs that is the delusion of reference, a transcendental signified can put a stop to the merry-go-round of meaning, and give a subjectivity some terra firma for building a stable phenomenology. This is evident in the quotation at the start of this section, in which Ray insists that his meeting Laura and their subsequent relationship are both inherently meaningful. Rather than playing games, as the behaviour of the psychotic might seem to the unsympathetic observer, the 'schizophrenic' is attempting to stop such play, which is existentially threatening, and to establish a transcendental signified against the Derridean constant sliding of meaning constitutive of 'a system in which the central signified, the original or transcendental signified, is never absolutely present outside a system of differences.'¹¹² The schizomimetic sign – in the filmic semiotic – is the sign *par excellence* as it realises what Lotman calls, in his monograph on film semiotics, the prime function of the sign: 'the basic feature of the sign is its ability to realize the function of substitution.'¹¹³ Lotman – as Metz and Mitry before him – observes that the sign within the filmic semiotic becomes super-charged, and simultaneously over-determined (in the unavoidable iconic denotations) and under-determined and hyper-re-purposive (in the enigmatic, multi-layered connotations). When the schizomimetic sign is rendered in the filmic semiotic, this super-charged, untethered signification is precisely what is staged: a forever-displaced signified is chased through the play (or *screenplay*) of repeated attempts at decoding.

¹¹² Jacques Derrida, 'Structure, sign and play in the discourse of the human sciences', in *Writing and Difference*, pp.351-370 (p.354)

¹¹³ Lotman, *Semiotics of Cinema*, p.2

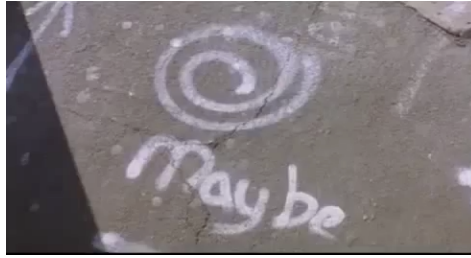


Figure 4.41
The warning sign ...



Figure 4.42
... the symptom sign ...



Figure 4.43
... reconciling into the love sign.
The thematic, therapeutic semiotic of film acts out a dynamic of love.

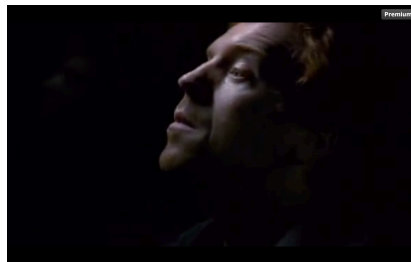


Figure 4.44
The locus of the delusion – the head shot operates as a signifier of the presence of mental ill health and delusional thoughts.



Figure 4.45
Both the 'schizophrenic' and the filmic spectator are immersed in a landscape of signification.

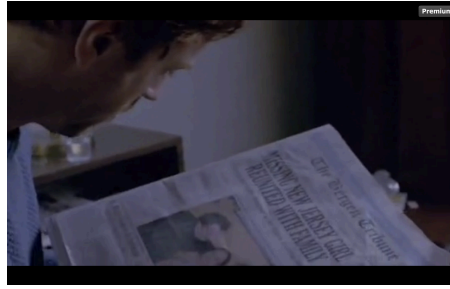


Figure 4.46

Keane never allows the spectator to close the ambiguous play of meaning. The signifier and signified can never be resolved into a stable sign, just as Keane himself cannot be reconciled to his reality. The film is an extended, futile hunt for the transcendental signified.

With *Some Voices*, the chasing of the deferred signified gives a narrative structure to the film. The displaced, recurring signifiers of the swirl chart the progress of the central character (see figures 4.41, 4.42 and 4.43).¹¹⁴ Although he is ultimately unsuccessful in his love affair with Laura – who returns to Glasgow to have another man’s child – he is successful in ordering these signifiers which have been oppressing him throughout the film into a signifying system of love rather than threat. The swirl is gradually refunctionalised until, retrospectively, it provides justification for Ray’s assertion to Laura that it is a meaningful sign, signifying their love. Undoubtedly, by the final sequence, when Ray places the burnt out Catherine wheel from his early idyllic escape to Hastings with Laura, the swirl has inarguably become a sign of love. (That this sign should also be so very apparently burnt out, spent and a piece of detritus is an aesthetically pleasing instance of semiotic excess.) It is worth comparing the film with the original stage play (1994), which has no equivalent of the recurring swirls, either in the semiotic of the film’s aesthetic or in the accounts of Ray’s symptomatology. Similarly, his ‘relationship’ with Laura in the play is tentative and sporadic, rather than merely short-lived. The delusional signifying system of messages from outer-space is given to another ‘schizophrenic’ character Ives, who is all-but absent from the film (played fleetingly by Nicholas Palliser):

IVES I, I, I, I, I, I’m not from round here no. I come from far away. A distant and very beautiful planet, the Planet Vega as a matter of fact. [...] I was in the gasworks before that. Sixteen years in the gasworks and the whole fucking lot goes sky high. Explosion. I was there, I saw the missiles go up. High into the sky they went and on the ground a great flaming fireball. No safety precautions on account of the fact they wanted it to happen, you understand? They sent the missiles up as a signal. Why? To let them know I was ready. Why? Because they wanted to get rid of me.¹¹⁵

Ives’ various accounts of Planet Vega in the play, and the reoccurring swirl motif in the film are both serving the same function, signifying the presence (and also a degree of the form and content)

¹¹⁴ Contrastingly, *Keane* never allows either its protagonist nor its spectator any such resolution. Keane’s obsessive, repetitive search is pure wild goose chase. In desperation, every single scrap of signage around New York City can potentially be incorporated into his decoding narrative. The delusional thinking is established, semiotically, through abstracting close-ups of the head and concurrently diffused through the schizomimetically relentlessly signifying city, until the landscape is an interpretable construct of Keane’s delusional semiotic. Whereas Ray ultimately settles on the transcendental signified of love (or rather ‘better to have loved and lost’), Keane gets no such end point. See figures 4.44, 4.45 and 4.46.

¹¹⁵ Penhall, p.48

of a delusion of reference. However, a social realist play cannot be schizomimetic without drifting distinctively into expressionism; an essentially social realist film, though, can – and in fact must – adopt the delusional signifying system by virtue of representing it. Lotman asserts that '[v]isually perceived action is possible only in one mode – the real.' This is true for cinema – but not for theatre, where action is always partially unreal, if only on the purely denotative level of signification and can, in accordance with long-established conventions, stage wholly unreal and metaphorical action comfortably. The problem for cinema, which makes for filmic schizomimesis, is that it cannot help convert what it represents into the mode of the real, even a delusional reference system.

Hence, schizomimesis in the domain of the signified is both a quality of form and a quality of content.¹¹⁶ The detached signifier reoccurs throughout the filmic syntagma, in the same way that Ray's swirls and circles proliferate throughout *Some Voices*. And similarly, different and contradictory signifieds (or multi-layered clusters of significates) proliferate around these signifiers. These signifiers agglomerate around cinematic protagonists and around 'schizophrenics', emulating the infectivity and rapid binary fission of the bacterium. The homogeneity and low informational value of the signifiers only – through the cinematic machinery – serve to radically increase the potential for signification, generating an unstoppable torrent of substitution in the domain of the signified. Consider the ubiquitous maths signifiers, the impenetrable jumble of formulae, proofs, algorithms and coordinates, that echo through *A Beautiful Mind*.¹¹⁷ Their continual substitutions in the domain of the signified, in the face of their implacable immutable constancy in the domain of the signifier, provides the narrative structure to the film, and the character arc of its protagonist. At Princeton, the maths signifier is attached to the significate of 'Nash's ambition, his promise, his search for his 'truly original idea', and also concurrently his eccentric (and prodromal) personality. This is the status of the signification at the level of narrative but within the diegesis, of course, the signifier is infinitely re-assignable. 'Nash' demonstrates this to (the hallucinated) Charles, pointing at different, incomprehensible signifiers and explaining (or, effectively, ascribing) their meaning: 'This is a group playing touch football. This is a flock of pigeons fighting over breadcrumbs. This is a woman chasing a man who stole her purse.' (See figures 4.47, 4.48 and 4.49. for an account of how the sign is steadily dismembered by schizomimesis.)

¹¹⁶ The schizomimetic for Mitry would be a sub-genre of Expressionism as he says 'the strange fascination of the genre is due to the fact that *the form of the expression is none other than the form of the content*, according to a formula unique in the cinema.' (Mitry, p.189)

¹¹⁷ An impenetrable jumble for the lay-spectator, that is. As a product of the financial and temporal capital enjoyed by major Hollywood pictures, the production employed a professor of mathematics from Columbia University as a consultant. This, despite the fact that the elegantly and apparently accurately fashioned maths-as-signifier is never used to signify *about* maths itself, and the one moment in which at which maths is signified *about* – during 'Nash's Princeton bar eureka moment – the maths in question, the Nash equilibrium, is simplified beyond meaningful recognition. David Bayer, 'Profile: Barnard College Columbia University', *barnard.edu*
<<https://www.barnard.edu/profiles/david-bayer>> [accessed 10 February 2015]



Figure 4.47

The wide shot stages an open Peircean sign triad of *Object* (maths), *Representamen* ('Nash' actively attributing signification) and *Interpretant* (Charles, to whom he is explaining the signification.)



Figure 4.48

The sign triad closes in. The *Object* is now 'the group playing football', the *Representamen* is the maths and the *Interpretant* is 'Nash'.



Figure 4.49

Finally, the sign triad collapses. The *Object* is eternally substitutable, the *Representamen* is endlessly repetitive, and the *Interpretant* ultimately hallucinatory. The sign – in schizomimesis – is diegetically internal, solipsistic, 'pathological' and meaningless through a surfeit of signification. But, in the film's semiotic it is external, communicative and only meaningless through a paucity of signification, as no one understands or cares especially about the maths *qua* maths.

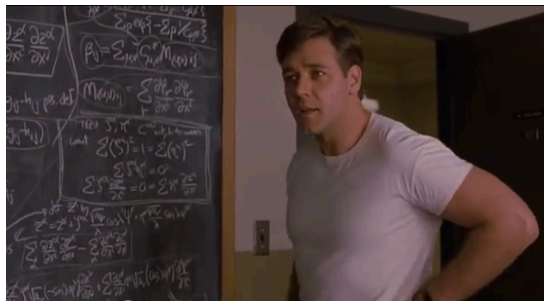


Figure 4.50
Maths as maths

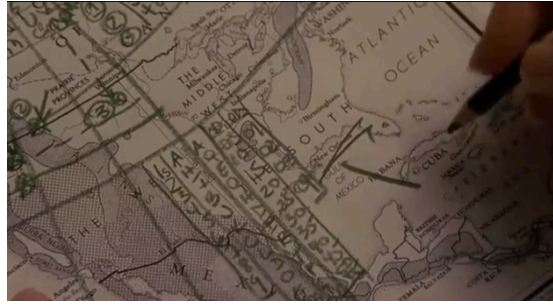


Figure 4.51
Maths as madness

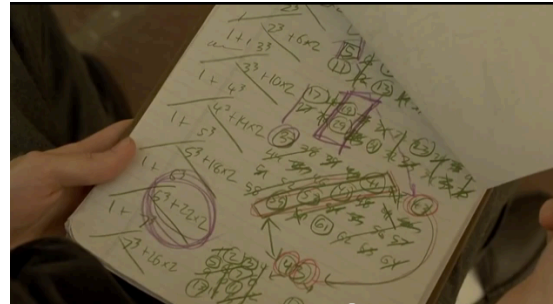


Figure 4.52
Maths as meds

In ‘Nash’'s office at MIT – the next narrative segment – the maths signifier signifies still as his eccentric (now prodromal tending towards symptomatic) personality. Additionally, it signifies his professional status as a mathematician. Hence, it is maths signifier as maths signified (figure 4.50), although it is important to stress that there is nothing specifically mathematical being signified, but rather the signifier just signifies the presence, and connotative social and professional status, of maths. As the narrative progresses, the maths signifier comes to signify the presence of disease; ‘Nash’'s compulsive decoding – which mostly involves translating words, letters or concepts (signifieds) into mathematical expression (signifiers) – is symptomatic of ‘schizophrenia’ as rendered in the film (figure 4.51). The maths signifier is later attached to the signified impact of antipsychotic medication on ‘Nash’'s beautiful mind (figure 4.52). The maths signifier reoccurs ultimately as a sign of his improving mental health, culminating in the sign(s) of the sign: when the signifiers of pens and the Nobel Prize substitute for mathematical brilliance, mental health recovery and social validation. It should be added that these things are not discrete entities in the film’s moral semiotic. As with ‘psychosis’, the obtuseness of highly advanced mathematics is either elided, by it being able to only signify metaphorically or truncated, as a meta-signification of its own presence. The cinematic deception of pseudo-empathy is easier to see through in relation to maths than psychosis; far fewer spectators would come away from a viewing of *A Beautiful Mind* believing they have learnt something about maths, or about being a prize-winning mathematician, or having

had an empathetic *experience* of maths, than come away believing some or all those things in relation to schizophrenia.¹¹⁸

The signifier of classical music is used in a similar way in *The Soloist* (2009), based on the *LA Times* columnist Steve Lopez's series of articles, and subsequent book, about a homeless 'schizophrenic' with the 'good hook' that he is an alumnus of the Juilliard School.¹¹⁹ The classical music functions to mark Nathaniel Ayers (Jamie Foxx) out as exceptional, and deserving of effort and attention not afforded the under-differentiated mass of mentally ill and distressed service-users of Lamp (the Los Angeles mental health facility that offers Ayers accommodation) and/or street-sleepers of Los Angeles' Skid Row. Unlike maths in *A Beautiful Mind*, classical music is also allowed to signify itself throughout *The Soloist*, frequently denoting music being played within the diegesis. Simultaneously, the music signifies Nathaniel's brilliance and his madness; that he is literally two strings short of a violin when Steve (Robert Downey Jr) first meets him seems an example of semiotic excess, real life working in over-wrought metaphors.¹²⁰ Exceptionality – signified with maths signifier or the classical music signifier – is deemed worthy of empathetic understanding. So, such texts imply the converse: the unexceptional are not worth understanding.

Ayers exhibits flights of linguistic associative fancy, and mangled speech, very similar to that of Ives from *Some Voices*. Early in his book, Lopez provides an extended example of Ayers' speech. A short excerpt is sufficient to illustrate that it exhibits loosened associations between signifier and signified, with sliding across both the paradigmatic and syntagmatic axes as described in Chapter Two:

Cleveland doesn't have the Beethoven statue. That's a military-orientated city, occupied, preoccupied, with all the military figures of American history, the great soldiers and generals, but you don't see the musicians on parade, although you do have Severance Hall, Cleveland Music School

¹¹⁸ With his death on 23 May 2015, the signifiers and signified of mathematics and schizophrenia were perhaps eternally fused in relation to Nash. Most obituaries moved between discussions of his (real) mathematical achievements and his (Hollywood) psychosis, barely distinguishing between the two. As with the composite sign from the Academy Award ceremony, Russell Crowe, Russell Crowe as 'Nash' and even Russell Crowe's (self) praiseful tweet of appreciation for Nash and Alicia's passing 'beautiful minds, beautiful hearts.' (@russellcrowe, 24 May 2015)

<<https://twitter.com/russellcrowe/status/602468781911183360>> [accessed 24 May 2015]

See the *Guardian's* obituary for a typical blending of Nash and 'Nash'.

Len Fisher, 'John Nash Obituary', *The Guardian*, 25 May 2015
<<http://www.theguardian.com/science/2015/may/25/john-nash>> [accessed 25 May 2015]

¹¹⁹ Steve Lopez, *The Soloist*, (Uxbridge: Transworld, 2008), p.21 For all its apparent unlikeliness and journalistic novelty, the central conceit of a Juilliard-trained, street-sleeping black 'schizophrenic' was the basis of a schlocky murder mystery novel – *The Caveman's Valentine* by George Dawes Green (London: Sphere, 1994) – which was later turned into a film starring Samuel L Jackson, dir. by Kasi Lemmons (Universal Focus, 2001). The novel was actually reviewed by Erika Taylor for the *L.A. Times* on 20 February 1994, though that was several years before Lopez joined the paper. 'Romulus fights the power: *The Caveman's Valentine* by George Dawes Green', 20 February 1994 <http://articles.latimes.com/1994-02-20/books/bk-24917_1_george-dawes-green> [accessed 10 March 2015]

Perhaps this was what Morley Safer had in mind when he described the story of Ayers and Lopez as 'one of those urban fables that happens to be true.' 'How Mr Lopez met Mr Ayers' *60 Minutes*, CBS 17 March 2009, <<http://www.naayers.org/60minutes.html>> [accessed 10 March 2015]

¹²⁰ 'I notice for the first time that his violin, caked with grime and a white chalky substance that looks like fungus, is missing an important component or two. [...] His goal in life, Nathaniel tells me, is to figure out how to replace the strings.' Lopez, p.18

Settlement, Ohio University Bobcats, Buckeyes of Ohio State. All the great soldiers are there from the United States military, World War Two, Korean War, whereas in Los Angeles you have the LAPD, Los Angeles County Jail, *Los Angeles Times*, Mr Steve Lopez. That's an army, right? The *L.A. Times*?¹²¹

In both Lopez's text, and this thesis, Ayers' speech is interpolated as a kind of documentary evidence of his underlying pathology. In the film, as is natural to the semiotic of cinema, although this speech – and other instances like it – are included, they are woven into the filmic fabric of various simultaneous signifying processes. Ayers' free play of linguistic meaning is linked within the filmic semiotic to other series of detached signifiers on Lopez's first encounter with him. Ayers is diachronically and synchronically composed as a point of intersection between several accumulating syntagma of signifiers. As figure 4.53 shows, his body is constructed of signifiers detached from their signifieds: the clothes separated from their functional purpose (in this shot, a hi-visibility work jacket, in later shots, a traffic cone on his head, a *Lucha libre* mask, white-face paint, garbage bag capes, to name but a few)¹²²; names and slogans graffitied onto his person, and immediate surroundings; a trolley cart of eclectic possessions; the classical music itself, so separated from its conventional context; Ayers' chosen personal icon, the Pershing Square statue of Beethoven.

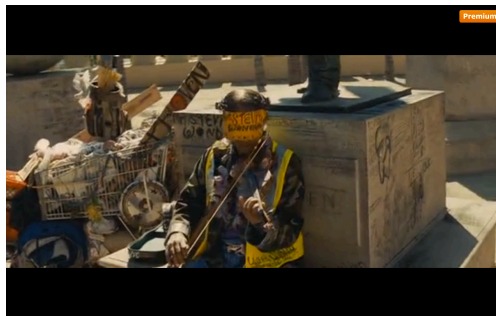


Figure 4.53

The 'schizophrenic' as accumulation of detached signifiers.

¹²¹ Lopez, p.38 It is unclear whether this is a verbatim transcript from a tape recording made by Lopez, or whether it is a composite of various speeches, or just a fictive recreation. For the purposes of this current analysis, that is not a relevant concern. However, Safer does also remark on Ayers' 'tangled thoughts' and 'lightening-speed' rattle through his various 'fixations', so it seems that the passage is broadly representative at worst.

¹²² Whilst the film reserves this bizarre clothing as – like the classical music – a distinct signifier of Ayers' character (and pathology), Lopez describes other mental health service users as equally bizarrely dressed. One noticeable example being a lamp-shade and sunglasses wearing attendee at the Village walk-in clinic (Lopez, pp.70-71). In the film, this would challenge the exceptionality of Ayers as narrative hero. After all, why would the spectator want to enter into empathetic understanding with just any old street kook? A journalistic literary signifier of a medical condition is therefore transmuted into a cinematic signifier of an (exceptional) individual.



Figure 4.54

Stood between a sculpture of a World War One US soldier and a collection of canons, the statue of Beethoven in Pershing Square is a mystifying presence, at odds with its military context. That is comes to stand to Ayers for the perplexing environment he finds himself – another musician surrounded by hostility – undoes that perplexing, arbitrary nature of the sign. It becomes a motivated cinematic sign of Ayers' alienation and psychosis. 'I am absolutely flabbergasted by that statue. It knocks me out that someone as great as Beethoven is the leader of Los Angeles. Do you have any idea who put him there?' (Lopez, pp.38-39)



Figure 4.55

The signifiers of self-hood that resolutely fail to guarantee a stable signified self.



Figure 4.56

The physical metaphor for classical music that dominates downtown LA becomes a potent sign in *The Soloist*, denoting place but also connoting Ayers' musical aspirations and Lopez's aspirations for Ayers' recovery.



Figure 4.57

The history of race relations in America as enigmatic sign of illness.

Although this accumulation of signifiers is the biographical Ayers' method of self-construction, it is redoubled in the film's semiotic, as the signifiers are layered on top of each other. First, in a combination of shot reverse and focalisation, the camera follows Lopez, drawn through

Pershing Square by the sound of a violin. Again, focalised through Lopez, the camera views both Beethoven's statue (figure 4.54) and Ayers' trolley (figure 4.55), before seeing Ayers. After Ayers stops playing, he begins his free-flowing discourse, and Lopez (and the cinematic spectator) slowly absorbs all these signifiers, and also the nest of graffiti Ayers has built around himself, predominantly from names of musicians (Stevie Wonder, Tchaikovsky, Walt Disney and his Juilliard colleagues). From the decoding perspective, shared by Lopez and the spectator, this welter of signifiers is enigmatically meaningful. Literal bulk in the signifier (the weight and presence of Beethoven's statue, emphasised through a 180-degree rotating shot and the steep angle in figure 4.54; the proliferating litter of names) attempts to compensate for a fragmented signified. Just as Ayers tries to stave off irrelevance by accumulating the signifiers of names and a trolley of possessions, to which he attaches an importance and value risible to Lopez and any spectator (diegetic or filmic), so too does the film schizomimetically pile up signifiers, to visibilise and, particularly, physicalize Ayers' 'fixations'.¹²³ But a mass of signifiers is no remedy for a displaced or disintegrated signified; each addition is also a dilution. It is noticeable that in order to provide greater narrative and psychological coherence, the film prunes away at Ayers' fixations, reducing the number of signifiers agglomerating around him in its representation, despite the fact that the cinematic machinery inevitably generates signifiers from the profilmic objects as raw materials.

What is striking about *The Soloist* is that all these signifiers belie an absence of signifieds, or rather the signifiers obscure the signified. Ayers is shown experiencing paranoid delusional thinking and possibly hallucinating whilst at Juilliard, but the sequence is brief and all that is communicated is the form of the content – that Ayers finds it distressing – rather than the content itself. Again, schizophrenia appears only as a signifier of its own presence, emptied of a signified. Although there are hints as to the content of Ayers' delusions – such as the repeated word 'whiteness' and a short sequence where Ayers, as a young boy, sees a burning car, whilst his sister, in a voice over that within the diegesis is directed to Lopez, makes a veiled reference to the civil rights movement ('the world was changing') – there is nothing to compare with the very clear and frequent references in the book to Ayers' highly racialised worldview (see figure 4.57). Visiting Ayers at Lamp one day, Lopez is challenged by another service-user to 'write the real story about [...] Nathaniel [...] the way he treats people around here [...] [t]he names he has for people.'¹²⁴ The biographical Ayers was not just a black student in a 'nearly all-white environment'¹²⁵ but at a particularly febrile, incendiary time and place for US race relations, as a Juilliard contemporary of his notes:

It was September 1971, after all. The riots at Attica State Prison in upstate New York served as a potent and deadline reminder of racial divisions that ran deep and wide in American culture. An all-

¹²³ Even the aural signifier of the music is physicalized into the statue and Frank Gehry's Walt Disney Concert Hall (figure 4.56). Gehry's parabolic surges offer up an easy visual metaphor for music, as was surely the architect's intention. That the building demonstrates a certain lack of fixity, and inscrutability, makes it a particularly suitable symbol for Ayers' subjectivity. Not least as the film – in contrast to the book – gives very scant details of Ayers' early life, and the course of his psychosis.

¹²⁴ Lopez, pp.261-262

¹²⁵ Lopez, p.193

white guard unit had boasted of bashing inmates with batons they called nigger sticks. So Nathaniel had an attitude?¹²⁶

As the Jakobson model of communication (figure 4.40) makes clear, the decoding of any sign is dependent on an understanding of the code and an acknowledgement of the context. Whilst the film of *The Soloist* brings hints of this context into its signifying system, they are faint and further clouded by the fact that Jamie Foxx is very visibly too young to have experienced the civil rights and post-civil rights tensions. Despite ageing make-up and very distinct period details in all the flashbacks (the requisite roll-neck and afro hair for a young Ayers circa 1972), the inter-textual nature of Foxx's 'star' status means that spectators will unconsciously erect a generational barrier between Ayers' biography and Foxx's representation.

It makes commercial sense for a Hollywood film to steer wide of layering unsavoury racial anger onto a (mental) illness role that was surely being positioned as an Academy Award contender; Foxx had previously won for a performance of real-life disabled black musician with the biopic *Ray*, dir. by Taylor Hackford (Universal Studios, 2004). It is telling that, emptied of this politically charged signification, Ayers' voice-hearing in the film primarily consists of his name being echoed; there could be no more sanitised signifier of psychosis. The void of meaning that this elision produced gives Ayers' symptomatology in the film's semiotic a vacuity that is then re-functionalised as if 'natural' to the disease (or at least to this particular 'schizophrenic'); the lonely burning car becomes not part of the context that – in an ethno-cultural theoretical framework, exemplified by Jonathan Metzler's *The Protest Psychosis* – would be seen as causative of 'schizophrenia' but rather becomes a symptom and sign of underlying, organic pathology. The film's signifying system (unwittingly) reverses the claim to a protest identity:

But instead of a condition caused by civil rights, schizophrenia resulted from the conditions that made civil rights necessary. Civil rights did not make people crazy; racism did. Instead of a mark of stigma, schizophrenia functioned as a protest identity and an internalized, projected form of defiance.¹²⁷

Amputating the historical influence of the civil rights movement from Ayers' biography when translating it into a filmic semiotic, generates purposeless signifiers – for example, Ayers' ire at cigarettes butts and general dirt appears, in the book, metaphorically linked to ideas of the degradation (and self-degradation) of black Americans – and presents these as part of the symptomatology of schizophrenia. In both the film and a *60 Minutes* piece on Ayers and Lopez, their agreement to call each other formally by their last names is presented as a sign of the eccentricities of 'schizophrenia'; Lopez's book makes clear that it owes more to Ayers' keenly felt sense of racial injustice.

The Soloist does not always signify in good faith. In a pivotal scene, where Ayers assaults Lopez, Lopez jokily registers a poster of Neil Diamond who Ayers apparently believes to be Lopez (figure 4.58). As a detached, de-contextualised signifier, the image of Neil Diamond does little more

¹²⁶ Lopez, p.93

¹²⁷ Jonathan M Metzler, *The Protest Psychosis*, (Boston: Beacon Press, 2009), p.118

than signify an eccentric, hero-worshipping fixation with Lopez on the part of Ayers, who has previously called Lopez his god, adding him to the roll call of names next to Beethoven and Stevie Wonder. This quirky ‘psychotic’ delusion juxtaposed so starkly and suddenly with a violent attack, which leaves Lopez bloody and scrambling an escape on all fours, forms a syntagm communicating a message that the ‘schizophrenic’ can move almost instantaneously from unjustifiable adoration to unprovoked aggression, and – most importantly – that these two modes and acts are inseparable parts of the one condition. It is not hard to see how this might contribute to stigmatising misapprehensions about people with a diagnosis of schizophrenia. It is an unusual moment within a film that is mostly sympathetic and sensitive in portrayal and it is a rare deviation from the biographical fact; in the book, Ayers’ violence is only verbal.¹²⁸ It seems that the cinematic machinery’s hunger for visible action in the mode of the real trumped fidelity to Lopez’s book at this point. Moreover, the detachment from context of Neil Diamond *qua* signifier of mental ill health changes the signification. In the book, the poster is part of a set of decorations that also include a map of the USA, a photo of Ayers’ deceased mother and a review of the Broadway production of Alice Walker’s novel *The Color Purple*. In combination, these signifiers very obviously create a more complex signified ‘schizophrenic’.

This signifying mechanism is truly schizomimetic. The detachment of the signifier from the signified and its re-appropriation into a new, novel signifying system is exactly the process that Ayers – whether in the book or the film – has enacted when he has ‘mistaken’ Neil Diamond for Lopez. Mistaken may not be the appropriate term; the image may be a sign in some *langue* or code in which it is perfectly reasonable to signify Steve Lopez. Within the code available to the spectator, the signifier becomes obtuse, in the sense used by Barthes in his essay on a selection of stills from Eisenstein films. Barthes posits the existence of a third meaning, following after the primary level of meaning – the informational – and the secondary – the symbolic. This ‘other meaning, the third, the one “too many”, the supplement that [...] intellection cannot succeed in absorbing, at once persistent and fleeting, smooth and absorbing’¹²⁹ throws the signifier, and filmic signification into crisis. As product of a ‘signifier without a signified,’¹³⁰ the obtuse meaning forces a different semiotic structuring of the signs in film which marks a passage into a mode of signification that goes beyond language and therefore, for Barthes, serves as ‘the founding act of the filmic’.¹³¹ Again, this unruly, ambiguously signifying disruptive element within the filmic semiotic is the self-same structural interruption that creates the schizophrenic semiotic (see figure 4.59). This co-presence in cinema is the central characteristic of what is meant by the neologism schizomimesis.

¹²⁸ Whilst Ayers’ life – though edited for Hollywood as described – remains unfictionalised, Lopez’s life and character are both sensationalized for the film. Perhaps to suggest that there is no ‘normal’ in mental health, Lopez morphs from a stable husband and father into a figure that owes more to the inter-textual persona of Robert Downey Jr, bundled with signifiers of louche extroversion and glib self-obsession: a trilby; an ex-wife (Catherine Keener); a propensity to drink; a comic tendency to cover himself in urine.

¹²⁹ Barthes, ‘The Third Meaning’, p.54

¹³⁰ Barthes, ‘The Third Meaning’, p.61

¹³¹ Barthes, ‘The Third Meaning’, p.65



Figure 4.58

The mis-appropriated signifier. 'Okay, I've got no response to that.' (Lopez, p.219)



Figure 4.59

The obtuse meaning of the Mexican wrestling mask. 'The filmic, then, lies precisely here, in that region where articulated language is no longer more than approximate and where another language begins.' So too lies the semiotic of schizophrenia. (Barthes, 'The Third Meaning', p.65)

Erotomania; or, film's love affair with meaning

- ROBERT You may just as easily have said red. It's harmless.
 CHRISTOPHER It means something.
 ROBERT What does it mean?
 CHRISTOPHER It's a sign. Cos nobody believes me but I think it proves it. He likes oranges. Everyday a shipment from Nairobi. I just *proved* that. I come in here, first thing I see, oranges! They turn blue. A *signal*.¹³²
- TIFFANY (*Reading letter.*) The only way you could ...
 PATRICK ... beat my crazy was by doing something crazy yourself. Thank you. I love you.¹³³

Schizomimesis, it has been demonstrated, works in both directions. In *Some Voices*, profilmic material was integrated into the film's semiotic and turned into signifiers; a signified (or several layers of signification, in fact) was added, where none had been before the material was placed within the film's semiotic. Conversely, in *The Soloist*, signs – included entirely through artistic choice rather than photographic accident – are emptied of their signifieds.¹³⁴ Once emptied of that signified, they first function as irrational empty signifiers that – on a meta-diegetic level – signify 'schizophrenia', and subsequently, they become again rational, motivated signs within a 'cured' semiotic of the film.

However, it is a key principle of the concept of schizomimesis that it has meta-textual functions, as demonstrated with the meta-filmic significations described in the decoding sequence from *Some Voices*. The same mechanism is in place within *A Beautiful Mind*, strengthening the assertion that schizomimesis in the domain of the signified is an inherent formal quality of cinematic machinery. As with the signs (of love, of alien contact, of general, free-floating meaning) so assiduously sought after and (re)interpreted by Ray in *Some Voices*, the detached signifiers of *A Beautiful Mind* function as a meaningful sign sequence – as detailed in the previous section – and one that opens up the text to de-pathologising readings. Exactly as Derrida argues in relation to the free play of signification and its relation with the transcendental signified, to be schizomimetic is both to institute and enact a sequence of substitution in the domain of the signified, and yet at the same time to hold the countervailing aim of a fixed, definitive signification. As these substitutions are inherent in all signification, but especially tangibly so in cinema, and as they also form a 'symptom' of 'schizophrenia', schizomimesis is at its most virulent and apparent in the filmic semiotic.

¹³² Joe Penhall, *Blue/Orange*, (London: Methuen, 2001), p.69

¹³³ *Silver Linings Playbook*

¹³⁴ Director of Joe Wright – with a Hollywood budget – did not have to capture afilmic reality and incorporate it into his syntagma. Rather, he was able to reconstruct downtown LA's Skid Row, and even hire 500 homeless Skid Row residents to play themselves, and consult on the reconstruction. The filmic machinery thereby turned this homeless community, and their neighborhood, into both a denotative sign of itself and a connotative sign of mental health and other social problems in contemporary America. See interview with John Patterson, 'The Soloist's Skid Row symphony', *Guardian*, 24 September 2009 <<http://www.theguardian.com/film/2009/sep/24/the-soloist-joe-wright>> [accessed 10 March 2015]

Some Voices writer Joe Penhall plays this game, self-consciously, in *Blue/Orange*, which was staged at the National Theatre in 2000 and adapted for film in 2005. Two white psychiatrists – with antagonistically composed temperaments, politics, objectives and conceptualisations of mental ill health and schizophrenia – engage in an extensive battle over the (diagnostic) fate of a black patient, Christopher (Shaun Parkes) at the end of his 28-day section 2 detention period. This battle involves, amongst other fronts, extended definitional and diagnostic duels. The older, explicitly Laingian consultant, Robert (Brian Cox) hopes to discharge Christopher; the younger neo-Kraepelinian Bruce (John Simm) believes Christopher should be sectioned for further in-patient care. As the title suggests, at the heart of the narrative is an enigmatic sign: the blue orange. Christopher sees oranges as blue. For Bruce, this is incontrovertible proof of neurological disorder. For Robert, this is an example of the ethno-social construction of the schizophrenic, and the blue orange could be a meaningful sign within Christopher's Belgian-infused Congolese expatriate culture. *Blue/Orange* is not subtle, though that is not its intention. Exchanges where the ontological status of Christopher's mental health, paternity, ethnicity, social role and position, the diagnostic entity of schizophrenia and the wider concept of mental health are all re-interpreted reoccur throughout. Indeed, these exchanges again comprise the structure, form and content of *Blue/Orange*; each of the three acts enacts a reversal or seismic change in the power-relations between the three protagonists based on the signification of the blue orange. This exchange in Act One is typical:

ROBERT	'Le monde est blue comme une orange.'
BRUCE	What?
ROBERT	It's a poem by Paul Eluard. He was a French surrealist.
BRUCE	You don't say.
ROBERT	The world is as blue as an orange. (<i>Beat</i>) It's an analogy.
BRUCE	Classic hallucinatory behaviour.
ROBERT	Or is it a simile?
BRUCE	Already, he's building a system of logic around it. ¹³⁵

As a talisman of schizophrenia, as discussed in Chapter One, the blue orange is hyper-mutable; at this moment, both Bruce and Robert are building the blue orange into their mutually exclusive accounts of Christopher's mental health. And, in the spirit of Derrida, it is not truly a blue orange, but – as the title claims – blue/orange, and unable to fixedly be one or the other, just as the conflict(s) between Bruce and Robert, or Christopher's shifting (potentially delusional) personal narrative and represented phenomenology refuse any permanent resolution.

Here, then, is a clear example of how a schizomimetic obtuse representation of psychosis resists tidy readerly interpretations. Despite the film's sophisticated re-enactment of the ambiguity of signification within psychosis, and despite its own self-proclaimed social conscience, *Blue/Orange* reaffirms stigmatising stereotypes. And this is a direct consequence of how the filmic machinery

¹³⁵ Penhall, *Blue/Orange*, p.35. In Act Two, quoted at the start of this section, Robert deflates the sign of its meaning – '[y]ou may just as easily have said red. It's harmless' – driving Christopher into an urgent countermove of super-charging its signification – '[i]t means something [...] It's a sign [...] A signal' (p.69).

cannot help but generate empathetic exchanges even when these exchanges serve to unpick a more sophisticated narrative approach. With *Blue/Orange*, the narrative itself is clearly critiquing the very idea of empathy as an unproblematic recognition of another's unknowable subjectivity. Robert's empathy stands in counterpoint to Bruce's empirico-rationalism, yet both are equally strategies for territorialising Christopher as the grounds of their professional skirmish. As a play, the text might implicitly be urging a detached sympathetic acceptance of the 'pathological' phenomenology as lying beyond the reach of empathy; but cinema's machinery, when used conventionally, is an empathy machinery, even when empathy is not possible and contrary to the objectives and morality of the specific text.

How does rendering the play as a film then serve, via this empathy, to recapitulate negative social conceptions of schizophrenics? One of the few differences between the stage and film versions of *Blue/Orange* is that the film includes closing sequences of Christopher as a static, un-integrated atomized figure in the threatening swirl and bustle of London. These images are cut into a discussion between Bruce and Robert, and the alternating syntagm allows for signifying juxtaposition of the medical professionals' abstracted, theoretical and highly partial debate with the real social situation of the 'schizophrenic'.

It is worth noting how the shots of Christopher (figures 5.60, 5.61 and 5.62) are constructed through a combination of two cinematic conventions for signifying psychosis: the isolated figure and the meaningful headshot. The former component signifies – both denotatively and connotatively – Christopher's social marginality. The latter component operates, as all close-ups do, to abstract from the object represented. In the case of the head shot of the 'schizophrenic', this metonymically operates as the locus of 'disease' and is infused with the neo-Kraepelinian ideology of schizophrenia as a faulty brain. At the same time, the head shot operates as a metaphor signifying psycho-emotional distress. As the thinking and the affective state of the mind cannot be visibilised, the weight of the visibilising imperative of cinema is carried by the representable object of the outside of the head. As throughout *Blue/Orange* different etiological accounts and diagnostic measures of psychosis jostle brusquely, so does this sequence of shots accommodate the range of social and material risk factors, from being a poor black man in London to having a neurological malfunction, composing, therefore, a cinematic icon of the biopsychosocial model of disease.

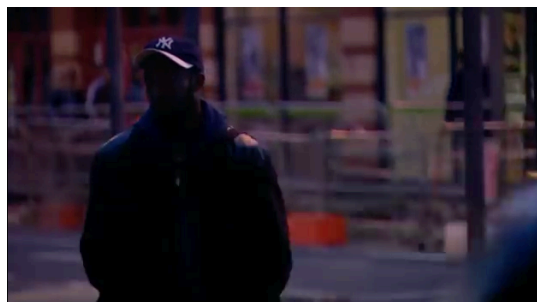


Figure 4.60

Blue/Orange and the ethno-cultural sign of the schizophrenic.



Figure 4.61

The cinematic sign of the biopsychosocial model of disease.



Figure 4.62

The film resolves into this ambiguous image. Christopher's head-on eye-contact with the camera could be aggressive paranoia or a return to healthy deixis, or any point between these extremes.

As with *Some Voices*, the majority of the signifiers of this model of disease within these shots are profilmic objects that have been re-appropriated into the film's signifying system to communicate this message. The shots of London have not been staged, though there was no doubt directorial and cinematographic artistry and construction in their selection, composition and so on. Nor too are the unconcerned passers-by acting, yet their presence is seamlessly incorporated into the film's semiotic. There are, however, distinct choices in the soundtrack, cutting and camera movement to suggest an atmosphere of threat and anxiety.

An empathetic exchange is established between Christopher – who makes and breaks eye contact with the camera throughout this sequence – and the spectator. Christopher is experiencing a sense of threat, which he has discussed several times during the film. He enters into empathetic deictic exchange with the spectator, not least as he is unable to construct any deictic recognition within the diegesis, being a solitary figure on a London street. However, the threat is only a filmic product; there is no diegetic threat. The filmic level of signification is schizomimetic with the diegetic paranoid mental state of the protagonist, as with *Keane*. Similarly, the spectator is integrated into the delusional mental state, as the threatening other, making the camera and the spectator the object of that same threat processed through Christopher. In this, the 'schizophrenic' phenomenological experience of being threatened turns into a representation of being threatening, and the empathetic exchange enacted by the filmic signifying machinery makes Christopher (and the film itself) the aggressor towards the spectator now empathetically feeling threatened. This analysis demonstrates why the pseudo-empathy of filmic representations of 'schizophrenics' serves

to calcify social (mis)conceptions of ‘schizophrenics’ as perpetrators of real violence, rather than victims of psychic and/or self-inflicted violence.

Whilst the obtuseness and irresolvable unknowability of Christopher’s internal phenomenological experience presents a barrier to empathy, or rather delineates the outer limits of an empathetic range, a more recent, high-profile filmic representation of psychosis offers up a pseudo-obtuseness that naturalises itself as a sign of psychotic subjectivity via the mechanisms of all-too-easy empathy. Significantly, this pseudo-empathy is very glibly constructed by a cynical, and unjustified, decoupling of signifiers and signifieds. The outcome was critical acclaim, box office gold and Academy Award success.



Figure 4.63
US poster for *Silver Linings Playbook*

David O Russell’s *Silver Linings Playbook* constructs a representation of psychosis that, for much of the film, is little more than a bricolage of ‘Hollywood indie’ eccentricities, and then uses this muted, mis-representation as evidence in support of the film’s central thesis: that all people are a bit cuckoo.¹³⁶ The film is the cinematic equivalent of the once-popular workplace sign: ‘you don’t have to be crazy to work here, but it helps!’ It repeatedly severs motivated sign relations between

¹³⁶ The protagonists of the film trade heavily on their supposed truthfulness and rejection of social niceties and bourgeois judgments about what is and is not appropriate; Tiffany (Jennifer Lawrence) separates herself and Pat (Bradley Cooper) from her sister saying ‘maybe we know something you don’t’. This difference and non-conventional knowledge is mostly represented by Pat and Tiffany calling each other ‘crazy’ or ‘nuts’. Tiffany refers to Pat by using ‘crazy’ as a noun; Pat tells his therapist Cliff (Anupam Kher) about his ‘crazy sad shit’; as the quote at the start of this section shows, their love affair is about Tiffany beating (i.e. curing) Pat’s ‘crazy’ (and doing so by being ‘crazy’ herself).

Tiffany’s two key quotes, celebrating the honesty (and honesty-as-difference) of the mentally ill and contradictorily engaging in the one-up-manship of the sane, are sufficiently emblematic of the politics of the film to adorn the poster: ‘we’re not liars like they are’ and ‘you think that I’m crazier than you?’ (Figure 4.63)

signifiers and signifieds to create a pseudo-obtuse aesthetic of 'psychosis', whilst conversely also suggesting that 'psychosis' is easily explicable as a non-pathological but unconventional (and frequently magical or distinctly Hollywood) mode of reasoning. The Hollywood chase for the transcendental signifier of love is self-consciously semiotically tied to 'plays' in American football, and more specifically the imaginative 'plays' of armchair coaches engaged in watching and consuming (rather than actually playing) the game (see figures 4.64 and 4.65). These play schema make sense within an explanatory context, but simultaneously to the uninitiated they are an incoherent mass of scribbles. That the Hollywood chase can just as easily be for renown as a mathematician as finding true love (not least because renown as a mathematician, within *A Beautiful Mind*'s semiotic, equals finding true love) and can be represented by the same schema is demonstrated by figure 4.66. These narratives enact an erotomaniacal drive towards an object-supposed-to-love. Within the diegesis, this object may be the under-developed female given no subjective rationale for her love for a male protagonist who is neglectful, selfish, self-absorbed, thoughtless, socially maladjusted and impoverished, as well as exhibiting love towards some other object, be it mathematics, an American football team or an ex-wife. Meta-filmically, the object-supposed-to-love is the empathetic spectator who will accept this representation of psychotic subjectivity as meaningful. Indeed, a spectator who will project that very meaning into the void of signification beneath these texts of hollowed-out, decoupled signifiers. The implications of this will be considered after a closer analysis of the erotomaniacal narrative as exemplified by *Silver Linings Playbook*.

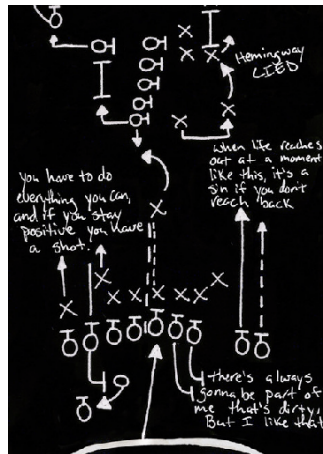


Figure 4.64

Schematic for a silver linings 'play' from *Silver Linings Playbook* US poster

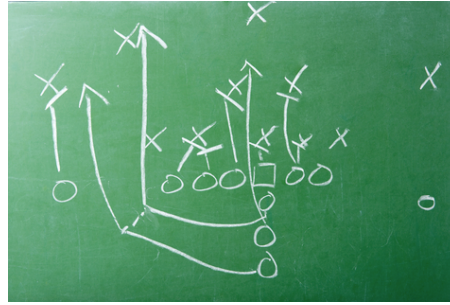


Figure 4.65

Schematic for an American football 'play' from <<http://www.soccerissue.com/2012/09/10/ready-set-play/>> [Accessed 15 February 2015]

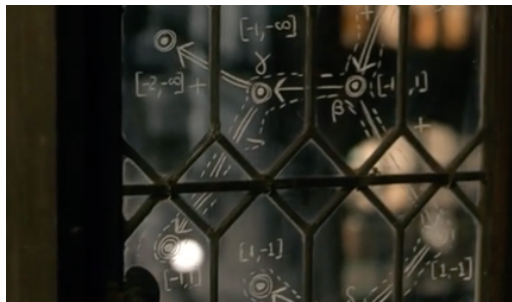


Figure 4.66

Schematic for a touch football 'play' and also a 'play' at theorising Nash equilibrium *avant la lettre*.



Figure 4.67

The garbage bag signifying: narratively, that Pat is packing to leave; in terms of character action, that Pat is focussed on losing weight; in terms of objectives, that Pat wants to win back Nikki; thematically, that Pat looks and fundamentally is 'different'; diagnostically, that psychosis is *just* a form of eccentric behaviour; meta-filmically, this candid shot is emblematic of the candid, shaky-cam honesty of the film and also of the mentally ill. At the same time, it is denotatively, the signifier of a garbage bag.

One of the most striking signifiers in the film is that the protagonist Pat (Bradley Cooper) is very often seen wearing a garbage bag. This is (potentially) confusing to the spectator, and that confusion is represented within the diegesis in a brief exchange between Pat and his parents Pat Snr (Robert De Niro) and Delores (Jacki Weaver):

PAT SR	Why's he wearing a garbage bag?
DELORES	Why are you wearing a garbage bag?
PAT	To sweat.

Pat's reasoning is consistent with his ordering philosophy of silver linings and his overarching objective of making himself more attractive to his estranged wife Nikki (Brea Bee). The extra sweating will mean that Pat will lose weight faster than if he had exercised without the garbage bag.

However, this reasoning is left for the spectator to intuit, and the signifier, which is presented wholly decontextualized in the opening shot sequence of the film (figure 4.67), is further decoupled from the signified through repetition. Lotman notes that repetition in film is a unique importation of a novelistic device into visual art: ‘Repetition of one and the same object on the screen creates a certain rhythm, and the sign of the object begins to separate from its visual source [...] repetition muffles the material meanings and emphasizes abstract meanings – logical and associative.’¹³⁷ The combination of a scant and incomplete explanation of its motivating rationale and the repetition of the signifier, partially de-couples the garbage bin signifier from its iconic, literal, denotative signified (‘garbage bag’) and institutes it into a thematic system of signification, where it elucidates Pat’s character (as an emblem of his attitude and aims) and also functions as a motif of the narrative (the ultimately futile attempt to regain his wife). But it also serves to function as a signifier of Pat’s psychotic difference. It acquires an emphasized abstract layer of signification: the signified of a person with a diagnosis of bipolar disorder is associated with the signifier of a person dressed in a garbage bag.

Within the film’s semiotic, this apparently central signified (person with diagnosis of bipolar disorder) is actually a further super-imposition. In the original novel by Matthew Quick, the main protagonist Pat does not have a diagnosis of bipolar disorder, as he does in the film. Rather, it is implied that he has traumatic brain injury. In its translation from book to film, there has been a curious switch of causality. In the book, Pat’s violent reaction to his wife’s infidelity results in his ‘illness’, as his wife, Nikki, bashes his head in to stop his attack on her lover. In the film, it is Pat’s underlying, pre-existing inherent ‘illness’, which is explicitly described as bipolar disorder but is also placed in the general familial context of short tempers and sudden violence,¹³⁸ that is the cause of his assault. Many of the novel’s signifiers of the underlying pathology – traumatic brain injury – are imported directly into the semiotic of the film, but with the fundamentally different signified of ‘psychosis’. When the diagnosis of bipolar disorder *is* explicitly introduced into the film, it is made very clear that Pat suffers from delusions; this ‘weird thinking’ as he describes it to his psychiatrist becomes, like Ray’s delusions in *Some Voices*, a naturalised and depathologised signifying system. The distinction between *Some Voices* and *Silver Linings Playbook* is that the diegesis of the latter embraces the ‘weird thinking’ whereas Ray’s system of signification is rejected by Laura and Pete. This might serve as a distinction between a Hollywood rom-com and an independent comic drama: have the other figures in the diegesis accepted the idiosyncratic signifying system?

To demonstrate how the film re-purposes signifiers from the novel, consider the difference between a pivotal scene in both texts: Tiffany (Jennifer Lawrence) and Pat’s ‘date’ at a local diner.

¹³⁷ Lotman, *Semiotics of Cinema*, p.45

¹³⁸ The family are rewritten for the film as Italian-American, and given as a patriarch, Robert De Niro, whose iconicity as an actor is built on playing a range of boxers, mobsters and ‘psychotics’. Pat Sr’s friend, and architect of the bet plot device, Randy is also played by perennial gangster Paul Herman. This meta-filmic intertextuality in the casting immediately signifies Randy’s ambiguous status as both friend to and parasite on Pat Sr.

In both texts, Pat orders raisin bran. However, in the novel, his ordering raisin bran is part of a sequence of acts that signify he is having some trouble functioning in social situations. In addition to being disbarred from driving and having to get *de facto* pocket money from his mother for the evening, Pat clearly finds the process of ordering food confusing and anxiety provoking:

As I read the menu, I worry that I won't have enough money, which is silly, I know, because I have two twenties on me and most of the entrees are under ten bucks, but I do not know what Tiffany will order, and maybe she will want dessert, and then there's the tip. [...]

I am worrying about all this so much that I must have missed Tiffany's order, because suddenly the waitress is saying, "Sir?"

When I put my menu down, both Tiffany and the waitress are staring at me, as if they are concerned. So I say, "Raisin bran," because I remember reading that cereal is only \$2.25.¹³⁹

The raisin bran operates as a signifier of a range of significates: Pat's infantilisation by his traumatic brain injury, forming a chain of signification with his inability to drive and his reliance upon his parents for material support, as well as the pseudo-childish tone of his 'daily memoirs';¹⁴⁰ Pat's socio-economic status; Pat's preoccupation with weight loss; and, as the narrative develops, and the raisin bran eating is repeated as relationship ritual, the tentative love affair between Tiffany and Pat.

In the film, this sign is taken and the signifier and the signified are detached. In fact, at one point, the significate in the novel of raisin-bran-as-love-ritual is flatly contradicted by Pat:

TIFFANY	Why did you order raisin bran?
PAT	Why did you order tea?
TIFFANY	Because you ordered raisin bran.
PAT	I ordered raisin bran because I didn't want there to be any mistaking it for a date.
TIFFANY	It can still be a date if you order raisin bran.
PAT	That's not a date.

Pat's contention as to why he ordered raisin bran is not particularly persuasive. It may well have been a deliberate sign, within the diegesis, to Tiffany that this was not to be confused with a romantic date, but Pat's claim fits into a general pattern of antagonistic tit-for-tat exchanges that orders the love affair between Pat and Tiffany (and, for that matter, between almost all protagonists in contemporary Hollywood 'rom-coms'). That ordering raisin bran was a provocation to Tiffany seems the only reasonable interpretation; that it was as icily and precisely pre-meditated as Pat

¹³⁹ Matthew Quick, *Silver Linings Playbook*, (London: Picador Pan Macmillan, 2009), p.69

¹⁴⁰ Quick, p.7 The novel presents itself somewhat in the tradition of the epistolary novel, provoking the same thought in the reader that *Clarissa* or *Dracula* might: how and when did the protagonist(s) manage to write all this? The insistent visualization of time within film makes it much harder to conceal the incompatibility of such extensive action with such extensive documenting of said action. Pat's moral umbrage taken with *A Farewell to Arms* and its 'worst ending imaginable' (pp.21-22), or *The Bell Jar* and its 'implied ending' (p.122), and his contrasting love of heroic, sentimental Hollywood movies and their inevitable happy endings (p.15) constitutes the ordering philosophy of both the book and the film. Whilst the book very overtly presents its ending, of Pat and Tiffany cloud-watching together, as an alternative happy ending, or even an alternative *to* the 'happy ending', in contrast to the explicit ending of Pat's internalized 'movie' life with Nikki, the film gives a hyper-conformist 'happy ending', which is unambiguous, hetero-normative, neoliberal and reaffirms the threatened patriarchy. As Nadel and Negra note: '[s]uccess in all relationships, the film's conclusion makes clear, is achieved when everyone, gathered together for a football playoff game, assumes his or her designated place in the patriarchal order, as the arrangement in the household makes clear: while Pat Sr. prepares for the game, Dolores is in the kitchen sharing recipes with Danny; the "boys" are playing in the living room; and Pat and Tiffany are cuddling in a chair.' (Alan Nadel and Diane Negra, 'Neoliberalism, magical thinking, and *Silver Linings Playbook*', *Narrative*, 22:3 (2014) 312-332, p.316)

suggests seems unlikely. Within the semiotic of the film though, the raisin bran certainly signifies a distinctly ‘crazy’ mode (and mood) of rationalisation, or an anti-rationalisation.¹⁴¹ In the translation from novel to film, the sign of the raisin bran has been, at least partially, emptied of its motivated signification (as a sign of healthy eating, anxiety about money etc.) and given an arbitrary (and contestable) signification (as ‘not date’, which is a direct contradiction of the status of raisin bran as love sign that develops later in the novel).¹⁴²



Figure 4.68
The motley ...



Figure 4.69

... and the devil, are supposedly arbitrary signifiers (within the diegesis) but function as motivated signifiers, offering an ironic commentary on the action.



Figure 4.70

Raisin bran – from motivated signifier to arbitrary signifier.

¹⁴¹ The characters in *Silver Linings Playbook*, especially Pat and Tiffany, all employ various strains of magical thinking. The love story is driven by a fierce anti-rationality encapsulated in the film title.

¹⁴² Additionally, in the film, this scene is set on Halloween. This has no narrative function. But thematically and aesthetically, it allows for the non-date and the subsequent argument in the street, in which Pat nearly succumbs to a violent explosion, to be populated by ghouls, devils and monsters. On the one hand, the costumes provide an ironic commentary on the alleged difference of the mentally ill. In a very literal sense, Pat and Tiffany look more ‘normal’. However, this is obviously in a context in which to look abnormal is normal. The only other person out of costume in this sequence is the local cop, who is – on one level of signification – most certainly ‘dressed up’ as a cop. These Halloween costumes within the diegesis are arbitrary signs, or rather do not signify at all; within the filmic semiotic though, they are transformed to motivated signifiers, commenting on the characters and actions of Pat and Tiffany. Again, the filmic semiotic performs the meaning-generating function of the psychotic delusion. (See figures 4.68, 4.69 and 4.70.)

Nadel and Negra see *Silver Linings Playbook* performing the same manoeuvre as *Some Voices*. A delusional reference system composed of wrongly decoded signifiers is enacted, initially as a signifier itself of mental ill health. The film then adopts and endorses this very delusional reference system. Just as by the close of *Some Voices*, the swirls and circles of Ray's delusional reference system have become meaningful, and coherently signify for the spectator, so too does *Silver Linings Playbook* deliver the silver linings signified for the protagonists throughout the film (figure 4.71). The staging of the delusional belief system demonstrates a truth about filmic signification, as Lotman notes: '[a] network of meaning is super-imposed on what we see. Knowing that we are watching an artistic story, i.e. a string of signs, we necessarily disassemble the flow of visual impressions into meaningful elements.'¹⁴³ Filtered through the signifying conventions of film, the free play of signification constitutive of the delusion of reference, is standardised into an internally coherent, uniform signifying system, capable of transcending ambiguity (as in the pseudo-obtuseness of *Silver Linings Playbook*) or at least in partitioning it off (as in *Blue/Orange*).



Figure 4.71

Pat Snr's unsuccessful magical playbook, signified by the superstitions of the handkerchief and the remote controls, abandoned in the closing shot sequence. The moral is that delusional thinking is not wrong, only delusionally thinking the wrong thing is wrong.

These acts of decoding construct their own narratives and provide their own retrospective justification. These signification-generating acts extend beyond the diegesis and the filmic surface to implicate the spectator. In schizomimesis, the 'schizophrenic' mind is signified by aimless or misguided decoding on two levels of representation simultaneously. Within the diegesis, the 'schizophrenic' subject is engaged in endless, uncontrollable acts of decoding, of reading signification erroneously. This can be seen in figure 4.72, a still from a sequence of aimless decoding by 'Nash' that – for all its very evident sound and fury – signifies nothing other than his 'schizophrenic' mind. Concurrently, the spectator is presented with a string of signifiers – which are the very same signifiers read by the 'schizophrenic' subject – and similarly is drawn into assigning them signification they do not hold through any inherent qualities or by virtue of their context. Arbitrary signs belonging to a film's semiotic are mistaken for 'natural' symptoms of pathological phenomenology.¹⁴⁴ The builderers from *Some Voices* are an obvious example, but within *A Beautiful*

¹⁴³ Lotman, *Semiotics of Cinema*, p.25

¹⁴⁴ Accepting the 'traditional distinction between *sign* and *symptom*, based on artificiality, arbitrariness, and conventionality in the case of the former, and on naturality, non-arbitrariness, and motivation in the case of the latter'. Gian Paolo Caprettini, 'Peirce, Holmes, Popper', in *The Sign of Three*, pp.135-153 (pp.137-138)

Mind, the spectator is encouraged to actively interpret the represented schizophrenic symptomatology as meaningful and motivated. Roberts, in reference to both Nasar’s biography and the film, is lured into a false empathy through an easy decoding of schizomimetic signifiers. Roberts insists Nash’s ‘claim that “his career was being ruined by aliens from outer space” is not unintelligible. On the contrary it is easily intelligible if a modicum of effort is expended.’¹⁴⁵ Of course, this creation of meaning by attaching signifieds onto the detached or empty signifiers of the delusion of reference is the very same operation being performed by “Nash” (see figure 4.73).¹⁴⁶ That this process is so effortless for film in contrast to other mediums explains both film’s attraction to and for stories of ‘psychosis’, as well as its formal inability to present, self-consciously, a delusion of reference without meta-filmically unpicking the delusion. By demonstrating that what is represented is a delusion, the representation ceases to represent, or rather it becomes the sign of what it is not. In *A Beautiful Mind* – for example – the visibilised act of decoding becomes a signifier of the absence of a code or message (figure 4.74). As mentioned earlier, this scene does not easily parse into delusion and objective diegesis.

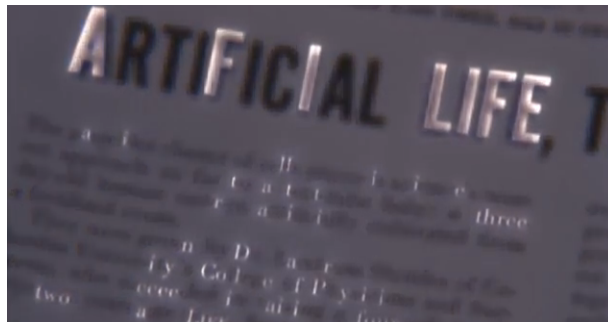


Figure 4.72

Aimless decoding, presented as a signifier of a ‘schizophrenic mind’



Figure 4.73

Decoding as forcing meaning, schizophrenia as empathy – ‘easily intelligible if a modicum of effort is expended.’¹⁴⁷

¹⁴⁵ Roberts, p.50

¹⁴⁶ This de-psychoticised mode of delusional decoding is essentially anagrammatic. All the pieces are there waiting to be assembled correctly. This is particularly common in the psychosis *qua* detective narrative semiotic. See figures 4.75 and 4.76 for an example of psychosis functioning as intuitive crossword solving from the pilot episode of *Peception*, or figure 4.77 for the way in which these a-psychotic delusions resolve into hyper-rational, hyper-perceptive and hyper-inevitable solutions.

¹⁴⁷ Roberts, p.50

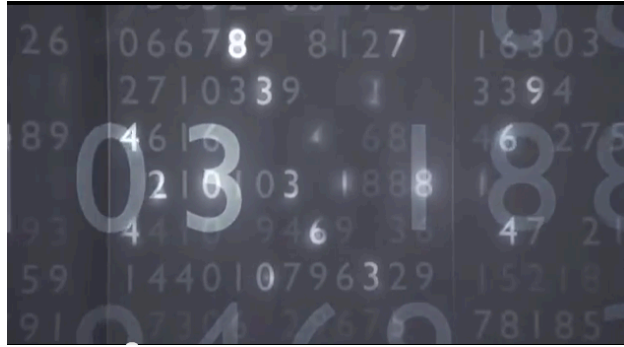


Figure 4.74

Rather than discernable psychotic and non-psychotic phenomenological viewpoints, everything in the film is leavened into a landscape of general gibberish.

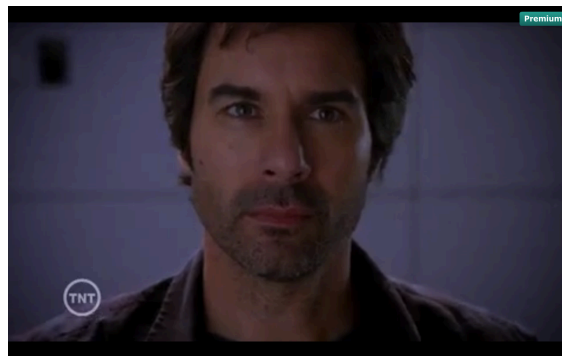


Figure 4.75

Perception (Pilot episode, TNT, 9 July, 2012)

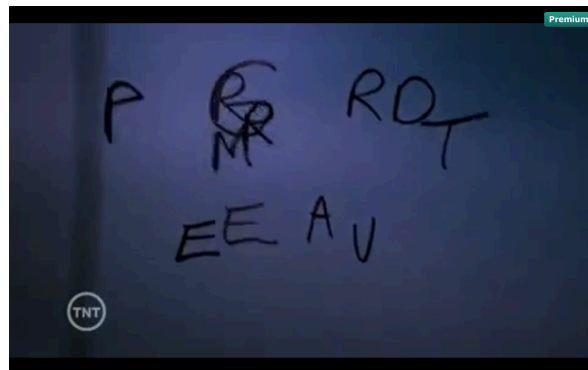


Figure 4.76

Decoding as reordering the signifier to uncover the signified. This anagrammatic problem solving eliminates excess signification and turns delusional messages into inevitable and ultimately rational Rubic's cube. 'Psychosis' is merely a syntactical error.



Figure 4.77

Print advert for Season Two of *Homeland*

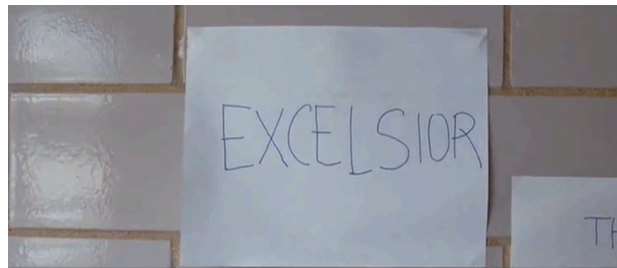


Figure 4.78

Madness, signposted.

Conversely, when not dealing with diegetic delusions of reference, film often formally enacts such delusions, as in *Silver Linings Playbook* when the film adopts the ‘magical’ or ‘weird’ thinking of its protagonists. This is a therapeutic dynamic, as already mentioned. The opening, explicit signifier of *Silver Linings Playbook* is Pat’s hand-drawn paper sign, written to himself and stuck to the wall in his ward bedroom, reading ‘Excelsior’ (figure 4.78). At the start of the film, this is a signifier of mental ill health, yet – just as Cliff (Anupam Kher) urges Pat to do – the spectator adopts as a strategy the logic of the meaning system of which this is a signifier. By the close of the film, the spectator has been incorporated into the signifying system in which ‘Excelsior’ is demonstrated as a proven, successful strategy (playbook) for living. The psychotic signifying system is, therefore, highly insidious, at least when incorporated into the cinematic signifying system. The similarities are not just structural; the ‘Excelsior’ quest for a happy ending is the fundamental Hollywood cinematic narrative, and self-actualisation through a successful search for romantic love is its moral tent pole. The psychotic subjectivity becomes then a locus for signifiers to converge and to have their signified re-confirmed. Emptied of actual signification of psychosis, the psychotic subjectivity is a serene and mutable space for this (or any) signifying acts to take place; as shown, Pat functions as the site of inscription for the fortunes of the Philadelphia Eagles, and by extension – or perhaps more accurately intension – the fortunes of Pat Snr’s business, the fortunes of his family and friends, and ultimately his own socio-economic, romantic and medical status.

This section's analysis of schizomimesis in the domain of the signified has demonstrated repeatedly a structural similarity between cinematic and 'psychotic' signification. The film semiotic and the delusion of reference semiotic would be represented by the same Jakobsonian schema. The combination of the unavoidable denotative weight of any filmic object as signifier with the consequent connotative weight is the same insistence towards signification that occurs in a delusion of reference. Further, the filmic syntagm is always a sequence of signifiers unfurling through one time and in one place, whilst generating a different temporal and spatial context that exists only as product of those signifiers (the diegetic reality).

For film and delusional thinking then, the adapted model in figure 4.79 is proposed. In the delusion of reference, the addresser, at least as conceived in relation to the message by the addressee, is actually a construct of that message; in effect, the addresser is in the position of signified. There is a pop psychological explanation for the delusion of reference as the need on the part of the addressee to establish a meaningful relationship; semiotically, this is the erotomaniacal drive, whereby the signifying act, created from arbitrary signs mistakenly taken for motivated by the addressee, constructs the imaginary addresser as the object-supposed-to-love. This will be analysed further in the next chapter, as a matter of self-affirming semiotic deixis. Similarly, just as the message in non-delusional communication is a unique poetic creation, so, in delusional communication, is the contact. There is no phatic function to the contact because, in literal terms, there is no actual contact beyond the poetic function of the delusion. The phatic function is adopted by the code itself. In all these examples examined in this section, the 'schizophrenic' in the position of the addressee has experienced not contact with the message of an addresser but only contact with the materials from which they are contiguously constructing their code. For example, although neither the Soviets nor their supposed routing orders existed (except within 'Nash's poetic imagination), the raw material from which 'Nash' generated the code – the newspapers, magazines etc. – certainly did exist and it was these that performed the phatic function.

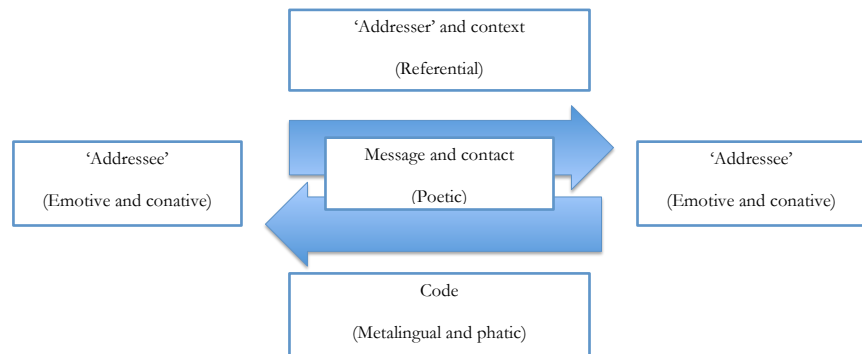


Figure 4.79
The semiotic of a delusion of reference

Vital to the structure of the delusional communicative model is the fact that the addressee occupies both positions in the exchange. The imagined addresser may exist (as in the case of the Soviet Union) or they may not (as in the case of Ray's extra-terrestrials) but either way, the imagined addresser is not actually transmitting the communication (although they may well be producing the raw material that is then transformed into signs by the delusional semiotic system). The addressee erotomaniacally imagines that they are in a shared communication exchange with the addresser, based on an empathetic understanding. In the same way, the filmic machinery pushes signification onto raw materials of objects or other subjects, and then reads back the very meaning it has placed upon them, whether this is done through the process of candidly filming a city street, of composing shots of inanimate objects (a garbage bag on a bed, a statue of Beethoven) or of recording and then reconstructing performances by actors. At the heart of this communicative model is a short circuit of the emotive and conative function. Here is a subject emoting towards and thinking about itself, which explains why film narratives and delusional narratives are structured around a search.¹⁴⁸ Required, this short circuit becomes erotomaniacal. Denied, it turns murderous. Always, though, the film or the delusion constructs a signifying system that necessarily attaches signification to pseudo-addressers within its signification, creates an unreal mode of contact that is folded into the message itself (the absence of a non-screenic presence in the filmic communication), precludes a two-way exchange (the film is always communicating the same thing, and regardless of and unreceptive to any spectator) and operates through a code that self-validates.

¹⁴⁸ And, glibly, why *Silver Linings Playbook* seems so very obviously in love with itself.

The filmic machinery is therefore a delusional machinery. Meaningful signification is frustrated. The signifiers of traumatic brain injury are blithely attached to the signified of psychosis in *Silver Linings Playbook*; the signified of US race relations is excised from *The Soloist*, with psychosis rushing in to fill up the empty space; the ineffability of madness and the universe are conflated in *Ollie Kepler's Expanding Purple Universe* as the protagonist's voice-over analogises his mental state with unified field theories. The empathetic spectator has entered into this delusional game, believing – when engaging with popular representations of psychosis in *A Beautiful Mind*, *Silver Linings Playbook* or *Perception* – that they are worthily accessing, and respectfully admiring, representations of pathological, psychotic phenomenological subjectivities. In truth, they are simply basking in the reflected glory of their projected, self-righteous cultural fantasy.

This raises the question of what therapeutic and deictic responses can be made to this semiotic, and these will be the subject of the next chapter.

Chapter Five: ‘Here’s looking at you, kid.’¹

Only I can truly understand my experience. Just like, I can never fully understand anyone else’s. [...] So I felt. [...] Now I get to regard this very tree as an equal, experiencing the world just as I am but through a different lens.²

The individual consciousness is nurtured on signs; it derives its growth from them; it reflects their logic and laws. The logic of consciousness is the logic of ideological communication, of the semiotic interaction of a social group. If we deprive consciousness of its semiotic, ideological content, it would have absolutely nothing left. Consciousness can harbor only in the image, the word, the meaningful gesture, and so forth.³

George Berkeley’s assertion that *esse est percipi* haunted Samuel Beckett. It is the conceptual cornerstone of the exquisite torture of ontology enacted in his late novella *Company* (1980) and is the opening caption of his 1965 *Film*.⁴ The torture cuts both ways. Although to be perceived is to be tyrannized, to not be is to be obliterated. In semiotic terms, this is a deictic threat; the threat of being forced, interpellated, into the power structures of the majoritarian language or the threat of being ‘softly and silently vanished away.’⁵ This thesis has already discussed the role of deictic crisis in the generation of ‘schizophrenese’ and this chapter will examine how psychotic ‘symptomatology’ operates as a corrective to a challenged deictic status. It is worth plainly restating that this thesis is operating on the (partial) assumption that the specific challenges to an individual deictic status are social, and specifically socio-economic, and also acquired through a person’s specific life history and environment, for example severe childhood trauma. That the same social conditions and comparable personal trauma may produce psychosis in one person and not in another would give credence to theories that there is an underlying biochemical susceptibility to the destabilizing effects of a threatened (and threatening) deictic status. However, whether such a susceptibility is truly pre-existing, or is just another manifestation of the social and personal inputs, is well beyond the scope of this investigation. It is worth asking though – in the absence of technological methods or a cultural appetite for profound meddling in the human genetic code – what gain it may be to people living with a diagnosis to learn of the existence and location of some aetiologically culpable strip of DNA, especially in contrast to the obvious gain when scant resources for mental health are directed towards practical programmes of material, educational and social support.

Existential worry in the face of deictic threat may be at play in the various slide animations, calendars, stories and essays published by Voyce through his SlideShare account.⁶ When he publishes a slideshow called ‘Broken Display’ counting through single digits on two displays, one

¹ *Casablanca* dir. by Michael Curtiz (Warner Bros., 1942)

² From a short story ‘Truth in the Trees’ written by a respondent with lived experience.

³ Vološinov, *Marxism*, p.13

⁴ In the screenplay only. In the finished film, the opening caption and image were replaced by an extreme close-up of an eye. *Film* dir. by Alan Schneider (Evergreen Theatre, 1965)

⁵ Carrol, *Snark*, p.96

⁶ All images are taken from slides downloadable from his SlideShare profile. And are highly recommended. <http://www.slideshare.net/AndrewsAsylumLife?utm_campaign=profiletracking&utm_medium=sssite&utm_source=ssslideview> [accessed on 23 February 2016]

working perfectly and one where the liquid crystal display is broken along the left-hand side, mutating the digits, he is inviting readers into a dynamic co-spectating space, where the ‘schizophrenic’ subject and the non-‘schizophrenic’ subject both see what the other sees, and also sees them seeing it. This Peircean triangulation is essential, as it provides a mutual guarantee of both co-spectators. They are collaborators in their own *soeius* and – through this creation – they further create themselves. Both ways of seeing are co-existent within the same sign, and are mutually establishing. In contrast to the individualistic quasi-celebrity display of the illness narrative, this text offers a shared space of play with mutual recognition. Indeed, the co-dependence is vital to the functioning of the sign. The broken display alone would be opaque; the functioning one would be otiose. Such a collaboration, perhaps, drains the dialectically constructing interplay of being and being perceived of some of their Beckettian existential horror. Rather than a demand to be seen, it generously enacts that seeing.



Figure 5.1

The digits 6 and 8 from ‘Broken Display.’ The text allows the viewer to see well, see poorly and to see each of those acts of seeing. In so doing, the viewer sees the other viewer.

Certainly, as the last chapter argued, there is a need to go beyond empathy. Google ngram (figure 5.2) suggests that talk about empathy, and finding a common interpersonal ground, and talk about ‘schizophrenia’, perhaps the quintessential human difference, are positively correlated.

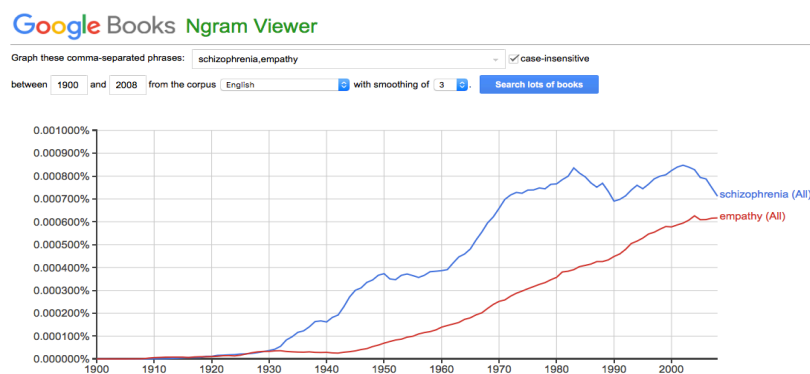


Figure 5.2

‘For there is nothing either good or bad but thinking makes it so.’⁷

⁷ William Shakespeare, *Hamlet*, Shakespeare, William, *Hamlet*, ed. by Bernard Lott (Harlow: Longman, 1968) II.ii.247-248

It might not be too glib to suggest that empathy presupposes difference, whereas co-spectatorial play presupposes commonality. Specifically, empathy requires a pre-existing difference in state, but co-spectatorial play is predicated on the possibility of a shared purpose, even if that purpose is nothing more than mutual recognition. Empathy, therefore, is not a method for caring for the mentally ill, but a defensive mechanism for defining them and avoiding joining their ranks. As Hoffmeyer observes, the discovery by an organism of the *umwelt* would drive it mad without a moderating mechanism of empathy:

This creature perceived its own existential alienation from the world.

Fortunately, before our creature made this dreadful discovery – which, had it been totally unprotected, would have driven it insane – it had succeeded in safeguarding itself through the development of a gift for empathizing with other similar creatures.⁸

The idea that empathy is a ‘gift’ is intellectually unacceptable. It must, by the dictates of semiotic theory, be a social dynamic, sustained mutually (if unselfconsciously) by inter-subjective exchanges. Estrangement from society makes empathy impossible; an inability to engage empathetically estranges one from society.

Given Hoffmeyer’s analysis and the correlation between the usage of the terms empathy and schizophrenia, it is hardly surprising that neuroscience increasingly defines ‘schizophrenia’ (as well as other ‘illnesses’ such as autism spectrum disorder) as empathy deficient. If empathy keeps a person sane in the face of the *umwelt*, then those insane must – by definition – lack empathy. Neuroscience papers arguing for a reduced theory of mind (ToM) and empathy in people with a diagnosis schizophrenia are, perhaps, misconceptualising a maladjustment resulting from a process of social estrangement as a neuro-genetic innate disinclination (or disability) in relation to social integration.⁹ The causal assumption inherent in statements such as ‘impaired ToM in schizophrenia has also been found to contribute to patients’ compromised social functioning in the community’ is insufficiently interrogated in the literature.¹⁰ Voyce’s textual invitation to participation in a shared spectating space, comprising irreconciled but co-existing perspectives, poses a strong challenge to this assumption. People with psychosis do not *have* a deficit in the ability to integrate, rather they *experience* a deficit in finding willing collaborators. The deficit is, as described by Vološinov in the opening quotation, a deficit of the consciousness insufficiently nurtured on signs, deprived of semiotic content.

There is a developing research programme in the relationship between an impairment in mirror neuron functioning and the disturbances in ipseity amongst people with a diagnosis of

⁸ Hoffmeyer, pp.34-35

⁹ Such research builds on Simon Baron-Cohen’s work on ToM in relation to people with a diagnosis of autism spectrum disorder. For an initial account of the fMRI ‘evidence’ for a ToM deficit in ‘schizophrenia’ see TA Russell, K Rubia, ET Bullmore, W Soni, J Suckling MJ Brammer, A Simmons, SC Williams and T Sharma, ‘Exploring the social brain in schizophrenia: left prefrontal underactivation during mental state attribution’, *American Journal of Psychiatry*, 157 (2000) 2040-2042.

¹⁰ Martin Brüne, “‘Theory of Mind’ in schizophrenia: a review of the literature”, *Schizophrenia Bulletin*, 31:1 (2005) 21-42, p.37

schizophrenia. Mirror neurons, as the posited ‘physiological substrate of social cognitive ability,’ provide a neurological mechanism for ToM and empathy.¹¹ Researchers such as Giovanni Buccino and Mario Amore (2008) are keen to use the mirror neuron system (MNS) as an explanatory model for empathy, and from here unpick ‘psychiatric disorders’ (specifically in this paper autism and schizophrenia) as mirror neural deficits.¹² In this conceptualisation, human social cognition is – in its fundamentals – no different from the imitative process of monkeys, and the theory rests on observations in the 1990s that monkeys’ mirror neurons discharged similarly whether performing or watching a goal-directed action.¹³ Consider a 2015 paper that performs a multi-level correlation, mapping subtle changes in facial mimicry in people with a diagnosis of schizophrenia onto mirror neural (in)activity, and mapping that (in)activity onto flattened affect and then further mapping that onto self-disorders. Two assumptions underpin this manoeuvre. First, that these four categorically different things – involuntary muscular activity; neurons firing in the brain; the communication of emotions; a stable narrative of self – are isomorphic. Secondly, there is a clear suggestion of a chain of causality starting with ‘abnormalities in the mirror neuron mechanism’ and running through to ‘anomalous subjective experiences.’¹⁴ At its organisational centre, the concept of mirror neurons holds a structuring assumption identical to ToM and empathy. As mirror neuron pioneer Vittorio Gallese (2007) notes: ‘the ability to react to and understand another, not as a stand-in for an internalized object but as who that other actually is, is not a taken-for-granted given; rather, it is an achievement that constitutes a central criterion of mental health.’¹⁵ However, cognitive semiotician Rick Grush (2007) asserts that ‘mirror neurons are, in a sense, no mirror neurons at all’ but rather fire up in response to any representation of an agent performing an action, and that such representations – a representation of the self *as* other – are integral to human self-conscious functioning.¹⁶ Grush posits an ‘alter-egocentric emulator’ working in conjunction with egocentric mental representations of the world (which, it seems safe to say, can be taken for granted in all philosophies of mind):

¹¹ Urvakhsh Meherwan Mehta, Jagadisha Thirthalli, Rashathi Basavaraju, Bangalore N Gangadhar and Alvaro Pascual-Leone, ‘Reduced mirror neuron activity in schizophrenia and its association with theory of mind deficits: evidence from a transcranial magnetic stimulation study’, *Schizophrenia Bulletin*, 40:5 (2014) 1083-1094, p.1083

¹² Giovanni Buccino and Mario Amore, ‘Mirror neurons and the understanding of behavioural symptoms in psychiatric disorders’, *Current Opinion in Psychiatry*, 21 (2008) 281-285

¹³ The establishing papers are Vittorio Gallese, Luciano Fadiga, Leonardo Fogassi and Giacomo Rizzolatti, ‘Action recognition in the premotor cortex’, *Brain*, 119 (1996) 593-609 and Akira Murate, Luciano Fadiga, Leonardo Fogassi, Vittorio Gallese, Vassilis Raos, and Giacomo Rizzolatti, ‘Object representation in the ventral premotor cortex (area F5) of the monkey’, *Journal of Neurophysiology*, 78 (1997) 2226-2230

¹⁴ Mariateresa Sestito, Andrea Raballo, Maria Alessandra Umiltà, Emanuela Leuci, Matteo Tonna, Renata Fortunati, Giancarlo De Paola, Mario Amore, Carlo Maggini and Vittorio Gallese, ‘Mirroring the self: testing neurophysiological correlates of disturbed self-experience in schizophrenia spectrum’, *Psychopathology* (2015) DOI:10.1159/000380884

¹⁵ Vittorio Gallese, Morris N Eagle and Paolo Migone, ‘Intentional attunement: mirror neurons and the neural underpinnings of interpersonal relations’, *Journal of the American Psychoanalytic Association*, 55:1 (2007) 131-176, p.153

¹⁶ Rick Grush, ‘Agency, emulation and other minds’, *Cognitive Semiotics*, 0 (2007) 50-67 p.65

The second, alter-egocentric emulator represents the environment from the surrogate point of view. This emulator must, recall, work knowledge of the agent's own actions into its representational manifold differently from the first [emulator]. This emulator represents the agent itself as an entity in the environment. [...] From the surrogate point of view, the self *is* an other[...] it is the understanding of oneself simultaneously from the inside and the outside that underwrites the agent's explicit understanding of itself as an agent.¹⁷

In this semiotic account, the story of mirror neurons is consistently being told backwards. It is not the case that humans extrapolate from their subjective self to imagine the object as subject; rather the external model of the other self as object is interpolated into the psyche – indeed constitutes the psyche – and creates a triadic psychic self with the subjective self occupying the positions of *Firstness* and *Thirdness* simultaneously. The next section of this chapter will lay out this theory in further detail, using cinematic representations of psychosis (and voice-hearing in particular) and evidence from people with lived experience in support of this argument.

This chapter shall argue that texts made by people with lived experience such as Voyce's slideshows and Jonathan Caouette's *Tarnation* create this co-spectating space. It will be argued that this co-spectating space schizomimetically enacts a spectatorial *Thirdness* inherent in the human psyche, and present with increased sensitivity in persons with experience of psychosis. Concurrently, this chapter will analyse how the deictic crisis in people with psychosis is rendered cinematically, and use this analysis to develop insights into the deictic and spectatorial methods underpinning two novel treatments: the open dialogue method, pioneered in Finland, and avatar therapy, under development at University College London. The benefit of the co-spectating, from a position of *Thirdness*, rather than an insistence of empathetic exchange, in a position of *Secondness* is that it is intrinsically social, rather than inter-personal, and that it offers co-existence in place of a power struggle to determine meaning or 'objectivity.' It transcends the atomised trade in empathy, that keeps the 'schizophrenic' firmly entombed in their biological difference, and offers a liberating porosity of self whereby, in the words of the person with lived experience quoted at the start of this chapter, co-spectators exist as 'equal, experiencing the world just as I am but through a different lens.'

¹⁷ Grush, p.65

Deixis and the cinematic fishbowl

RAY Tell me you can see me Pete. Tell me I'm here.¹⁸

Hearing voices, talking to tele, thinking I made some songs, but obviously it all weren't true because I'm not rich or owt.¹⁹

Satrapı's *The Voices* (2015) would not have been possible without the long history of what Anna Harpin and Juliet Foster (2014) call 'madness' busy onscreen presence.²⁰ It is a film as much (if not more) about cinematic signs of madness as about madness itself. Well-worn 'psycho slasher' tropes – beautiful women with broken-down cars; knife-wielding chases through foggy nocturnal woodland; boarded-up houses steeped in cookie-cutter backstories of childhood abuse – are mischievously re-deployed, with satirical intent if not effect. Protagonist Jerry (Ryan Reynolds) has a diagnosis of schizophrenia, which manifests mainly through hearing voices that he assigns to his pets, the cat Mr Whiskers and the dog Bosco (both voiced by Ryan Reynolds). One of the few successful comic moments comes when Jerry's potential love interest and fellow cat-owner Lisa (Anna Kendrick) overhears him in a discussion with his voices:

JERRY What you heard is that I sometimes, I talk to my pets. A lot of the time.

LISA No, me too.

JERRY All of the time. And they sometimes talk to me, sometimes.

LISA I get that.

The main purpose of the exchange is to function as simple, comic misunderstanding, with the characters talking at cross-purposes. No spectator would be confused about the very different processes taking place when Lisa talks to her cat and when Jerry talks to Mr Whiskers. But explaining that difference is rather more troublesome.



Figure 5.3

'Hey fish. 'Hey Jerry. How you doing man?' 'Uh, I'm a little bit bummed.'



Figure 5.4

'Well duh. She stood you up.' 'I'm sure there's a reason.'

¹⁸ *Some Voices*

¹⁹ Interview transcript

²⁰ Anna Harpin and Juliet Foster, 'Introduction: Locating Madness and Performance' in *Performance, Madness and Psychiatry*, ed. by Anna Harpin and Juliet Foster, (Basingstoke: Palgrave Macmillan, 2014) pp.1-16 (p.4)



Figure 5.5

'I sure hope so. I'd help you Jerry, but I'm just a fish.'

When stood up for a date by his colleague Fiona (Gemma Arterton), Jerry, stuck alone at a table in an empty restaurant, acts out a conversation with a decorative goldfish in a bowl on the table (see figures 5.3, 5.4 and 5.5). Jerry and the fish are shown in the same shot throughout their conversation, and Jerry is shown to be voicing the fish's dialogue. Potentially, this is how Satrapi might have shot a sequence with Lisa talking to her cat. Jerry's conversation with the fish works to communicate to the spectator his disappointment at being stood-up, and to emphasise his loneliness. The cinematic triad established is of the *Object* – protagonist's feelings of isolation and rejection – the *Representamen* – the pseudo-exchange between Jerry and the fish – and the *Interpretant* – the spectator (figure 5.6). At the same time, within the diegesis, a different triad is established. The *Object* and the *Representamen* are the same, but the *Interpretant* is Jerry himself (figure 5.7). This is a non-psychotic model of communication, recognisable from real life, and would have been applicable to a comparable scene in which Lisa returned home and talked to her cat about how she wished she had a boyfriend. The same model of communication can have a third-party *Interpretant* as in the extra-diegetic triad; consider any real life example of one person communicating to another via a staged conversation with an animal or baby.²¹

²¹ 'Wasn't daddy lazy for letting you sit in your dirty nappy whilst mummy was out?'

Figure 5.4
The cinematic triad in *The Voices*

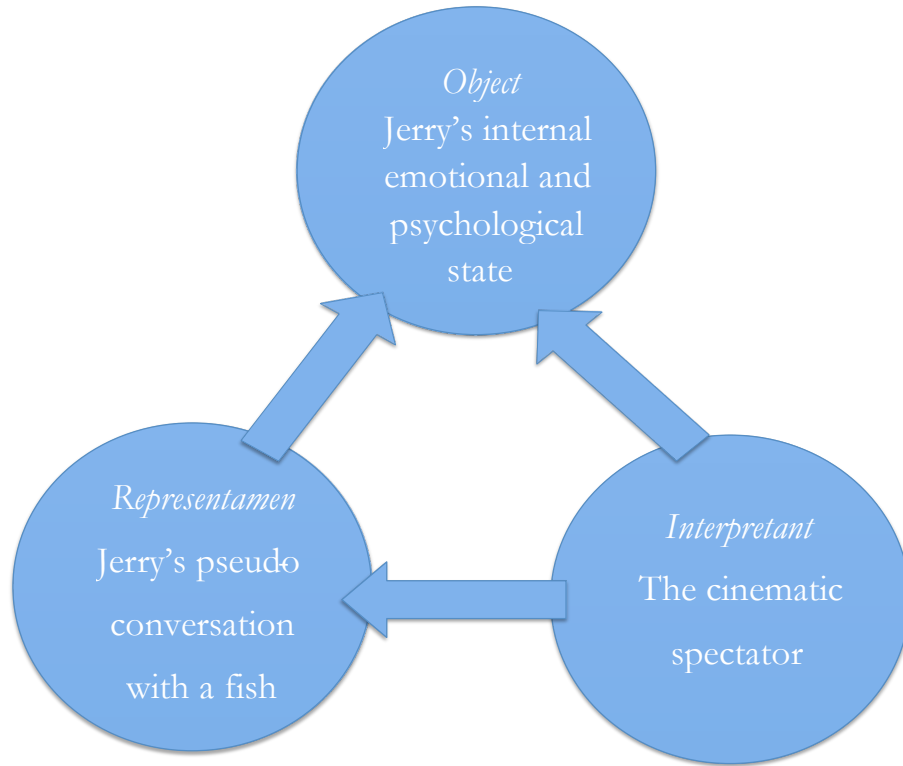
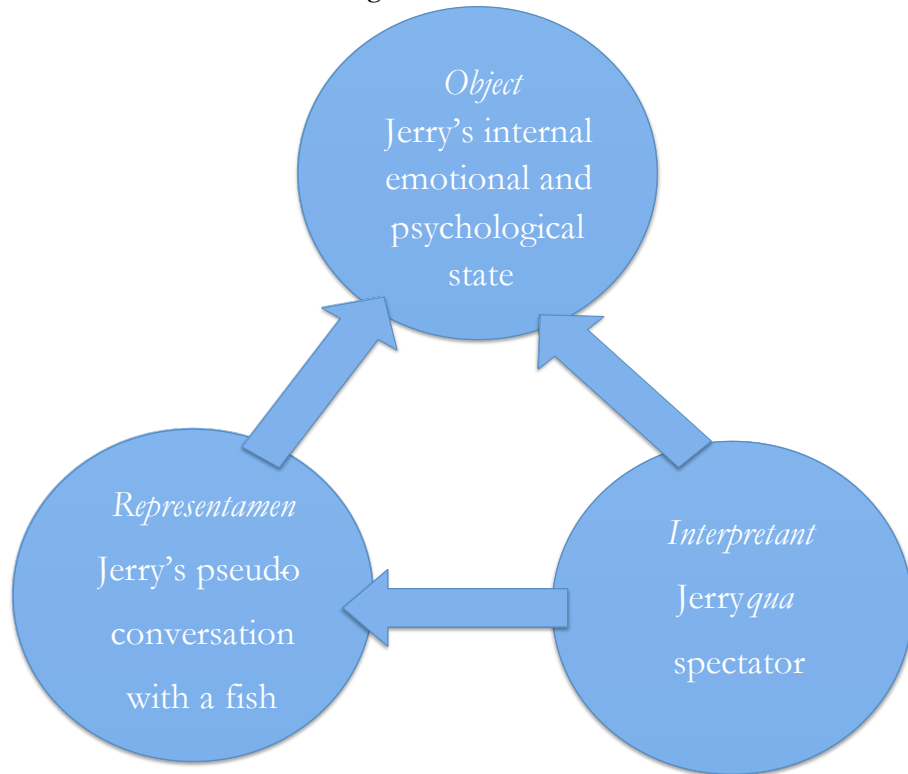


Figure 5.7
The diegetic triad in *The Voices*



When Jerry talks to his pets, whose voices he is supposedly hallucinating, the sequences could have been shot in the same way as the pseudo-conversation with the fish. However, instead, as figures 5.8, 5.9 and 5.10 demonstrate, the conversation is shot through a reasonably standard sequence of establishing shot, followed by a shot reverse shot exchange, with one significant difference being that the camera remains with the ‘speaking’ character whilst they ‘speak’. There is a practical purpose to this, as it reduces any possible confusion on part of the spectator, who might find it hard to remember to assign the voices to Jerry’s cat and dog without the shot reiterating and clarifying who is – at least within Jerry’s psychosis – apparently speaking. At the same time as providing clarity, and, formally at least, presenting the hallucinations as real, these shot sequences undermine the delusional reality by their slight but noticeable break from cinematic convention. Similarly, at times in his discussions with Mr Whiskers and Bosco, all three acknowledge that they are all products of Jerry’s consciousness. As with the filming technique that undermines their individual subjectivity whilst staging it, so do the exchanges between all three both establish and challenge the idea that they are separate individuals.



Figure 5.8

Thirdness – the spectator establishes that Jerry and Bosco (voiced by Ryan Reynolds) are sharing the same space.



Figure 5.9

Bosco seen in a standard shot reverse shot conversation.

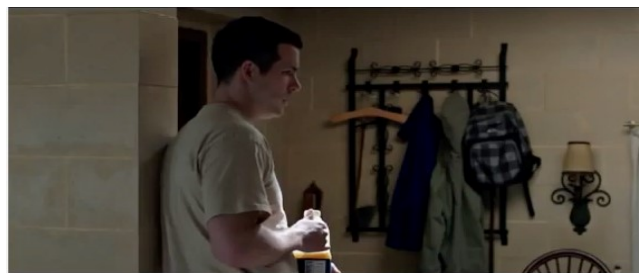


Figure 5.10

When Jerry is in conversation with his voices (assigned to his pets or severed heads) the camera is often on whoever is ‘speaking’, rather than focussing on the person listening and getting the reaction shot. The film enacts the delusion – that the voices are coming from sources external to Jerry – whilst simultaneously challenging the reality of the delusion in the very process of creating it.

Potentially accidentally, therefore, *The Voices* – in its representations of the conversations between Jerry and his voices – provides an important insight. The act of voice-hearing conforms to a common, non-pathological model for communication, in which the *Object* and the *Interpretant* are different strata of the same subjectivity. The defining difference between Jerry's exchange with the fish in the restaurant and his conversations with Bosco and Mr Whiskers may be a difference in outcome, rather than an *a priori* state of mind. The exchange with the fish may be a model of a message successfully delivered, and a frustrated cathexis successfully discharged,²² with the *Representamen* – the imaginary inter-subjectivity with the fish – dissolving itself on completion, concurrent with the recognition that the fish is only a fish. The contrary model, of the discursive and unresolved moral, philosophical debates with Bosco and Mr Whiskers, is a model of a message unsuccessfully delivered. The *Interpretant* refuses (or is unable) to accept the *Representamen* of the *Object*. In the case of Jerry's habitual voice-hearing, there are various *Objects* to these messages, all of which would be understandably unpalatable to accept: that he is in fact alone, without family, friends or moral advisors; that he himself has committed murders intentionally and found them in some way gratifying, empowering or exciting; that by not taking his anti-psychotics he has created a delusional reality. Rejecting these messages prevents the *Representamen* from dissolving; Bosco and Mr Whiskers (and later Fiona's severed head) do not enact developed identities but rather repeat one fixed idea or attitude. In refusing – in his position as *Interpretant* – the messages, the *Representamens* remain and the messages repeat indefinitely.

In this self-communicative exchange, to refuse to play *Interpretant* manifests as a refusal to recognise and therefore to resolve the *Representamen*, and the endurance of an unrecognised and unresolved *Representamen* necessarily throws the *Object* into existential uncertainty. Simply put, in listening to Jerry's message to himself, communicated through his staged dialogue with the fish, he is able to receive the message, dismiss the (only ambivalently held) fantasy of the fish and acknowledge his own position of primacy, in semiotic *Firstness* as originator, signified and *Object* of the communicative act. Though any causative chronology would be speculative, and it would be unjustified to argue that this model demonstrates that non-acceptance of self-communication *causes* persistent auditory hallucinations, which then like a simple three-act filmic structure leads to the self being in deictic crisis, and ultimately losing a sense of self-presence, it is certainly the case that semiotically these different elements are all inter-dependent components of the triadic sign model. The collapse of the sign, the irresolution of the communication, entails a barrier to receipt in the position of *Thirdness*, a perseverance and repetition in the position of *Secondness* and an existential crisis in the position of *Firstness*. Conversely, this irresolution can be an act of resurrection. The titular protagonist of 2013 British film *Ollie Kepler's Expanding Purple World* (played by Edward Hogg), is first seen – deep in a florid psychotic episode – arguing with his kettle, which he has

²² Or perhaps not, as soon after this conversation Jerry murders Fiona.

inscribed in the deictic exchange with the personality of his recently deceased fiancé, Noreen (Jodie Whittaker). Here the irresolution has an obvious psychic benefit for the traumatised Ollie.²³

This irresolution is self-perpetuating exponentially. Increasing amounts of energy are expended on the *Representamen*, explaining the unruly deluge of signifiers that proliferate over the void of a disappeared signified. This is enacted by Ayers throughout *The Soloist*. The accumulation of signifiers is both a product of the collapse of the subject's sign relation and also a strategy for reversing it. Usurped in the deixis, the self-as-*Object*, the signified recedes – or is lost to easy retrieval – and leaves a signifier that is at least partially detached. As the quality of the signifier is compromised, the subject attempts to compensate, and to acquire the same degree of deictic guarantee in the sign, by generating additional signifiers. Ayers covers himself in names, and wears clothing and make-up that constitute a firework display of signifiers (see figures 5.11 and 5.12). Detached signifiers however, by their nature, create and communicate overwhelmingly the impossibility of communication. Ayers' aggressive bid for a place in the deictic exchange further pushes him out of conventional communication; the person in the street calling out Biblical slogans through a megaphone in a public space is less likely to be engaged in conversation, and to receive the sought-for deictic recognition, as their conflagration of signifiers burns ever brighter. Very clearly, nothing approaching empathetic understanding can function in this context, because to address the deictic displacement head-on is to either magnify it, by becoming another *Interpretant* unable to recognise the 'schizophrenic' subject's position as *Object*, or to bluntly occlude it by forcing a pseudo-empathetic constructed (pseudo)*Object* back onto the 'schizophrenic' *Object*. This pseudo-empathy is the hard interpretation, or the forced effort after meaning, which insists upon explaining and defining. Contrast this failed empathy with figure 5.13, where Ayers is re-integrated into a community and into the communicative sign, by sharing the position of *Thirdness* in relation to a different, shared *Representamen*. This is a model of spectatorial tolerance of difference. Accommodation within a community cuts the Gordian knot of empathising with an unknowable (even, in part, to itself) subjectivity, as spectating colleagues necessarily share a perspective, communicative position and deictic status in relation to some other *Object* (in this example, an orchestral performance). Spectating colleagues within a social grouping of *Thirdness* can maintain a mutual obtuseness, and the heterogeneity of the collective *Interpretant* is not a threat to meaning, but a condition of its very production.²⁴

²³ The opening exchange with the kettle, whose voice the filmic spectator does not get to hear, is paralleled by a closing exchange between Ollie and a voice telling him not to go out to the pub with his best friend Tom (Andrew Knott). This voice is audible to the spectator. Ollie listens to it for a moment before brusquely telling it to 'fuck off.' Just as the opening exchange signifies an acute failure to manage psychosis, this closing one signifies successful living with voices. Now, it is socially and psychologically healthy to reject the message from the projected addresser (a warning to not enjoy an evening out with a friend).

²⁴ This must be the breathtakingly simple truth to Deleuze and Guattari's famous assertion: 'A schizophrenic out for a walk is a better model than a neurotic lying on the analyst's couch. A breath of fresh air, a relationship with the outside world.' (Gilles Deleuze and Félix Guattari, *Anti-Oedipus: Capitalism and Schizophrenia*, trans. by Robert Hurley, Mark Seem and Helen R Lane, (London: Continuum, 2004), p.2) The creation of a heterogeneous community based on tolerance has been a therapeutic method of various



Figure 5.11

The accumulation of signifiers of colleagues (the names with which Ayers surrounds himself) only heightens the visibility of his isolation. The weakness in the quality of the detached signifier as deictic guarantor creates an urgent drive to compensate by wildly increasing they quantity.



Figure 5.12

An aggressive bid for deictic recognition.



Figure 5.13

Accommodating difference.

Does this happen though, outside the movies? The second quotation at the start of this section was taken from an interview with a person living with a diagnosis of schizophrenia, recruited through the Leeds and York Partnership NHS Foundation Trust (LYPFT) in 2014. The respondent has absorbed the language (and beneath this, the conceptualisations) of the healthcare profession, and particularly CBT, speaking of ‘hot thoughts’, ‘triggers’ and ‘distraction

residential clinics, and was pursued with particular radical zeal at La Borde under Guattari’s management. Nicolas Philibert’s 1996 documentary, *La moindre des choses*, showing the production of a contemporary opera by carers and patients of La Borde, demonstrates the endurance of this approach after Guattari’s death. Philibert strikes at the same idea expressed by this semiotic analysis of the collective *Interpretant* when, in an interview with Patrick Leboutte, he describes the ethos of La Borde as follows: ‘Caring is first and foremost trying to live together whilst preserving each person’s singularity and identity.’ (*La moindre des choses*, dir. by Nicolas Philibert (Canal +, 1996); DVD inlay interview trans. by Tim Leicester (Second Run DVD, 2006)

techniques'.²⁵ More, the respondent has adopted the position of the spectator. The explanation given for the non-reality of the symptomatic delusion – believing to have written several successful pop songs – is the appeal of the person in the position of *Thirdness* to the *Firstness* of the subject and the *Secondness* of the delusion. It is an external, empirical, rationale appeal that asks the subject to consider the truthfulness of their relationship to the delusion-object. It demonstrates, grammatically at least, that the subject holds two contrary positions in relation to the object (the idea of being the writer of some pop songs). In the first position (the position of *Firstness*), this object is a real psychic belief. In the second (the position of *Thirdness*), it is a demonstrably untrue objective statement. If a subject, in a position of *Firstness*, no longer holds a belief, they do not need recourse to a position of *Thirdness* to objectively disprove it. In *Firstness*, it is enough to say such and such a thing is not true. However, if someone in a position of *Thirdness* seeks to disprove another's assertion or belief, rather than appealing to its intrinsic lack of truth (the argument of *Firstness*), they are in the position to appeal to the extrinsic lack of truth. In this statement, the subject demonstrates a genuine schizophrenia, in that the subject's mind is occupying two positions simultaneously: that of *Firstness* and that of *Thirdness*. To reflect on the opening section's comments about mirror neurons, this would appear to fit with Grush's thesis. This respondent is not suffering from some deficit in recognising the self-hood of another subject (in position of *Secondness*). Rather, they have an overactive recognition of the self as other; they have too strongly held the position of *Thirdness* in relation to themselves.

This might be an important defining characteristic of 'schizophrenia'; the mind as its own spectator, which simultaneously maps onto the arrangement – in a Peircean semiotic triad – of the schizophrenic subject as playing *Interpretant* to its own *Representamen* and *Object*. In other words, there is an absolute domination of the triadic sign by the subject. In non-semiotic terms, this might be called 'being in a world of one's own.' As a semiotic position, though, this duplication within the triadic structure coupled with the irresolution of the communicative act enshrines a series of what could be considered structural misreadings. In medical terminology, these are the delusional frameworks, specific delusions of reference and auditory hallucinations. All are linked components of the semiotic misreadings both consequential and constructive of this rearrangement of the fundamental triad of the sign.

What is important to grasp here is that the difference between the 'schizophrenic' and the non-pathological interpretation of the very same sign material can be entirely explained by a difference in the Peircean order assigned to the sign material. The 'schizophrenic' reading is to mistake an iconic sign for an indexical one. Peirce offers a concise account of the difference between sign types:

²⁵ This linguistic absorption is rather subtler than that of another respondent, an attendee of a 'survivor-led crisis centre' who remarks: 'I have mental health.' The language of the medical discourse interpellates and constructs the subject who then speaks it. This is language subjectivating people at its very crudest. Who would ever – outside this discourse (or medical *parole*) – describe themselves as having 'hot thoughts' or 'mental health'? These are Deleuze and Guattari's order-words writ large (or at least, writ obvious).

An *icon* is a sign which would possess the character which renders it significant, even though its object had no existence; such as a lead-pencil streak as representing a geometrical line. An *index* is a sign which would, at once, lose the character which makes it a sign if its object were removed, but would not lose that character if there were no interpretant.²⁶

To return to an analysis of cinematic representations, Ray's delusional decoding through *Some Voices* involves him interpreting signs as though they had a verifiable, if elusive, *Object*. This is the meaningfulness that he alludes to when talking to Laura about signs, and it re-occurs throughout the film. Conceptualising this 'symptom' as a shift from the iconic to the indexical order of the sign offers an arguably more precise and rigorous account of the long-observed concrete thinking or over-literality supposedly typical of 'schizophrenics'. Harold Searles offers this definition: '[t]he so-called "concrete" thinking of schizophrenic patients is undifferentiated thinking – thinking in which there is no differentiation between potentially concrete meanings and potentially figurative meanings.'²⁷ In this, and all similar conceptualisations, there is an assumed dichotomy between the literal and metaphorical, which is not supported by a semiotic analysis. Semiotically, metaphors enjoy complex, multi-layered sign relationships, whereby an iconic signified may be exchanged (or co-present) with a symbolic signified.²⁸ In both a delusion of reference, as that experienced by Ray, and within so-called 'concrete' thinking (which, as argued throughout Chapter Two, is actually, for purposes of analysis, only tangible as speech not thought), it is not a question of operating at the wrong end of a binary opposition but a bias towards a different signifying order: a bias from the iconic to the indexical in delusions of reference, and from the symbolic to the iconic in 'concrete' thinking. With the latter, the signifying process is biased towards the iconic order of the sign and pointedly away from the symbolic order of the sign. Given that the symbolic order of the sign is reliant on conventional, socially assigned and validated meanings (signification) which are relatively un(der)motivated, in contrast to the explicitly motivated signification in an iconic sign built on

²⁶ Charles Sanders Peirce, 'Sign' in *Peirce on Signs*, ed. by James Hoopes (Chapel Hill and London: University of North Carolina Press, 1991), pp.239-240 (p.239)

²⁷ Harold F Searles, 'The differentiation between concrete and metaphorical thinking in the recovering schizophrenic patient', *Journal of the American Psychoanalytic Association*, 10:22 (1962) 22-49, p.47

²⁸ Peirce asserted repeatedly that all words are symbolic signs, just as Saussure (loosely) asserted that words were conventionalized signs, and therefore arbitrary and unmotivated. However, within this, it is possible to stratify the word (or phrase or unit of meaning) into an iconic and a symbolic order of signification when used metaphorically. Take the phrase 'to have one's cake and eat it.' The metaphorical meaning of this phrase is well known and the literal meaning is unproblematic too. But these cannot be separated out into separate signs; the literal meaning is part of the metaphorical signification. They are unified within the same sign, but operating at different levels.

The symbolic, conventionalized level of signification is easy enough to describe. It constitutes the generally held meaning of the metaphorical expression. But, in truth, the phrase does not have a literal meaning, in that no one, in any context, has absolutely had their cake (uneaten) and eaten it too. Rather than tortuously attempting to separate out the interwoven fabrics of literalness and metaphor, it should be enough to say that there is an iconic mode to the sign, based on the similarity between the signifiers (the words themselves, which are on their own conventional or symbolic signs) and the signifieds of the concept of the words; iconically, the phrase appears – because of these similarities – to be making a nonsensical statement about cake, but this reading is instantly dismissed by most. So, metaphor always has an iconic signification (the concept of the words used, the so-called 'literalness') and a symbolic signification (the metaphor proper). The conflation of the iconic sign with the appearance of 'concreteness' is not unexpected, as Lotman observes, '[t]he iconic sign is primordially concrete, whilst it is impossible to see the abstraction.' (Lotman, *Semiotics of Cinema*, p.44)

similarity between signifier and signified, it makes sense that socially disconnected individuals – whether or not they carry a formal diagnosis of schizophrenia or some other psychosis – should lean towards the iconic and away from the symbolic in their semiotic processes. That there should be any uncertainty about studies showing that incidence rates of schizophrenia are significantly higher amongst migrant communities and other individuals excluded from wider social groupings seems ridiculous in the light of this semiotic framing of the problem. To be outside the community defining and deploying conventionalised sign relations is to be outside those relations, and – it follows – to find those signs harder to engage with. Iconic signs (mostly) transcend this conventionalising; they are common ground for the migrant, the alienated, the ‘ill’ to occupy without permission from the majoritarian community.

Understanding the semiotic modes of meaning communication in the delusion of reference or the ‘concrete’ thought (or schizophrenese) therefore reconciles formal symptomatology with the individual’s personal, socio-economic context. If the shift in schizophrenese – from symbolic to iconic – is symptomatic of a ‘disease’, then the shift in delusions of reference – from iconic to indexical – is potentially a psychic defensive manoeuvre or recovery process. The former process is both a product of and – dialectically – a contributing factor to the person’s socio-psychic estrangement;²⁹ the latter process is about enshrining the estranged person within a meaningful relationship, as the recipient of messages laden with signification. It is a reassertion of the lost deictic status. With reference to *Some Voices*, the shift from iconic to indexical sign relations is driven by Ray’s need to discover some meaningfulness to his own existence, and to counter the invisibility he feels in (post)Thatcherite Shepherd’s Bush.³⁰ Hence, Ray constructs these faux-

²⁹ Here is an etiological account of ‘schizophrenese’ as ‘symptom’ of ‘schizophrenia’. Posit that there exists some quantum of consciousness, analogous to the dark matter of physicists, which makes the modified Jakobson communication model function. Remember, that in this modified model, every subject (addresser or addressee) has their own code and context (neurologically, these are products of the brain processing the raw data of the diachronic and synchronic contexts). By some process – which might map onto Peirce’s third process of reasoning, abduction – subjects can jump over gaps between these codes and contexts, to communicate and share conventionalized meanings (specifically symbolic signs including, but not limited to, natural languages). This process may find its neurological, organic basis in mirror neurons.

Then consider the high anecdotal incidence of childhood trauma (most commonly sexual abuse) in people with diagnoses of schizophrenia or psychosis of some kind. Is it too reckless an imaginative leap to ask whether – as a neuro-psychosis of defence – the traumatised subject withdraws from such inter-subjective reasoning, and erects psychic barriers to such processes, much as a plant grows away from existential threats. That these barriers should inhibit abduction, participation in collective meaning-generation and inter-subjectivity naturally follows; indeed, there may be no barriers as such, but rather an erosion of the psychic material and/or mechanism for inter-subjective consciousness. The *langue* of schizophrenese then develops as the subject shifts further from symbolic sign relations, and therefore has additional signifiatory processing power to displace onto other sign relations, which explains the prevalence of iconic sign relations instead.

Of course, this all sounds incredibly speculative and transcendental. However, it is a theory reached inductively (and very tentatively) from an analysis of verifiable linguistic processes and examples. This analysis does dovetail with the theories underpinning avatar therapy that ‘revives the concept of psychotic symptoms as relational phenomena – both in terms of aetiology and intervention.’ (James A Rodger, ‘Avatar-assisted relational therapy for persecutory voices’, *British Journal of Psychiatry*, 203 (2013) 233-234, p.233)

³⁰ That the same ideology could argue simultaneously that there is no such thing as society and that the severely mentally ill should be cared for in the community demonstrates how arrogance always triumphs over consistency. Here are Thatcher’s comments about society – from a 1987 interview with *Women’s Own* – as

indexical signs. In one of the film's comic moments, Ray's attempt to make himself visible and meaningful by constructing this indexical sign relationship dialectically serves to increase his social alienation (and thereby adds greater urgency to his need for recognition); as he builds a swirl in the middle of the road from rubbish and street ephemera, whilst naked and shouting, he is assiduously ignored by other people. When Ray explains this phenomenon to Laura, it is unclear (to the spectator and to the character himself) how ironic he is being:

I don't need clothes. I'm invisible. [...] You see the way people are looking at me? They're looking at me like I shouldn't be here. They're looking straight through me. But this means I'm here. It's a spiral. [...] What are you looking at? This is it, they can't hear me either.

There is, therefore, a clear primary gain for Ray in making this semiotic shift from the iconic to the indexical, to fulfil the need expressed by Ray's final plea to his brother Pete: 'Tell me you can see me Pete. Tell me I'm here.' The construction of these indexical sign relations re-establishes the 'schizophrenic' deictic relations that have been damaged, as evidenced (and no doubt worsened) by their anti-deictic shift from the symbolic to the iconic order of the sign in their speech.

Although the original play *Some Voices* has a very similar scene in the kitchen of Pete's restaurant, Ray's symptomatology and fears are somewhat different. He has adopted a delusional system based on auditory hallucinations (the eponymous *Some Voices*) which owes a debt of influence to the intergalactic ramblings of (now deceased) Ives. Even though voice-hearing is far more prominent amongst Ray's 'symptoms' in the play than in the film, these voices are not staged, whereas they are in the film. Nor in the play does Ray have a developed interest in swirls and circles. Film makes continual deictic statements. As has been discussed already, everything in a film is a sign, as all objects in the film are transformed – by the process of filming – into images denotative of themselves. This creates both the possibility of schizomimetically staging a process of generating signification from a sequence of signs (as analysed earlier in Chapter Four) and simultaneously creates a need to show. Hence, there is firstly a pressure to represent Ray's voice-hearing in the film with a soundtrack of mumbles and whispers, for example when Ray becomes confused and paranoid whilst trying to sign on for welfare. Secondly, there is pressure to visibilise this, either through some implied pseudo-visual-hallucinations. For example, there are interpolated shots of Laura's aggressive ex-boyfriend Dave (Peter McDonald) when Ray is becoming psychotic during a visit to the supermarket, and the film continually uses close-up shots of Ray's face showing his reaction to voices. Indeed, as often people with a diagnosis of schizophrenia are considered to

taken from a transcript of the interview: 'they are casting their problems on society and who is society? There is no such thing! There are individual men and women and there are families and no government can do anything except through people and people look to themselves first.' As the transcript makes clear, the Thatcherite view of society is based on individual desires tied into a network of familial responsibilities either literally (at the household level) or metaphorically (at the national society-as-household level). When social and civic structures outside the familial recede – overwhelmingly for reasons of cost – the difficulty of finding a place within this new, narrower model of society is but the same problem as finding a place within the family unit, only writ large. It makes sense then that *Some Voices* stages the problems of decarceration as a domestic drama. Douglas Keay, Interview with Margaret Thatcher, *Woman's Own*, 23 September 1987 <<http://www.margaretthatcher.org/document/106689>> [accessed 10 March 2015]

exhibit flattened affect (and this clinical symptom is inferred from a lack of semiotic expression of affect in the face), then these close-up shots of facial signs of distress contradict the remarkably serene expression of real-life persons in the throes of voice-hearing.

It might be possible, using this analysis of deictic crisis in schizophrenia, to offer an explanatory account of this flattened affect. Vološinov notes the social, objective nature of gesture and intonation, and how these are orientated around the listener (as addressee, *Interpretant* or position of *Thirdness*) and the signified (as message, *Object* or position of *Firstness* – or in Vološinov’s terminology the ‘hero’).³¹ Considering flattened affect in a person with a diagnosis of schizophrenia, a semiotic explanation would be that the speaker (in the position of *Secondness*) is in a (delusional) social relation with *Interpretant* and *Objects* that do not exist in the objective world occupied by the spectator (for example, a clinician observing flattened affect). Simultaneously, for them, sharing a different social context with the spectator, and one in which the true addressee and ‘hero’ are absent for the ‘schizophrenic’, the range of their intonation and gestures is necessarily restricted and impoverished.

Theatre is not subject to the same deictic tyranny experienced by film, where to show something is also to make the reflexive metalinguistic affirmation of its existence and presence. In Ridiculusmus’ 2014 stage play, *The Eradication of Schizophrenia in Western Lapland*, exploring the open dialogue therapy pioneered in Finland, the easy ability of theatre, over cinema, to have presence in the realm of the signifier without that necessarily implying presence in the realm of signified is exploited.³² The play stages two different acts concurrently on a bisected stage for a divided audience; each half hears the other act as disembodied interpolations into the act they are watching. This theatrical technique brings the voices heard by both Richard and his mother into the mimesis clearly – in contrast to the cluttered, repetitive mumblings favoured in filmic representations – without necessarily having to give them an equally clear status within the diegetic reality, or within the characters’ psychological landscapes. The play is full of obtuse signs, with an opaque narrative, bizarre acts and non-sequitur interpolations, and yet everything is incorporated into a network of signification, albeit an imperfect one, and one that the spectator does not require recourse to

³¹ V.N. Vološinov, ‘Discourse in life and discourse in art (concerning sociological poetics)’ in *Freudianism A Marxist Critique*, pp.51-196 (p.173)

³² The open dialogue (OD) approach pioneered in Finland is a dialogic, social-constructionist therapy that engages the patient and their immediate social network in a series of discussions with a care team. In its accommodation of obtuseness (a ‘tolerance of uncertainty’ in its foundational principles) and its emphasis on developing meaning collectively, it shares much with the semiotic model of spectating colleagues in a position of *Thirdness* developed in this chapter and the previous one. For an account of OD, including a list of its seven principles, see Jaakko Seikkula, Birgitta Alakare and Jukka Aaltonen, ‘Open dialogue in psychosis I: an introduction and case illustration’, *Journal of Constructivist Psychology*, 14:4 (2011) 247-265. See also: Jaakko Seikkula, Birgitta Alakare and Jukka Alatonen, ‘Open dialogue in psychosis II: a comparison of good and poor outcome cases’, *Journal of Constructivist Psychology*, 14:4 (2011) 267-284; Jukka Aaltonen, Jaakko Seikkula and Klaus Lehtinen, ‘The comprehensive open-dialogue approach in Western Lapland: I. The incidence of non-affective psychosis and prodromal states’, *Psychosis: Psychological, Social and Integrative Approaches*, 3:3 (2011) 179-191; Jaako Seikkula, Birgitta Alakare and Jukka Aaltonen, ‘The comprehensive open-dialogue approach in Western Lapland: II. Long-term stability of acute psychosis outcomes in advanced community care’, *Psychosis: Psychological, Social and Integrative Approaches*, 3:3 (2011) 192-204.

(pseudo) empathy to engage in as they experience it too. The liveness and deixis of theatre allows for an equality of experience between those within and without the diegesis; as well as being simultaneously at different points in the diegesis, the performers are also without it, and in the room with the audience:

DOCTOR A colleague of mine – we did a training course together on a way of working that
 has practically eradicated schizophrenia in ...
RICHARD Western Lapland?
DOCTOR You know it?
RICHARD Very well, it's the name of the play what we're in.
DOCTOR Play? Right. Well then you'll have heard they think psychotic meaning making is
 meaning making – they don't want to medicate meaning making... anyway my friend, he
 got struck off.³³

Here, the person with a diagnosis of schizophrenia within the diegesis is performing the same split identified in the interviewee earlier, and stepping outside the phenomenological landscape to observe from the outside, whilst also remaining inside and thereby observable to itself. As said, this is the same subjectivity occupying positions of *Firstness* and *Thirdness*, or an *Object* that is also its own *Interpretant* context. In so doing, the subjectivity is opened up, creating – in the performance – a literal and metaphorical space into which other spectators can project themselves, as Voyce does with his slideshows. This is schizomimetic in that it embodies in its form the schizophrenic phenomenology *qua* content that it seeks to represent. The very deictic crisis of schizophrenia thereby becomes the method by which the spectator, freed from any need to empathise, experiences, as spectatorial colleague invited into and also remaining outside the subjective phenomenology.

Voyce achieves something similar with his slideshow collection 'Vignettes ...' in which a recurrent figure in his texts, based closely on the biographical Voyce but called Ray, has various apparently meaningless and mundane encounters (catching a train, buying some milk, etc.) that are suddenly interrupted by a magical figure (who may be Bart Simpson; it is hard to be certain from the drawing and the context, in this playful space, cannot pragmatically deliver anything close to semantic certainty). This figure then reinterprets the encounter for Ray as part of his self-appointed mission to get Ray to 'wise up to the big deals that are going on.' Bart is assertive and brusque, if not actively aggressive, and speaks with the confident authority of an old hand helping out the naïve Ray, and inducting him in how to perceive the not immediately apparent 'truth' operating beneath the surface of these seemingly inconsequential social interactions: 'but didn't you see what was going on there?' Schizomimetically, though, Bart is not just educating 'Ray' but also the spectator. The spectator's position, of *Thirdness*, is assumed by the figures within the diegesis, who step out its reality; most often, although the backdrops remain, the scenes become depopulated when Bart arrives, with the diegetic drama evaporating akin to the departure of actors from a stage.

³³ John Haynes and David Woods, *The Eradication of Schizophrenia in Western Lapland*, (London: Oberon Books, 2014), p.64. This exchange is not given as printed in the published script but as performed, and supplied in personal correspondence with David Woods.

At the same time, this dislocation by the diegetic subject (Ray in the position of *Firstness*) into *Thirdness* enacts the fusion of *Firstness* and *Thirdness* in the spectator; this formal method echoes the structure of the ‘psychotic’ hypersensitivity to the self as other.

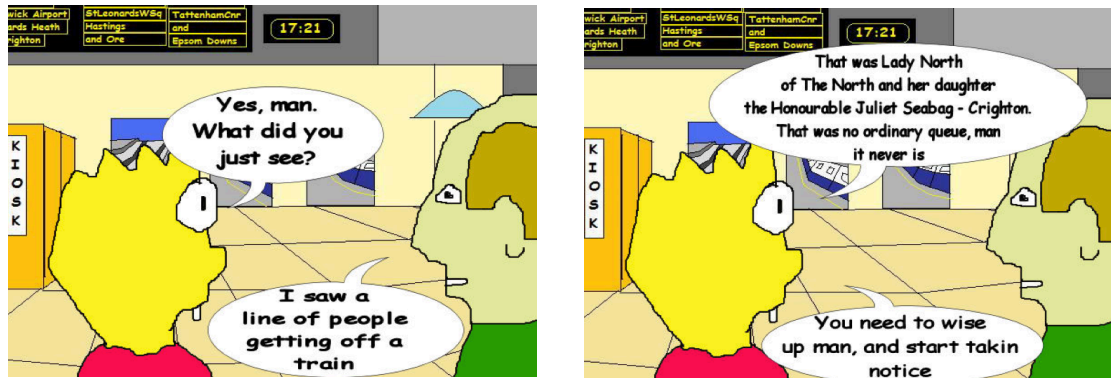


Figure 5.14

The deictic reach extends out of the slide to welcome the spectator into the text itself.

Film cannot play the same deictic game, at least not with the same truth and impact. When N in *Poppy Shakespeare* turns suddenly to eyeball the camera, or *The Voices* ends with a surprise Brechtian musical number, in which the mimetic space between the performers and their characters collapses whilst the diegetic one gapes wide, these moments do not have the same effect as the meta-theatrical twists of *The Eradication of Schizophrenia in Western Lapland*. With a live performance, the deictic relationship is real; in film, no matter how wittily rendered, it is always a deceit. As Metz observed, film is necessarily a one-way communication, and one in which, strangely, it is the figure of the addresser that disappears to a vanishing point behind a play of images. Similarly, *Voyce's* slideshows involve a form of literal, physical co-presence, as the spectator is actively involved in turning the wheel of the narrative, by clicking through the slides. Already implicated in the mechanical production of the reality, and already engaged in a spatially and temporally dislocated, but still physically, materially real deictic contact with the figures of the diegesis, the spectator of the slideshow is more sensitive to the deictic swerves and schizomimetic effects of the text. *Voyce's* confusion and alienation are not merely represented, but are enacted in the spectator through the co-production of the text.

Whilst *Voyce* and his spectator are engaged in a playful to-and-fro, where they mutually co-construct and are mutually implicated in the visual syntagma, film sculpts the entire communication, dictating the addressee's response. The spectator of a film – unlike that of a play – can only look where the camera takes their gaze. In film, the boundaries of possibility are tightly and imperceptibly drawn in, so that the spectator-as-addressee has their part written for them, without noticing. In *The Soloist*, the empathetic exchanges between the spectator-as-addressee and the protagonists are constructed through the whole range of cinematic processes, from the script through to the composition of individual shots. The service-users of *Lamp* and the residents of *Skid Row* are not presented as figures for psychological empathy. They function as quantitative

data provided as evidence in support of the text's central thesis that schizophrenia is a bio-psycho-social disorder. Whilst the spectator is taken within Ayers' phenomenology, with the synaesthetic reverie he experiences when listening to the Los Angeles Philharmonic presented through a montage of the phenomenology represented in the position of *Firstness* (figure 5.15) and in *Thirdness* (figure 5.16), other 'schizophrenic' figures are established as impenetrable and not for empathy (figure 5.17). The empathetic locus is Lopez; he and the spectator both observe his namesake Steve, an otherwise fairly anonymous Lamp service-user, and the filmic spectator moves between an empathetic pseudo-position of *Secondness*, observing the 'schizophrenic' service-user, and the position of *Thirdness* authenticating and making sense of Lopez's detached observation of Steve.



Figure 5.15
The schizophrenic phenomenology in *Firstness*.



Figure 5.16
The schizophrenic phenomenology in *Thirdness*.



Figure 5.17
Not for empathy.



Figure 5.18
The metonym,



Figure 5.19
Quantitative data.

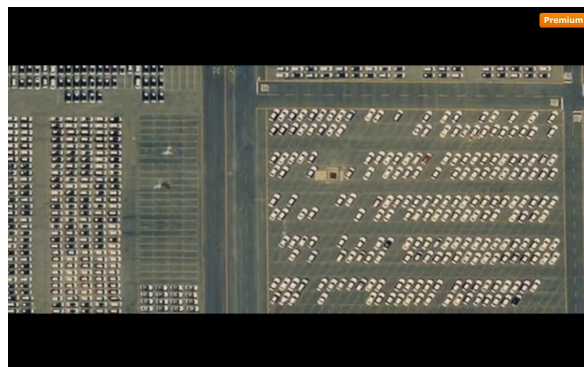


Figure 5.20
Visual statistics.

Empathy is not just uninvited. It is refused and made impossible. Service-user Steve is closed off, and is not much more than an embellishment of the large signpost on Lamp's imposing metal security gate; he is an indexical sign signifying 'this way madness lies.' Consider figure 5.18. Metonymically, the individual service-user and the condition of living with a diagnosis of psychosis, are signified by the cigarette butts, in conjunction with the stoop of the service-user to pick up some stubs suitable for smoking. These butts are discarded and overlooked, much as the population(s) of Lamp and Skid Row are. These figures, as the cigarette butts, are visually multiplied but to suggest reiteration and quantity rather than variety (figure 5.19), and almost invisibilised by aerial shots where individual perspectives give way to undifferentiated visual statistics signifying that Los Angeles is a machine for producing homeless psychotics (figure 5.20).

This seems acceptable contextualising of the specific case study of Ayers, in that he is one subject from this sea of data, one datum from the set. But Ayers has repeatedly distinguished himself against the filth and degradation of the city around him, and has latched onto cigarette butts as a metonymic signifier of all that is morally reprehensible in his 'Beethoven city.' As the film displaces the biographical Ayers' racial anger at his Julliard colleagues onto himself, so does it redirect the biographical Ayers' contempt for other psychotics into a generalised dislike of dirt. However the semiotic of the film allows these to return as excess significations. Therefore, what is semiotically accentuated by these shots is not Ayers' position as exemplar but as exception, as with 'Nash'; again, Hollywood *contra* science favours the narrative of the exceptional, the outlier datum.

This is partially a product of their narrative conventions. The filmic three-act structure lends itself very specifically to the trajectory of the illness-as-recovery narrative. As Stephen Harper asserts: '[t]he tripartite structure of classical Hollywood narrative film tends to mirror that of 'equilibrium-breakdown-recovery' pattern of mental disturbance.'³⁴ To adjust this slightly, *A Beautiful Mind*, *Some Voices* and *Ollie Kepler's Expanding Purple World* all stage the narrative of the disease rather than the patient. Further, they structure this narrative according to the following pattern: 1) prodromal signs and symptom emergence 2) florid psychosis 3) (compliance with) treatment and remission. As one critic observes of Pat in *Silver Linings Playbook*: '[t]he main character's preoccupation with achieving the success of the "silver lining" and with winning back a former fiancée are shown to be no more or less bizarre than the energetic ambition of many an admirable movie hero.'³⁵ This recourse to the mythology of the hero is understandable, as Gilman notes: 'Myth-making usually surrounds fictive signs and symptoms, like black bile, as a means of representing an invisible state – mental illness.'³⁶ Because the 'schizophrenic' phenomenology is beyond empathy, myth-making fills the vacuum and 'psychotics' in film become hyperconventionalised hero figures.

The question to be asked is: how can film avoid constructing and directing the lines of spectatoral empathy to write these mythic narratives over their 'schizophrenic' subjects?

³⁴ Harper, *Madness, Power and Media*, p.103

³⁵ Bernard Beck, 'Into the cuckoo's nest: *Silver Linings Playbook* and movies about odd people', *Multicultural Perspectives*, 15:4 (2013) 209-212, p.210

³⁶ Sander Gilman, *Disease and Representation: Images of Illness from Madness to AIDS* (Ithaca: Cornell University Press, 1988), p.19

The spectator mind

The ability of cinematography to divide the human figure into “pieces” and to arrange these segments into a temporally sequential series transforms the external appearance of a person into a narrational text.³⁷

There is a new breed of signs, *opsigns* and *sonsigns*. And clearly these new signs refer to very varied images – sometimes everyday banality, sometimes exceptional or limit-circumstances – but, above all, subjective images, memories of childhood, sound and visual dreams or fantasies, where the character does not act without seeing himself acting, complicit viewer of the role he himself is playing, in the style of Fellini.³⁸

Filmic ways of looking seem common to both the semiotic of cinema and of psychosis. It might not be too much to say that film has a psychotic eye, and psychosis a filmic one. A research respondent described her dissociative psychosis as a sequence of ‘flashbacks’ and displacements in time, space and subjectivity: ‘I’m getting it again now where I’m sort of floating behind and I see the back of me and what’s going on in front.’³⁹ This ‘psychotic’ misalignment of the person’s subjective perspective is structurally identical to the standard filmic technique for establishing empathetic identification, the over-the-shoulder shot. The advantage of this shot is that it places the subject as object within the diegesis, whilst also maintaining an approximate shared perspective between the subject and the camera, a propinquity with the ‘true’ subjective position of the POV shot. As discussed in the previous section, here the subject is split between the position of *Object* in *Firstness* and *Interpretant* in *Thirdness*.

For Deleuze, this order of *Thirdness* in cinema creates the ‘mental-image’ and, in his critical, philosophical semiotic history of film precipitates a ‘crisis of the action-image’ (the action-image being the established cinematic mode in the order of *Secondness* dominant in early and mid-twentieth century film).⁴⁰ Deleuze stresses the relational nature of the mental-image, and explains that it is not definitionally required to represent ‘pure thought’ but rather ‘it is an image which takes as objects of thought, objects which have their own existence outside thought, just as the objects of perception have their own existence outside perception. *It is an image which takes as its object, relations, symbolic acts, intellectual feelings.*’⁴¹ This relationality within the filmic mental-image maps onto the deictic exchanges identified within the previous section. Any framed deictic triad, even that within the individual mind, as with the research respondent quoted in the previous section, is a mental-image with a relation as its object. Composing a mentalised version of this mental-image may even be the

³⁷ Lotman, *Semiotics of Cinema*, pp.85-86

³⁸ Gilles Deleuze, *Cinema 2*, trans. by Hugh Tomlinson and Robert Galeta, (London: The Athlone Press, 1989), p.6

³⁹ Interview with a service-user at a survivor-led crisis centre. This ‘survivor’ had over a lifetime of psychosis, received several diagnoses, including – but not restricted to – schizophrenia, which they rejected, and dissociative identity disorder, which they accepted.

⁴⁰ Deleuze, *Cinema 1*, p.197

⁴¹ Deleuze, *Cinema 1*, p.198

consequence of the exhortation common in CBT for the service-user to ‘look at’ their behaviour in certain situations.⁴²

The research respondent quoted above positioned their spectating perspective, in an hallucinatory, filmic way, so that they could place their self inside a mental-image. There was no great action or affect to be documented but rather the self seen as a relational object. This manoeuvre, as suggested already, might have some primary gain as either defensively removing the subjective self from an exchange that was painful (for instance, an occasion of abuse) or serve to re-assert the subjective self’s deictic presence, by confirming its own relational existence. However, it also acts to undermine deixis at the same moment, as the self is pulled out of the exchange and into an aloof position of *Thirdness*. The research respondent was keen to stress that the hallucinatory experience is more immersive than a screenic projection: ‘it’s not like seeing a TV screen; it’s the whole of your vision.’ The respondent explained the techniques they had, such as focussing on sounds and smells, for example the ticking of the clock or various aromatherapy oils, which ‘can bring you back.’ ‘I’ve had to find ways to keep me in the here and now’; this is a clear statement of the deictic threat of psychosis. But again, it is important to note that this shifting into *Thirdness* is both symptom and cure: positioning oneself as a relational object, and thereby seeing oneself seeing, is an essential element – according to Grush’s reading of mirror neuron theory – of constituting the self as an inter-personal subject in a wider, objectively real (through its reality for other, perceived subjects) *socius*. Just as Voyce’s staging of his estrangement from his social interactions in ‘Vignettes ...’ conversely creates a co-spectating space *qua* microcosmic community with the spectator, so does the retreat from deixis offer the integrating perspective of *Thirdness* vital to a subject’s return to deictic relations.

⁴² It is important to remember that Deleuze’s mental-image is not an image of mentalisation, but a literal filmic image which takes relations and thoughts as its object. In CBT, the service-user is mentally conjuring up a non-literal, psychic equivalent of the mental-image. Whether prior to the cinematic proliferation of images (not limited to mental-images) individuals did mentalise according to such images, or to such an extent, is a question that cannot be addressed here.

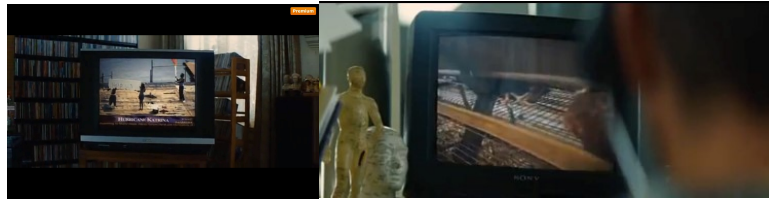


Figure 5.21
Dissociation from the world as image.

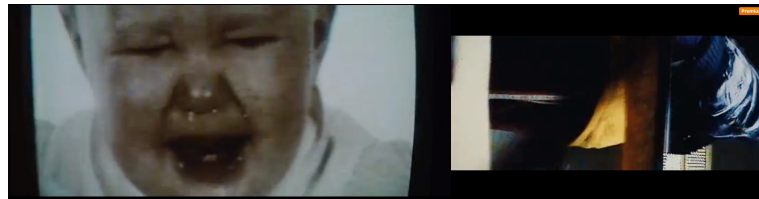


Figure 5.22
Dissociation from the self as image.

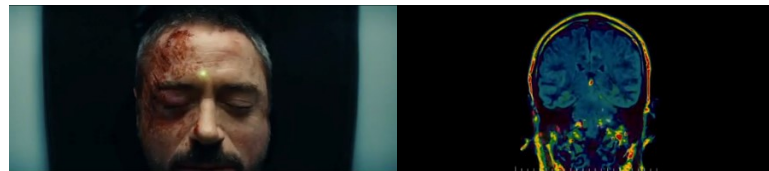


Figure 5.23
Medical imaging as a dissociative act.

In *The Soloist*, the spectator often occupies this position of wavering between *Firstness* and *Thirdness*, in relation to Lopez and Ayers. Compare the position of the camera in the right hand image in figure 5.21 with the positioning of the co-spectator in relation to Ray and Bart in figure 5.14 and with the research respondent's account of psychotic dissociation 'where I'm sort of floating behind and I see the back of me and what's going on in front.' The spectator is both watching television news footage from Lopez's perspective and simultaneously watching Lopez watch the television. Both the images in figure 5.21 show Lopez watching news reports of the devastation wrought on New Orleans, and specifically its impoverished black population, by Hurricane Katrina. He is utterly unresponsive, and neither he nor anyone else refers to this within the diegesis. Obviously, this is part of providing his character with a recognisable Hollywood narrative arc. He journeys from impassive consumption of images of the ruined lives of poor black Americans to a literal physical immersion in the reality of similarly ruined black American lives down in Skid Row, only a few blocks away from his workplace.

If *The Soloist* stages a reversal of (or cure for) dissociation from the world *qua* image, the insertion of its protagonists into an image semiotic stages social, personal and psychological dissociations. The film opens with a sequence in which Lopez injures himself in a cycling accident. Primarily, this incident serves to illustrate how medicine – via its scanning technology and scopic imperative – transforms individuals into images (figure 5.23). The human story of Lopez's accident (his 'illness' in Kleinman's terms) worn as indexical sign on his face is occluded by the MRI scan

that indicates an absence of underlying neurological damage ('disease' for Kleinman). No spectator can feel any serious concern for Lopez – whose injured face is mocked by his co-workers – as the 'all clear' medical image has negated any such empathy. Ayers is similarly inserted into a self-conscious image semiotic within the diegesis. His initial psychotic break and, of particular importance as a plot point, his fear of living indoors, are dramatized by a combination of anxious voices and a television showing images of a distressed baby (figure 5.22). It is hard to tell whether, and to what extent, the crying baby on the television belongs to the objective diegetic reality in *The Soloist* and how much to Ayers' pathological phenomenology. Certainly, Ayers is in an empathetic deictic transference with the image of the baby; his paranoid anxiety is both projected onto and read back off of the image. The relationship with the image places Ayers both within and without his own experience of distress.

This sequence is followed by a sequence in which Ayers first visits his new apartment at Lamp secured by Lopez, to which Lopez has lured him with the bait of a cello lesson from a (fictional) member of the Los Angeles Philharmonic, Graham Claydon (Tom Hollander). Throughout the lesson, Lopez films Ayers playing. This cinematic eye within the cinematic eye performs similar grammatical moves to those conventional to the schizophrenic filmic semiotic, but accentuated by the doubled-vision of this film within the film: close-up shots of Ayers' eyes and face in expressions of concentration and concern, signifying exceptionalism, both as musical brilliance and aberrant subjectivity; Ayers' hands working the cello; Claydon's approval and appreciation. Here Lopez is literally re-inserting Ayers into a cured Deleuzian mental-image, where he is happy in his own apartment and engaged in productive activity (practising his cello). This re-insertion is both diegetic, as it is not uncommon for people to record momentous occasions in life, and also meta-filmic. The mental-image created temporally offers a counterbalancing resolution to the mental-image of Ayers' exchange with the televised baby in his previous apartment decades earlier. Once the exchange with Claydon – who is patronising and has some religious evangelising agenda – turns sour, Lopez's camera continues to film but from an oblique angle. As with the baby on the television, these images cut into the filmic syntagm are of unstable diegetic status. Is Lopez's camera still filming within the diegesis? It seems unlikely, as Lopez put the camera down earlier and appeared to turn it off in the process. The film within the film offers a mental-image of the fragility of Ayers' emotional, inter-personal and psychic relations, with the image distorting and shattering as Ayers' anger crescendos.

What is this potentially curative power of these images? Clearly the video camera here operates, to use Anna Poletti's term for Caouette's use of home videos in *Tarnation*, as a 'technology of the self' empowering the subject to place themselves within an image semiotic over which they can exercise some control. As with the example from *The Soloist*, this is a countermove that is structurally identical to the way in which psychosis itself displaces a person's subjectivity. For Poletti, the video camera is not simply a 'technology of the self' that allows Caouette to create an

autobiographical ‘illness’ narrative; unavoidably, this technology also demonstrates how the self is a product as well as an originator of filmic representations of the self.⁴³ Caouette’s self on display in *Tarnation* both disintegrates within and comprises an assemblage of documentary and re-appropriated footage. As Poletti observes:

Tarnation demonstrates that the introduction of archival moving image footage can destabilise meaning as much as it can provide evidence or memory work supporting a narrative’s themes and subject [...] the materiality of video footage produces an excess within the relational narrative of *Tarnation* which points to the potential of the video camera to function as a means of experimenting with the tropes of popular culture for the structuring of affect and the exploration of identity.⁴⁴

This double-movement is apparent throughout *Tarnation*, for example when addressing Caouette’s depersonalization disorder, a medico-clinical description of the disease appears as scrolling text on the screen over archive footage from Caouette’s childhood, including him as an 11-year-old boy performing a pseudo-confessional monologue as an abused working class wife who murders her husband (figure 5.24). It is not just that Caouette’s post-modern documentary form – indiscriminately interpolating footage from home videos and television programmes and other avant-garde film experiments by Caouette – is aptly suited to representing the fractured psychic and interpersonal associations of Caouette and his family. Rather, the filmic text enacts that dissociation. As with the shot sequences from *The Soloist*, by displacing the filmic subjectivity from *Firstness* to *Thirdness*, the filmic text offers up this porous boundary for the spectator to perform the contrary (pseudo-curative, empathetic) shift from *Thirdness* to *Firstness*. The filmic text creates a liminal space in which the subjective ‘psychotic’ phenomenology and the spectating subjectivity can co-spectate.

⁴³ Anna Poletti, ‘Reading for excess: relational autobiography, affect and popular culture in *Tarnation*’, *Life Writing*, 9:2 (2012) 157-172, p.159

⁴⁴ Poletti, p.159

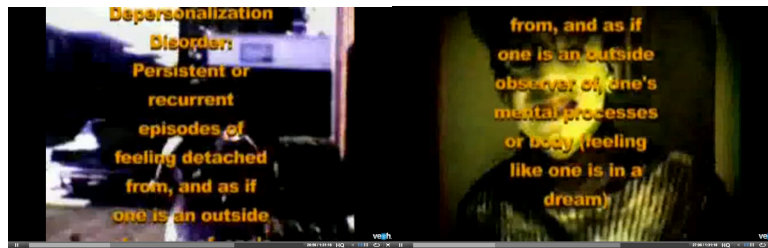


Figure 5.24

Depersonalisation disorder as film; film as depersonalisation disorder.



Figure 5.25

A steady flow of *opsigns* and *sonsigns*, in which distinctions between narrative and affect, subjectivity and spectatorship melt away.



Figure 5.26

The deictic relation becomes a useful, 'healing' fiction, or at least a fiction about healing.

This co-spectating space and the images that inhabit and constitute it correspond to Deleuze's concept of the time-image, as detailed in the quotation at the start of this section. *Tarnation* is distinctly composed of these *opsigns* and *sonsigns* and is a text comprising a sequence of 'optical and sound situations'⁴⁵ which have abandoned firm distinctions between subjectivity and objectivity, diegesis and meta-filmic, memory and fantasy (see figure 5.25). Deleuze accounts for this inter- and intra-subjective porosity as follows:

As for the distinction between subjective and objective, it also tends to lose its importance, to the extent that the optical situation or visual description replaces the motor action. We run in fact into a principle of indeterminability, of indiscernibility: we no longer know what is imaginary or real,

⁴⁵ Deleuze, *Cinema 2*, p.5

physical or mental, in the situation, not because they are confused, but because we do not have to know and there is no longer even a place from which to ask.⁴⁶

Similar bold, Deleuzian claims are made for Internet vlogs by people with a diagnosis of schizophrenia, or psychotic experience. In a 2014 paper Fletcher describes these vlogs as ‘horizontal, interactive, dialogical, and rhizomal assemblages, constantly unfolding and reforming in reality.’⁴⁷ By their hypertexted networking and inter-user dialogism, Fletcher contends that these vlogs – like *Tarnation* – provoke rhizomal re-conceptualisations of what constitutes schizophrenia, and the person living with a diagnosis. It is difficult to square this grand assessment of the impact of YouTube vlogs on schizophrenia with the fact that such vlogs most often garner only hundreds or sometimes tens of views and a handful of comments. By way of contrast, trailers for and clips from *A Beautiful Mind* – released four years before YouTube existed – routinely clock up views by the hundreds of thousands; videos of kittens generally notch up many millions. If these have not fundamentally changed conceptualisations of cats, it seems reasonable to doubt that YouTube schizophrenia vlogs can account for changes in social attitudes towards people with a diagnosis.

It is worth considering the implications (or the pseudo-implications) for the mental health of the producer of these cultural products. Paul Arthur sees *Tarnation* as a remarkable exemplar of ‘self-therapy documentaries’ and identifies two countervailing forces at work in the film: the dissociative and curative. Significantly, the finished text is both process and evidence of recovery: ‘where his earlier self-inscriptions were fragmentary and provisional – a perfect emblem of Caouette’s sense of psychic disarray – *Tarnation* is a token of successful sublimation of past traumas.’⁴⁸ The film’s signifying chains of ‘successful cure’ and ‘accessible, self-production’ extend beyond the content and form of the filmic text respectively and into the meta-filmic. As a cultural product, *Tarnation* became well-known – beyond those who actually saw the film – for having been produced for a ‘lunch-money budget’ of only \$218 on iMovie, a piece of bundled Apple software.⁴⁹

The first quotation at the opening of this section is from Lotman, detailing how the filmic semiotic dissects the filmed body into a narrational text. *Tarnation* demonstrates how it is possible, through a Deleuzian assemblage to turn the relational subjectivity into a cinematic syntagm. The film presents intersecting layers of time-images – archival home footage, old television programmes, *cinema vérité* – that form a relentless flow of *opsigns* and *sonsigns*. Little in *Tarnation* can be taken with certainty, the final shot sequence, a low-key denouement of reconciliation between Caouette and his mother, Renee, is evidently staged for camera, with a third person, most likely Caouette’s partner David Sanin Paz, operating the camera (figure 5.26). As Deleuze says, this form

⁴⁶ Deleuze, *Cinema 2*, p.7

⁴⁷ Erica Hua Fletcher, ‘Dis/assembling schizophrenia on YouTube: theorizing an analog body in a virtual sphere’, *Journal of Medical Humanities*, p.10
DOI: 10.1007/s10912-014-9286-4

⁴⁸ Paul Arthur, ‘The moving picture cure: self-therapy documentaries’, *Psychoanalytic Review*, 94:6 (2007) 865-885, p.881

⁴⁹ B. Ruby Rich, ‘Tell it to the camera’, *Sight and Sound*, April 2005
<<http://old.bfi.org.uk/sightandsound/feature/215>> [accessed 10 April 2015]

transcends questions of falsity.⁵⁰ That this moment can be analysed as a pseudo-*verité* piece of sentimentalism, like Caouette's childhood confessional performance, only means that the spectator needs engage in a multi-layered semiotic reading. This shot is both idealised mental-image of successful documentary film 'self-therapy' and also a repudiation of the viability of such a catharsis.

Such is the double bind of a spectator mind and the filmic co-spectating space created, into which the spectator empathetically extends themselves (aided by the filmic manoeuvres of the text) whilst the filmic subjectivity dissociatively removes themselves.⁵¹ Through this process, the dissociative counterforce within empathy is illustrated. The spectator – whilst empathetically entering into the shot – is deictically reconfirmed in their place of *Thirdness* as exterior spectator. Only a dissociative rupture in the ipseity of the spectator can allow true empathy to take place. But, given that the spectator is then dissociating, this schizomimetic spectator effect goes beyond empathy, to a point where the spectator has experienced a shared subjectivity with that embodied and enacted through the filmic text. To experience is not to empathise, and this experience takes the spectator to a point beyond empathy where their experience, their self, and their experience *as* and *of* self is rendered obtuse. Like Rick's (Humphrey Bogart) self-consciously staged farewell to Ilsa (Ingrid Bergman), both co-spectators are simultaneously within and without the tableau they have created, and the position of *Thirdness* – the perspective of seeing the being seen; the meta-recognition that they may always have but will not always *be* who they were in Paris – is included within the diegesis: 'here's looking at you, kid.'

There is no practical research with 'service-users' to support the idea that the construction of a shared, spectating post-empathetic filmic space is therapeutic, either for those making or watching the film. However, there is a small body of papers demonstrating the apparent efficacy of the very reverse: a process whereby the pathological subject's own subjective phenomenological reality is reformulated as a filmic representation and becomes an object of spectating empathy for them, rather than an act of subjective experience. A team of researchers at University College London, led by Julian Leff, have pioneered a novel treatment for reducing the impact of auditory hallucinations in medication-resistant voice-hearers using computer-generated avatars. A proof-of-concept paper was published in the *British Journal of Psychiatry* in 2013 showing significant reductions on Psychotic Symptom Rating Scale (PSYRATS) and Beliefs About Voices Questionnaire (BAVQ-R), but not on Calgary Depression Scale (CDS), during the therapy, and improvements on all three

⁵⁰ Indeed, Caouette goes further in his sequel, *Walk Away Renee*, dir. by Jonathon Caouette (Sundance Selects, 2012), by supplementing his documentary footage of a road trip with his mother with a sci-fi subplot about inter-dimensional travel and alternate universes, including an extended CGI sequence. Other moments of pseudo-*verité* – either wholly or partially staged – are perhaps successful, in that they stimulate in the spectator the sensation of not being able to confidently differentiate what is real from what is fiction, but repeatedly fall flat as simple pieces of drama.

⁵¹ To use a recent, semiotically infused definition: 'a double bind is a pathological pattern of interaction with a significant other in which conflicting messages at different logical levels of analysis are loaded with polar values.' Yair Neuman, 'Double binds, triadic binds', *Semiotica*, 174:1 (2009) 227-240, p.228

at three-month follow up.⁵² Essentially, the therapy involves the voice-hearer designing an avatar to match their auditory hallucination using computer technology. The voice-hearer then acts out a conversation with the avatar, which is voiced invisibly by the therapist who is in another room and speaking through a computer that distorts their voice to sound like that hallucinated by the voice-hearer. In fact, the therapist plays two roles in the performance, also interjecting as themselves – still invisibly and via a microphone and computer from another room – to offer support and encouragement to the voice-hearer in their (staged) confrontation with their persecutor. As Leff explains in another 2013 paper:

It is in fact a trilogy because the therapist plays two roles, the persecutory avatar and the supportive therapist. As the sessions proceed the two roles merge and the avatar progressively agrees to stop abusing the patient and begins to make helpful suggestions and boost the patient's self-esteem. In accord with this, the avatar's expression is changed from menacing to neutral to smiling. Although the patients interact with the avatar as though it were a real person, because they created it they know that it cannot harm them, as opposed to the voices, which often threaten to kill or harm them or their family.⁵³

The therapy performs three significant reversals. First, it de-psychoticises the psychosis, attributing the persecutory voice to a body just like any un-hallucinated voice. Secondly, it fictionalises the psychosis. Rather than being a real exchange (albeit one with perhaps no addresser), it becomes a role-play and a game acted out through video screens and performance, and thereby emptied of the threat of harm normally experienced by the voice-hearer. Finally, it neutralises the hostility, as aggressor segues into supportive companion.

With its reliance on the computer technology for, firstly, designing and animating an avatar and, secondly, for morphing the therapist's voice, avatar therapy is a process as reliant on a representational machinery for its construction of the 'schizophrenic' relational and communicative exchange as cinema is. 'Construction of an avatar requires a program to create a face, animation software to synchronise lip movements with speech, and software to enable the therapist to speak through the avatar with the voice the patient hears.'⁵⁴ As with the filmic representations, avatar therapy visibilises a non-visible phenomenological experience, and it necessarily fictionalises the symptomatology of the 'illness' it treats. Leff and his team implicitly acknowledge that in many cases the voice-hearer has no visual image to go with the voice they hear, and even when they do, these images may not be clear and tangible, but dreamlike and indistinct; '[i]n cases where the patient does not clearly perceive a face, he/she is asked to choose a face which they would feel

⁵² Julian Leff, Geoffrey Williams, Mark A Huckvale, Maurice Arbuthnot and Alex P Leff, 'Computer-assisted therapy for medication-resistant auditory hallucinations: a proof-of-concept study', *British Journal of Psychiatry*, 202 (2013b) 428-433, p.431

⁵³ Julian Leff, Geoffrey Williams, Mark Huckvale, Maurice Arbuthnot and Alex P Leff, 'Avatar therapy for persecutory auditory hallucinations: What is it and how does it work?' *Psychosis: Psychological, Social and Integrative Approaches*, 6:2 (2013a) 166-176, pp.170-171

⁵⁴ Leff *et al* (2013b), p.428

comfortable talking to.⁵⁵ In filmic terms, this at best is just some relatively harmless re-casting of a role, but at worst it is a fictitious distortion of the person's experience.

The narrative arc is similarly indebted to Hollywood. It is an arc of recovery, of triumph over the aggressor: '[t]he therapist controls the avatar so that it gradually comes under the patient's control over 6 weekly sessions of 30 min duration. Over the course of the therapy the avatar progressively changes from being persecutory to being appreciative and supportive.'⁵⁶ 'Unavoidably, the therapist is play-acting in this trilogy, and although initially drawing on material provided by the voice-hearer, the therapists are ultimately reliant on their own improvisation skills and creative inspiration for scripting the avatar:

[I]t is a crucial requirement that the patient accepts the avatar as a realistic representation of their persecutory voice. This is achieved by asking the patient at their first contact to report on the habitual phrases they hear. The therapist's voice is morphed into a variety of forms, from which the patient selects the one that is closest to the voice they hear. [...] In the first session of therapy the therapist, as the avatar, speaks the phrases the patient has reported hearing in order to establish the identity of the avatar as their persecutor.⁵⁷

As with the representations of John Nash or Nathaniel Ayers, so here does artistic licence come into force. The problem with this is twofold. Firstly, that the persecutory content will have been filtered by both the voice-hearer – who may easily be reluctant to share the worst excesses of the abuse with the therapist, or even with their own conscious self – and then by the therapist who would surely not be as comfortable or competent in the role of aggressor as the 'real' voice. Secondly, the very intrinsic nature of the voice experienced in AVHs surely gives it a potency and impact, and also an access to a reservoir of fears and neuroses and personal secrets, that would make its interjections and attacks more fearsome than any possible through this representational system. In combination then, the effect is that the representation is restricted in scope in contrast to the 'real' persecution.

The reason for the very success of avatar therapy also poses a deeply worrying problem, which is that it works with the delusional mechanism. Consider all these representations through film of the 'schizophrenic' receiving instructions from televisions or screens (a model that is mirrored by the cinematic process itself); avatar therapy employs the same mechanism. Whether this is genius or folly is hard to tell, but certainly it is using the delusional communicative channel and model, when – as Leff describes – an avatar tells a person hearing voices that they will now 'say only pleasant things';⁵⁸ the avatar, the screenic reality, is telling the spectator as interlocutor what they will be experiencing in life. How does this differ, structurally, from Ray's response to Captain Scarlett? Not one bit. How does it differ, in content and intention, from Pat's immersion into

⁵⁵ Mark Huckvale, Julian Leff and Geoff Williams, 'Avatar therapy: an audio-visual dialogue system for treating auditory hallucinations', *Interspeech Conference 2013*, p.1

<http://www.researchgate.net/publication/263045193_Avatar_Therapy_an_audio-visual_dialogue_system_for_treating_auditory_hallucinations> [accessed on 20 March 2015]

⁵⁶ Leff *et al*, (2013a), p.167

⁵⁷ Julian Leff, 'Author's reply' to James A Rodger, 'Avatar-assisted relational therapy for persecutory voices', *British Journal of Psychiatry*, 203 (2013) 233-234, p.234

⁵⁸ Leff *et al* (2013a), p.170

Hollywood narratives as a means of inspiring (or bluffing) himself with the thought that things must necessarily improve, and develop towards a happy ending? Again, not one bit. ('Many clinicians view this approach as collusion with the patient's pathology and likely to perpetuate the symptoms.')⁵⁹

Indeed this delusion seems to extend to the therapists themselves, who appear, in their accounts, to have slightly lost their grip on the reality of what is taking place. The representations in the sessions become real for them also. 'From the psychiatric point of view, the introduction of an avatar allows the researchers to study the relationship between the patients and their voices, at first hand and for the first time.'⁶⁰ It most surely does not. The researchers are studying a performance and one that is decreasingly accurate as a representation of any pre-existing relationship between patients and their voices. And it is a representation built upon two very shaky assumptions: that the hallucinated voices have a consistent, stable identity comparable to that of voices belonging to objectively verifiable people, and that the computer-altered voice of the therapist can achieve a reasonable representational likeness of these voices. On the former assumption and its implications, the researchers are laconic to the point of farce; 'of course, no actual samples could be obtained.' A 2014 paper by Humpston and Broome proposes a spectral model linking auditory-verbal hallucinations (AVH), 'soundless voices' (reported by voice-hearers) and thought insertion (TI) reasoning that 'the actual audibility of AVHs is debatable to say the least ... which brings the perceptual or sensory properties of AVHs into question and links the phenomenology of AVHs to that of TI.'⁶¹ In semiotic terms, avatar therapy constructs a signifier of something that does not exist: the image of a fictional person. This signifier is then taken to signify a real *Object* which is the AVH and/or the persecutory personality behind them. Indeed, the researchers even give figures for the 'accuracy' of these representations; these are measures of the accuracy of a representation of a thing that does not exist.⁶² This is very obviously a fiction though and whilst apparently therapeutic it cannot be an appropriate object of study for researchers, or at least, it cannot be considered as a signifier of the 'relationship between the patient and their voices, at first hand.' Consider figures 5.27 and 5.28. The former is a poster by a voice-hearer for a survivor-led support group. The 'voices' – at least in their pictorial representation – are no such thing; they are a collection of sounds and also signifieds that lurk behind (or within) the voices, when ultimately constituted as personified voices. In Chapter Two, this thesis argued that the attribution of personhood, of identity and pronouns, to the voices was a secondary procedure. Figure 5.28 is an image produced by a person with lived experience of voice hearing who explicitly conceptualises the voices as

⁵⁹ Leff *et al* (2013a) p.171

⁶⁰ Huckvale, Leff and Williams, p.6

⁶¹ Humpston and Broome, 'The spectra of soundless voices and audible thoughts', p.12 In this, Humpston and Broome build on G. Lynn Stephens and George Graham, *When self-consciousness breaks: alien voices and inserted thoughts*, (Massachusetts: The MIT Press, 2000).

⁶² 60-70% accuracy for the avatars' faces; 60-90% accuracy for the voices. These figures are hard to understand. Presumably, lower than 50% would mean the avatar looked and sounded more unlike than like the hallucination. Huckvale, Leff and Williams, p.3

individuals she has co-opted and ‘brought in’ to her mind, as a psychic reaction to childhood trauma; again, the personifying is secondary to the trauma, and the need to share a co-spectating this space, in this case for the very simple reason of having someone to share the trauma with, and to have another figure to repair the shattered deictic relations resulting from abuse. What is important to note here is that the person with psychosis’ response to trauma – to interpolate and personify voices – and considered as a primary symptom of ‘illness’ is the same response enacted through avatar therapy.

Do you Identify as a Voice Hearer?



Figure 5.27

When voices are not voices.

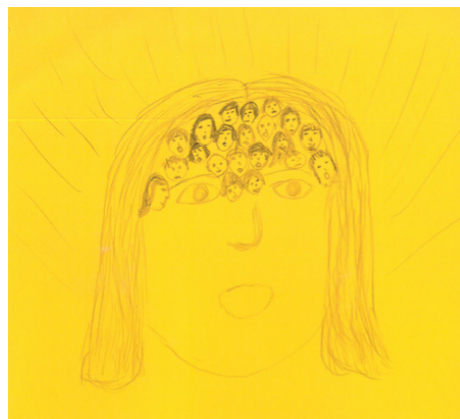


Figure 5.28

The mind as co-spectating space.

At the heart of avatar therapy for voice-hearing is a recognition of the need to place subjects within a deictic relationship with a multi-layered biosemiotically signalling corresponding subject: ‘[h]earing a disembodied voice abusing you in stereo-typed phrases taxes your resources as a social human being. Because the entity is invisible there are none of the usual cues of facial expression and non-verbal communication by which we signal agreement with, attention to, and turn-taking with the speaker.’⁶³ So, a screen representation is created, and the voice-hearer is placed in a firm position of *Firstness* as the voice is given a clear *Secondness*, external to their own subjectivity and now resident in the avatar. Interestingly, the voice-hearers also as part of the

⁶³ Leff *et al*, (2013a), p.167

therapy listen to recordings of their trilogues with their avatar and therapist on MP3 players between sessions, shifting them from this absolute position of *Firstness* to an absolute position of *Thirdness* to their earlier experience. The split identified whereby people with a diagnosis of schizophrenia occupy positions of *Firstness* and *Thirdness* simultaneously is therefore widened into a complete schism, in which the voice-hearer acts out and creates a representation of their experience, and then plays spectator to that representation. As already argued, this performs an inverse operation to that of the schizomimetic, polyphonic and dissociated filmic representation and embodiment of psychosis as exemplified by *Tarnation*. Instead, a voice-hearer's 'real' experience is fictionalised, externalised and ultimately transformed into a *Representamen* for them to empathise with.

It is worth stressing that this avatar therapy does not fit easily into the long history of drama therapies for psychosis. Something that unifies most drama-therapy practices is that they operate 'from the distance of metaphor'⁶⁴ achieved through 'techniques and dramatic processes [...] such as storytelling, performance-making, improvisation, creation of therapeutic rituals, and use of masks, puppets, and symbolic objects.'⁶⁵ As this examination of the semiotics of empathy in filmic representations has demonstrated, and as is supported by the researchers' own accounts of avatar therapy, there is no 'distance of metaphor' because the representational metaphor invites such pseudo-empathetic engagement that both researchers (for certain) and voice-hearers (speculatively) mistake the metaphor for the real, or mistake the *Representamen* for the *Object*. The deictic reality of theatre in contrast to the deictic crises of cinema – driven by the proliferating signification and heavily denotative nature of filmic images – means this mistake is unlikely to happen. The metaphorical machinery of theatre operates contrary to signification in cinema. Whereas objects in film always denote their own absent presence, in theatre they denote their own present absence. Caouette's childhood home in *Tarnation* is the sign of the real house not present in the auditorium; if he acted out a childhood scene as part of a theatrical dramatherapy, the set would be the sign of the not-house really present.

At its root, avatar therapy attempts to reaffirm the threatened deictic status of the voice-hearer by simulating a deictic exchange, and at the same time reducing the real exchange between voice-hearer and therapist, as the therapist erodes from disembodied voice (a pseudo-AVH booming at the voice-hearer from nowhere) to squatter in the personality of the persecutory avatar. Such simulated empathetic exchanges and deictic triads are the stuff of movies.

The problem is the movies are no substitute for real life relations.

⁶⁴ Lambros Yotis, 'A review of dramatherapy research in schizophrenia: methodologies and outcomes', *Psychotherapy Research*, 16:2 (2006) 190-200, 197

⁶⁵ Yotis, p.191

The Hollywood ending

“I believe in happy endings,” I tell him. “And it feels like this movie has gone on for the right amount of time.”⁶⁶

It’s an exchange. If we’re shitting the bed and dribbling all over the place, it makes them feel better about themselves. Public service, isn’t it?⁶⁷

Inserting ‘schizophrenia’ (and its own semiotic) into the representational semiotic of the cinema throws the nature of the structure of both into relief. The semiotic representational process breaks the disease (as master-signified) into component communicable elements, which in a medical, diagnostic context are termed ‘symptoms’. It seems reasonable to assert that exterior, objectively verifiable symptoms of schizophrenia might be understood as signs of any of the three Peircean types: icon, index and symbol. The indexical sign is the simplest to deal with. The symptom in this case would be understood as a sign produced through a tangible, provable physical connection. The often-used example is the raised body temperature as indexical sign of a bacterial or viral infection. Of course, the reading of such an indexical sign is dependent on the cultural and personal context of the reader or *Interpretant* and the status of the *Representamen*. Obviously, a GP might give the suggested reading, whereas the individual with the temperature (broadcasting and disseminating the sign) might read this as just being too warm. Similarly, it would be impossible prior to the emergence of germ theory, to read the indexical sign as having the *Representamen* of a bacterial or viral infection.

To analyse the symptom as a symbolic sign means to appreciate that the relationship between whatever external behaviour observed and the posited internal state has become culturally enshrined. The Peircean symbolic sign is broadly isomorphic with the Saussurean sign, in which signifier and signified are linked in a cultural association. For the symbolic sign, this cultural association can exist either because or in spite of some other cause. To return to the example, a raised temperature was culturally associated with being ill prior to the microbiological description of the underlying mechanism (bacterial or viral infection), and continues as a cultural association regardless. Truth is not an appropriate measure of a symbolic sign. In Barthes’ account of ‘The Iconography of the Abbé Pierre’, he details how the Franciscan ascetic haircut becomes a sign of its own function: ‘neutrality ends up by functioning as the *sign* of neutrality ... first conceived negatively ... it quickly becomes a superlative mode of signification, it *dresses up* the Abbé as Saint Francis.’⁶⁸ This is an unavoidable habit of the symbolic sign, a tendency towards ‘a superlative mode of signification.’ To take a generic example from Hollywood relating to schizophrenia, or at least, to madness, consider the image of an impoverished, potentially homeless person with some kind of psychosis, muttering to themselves and pushing a shopping trolley full of bottles, cans⁶⁹ or

⁶⁶ Quick, p.15

⁶⁷ N in *Poppy Shakespeare*

⁶⁸ Roland Barthes, *Mythologies*, trans. by Annette Lavers (London: Vintage, 1993), p.47

⁶⁹ <http://www.gettyimages.co.uk/detail/photo/man-wheeling-trolley-of-empty-cans-and-high-res-stock-photography/200452037-001> [accessed 14 November 2014]

general brick-a-brac.⁷⁰ It is a common practice in the US, to offer cash redemption for old bottles. Collecting bottles for redemption then is a practical, sensible occupation for the workless poor. It clearly has no necessary epidemiological link to schizophrenia or psychosis. However, as the symbolic sign tends towards superlative signification, pushing a shopping trolley full of bottles has become associatively redolent of mental ill health. Instead of being an indexical sign of a reasonable, motivated response to poverty, the act (or rather the act-as-image) has become a symbolic sign of a disordered, psychotic mental state. In this example, taken from the cinematic semiological sign system of schizophrenia, an indexical sign has been transformed into a symbolic sign.⁷¹

The hope for a cinematic sign of schizophrenia might be that the shot or film as assemblage of shots is a *Representamen* in relation to an *Object*, which is the (or at least an) experience, a phenomenon, of schizophrenia (see figure 5.29). The viewer then stands in the position of *Thirdness* to this relationship, as *Interpretant*. But does this triadic arrangement ever come to pass? Fixing the viewer in the position of *Thirdness*, what *Representamen* and *Object* may be in tension? A cinematic syntagm as *Representamen* of schizophrenia (encompassing screenplay, performance, framing, direction, cutting and so on) stands in relation not to an *Object* that is an internal phenomenological experience (at least, not verifiably; even if all elements of the syntagm have been composed by the subjective self who experienced the phenomenon, neither the verifiability of nor the *Object* itself are within any kind of grasp of another subject) but rather in a relation of *Secondness* to the camera (and here ‘camera’ is a convenient shorthand for all the mechanical, technical and human components of film production; the entire film machinery). What the *Interpretant* spectator constructs as an *Object* of schizophrenia, or the schizophrenic experience, from the *Representamen* of the cinematic syntagm is – in truth – only the productive machinery of film, a conglomerate of cheap tricks: shaky camera movements, oblique angles, sudden jump cuts, emotive stabs by the score. The cinematic sign of schizophrenia is then a sign of cinema pushing up against the very limits of its capacity to represent (see figure 5.30).

⁷⁰ Pat Harman, ‘Homeless is another word for nothing left to lose’, *housethehomeless.org*, 11 May 2011, <<http://www.housethehomeless.org/051211-homeless-is-another-word-for-nothing-left-to-lose/>> [accessed 31 March 2016]

⁷¹ As Ivanov notes in his assessment of Eisenstein’s montage theory, this – for Eisenstein – is a necessarily cinematographic act. Vjačeslav Vsevolodovič Ivanov, ‘Eisenstein’s Montage of Hieroglyphic Signs’ in *On Signs*, ed. by Marshall Blonsky (Oxford: Basil Blackwell, 1985), pp.221-235

Figure 5.29
Ideal cinematic sign of 'schizophrenia'

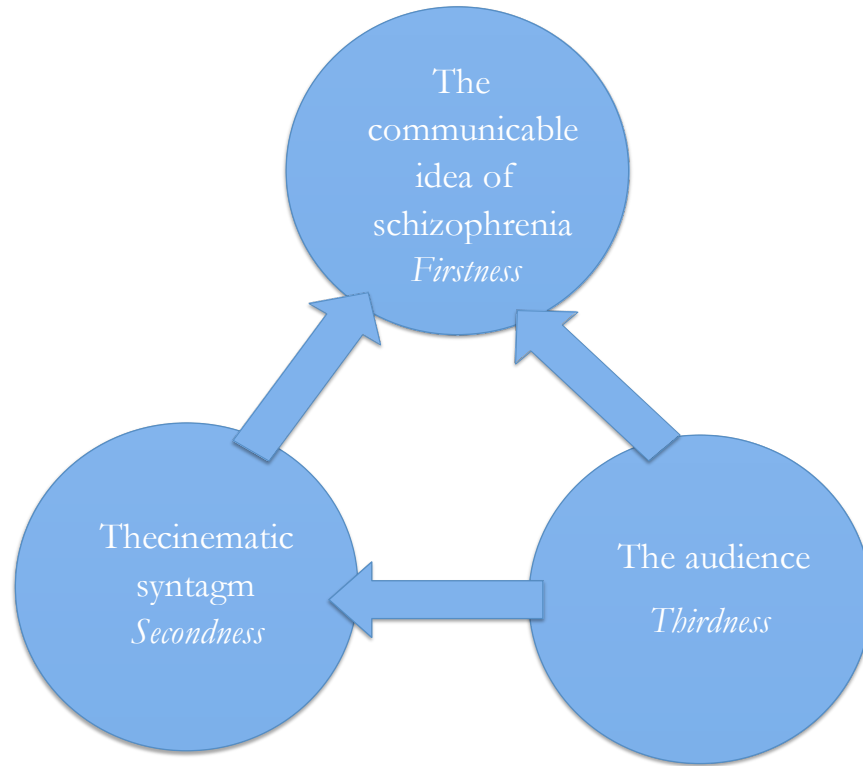
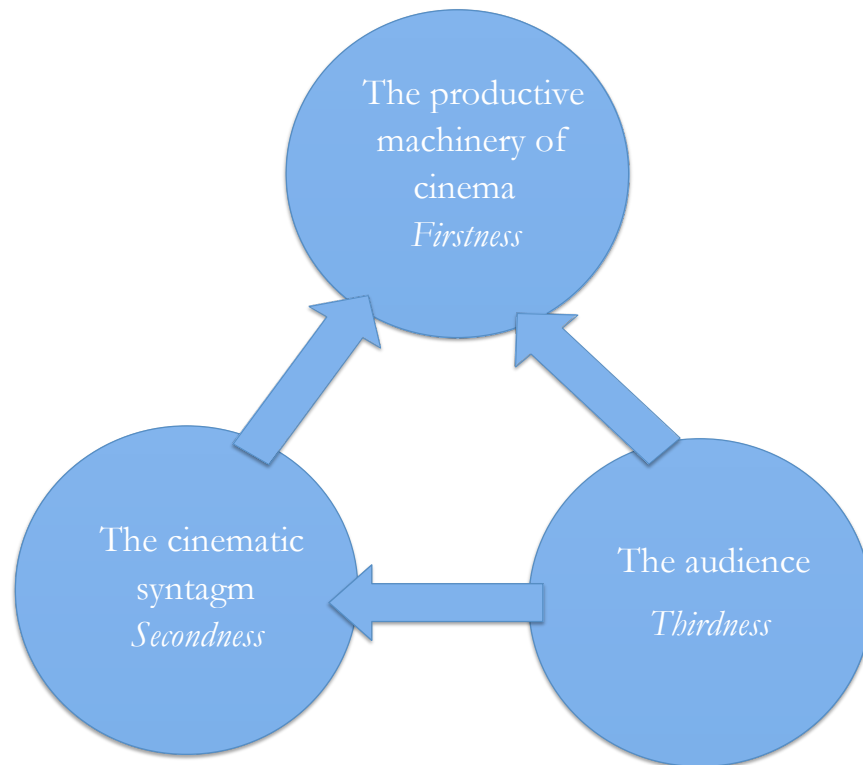


Figure 5.30
Actual cinematic sign of 'schizophrenia'



Only in the Barthesian Third Meaning, only in this very distinct yet elusive, this unintentional and unintentionable representation, does cinema generate an unruly *Representamen* that – dynamically – stands for the *Object* of the schizophrenic phenomenon. This is the importance of obtuseness that is beyond the reach of empathy. However, the Third Meaning, and its appearance, is always a matter of the productive subjectivity of the spectator. In this way, the *Representamen* of the schizophrenic phenomenon in film is always a product not of the film but of the spectator. Here a triad opens up where the spectator is in a position of *Secondness* in relation to a *Firstness* that is immanent only to their consciousness, and the cinematic syntagm itself stands as the relational context, the *Thirdness*. Necessarily, this triad is wholly idiosyncratic and unreproducible; in this, the triad itself, constituent of the sign, is dynamically identical to a unique psychic phenomenon.⁷²

The cinematic syntagm of schizophrenia is, on one level of analysis, a Peircean *Firstness*, and of the sign type of the icon; in this analytic structure it has an unassailable essence – its *Firstness* – that does not require the independent objective existence of the *Object*. To return to Peirce's description of the icon: 'An *icon* is a sign which would possess the character which renders it significant, even though its object had no existence'⁷³. A simple illustration of this in relation to the cinematic syntagm: many people would recognize Mickey Mouse in a cartoon, and would be able to judge the very degrees of accuracy in a range of cinematic representations of Mickey Mouse, yet no Mickey Mouse exists (outside the agglomeration of these representations which are, in this sense, Peircean icons). Similarly, cinema presents a Peircean icon of schizophrenia that can be analysed regardless of the existence or otherwise of the disease entity or the subjective phenomenological experiences that this icon takes as its object. If there is a moral mission to the construction of the ideal cinematic sign of schizophrenia it is captured in Peirce's belief that 'a great distinguished property of the icon is that by direct observation of it other truths concerning its object can be discovered than those which suffice to determine its construction.'⁷⁴ It follows logically, though, that if the object itself is false, than it is falsehoods, not truths, that will be discovered by direct observation of the object's icon sign.

At a different analytic level the cinematic syntagm of schizophrenia is of the sign type of the symbol.⁷⁵ Very simply, it is reliant, in one mode, on the existence of an *Interpretant* to ascribe (or

⁷² Sonesson identifies the opposition between Peirce's semiotics and a phenomenology based on empathy. Semiotics is the antithesis of empathy, predicated on the unknowability of internal mental states. In this sense, Jaspers' conception of understanding is in close accord with Peirce's semiotics. (Göran Sonesson, 'The natural history of branching: approaches to the phenomenology of Firstness, Secondness and Thirdness', *Signs and Society*, 1:2 (2013) 297-325, p.315)

⁷³ Peirce, 'Logic as semiotic', p.104

⁷⁴ Peirce. 'Logic as semiotic', pp.105-106

⁷⁵ Peirce does state that photographs are indices, rather than icons, as they are physically connected to their object, being produced through the chemical reaction of photons that have touched the object. It is easy to demonstrate that the cinematic sign is certainly not an index in this way, because the sign is not the individual photographic frame (the film still, of interest to Barthes) but rather the composite Deleuzian movement-image produced by the succession of photographic images and its accompanying soundtrack. The film still, however, is certainly an index and its object is the film itself, as can be seen by the use of film stills on DVD

at least read from within it) some meaning. This is the process that takes place when answering the question: what is this film about? No film is 'about' merely the assemblage of its icons or likenesses. Properly, the conventionalized meaning, the signified content of the symbol of the cinematic syntagm should be subordinate to the signified content of the internal icons. In other words, if an internal icon is changed then the encompassing symbol will change in proportion to the significance of the icon and also the change. However, when there is no verifiable object for the icon(s) within the symbol, the relationship can be reversed. A conventionalized meaning, or signified, regarding the encompassing symbol generates the internal icons, which then are likenesses only of other icons placed within comparable cinematic syntagms as symbols. To summarise this point simply: a false cultural myth will, in cinema, generate its own false icons.

Instead of generating these false icons, cinematic schizomimesis can – through its obtuse signs, through its co-spectatorship, through its Deleuzian flow of *opsigns* and *sonsigns* – communicate, beyond representation, the signification processes and mechanics of psychosis. Film might even be the most appropriate representational form for this act. Film more easily encompasses the enigmatic or incoherent than literature does. Whilst any reader might labour over an impenetrable sentence or ambiguous interpolation, and thereby pause, suspend, redact or – in extremis – abandon the reading, there is nothing the spectator can, nor need, do other than allow the succession of images on the screen. (Of course, in various contexts, it is possible to pause, suspend, redact or abandon films, but it is telling that rarely would a spectator pause a film because they did not understand an image shot or walk out of a cinema because they found the film difficult to watch, in contrast to how very frequently people will muse over a sentence or put down a book as unreadable.)

There might be three main types of schizomimetic diagnostic filmic syntagma. The first is structured similarly to a conversation, and – as in Ray's reaction to the sights of the approach to London at the opening of *Some Voices* or various moments in *Perception* and *A Beautiful Mind* – structured around a series of shot reverse shot exchanges; this might be termed the alternate schizomimetic syntagm. This syntagm involves a complete triadic sign and is in the order of *Thirdness*, in that it shows something standing for something to someone. This, for obvious reasons, fails to do anything more than de-psychoticise psychosis itself.

The second involves sudden interpolations of mysterious, obtuse signifiers, where an image appears as an autonomous shot within a syntagm that has another signifying purpose. For example, when Ray in *Some Voices* douses himself with petrol and tries to set fire to himself with a lighter, there is a brief, explosive shot of a Catherine wheel firework. This shot is not within the diegetic reality (at least not temporally, as it is either footage from or at least echoing an earlier trip Ray and Laura make to Hastings, and one which is rich in meaning for Ray). Its insertion into the

boxes and in cinema programmes. Properly, perhaps, it should be said that the cinematic syntagm is a Peircean *Argument*, which is the symbol but in the order of *Thirdness*, rather than *Secondness*.

syntagm enacts the compulsive volatility that Ray may himself be experiencing; it is a cinematic rendering of the command hallucination or compulsive drive to self-immolation. It is impossible to conclusively label this autonomous shot as either a metaphor for Ray's emotional, psychological state or as a visualizing of his actual thoughts within the diegetic reality (in that, at this suicidal moment, his thoughts are violently reflecting on this earlier, happier moment with Laura). Indeed, aesthetically, the moment probably is successful because it does both, whilst also providing the spectator with a bluntly sensationalist jolt, and moment's uncertainty as to whether or not Ray has set fire to himself. Hence, this syntagm is in the order of *Secondness*, in that the *Object* (psychosis) is being seen to directly impact upon the *Representamen*. The gap between *Representamen* and *Interpretant* has essentially vanished.

Logically, the third type of schizomimetic diagnostic syntagm is one where all elements of the triad have collapsed into the order of *Firstness*. The syntagm stages the *Object* of the schizophrenic subjectivity from within as a consistent, stable reality, with occasional autonomous shots or subsequent syntagma demonstrating its unreality. For example, recent Oscar-winner *Birdman*, dir. by Alejandro G Iñárritu (Fox Searchlight Pictures, 2014) is constructed almost entirely as one pseudo-continuous shot, in which distinctions between objective diegetic reality and the phenomenological subjectivity of the protagonist cannot be conclusively reconciled. (Though not explicitly about psychosis, *Birdman's* protagonist has sustained delusions – of powers of telekinesis and flight – recounts hearing voices and also attempts suicide.) Similarly, most of the syntagma comprising *The Voices* are infused with the protagonist's psychosis (see figures 5.31 and 5.32); the spectator only receives a hint of the non-pathological diegetic reality when Jerry (Ryan Reynolds) is briefly compliant with his medication regimen. It should be noted that this is not the same as narrative focalization, as seen in *Keane* and *Spider*. In *The Voices*, there are sequences of narrative from which Jerry is absent and of which he is ignorant – for example, when Fiona (Gemma Arterton) goes to a karaoke night, standing Jerry up at a Chinese restaurant – that are still schizomimetic. It does not matter for the purpose of this analysis whether this is the result of deliberate artistic choice or bad craft, whereby directorial choices contradict the script. Respectively, these three types of schizomimetic diagnostic filmic syntagma might be termed: alternate shot, interpolated shot and sustained, immersive frame. This final schizomimetic syntagm, where hierarchies of perspective and the power to define the shared semiotic are perpetually defeated strikes close to Deleuze's new cinematic form of the time-image, and offers itself as a method for expressing, obliquely, a phenomenology beyond the representational grasp and rule even of the subjectivity with whom it originates.



Figure 5.31

In *The Voices*, the film's signifying system and the character's (psychotic) signifying system are indistinguishable. This is apparent across a range of signifiers, from subtle, repetitive colour patterns, narrative ellipses, inappropriate affect, self-conscious head-on staging and framing of shots ...



Figure 5.32

... and rather less subtle signifiers like animated butterflies. And talking pets.

When Hollywood makes schizophrenia function as a metaphor – for genius (*A Beautiful Mind*) or normality (*Silver Linings Playbook*) – its makes for bad or potentially offensively ignorant films. When schizophrenia is made to function as a metaphor for the filmic process (*Spider* or *The Soloist* or, most iniquitous, *Birdman*), it offers a form of empathy (albeit empathy as entertainment) but runs the risk of solipsism. Most dangerously, these films generate a false mythology of psychosis which, coupled with a pseudo-empathy that propagates a stigmatising assumption that because ‘we all go a little mad sometimes’⁷⁶ then psychosis is a part of everyday life, as a cultural hero myth that is co-owned by society. This pseudo empathetic filmic mythology projects its values and experiences back into each consumer spectator, and therefore, just as any non-psychotic spectator has pseudo-empathetically been psychotic, so too should all real-world psychotics equally triumph within their own Hollywood life narratives

But when the filmic process goes beyond attempts at empathy and functions as a metaphor for schizophrenia, it offers the possibility of – if not cure – then at least a reconstruction of the delusional phenomenological landscape in which the psychotic subjectivity is empowered, and reconfirmed in their deictic status, and where a co-spectating space allows the non-pathological subject to experience something akin to the obtuse signification processes occurring in psychosis. This going beyond empathy, and this tolerance of the obtuse signification and a schizomimesis that stimulates an authentic shared attitude of experience – in contrast to a passive downloading of an easily empathised-with cinematic product – serves in turn to promote a parity of subjectivity, one that should elicit not a consumerist empathy, prompting only narcissistic self-examination, but

⁷⁶ Norman Bates, the eponymous *Psycho*, dir. by Alfred Hitchcock (Paramount Pictures, 1960).

rather a genuine *sympatico*, a shared, self-conscious heterogeneous construct, and a socialised and socialising confluence of purpose (rather than imitation of affect) that can serve as motivator for compassionate action.

Essentially, a happy ending. Just like in the movies.⁷⁷

⁷⁷ As Nash himself is reported to have said at his second wedding to Alicia in 2001: 'A second take [...] Just like a movie.' Sylvia Nasar, 'The sum of a man', *Guardian*, 22 March 2002 <<http://www.theguardian.com/books/2002/mar/26/biography.highereducation>> [accessed 24 May 2015]

PROGNOSIS

How to build a schizophrenic

We are within it, but it – all of it – is within us.⁷⁸

[I]n abduction the relation between premises and conclusion is *iconic* and is dialogic in a substantial sense, in other words, it is characterized by high degrees of dialogism and inventiveness as well as by a high-risk margin for error.⁷⁹

Semiosis, as Peirce knew, is infinitely recursive. Signs proliferate, and only give way to other signs. The signifying process knows no conclusion or resolution, only stops of relative degrees of motivation and arbitrariness. Ultimately, the only elements that constrain a line of signification are a lack of ‘world enough, and time.’⁸⁰ Though personally degenerative, as a subject increasingly relies on conventionalised signs and decreasingly seeks to reorder their *Umwelt* with the passing of years, and so shifts from the hypersemia of youth to the hyposemia of age, semiosis itself transcends the temporal corporeal limitations of any interpellated signifying subject. This is not a metaphysical transcendence, of course. Similarly, whilst ‘schizophrenia’ is personally degenerative as the signifying potential of the individual living with a diagnosis is, for the most part, systematically worn away – by medical and social labelling; exclusion from collectives of employment, wealth and power; the disorientation and devaluing of their own semiotic responses to the world around them both by internal and external factors; and perhaps a lifetime of tranquilizing medication – yet ‘schizophrenia’ itself again transcends the fatal deterioration of any signifying subject. As said in the introduction, ‘schizophrenia’ endures.

So too, drawing an end to an exploration of the signifying energies of this dialectic of ‘schizophrenia’ and semiotics is more indicative of a finitude of time and space than an unpuzzling and resolution of all the lines of meaning and sequences of sign exchanges. Rather than recapitulate, this thesis will close with an illustrative *détournement* that offers in microcosm those macro forces of signification examined over these past chapters.

On Monday, 7 October 2013, the *Sun* – the best-selling daily newspaper in the UK – ran a front page ‘exclusive investigation’ under the headline ‘1,200 KILLED BY MENTAL PATIENTS.’ To avoid any possible ambiguity, it coloured the digits blood red. Leaving aside the fact that the ‘exclusive investigation’ was no such thing – rather, a flagrant misreporting of a study by Manchester University – it was still taken sufficiently seriously to provoke complaints from mental health charities and activists. Certainly, the visual layout of the article, juxtaposing smiling, soft faces of ‘victims’ (one wearing her graduation mortarboard, as a detail compounding the crime) with red banners advertising their violent demise (‘BLASTED BY A BOLT GUN’; ‘KNIFED 39 TIMES’) and off-kilter, awkwardly cropped, blank-faced mugshots of their murderers coupled with

⁷⁸ Lotman, *Universe of the Mind*, p.273

⁷⁹ Augusto Ponzio, ‘Modeling, dialogue and globality: biosemiotics and semiotics of self. 1 Semiosis, modeling, and dialogism’, *Sign Systems Studies*, 31:1 (2003) 25-64, p.37

⁸⁰ Andrew Marvell, ‘To his coy mistress’, *The Complete Poems*, ed. by Elizabeth Story Donno (Harmondsworth: Penguin, 1996), p.50

one-word epithets ('rage' 'dangerous' 'stalker'), would have left readers in little doubt as to the cultural meta-narrative at play.



Figure P.1

How the unsympathetic tabloid press build a schizophrenic.

If people living with a diagnosis of schizophrenia were not up in arms about this misrepresentation, it must be because they are on the receiving end of semiotic constructions that continually occlude, insult, demonise or patronise them, and that this is done through signs propagated by people and institutions with far nobler intentions than the *Sun*. Consider the cover of *Henry's Demons*, a mostly sensitive, thoughtful, multi-perspective account of the impact of a young man's psychosis on his life and those of his immediate family, and also – as the cover says – a *Sunday Times* bestseller.

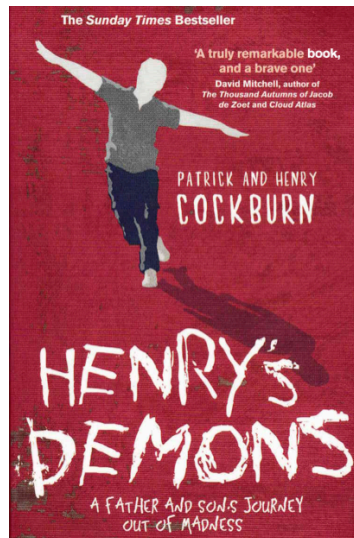


Figure P.2

How the sympathetic, Sunday-broadsheet-reading class build a schizophrenic.

The cover is a blood red. The 'schizophrenic' figure is faceless (as if subjected to the depersonalisation of a Capgras delusion on the part of the reader) and in the pose of a child playing make believe at being an aeroplane or a bird.⁸¹ In short, the figure is stripped of identity and adulthood. Beneath, the title and subtitle are presented in a font one could imagine featuring in a

⁸¹ See Joseph Capgras and Jean Reboul-Lachaux, 'L'illusion des sosies dans un délire systématisé chronique', *Bulletin de la Société clinique de la médecine mentale*, 11 (1923) 6-16. It is important to note that the Capgras delusion has been observed in patients with many different diagnoses, including well-understood organic brain diseases, and is not exclusive to schizophrenia.

drop-down list in Photoshop under the name ‘Torment’; it seems modelled on the quasi-demonic scribbles with which a classic B-movie ‘madman’ might decorate the walls of his ‘lair.’ Given that Henry Cockburn is – according to the text – a talented amateur artist, with a taste for complex, enigmatic allegorical images, this cover appears, at best, something of a missed opportunity.

Attendees at NHS outpatient clinics have a range of leaflets, in spinning wire racks or stacked in loose piles on windowsills and coffee tables, with which to pass the time. In contrast to the cover of bestselling books about their experience, leaflets designed for a charity run by ‘survivors’ for people in crisis, chose to give a human face to people with psychosis. Another leaflet produced by a mental health housing charity similarly decided to give the space over to a person with lived experience to provide the artwork.



Figure P.3
How patients build a schizophrenic.

Here, a ‘schizophrenic’ is a person, with personality, expressive ability, agency, anxieties and operating in a grounded, real-world life history. Their look of distress or fear is contextualised: because ‘nobody else hears.’ So too, is their defiance and their confidence to face the viewer directly; with ‘emotional support and information’, they feel empowered to face the future with (literally) a head held high.

Photographs of real people are absent from the NHS materials. Indeed, there is a wariness, following TS Eliot’s warning that ‘human kind/ Cannot bear very much reality,’⁸² to show people, situations or treatment, let alone symptoms. On the front of an information sheet detailing the ‘disease’, schizophrenia *qua* sign is itself dissolved into an abstract, semi-transparent plane of distortion and inversion, as if the word were disintegrating out of neurotic fear of its own deterministic, signifying potency. The NHS intensive community service (ICS) metes out a regimen of regular home visits and enforced medication that reproduces the control mechanisms of the asylum system but in the social housing, sheltered accommodations and city streets of the UK.

⁸² TS Eliot, ‘Burnt Norton’ in *Four Quartets* (London: Faber & Faber, 1959) pp.42-43

Here, the ICS is re-imagined as the magical dandelion wish-list of the (invisible) ‘service-user’; the blue-sky thinking of the front of the leaflet undermined by the impersonal tick-box list on the back.



Figure P.4
How healthcare builds a schizophrenic.

Finally, a care plan leaflet shows cartoon ‘schizophrenics’ with empty speech bubbles popping out of their flat smiles; though, in many cases the speech bubbles actually appear to be coming out of their shoulders, echoing the position of their voices, rather than their own voice. Even the largest of the figures is dwarfed by the care plan, which takes centre stage.

For all the justified complaints against the *Sun* and other thoughtless misconstructions of people with psychosis – such as Thorpe Park’s unapologetic stance over their Asylum Halloween event, also in October 2013 – the semiosphere remains a predominantly hostile signifying environment for those living with a diagnosis of schizophrenia. Stepping out of popular discourse and into the supposed sanctuary of the healthcare system, those in mental distress might be forgiven for feeling like Marlowe’s damned souls: ‘why this is hell, nor am I out of it.’⁸³

⁸³ Christopher Marlowe, *The Tragical History of Doctor Faustus*, in *The Complete Plays*, ed. by JB Steane (Harmondsworth: Penguin, 1986), I. 3.76

References

- Aaltonen, Jukka, Jaakko Seikkula and Klaus Lehtinen, 'The comprehensive open-dialogue approach in Western Lapland: I. The incidence of non-affective psychosis and prodromal states', *Psychosis: Psychological, Social and Integrative Approaches*, 3:3 (2011) 179-191
- Abu-Akel, Ahmad, 'Phoricity as a measure of Clozaril's efficacy in treating disorganized schizophrenia', *Clinical Linguistics & Phonetics*, 13:5 (1999) 381-393
- Adorno, Theodor, *In Search of Wagner*, trans. by Rodney Livingstone (London and New York: Verso 2009)
- 'All time box office: worldwide grosses', *boxofficemojo.com*
<http://www.boxofficemojo.com/alltime/world/?pagenum=4&p=.htm> [accessed on 17 November 2014]
- Allardyce, Judith, and Wolfgang Gaebel, Jurgen Zielasek and Jim van Os, 'Deconstructing Psychosis Conference February 2006: The validity of schizophrenia and alternative approaches to the classification of psychosis', *Schizophrenia Bulletin*, 33:4 (2007) 863-867
- Allen, Clare, *Poppy Shakespeare*, (Bloomsbury: London, 2007)
- 'Anders Behring Breivik: Norway court finds him sane', *BBC Online*, 24 August 2012, <<http://www.bbc.co.uk/news/world-europe-19365616>> [accessed 06 January 2016]
- Andreasen, Nancy, 'The American concept of schizophrenia', *Schizophrenia Bulletin*, 15:4 (1989) 519-531
- *The Broken Brain: The Biological Revolution in Psychiatry*, (New York: Harper & Row, 1985)
- 'The diagnosis of schizophrenia', *Schizophrenia Bulletin*, 13:1 (1987) 9-22
- 'Scale for the assessment of thought, language and communication (TLC)', *Schizophrenia Bulletin*, 12:3 (1986) 473-482
- 'Should the term "thought disorder" be revised?', *Comprehensive Psychology*, 23:4 (1982) 291-299
- 'Thought, language and communication disorders I. Clinical assessment, definition of terms, and evaluation of their reliability', *Archives of General Psychiatry*, 36:12 (1979a) 1315-1321
- 'Thought, language and communication disorders II. Diagnostic significance', *Archives of General Psychiatry*, 36:12 (1979b) 1325-1330
- Andreasen, Nancy, and William Carpenter Jnr, 'Diagnosis and classification of schizophrenia', *Schizophrenia Bulletin*, 19:2 (1993) 199-214
- Andreasen, Nancy C, and Michael Flaum, 'Schizophrenia: the characteristic symptoms', *Schizophrenia Bulletin*, 17:1 (1991) 27-49

- Angermeyer, Matthias, Herbet Matschinger, Mauro Carta and Georg Schomerus, 'Changes in the perception of mental illness stigma in Germany over the last two decades', *European Psychiatry*, 29 (2014) 390-395
- Ardila, Alfredo, Hugh Buckingham, Andrew Kertesz and Jane Marshall, 'A proposed reinterpretation and reclassification of aphasic syndromes', *Aphasiology* 24:3 (2010) 363-394
- Artaud, Antonin, *The Nerve Meter* [1922] in *Selected Writing* ed. by Susan Sontag, trans. by Helen Weaver (Berkeley and Los Angeles: University of California Press, 1988) pp.79-90
- *Selected Writing* ed. by Susan Sontag, trans. by Helen Weaver (Berkeley and Los Angeles: University of California Press, 1988)
- Arthur, Paul, 'The moving picture cure: self-therapy documentaries', *Psychoanalytic Review*, 94:6 (2007) 865-885
- Associated Press, 'Anders Behring Breivik: history will exonerate me', *Guardian*, 22 June 2012, <<http://www.guardian.co.uk/world/2012/jun/22/anders-behring-breivik-norway?intcmp=239>> [accessed 12 February 2016]
- Batman and Robin* dir. by Joel Schumacher (Warner Bros., 1997)
- Batman Forever* dir. by Joel Schumacher (Warner Bros., 1995)
- Bär, Eugen, 'Semiotic studies in schizophrenia and senile psychosis', *Semiotica*, 16:3 (1976) 269-283
- Barnham, Peter, *Schizophrenia and Human Value* (London: Free Association Books, 1993)
- Baron-Faust, Rita, *Me, Myself & Irene*, *British Medical Journal*, 321 (2000) 770
- Barthes, Roland, 'Death of the Author' in *Image Music Text*, trans by Stephen Heath (London: Fontana Press, 1977), pp.142-148
- *Elements of Semiology*, trans. by Annette Lavers and Colin Smith, (New York: Hill and Wang, 1977)
- 'The Grain of the Voice' in *Image Music Text*, trans. by Stephen Heath (London: Fontana Press, 1977) pp.179-189
- *Image Music Text*, trans by Stephen Heath (London: Fontana Press, 1977)
- *Mythologies*, trans. by Annette Lavers (London: Vintage, 1993)
- *The Pleasure of the Text*, trans. by Richard Miller (New York: Hill and Wang, 1975)
- 'Rhetoric of the Image' in *Image Music Text*, trans by Stephen Heath (London: Fontana Press, 1977), pp.32-52
- *Roland Barthes*, trans. by Richard Howard, (New York: Hill and Wang, 2010)
- 'Semiology and medicine', trans. by Richard Howard, in *The Semiotic Challenge* (Oxford: Basil Blackwell, 1988)
- 'Structural Analysis of Narratives', *Image Music Text*, trans by Stephen Heath (London: Fontana Press, 1977), pp.79-124
- *S/Z*, trans. by Richard Miller (Oxford: Blackwell, 2002)

- ‘The Third Meaning’ in *Image Music Text*, trans by Stephen Heath (London: Fontana Press, 1977), pp.52-68
- Bartlett, Frederic, *Remembering* (Cambridge: Cambridge University Press, 1932)
- Bateson, Gregory, Don D Jackson, Jay Haley and John Weakland, ‘Toward a theory of schizophrenia’, *Behavioral Science*, 1 (1956) 251-264
- Bayer, David, ‘Profile: Barnard College Columbia University’, *barnard.edu*
<<https://www.barnard.edu/profiles/david-bayer>> [accessed 10 February 2015]
- A Beautiful Mind*, dir. by Ron Howard (Universal Pictures and DreamWorks Pictures, 2001)
- Beck, Bernard, ‘Into the cuckoo’s nest: *Silver Linings Playbook* and movies about odd people’, *Multicultural Perspectives*, 15:4 (2013) 209-212
- Beckett, Samuel, *Murphy*, (London: Calder Publications, 1993)
- Beckett, Samuel, *The Unnamable*, in *Trilogy* (London: Calder Publications, 1994)
- Bentall, Richard, H Jackson and David Pilgrim, ‘Abandoning the concept of ‘schizophrenia’: Some implications of validity arguments for psychological research into psychotic phenomena’, *British Journal of Clinical Psychology*, 27 (1988) 303-324
- Bentall, Richard, H Jackson and David Pilgrim, ‘The concept of schizophrenia is dead: Long live the concept of schizophrenia?’, *British Journal of Clinical Psychology*, 27 (1988) 329-331
- Bentall, Richard, *Madness Explained: Psychosis and Human Nature*, (London: Penguin, 2004)
- ed., *Reconstructing Schizophrenia*, (London: Routledge, 1992)
- Berrios, German E, Rogelio Luque and José M Villagrán, ‘Schizophrenia: a conceptual history’, *International Journal of Psychiatry and Psychological Therapy*, 3:2 (2003) 111-140
- Berwick, Andrew, *2083: A European Declaration of Independence* (London, 2011)
- Blaska, Betty, ‘First person account: what it’s like to be treated like a CMI’, *Schizophrenia Bulletin*, 17:1 (1991) 173-176
- Blue/Orange*, dir. by Howard Davies (BBC Four, 2005)
- Bleuler, Eugen, *Dementia Praecox or the Group of Schizophrenias*, trans. by Joseph Zinkin (New York: International Universities Press, 1950)
- Blonsky, Marshall, ed., *On Signs* (Oxford: Basil Blackwell, 1985)
- Boevink, Wilma A, ‘From being a disorder to dealing with life: an experiential exploration of the association between trauma and psychosis’, *Schizophrenia Bulletin*, 32:1 (2006) 17-19
- Bolton, Derek, *What is Mental Disorder?* (Oxford: Oxford University Press, 2008)
- Bonney, S, and T Stickley, ‘Recovery and mental health: a review of the literature’, *Journal of Psychiatric and Mental Health Nursing*, 15 (2008) 140-153
- Boyle, Mary, ‘The non-discovery of schizophrenia?’, *Reconstructing Schizophrenia* ed. by Richard Bentall (London: Routledge, 1992) 3-22
- *Schizophrenia: A Scientific Delusion?*, 2nd edn (Hove: Routledge, 2002),

- Brands, Martien, Dorothea Franck and Evert Van Leeuwen, 'Epistemology and semiotics of medical systems: a comparative analysis', *Semiotica*, 132:1 (2000) 1-24
- Breivik, Anders Behring, 'Court statement', 17 April 2012, *The Commander Anders Breivik Resource Collection* <<https://sites.google.com/site/breivikreport/documents/anders-breivik-court-statement-2012-04-17>> [accessed 6 January 2016]
- 'Court statement', 22 June 2012, *The Commander Anders Breivik Resource Collection* <<https://sites.google.com/site/breivikreport/documents/anders-breivik-court-statement-2012-06-22>> [accessed 12 February 2016]
- Brodwin, Paul, *Everyday Ethics: Voices from the frontline of community psychiatry* (University of California Press: Oakland, 2013)
- Brown, Roger, 'Schizophrenia, language and reality', *American Psychologist*, 28 (1973) 395-403
- Brüne, Martin, "'Theory of Mind" in schizophrenia: a review of the literature', *Schizophrenia Bulletin*, 31:1 (2005) 21-42
- Bruni, Christina, 'Immediate intervention: life-long success', *Schizophrenia Bulletin*, 40:1 (2014) 3-4
- Buccino, Giovanni, and Mario Amore, 'Mirror neurons and the understanding of behavioural symptoms in psychiatric disorders', *Current Opinion in Psychiatry*, 21 (2008) 281-285
- Buckland, Warren, *The Cognitive Semiotics of Film* (Cambridge University Press: Cambridge, 2000)
- Burnum, John F, 'Medical diagnosis through semiotics: Giving meaning to the sign.' *Annals of Internal Medicine* 119:9 (1993) 939-943
- Byrne, Peter, 'Some Voices [Review]', *British Medical Journal*, 321 (2000) 770
- Callard, Felicity, 'Psychiatry diagnosis: the indispensability of diagnosis', *Journal of Medical Ethics*, 40 (2014) 526-530
- Canetti, Elias, *Crowds and Power*, trans. by Carol Stewart, (Harmondsworth: Penguin, 1973)
- Capgras, Joseph, and Jean Reboul-Lachaux, 'L'illusion des sosies dans un délire systématisé chronique', *Bulletin de la Société clinique de la médecine mentale*, 11 (1923) 6-16
- Caprettini, Gian Paolo, 'Peirce, Holmes, Popper', in *The Sign of Three* ed. by Umberto Eco and Thomas A Sebeok (Bloomington and Indianapolis: Indiana University Press, 1983) pp.135-153
- Carpenter, William, 'RDoC and DSM-5: What's the fuss?', *Schizophrenia Bulletin*, 39 (2012) 945-946
- Carroll, Robert and Stephen Prickett, eds, *The Bible, Authorized King James Version with Apocrypha* (Oxford: Oxford University Press, 1997)
- Carroll, Lewis, *Alice's Adventures in Wonderland and Through the Looking Glass* (Harmondsworth: Puffin, 1962)
- *The Annotated Snark: Hunting of the Snark* (Harmondsworth: Penguin, 1962)
- Casablanca* dir. by Michael Curtiz (Warner Bros., 1942)
- The Caveman's Valentine*, dir. by Kasi Lemmons (Universal Focus, 2001)
- Chaika, Elaine, 'A linguist looks at "schizophrenic" language', *Brain and Language*, 1 (1974) 257-276
- *Linguistics, Pragmatics and Psychotherapy: A Guide for Therapists* (London: Whurr, 2000)

- *Understanding Psychotic Speech: Beyond Freud and Chomsky* (Springfield: Charles G Thomas, 1990)
- Chaika, Elaine, and Richard Lambe, ‘The locus of dysfunction in schizophrenic speech’, *Schizophrenia Bulletin*, 11:1 (1985) 8-15
- Chaika, Elaine, and Richard Lambe, ‘Is schizophrenia a semiotic disorder? Replies to Harrod’, *Schizophrenia Bulletin*, 12:1 (1986) 14-15
- Charon, Rita, *Narrative Medicine* (Oxford: Oxford University Press, 2006)
- Chernigovskaya, Tatiana, ‘Cognitive struggle with sensory chaos: semiotics of olfaction and hearing’, *Semiotica*, 150:1 (2004) 61-75
- Chomsky, Noam, *Knowledge of Language: It's Nature, Origin and Use* (New York: Praeger, 1986)
- *Language and Responsibility* (Sussex: The Harvester Press, 1979)
- ‘Of minds and language’, *Biolinguistics*, 1 (2007) 9-27
- Choudhury, Suparna, and Jan Slaby, eds., *Critical Neuroscience A Handbook of the Social and Cultural Contexts of Neuroscience* (Chichester: Wiley-Blackwell, 2012)
- Clifford, James, *The Predicament of Culture* (Cambridge, MA: Harvard University Press, 1988)
- Cockburn, Patrick, and Henry Cockburn, *Henry's Demons* (London: Simon & Schuster, 2011)
- Cohen, Carl, ‘Poverty and the course of schizophrenia: Implications for research and policy’, *Hospital and Community Psychology*, 44: 10 (1993) 951-958
- Cohen, Marvin, ‘Emerging from schizophrenia’, *Schizophrenia Bulletin*, 34:3 (2008) 406-407
- Colon-Rivera, Hector A, and Mark A Oldham, ‘The mind with a radio of its own: a case report and review of the literature on the treatment of musical hallucinations’, *General Hospital Psychiatry*, 36 (2014) 220-224
- Conspiracy Theory*, dir. by Richard Donner (Warner Bros., 1997)
- Cooper, David, ‘Two types of rationality’, *New Left Review*, 29 (1965) 62-68
- Cooper, Rachel, *Classifying Madness: A Philosophical Examination of the Diagnostic and Statistical Manual of Mental Disorders*, (Dordrecht: Springer, 2005)
- Corcoran, Cheryl, Elaine Walker, Rebecca Huot, Vijay Mittal, Kevin Tessner, Lisa Kestler and Dolores Malaspina, ‘The stress cascade and schizophrenia: etiology and onset’, *Schizophrenia Bulletin*, 29:4 (2003) 671-692
- Couser, G Thomas, *Signifying Bodies: Disability in Contemporary Life Writing* (Ann Arbor: University of Michigan Press, 2009)
- Covington, Michael, Congzhou He, Cati Brown, Lorina Naçi, Jonathan McClain, Bess Sirmon Fjordbak, James Semple and John Brown, ‘Schizophrenia and the structure of language: the linguist's view’, *Schizophrenia Research*, 77 (2005) 85-98
- Crapanzano, Vincent, ‘“Lacking now is only the leading idea, that is: we, the rays, have no thoughts”: Interlocutory collapse in Daniel Paul Schreber's *Memoirs of My Nervous Illness*’, *Critical Inquiry* 24:3 (1998) 737-767
- Crazy/Beautiful* dir. by John Stockwell (Buena Vista Pictures, 2001)

Criscione, Valeria, 'Breivik trial: Norwegians rethink role of psychiatry in courts', *The Christian Science Monitor*, 15 April 2012

<<http://www.csmonitor.com/World/Europe/2012/0415/Breivik-trial-Norwegians-rethink-role-of-psychiatry-in-courts>> [accessed 12 February 2016]

Crow, Timothy, 'The 'big bang' theory of the origin of psychosis and the faculty of language', *Schizophrenia Research*, 102 (2008) 31-52

— 'Did *Homo sapiens* speciate on the Y chromosome?' *Psychology* 11 (001) (2000)
<<http://www.cogsci.ecs.soton.ac.uk/cgi/psyc/newpsy?11.1>> [accessed 13 February 2016]

— 'The nuclear symptoms of schizophrenia reveal the four quadrant structure of language and its deictic frame', *Journal of Neurolinguistics*, 23 (2010) 1-9

— 'Precursors of psychosis as pointers to the *Homo sapiens*-specific mate recognition system of language', *British Journal of Psychiatry*, 173 (1998) 289-290

— 'A re-evaluation of the viral hypothesis: is psychosis the result of retroviral integration at a site close to the cerebral dominance gene?' *British Journal of Psychiatry*, 145 (1984) 243-253

Crowe, Russell, @russellcrowe, 24 May 2015

<<https://twitter.com/russellcrowe/status/602468781911183360>> [accessed 24 May 2015]

Cuthbert, Bruce, and Thomas Insel, 'Toward the future of psychiatric diagnosis: the seven pillars of RDoC', *BMC Medicine*, 11:126 (2013) <<http://www.biomedcentral.com/1741-7015/11/126>> [accessed 20 July 2014]

Cutler, Anne, ed., *Twenty-First Century Linguistics* (Mahwah: Lawrence Erlbaum Associates, 2005)

Dalzell, Thomas G, *Freud's Schreber Between Psychiatry and Psychoanalysis: On Subjective Disposition to Psychosis*, (London: Karnac Books, 2011)

Davtian, Stepan, and Tatyana Chernigovskaya, 'Psychiatry in free fall: in pursuit of a semiotic foothold', *Sign Systems Studies*, 31:2 (2003) 533-546

Debord, Guy and Gil Wolman, 'A User's Guide to *Détournement*', in *Situationist International Anthology*, ed. and trans. by Ken Knabb, 2nd edn, (Berkeley: Bureau of Public Secrets, 2006) pp.14-21

Deegan, Patricia, 'The lived experience of using psychiatric medication in the recovery process and a shared decision-making program to support it', *Psychiatric Rehabilitation Journal*, 31:1 (2007) 62-69

— 'Recovery: the lived experience of rehabilitation', *Psychosocial Rehabilitation Journal*, 11:4 (1988) 11-19

Deleuze, Gilles, *Cinema 1*, trans. by Hugh Tomlinson and Barbara Habberjam (London: The Athlone Press, 1992)

— *Cinema 2*, trans. by Hugh Tomlinson and Robert Galeta (London: The Athlone Press, 1989)

— *The Logic of Sense*, ed. by Constantin V Boundas, trans. by Mark Lester with Charles Stivale (London: Continuum, 2004)

Deleuze, Gilles, and Félix Guattari, *Anti-Oedipus: Capitalism and Schizophrenia*, trans. by Robert Hurley, Mark Seem and Helen R Lane (London: Continuum, 2004)

- *A Thousand Plateaus: Capitalism and Schizophrenia*, trans. by Brian Massumi (London: Continuum, 2004)
- Derrida, Jacques, *Dissemination*, trans. by Barbara Johnson (London and New York: Continuum, 2004)
- ‘Force and signification’, in *Writing and Difference*, trans. by Alan Bass (Abingdon: Routledge, 2001) pp.1-35
- *Of Grammatology*, trans. by Gayatri Chakravorty Spivak (Baltimore: The Johns Hopkins University Press, 1997)
- ‘Plato’s Pharmacy’ in *Dissemination*, trans. by Barbara Johnson (London and New York: Continuum, 2004) pp.69-121
- ‘Structure, sign and play in the discourse of the human sciences’, in *Writing and Difference*, trans. by Alan Bass, (Abingdon: Routledge, 2001) pp.351-370
- *Writing and Difference*, trans. by Alan Bass (Abingdon: Routledge, 2001)
- Diagnostic and Statistical Manual of Mental Disorders (DSM-I)* (Washington DC: American Psychiatric Association, 1952)
- Diagnostic and Statistical Manual of Mental Disorders (DSM-II)* (Washington DC: American Psychiatric Association, 1968)
- Diagnostic and Statistical Manual of Mental Disorders (DSM-III)* (Washington DC: American Psychiatric Association, 1980)
- Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R)* (Washington DC: American Psychiatric Association, 1987)
- Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* (Washington DC: American Psychiatric Association, 1994)
- Diagnostic and Statistical Manual of Mental Disorders Fourth Edition Text Revision (DSM-IV-TR)* (Arlington: American Psychiatric Association, 2000)
- Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* (Washington DC: American Psychiatric Association, 2013)
- Durand, Kevin K, ‘It’s All About Power’ in *Buffy Meets the Academy: Essays on the Episodes and Scripts as Texts*, ed. by Kevin K Durand, (Jefferson, North Carolina: McFarland & Company, 2009) 45-56
- ed., *Buffy Meets the Academy: Essays on the Episodes and Scripts as Texts* (Jefferson, North Carolina: McFarland & Company, 2009) 45-56
- Eco, Umberto, *A Theory of Semiotics* (Bloomington: Indiana University Press, 1976)
- Eco, Umberto, and Thomas Sebeok, eds., *The Sign of Three* (Bloomington and Indiana: Indiana University Press, 1983)
- Edwards, Lee R, ‘Schizophrenic Narrative’, *The Journal of Narrative Technique*, 19:1 (1989) 25-30
- Eliot, TS, ‘Burnt Norton’ in *Four Quartets* (London: Faber & Faber, 1959)

- Estroff, Sue E, 'Self, identity, and subjective experiences of schizophrenia: in search of the subject', *Schizophrenia Bulletin*, 15:2 (1989) 189-196
- Everett, Walter, *The Beatles as Musicians: The Quarry Men Through Rubber Soul* (Oxford: Oxford University Press, 2001)
- Facebook page for *A Beautiful Mind*, *facebook.com*, 6 April 2012 <<https://www.facebook.com/ABeautifulMindFilm>> [accessed 20 January, 2015]
- Fanous, Ayman H, 'Can genomics help usher schizophrenia into the age of RDoC and *DSM-6?*', *Schizophrenia Bulletin*, 41:3 (2015) 535-541
- Film* dir. by Alan Schneider (Evergreen Theatre, 1965)
- Fineberg, S K, S Deutsch-Link, M Ichinose, T McGuinness, A J Bessette, C K Chung and P R Corlett, 'Word use in first-person accounts of schizophrenia,' *The British Journal of Psychiatry*, 206 (2015) 32-38
- 'First person account: behind the mask: a functional schizophrenic copes', *Schizophrenia Bulletin*, 16:3 (1990) 547-549
- 'First person account: birds of a psychic feather', *Schizophrenia Bulletin*, 16:1 (1990) 165-168
- 'First person account: a pit of confusion', *Schizophrenia Bulletin*, 16:2 (1990) 355-359
- 'First person account: schizophrenia with childhood onset', *Schizophrenia Bulletin*, 20:4 (1994) 587-590
- 'First person account: social, economic and medical effects of schizophrenia', *Schizophrenia Bulletin*, 22:1 (1996) 183-185
- Fischer, Bernard A, and William T Carpenter Jr, 'Will the Kraepelinian dichotomy survive *DSM-V?*', *Neuropsychopharmacology*, 34 (2009), 2081-2087
- Fisher, Len, 'John Nash Obituary', *Guardian*, 25 May 2015 <<http://www.theguardian.com/science/2015/may/25/john-nash>> [accessed 25 May 2015]
- Fleshner, Chris, 'First person account: insight from a schizophrenia patient with depression', *Schizophrenia Bulletin*, 21:4 (1995) 703-707
- Fletcher, Erica Hua, 'Dis/assembling schizophrenia on YouTube: theorizing an analog body in a virtual sphere', *Journal of Medical Humanities* <DOI: 10.1007/s10912-014-9286-4>
- Fodor, Jerry, *LOT 2: The Language of Thought Revisited* (Oxford: Oxford University Press, 2008)
- Foucault, Michel, *The Birth of the Clinic*, trans. by A M Sheridan (Abingdon: Routledge, 2010)
- *History of Madness*, trans. by Jonathan Murphy and Jean Khalfa (London: Routledge, 2009)
- ed., *I, Pierre Rivière* (Harmondsworth: Penguin, 1978)
- Fradera, Alex, and Jamie Ward, 'Placing events in time: the role of autobiographical recollection', *Memory*, 14:7 (2006) 834-845
- Frances, Allen, 'The new crisis of confidence in psychiatric diagnosis', *Annals of Internal Medicine*, 159 (2013) 221-222

- *Saving Normal: An Insider's Revolt Against Out-of-control Psychiatric Diagnosis, DSM-5, Big Pharma and the Medicalization of Ordinary Life* (New York: HarperCollins, 2013)
- 'A warning sign on the road to *DSM-V*: beware of its unintended consequences', *Psychiatric Times*, 26 June 2009
- <<http://www.psychiatrictimes.com/articles/warning-sign-road-dsm-v-beware-its-unintended-consequences>> [accessed 10 January 2015]
- Frank, Arthur W, *The Wounded Storyteller* (Chicago: University of Chicago Press, 1997)
- Freud, Sigmund, 'Further remarks on the neuro-psychoses of defence (1896)', *The Standard Edition of the Complete Psychological Works*, III, trans. by James Strachey, (London: The Hogarth Press, 1958)
- 'The neuro-psychoses of defence (1894)', *The Standard Edition of the Complete Psychological Works*, III, trans. by James Strachey, (London: The Hogarth Press, 1958)
- 'On Narcissism: An Introduction', *The Standard Edition of the Complete Psychological Works*, XIV, trans. by James Strachey, (London: The Hogarth Press, 1957) pp.67-102
- 'Psycho-analytic Notes on an Autobiographical Account of a Case of Paranoia (Dementia Paranoides)', *The Standard Edition of the Complete Psychological Works*, XII, trans. by James Strachey, (London: The Hogarth Press, 1958)
- *The Standard Edition of the Complete Psychological Works*, III, trans. by James Strachey, (London: The Hogarth Press, 1958)
- *The Standard Edition of the Complete Psychological Works*, XII, trans. by James Strachey, (London: The Hogarth Press, 1958)
- *The Standard Edition of the Complete Psychological Works*, XIV, trans. by James Strachey, (London: The Hogarth Press, 1957)
- Fromkin, Victoria, 'A linguist looks at "A linguist looks at 'schizophrenic language'"', *Brain and Language*, 2 (1975) 498-503
- Gallagher, Shaun, 'Self-narrative in schizophrenia', *The Self in Neuroscience and Psychiatry*, ed. by Tito Kircher and Anthony David, (Cambridge: Cambridge University Press, 2003) pp.336-357
- Gallese, Vittorio, Morris N Eagle and Paolo Migone, 'Intentional attunement: mirror neurons and the neural underpinnings of interpersonal relations', *Journal of the American Psychoanalytic Association*, 55:1 (2007) 131-176
- Gallese, Vittorio, Luciano Fadiga, Leonardo Fogassi and Giacomo Rizzolatti, 'Action recognition in the premotor cortex', *Brain*, 119 (1996) 593-609
- Ganim, Antoinette Rosa, 'First person account: the delusion girl – diary of a schizophrenic', *Schizophrenia Bulletin*, 13:4 (1987), 737-739
- 'Get the picture', *time-to-change.org*, <<http://www.time-to-change.org.uk/getthepicture>> [accessed 28 March, 2015]
- Gilman, Sander, *Difference and Pathology: Stereotypes of Sexuality, Race and Madness* (Ithaca: Cornell University Press, 1985)

- *Disease and Representation: Images of Illness from Madness to AIDS* (Ithaca: Cornell University Press, 1988)
- Gladiator*, dir. by Ridley Scott (DreamWorks Pictures and Universal Pictures, 2000)
- Gogol, Nikolai, *Diary of a Madman and Other Stories*, trans. by Ronald Wilks (Harmondsworth: Penguin, 1972)
- Golding, William, *Lord of the Flies* (London: Faber and Faber, 1996)
- Goldstein, Karl, 'Methodological approach to the study of schizophrenic thought disorder', in *Language and Thought in Schizophrenia: Collected Papers Presented at the Meeting of the APA, May 12, 1939*, ed. by J.S. Kasanin (New York: Norton & Co., 1964) pp.17-40
- Gorostiza, Pablo Ramos, and Jaime Adan Manes, 'Misunderstanding psychopathology as medical semiology: an epistemological enquiry', *Psychopathology*, 44 (2011) 205-215
- Goss, James, 'Poetics in schizophrenic language: speech, gesture and biosemiotics', *Biosemiotics*, 4 (2011) 291-307
- Green, George Dawes, *The Caveman's Valentine* (London: Sphere, 1994)
- Greenblatt, Leslie, 'First person account: understanding health as a continuum', *Schizophrenia Bulletin*, 26:1 (2000) 243-246
- Greene, Talya, 'The Kraepelin dichotomy: the twin pillars crumbling?' *History of Psychiatry*, 18:3 (2007) 361-379
- Greek, Milton T, 'How a series of hallucinations tells a symbolic story', *Schizophrenic Bulletin*, 36:6 (2010) 1063-1065
- Grob, Gerald N, 'Origins of *DSM-I*: a study in appearance and reality', *American Journal of Psychiatry*, 148:4 (1991) 421-431
- Gross, Otto, 'Über Bewusstseinszerfall', *Monatschrift für Psychiatrie und Neurologie*, 15 (1904) 46-51
- Grush, Rick, 'Agency, emulation and other minds', *Cognitive Semiotics*, 0 (2007) 50-67
- Guattari, Félix, *The Machinic Unconscious*, trans. by Taylor Adkins (Los Angeles: Semiotext(e), 2011)
- Harman, Pat, 'Homeless is another word for nothing left to lose', *housethehomeless.org*, 11 May 2011, <<http://www.housethehomeless.org/051211-homeless-is-another-word-for-nothing-left-to-lose/>> [accessed 31 March 2016]
- Harper, Stephen, *Madness, Power and Media: Class, gender and race in popular representations of mental distress* (Palgrave Macmillan: Basingstoke, 2009)
- Harpin, Anna, and Juliet Foster, 'Introduction: Locating Madness and Performance' in *Performance, madness and Psychiatry*, ed. by Anna Harpin and Juliet Foster, (Basingstoke: Palgrave Macmillan, 2014) pp.1-16
- eds, *Performance, madness and Psychiatry* (Basingstoke: Palgrave Macmillan, 2014)
- Harrod, James, 'Schizophrenia as a semiotic disorder', *Schizophrenia Bulletin*, 12:1 (1986) 12-13
- Haslam, John, *Illustrations of Madness* (London: Routledge, 1988)
- Hawkes, Erin, 'Making meaning', *Schizophrenia Bulletin*, 38:6 (2012) 1109-1110

- Haynes, John, and David Woods, *The Eradication of Schizophrenia in Western Lapland* (London: Oberon Books, 2014)
- Hayward, Rhodri, 'Recovering RD Laing', *Metascience*, 16 (2007) 525-527
- Herbert, Robert, and Karen Waltensperger, 'Schizophrenia: a case study of a paranoid schizophrenic's language', *Applied Psycholinguistics*, 1 (1980) 81-93
- Hirsch, Steven R, and Michael Shepherd. eds., *Themes and Variations in European Psychiatry* (Bristol: John Wright & Sons, 1974)
- Hoenig, John, 'The concept of schizophrenia: Kraepelin-Bleuler-Schneider,' *British Journal of Psychiatry*, 142 (1983) 547-556
- Hoffmeyer, Jesper, *Signs of Meaning in the Universe*, trans. by Barbara J Haveland (Bloomington and Indianapolis: Indiana University Press, 1996)
- Homeland*, developed by Howard Gordon and Alex Gansa (Showtime, 2011-ongoing)
- 'Homeland US return is ratings hit', *BBC Online*, 2 October 2012
<<http://www.bbc.co.uk/news/entertainment-arts-19796962>> [accessed 11 January 2015]
- Hopton, John, 'The Future of Critical Psychology', *Critical Social Policy*, 26:57 (2006) 57-73
- Hotchkiss, Ann Phillips, and Philip Harvey, 'Linguistic analyses of speech disorder in psychosis', *Clinical Psychological Review*, 6 (1986) 155-175
- 'How Mr Lopez met Mr Ayers' *60 Minutes*, CBS 17 March 2009,
<<http://www.naayers.org/60minutes.html>> [accessed 10 March 2015]
- Howells, John G, ed. *The Concept of Schizophrenia: Historical Perspectives*, (Washington: American Psychiatric Press, 1991)
- Huckvale, Mark, Julian Leff and Geoff Williams, 'Avatar therapy: an audio-visual dialogue system for treating auditory hallucinations' , *Interspeech Conference 2013*, p.1
<http://www.researchgate.net/publication/263045193_Avatar_Therapy_an_audio-visual_dialogue_system_for_treating_auditory_hallucinations> [accessed on 20 March 2015]
- Humpston, Clara S, and Matthew R Broome, 'The spectra of soundless voices and audible thoughts: towards an integrative model of auditory verbal hallucinations and thought insertion', *Review of Philosophy and Psychology* (2015) 1-19
- Husby, Torgeir, and Synne Sørheim, *Anders Breivik Psychiatric Report*, 29 November 2012, *The Commander Anders Breivik Resource Collection*
<<https://sites.google.com/site/breivikreport/documents/anders-breivik-psychiatric-report-of-2011>> [accessed 12 February 2016]
- Insel, Thomas, 'Director's blog: transforming diagnosis', 29 April 2013,
<<http://www.nimh.nih.gov/about/director/2013/transforming-diagnosis.shtml>> [accessed 15 January 2016]

- Insel, Thomas, 'Dr Tom Insel to step down as NIMH director', <<http://www.nimh.nih.gov/about/dr-tom-insel-to-step-down-as-nimh-director.shtml>> [accessed 15 January 2016]
- Insel, Thomas, and Jeffrey Lieberman, 'DSM-5 and RDoC: shared interests', 13 May 2013, <<http://www.nimh.nih.gov/news/science-news/2013/dsm-5-and-rdoc-shared-interests.shtml>> [accessed 15 January 2016]
- The International Classification of Diseases (ICD-11) Beta Draft*, FA50 Schizophrenia <<http://apps.who.int/classifications/icd11/browse/1-en#/http%3a%2f%2fid.who.int%2fid%2fentity%2f1683919430>> [accessed 12 June 2015]
- The International Classification of Diseases (ICD-10) Classification of Mental and Behavioural Disorders: Diagnostic criteria for research* (Geneva: World Health Organisation, 1993), F20.0-20.3 General criteria <<http://www.who.int/classifications/icd/en/GRNBOOK.pdf>> [accessed 12 February 2016]
- The International Classification of Diseases (ICD) Information Sheet* <<http://www.who.int/classifications/icd/factsheet/en/>> [accessed 12 June 2015]
- The Insider*, dir. by Michael Mann (Buena Vista Pictures, 1999)
- Invasion of the Body Snatchers* dir. by Don Siegal (Allied Artists Picture Corporation, 1956)
- Ivanov, Vjačeslav Vsevolodovič, 'Eisenstein's Montage of Hieroglyphic Signs' in *On Signs*, ed. by Marshall Blonsky (Oxford: Basil Blackwell, 1985)
- Irvine, Chris, 'Anders Breivik declared sane: live', *Daily Telegraph*, 24 August 2012, <<http://www.telegraph.co.uk/news/worldnews/europe/norway/9496330/Anders-Breivik-declared-sane-live.html>> [accessed 6 January 2016]
- Jakobson, Roman, *On Language*, ed. by Linda Waugh and Monique Monville-Burston (Cambridge: Harvard University Press, 1995)
- 'Sign and system of language', trans. by B Hrushovski, in *Verbal Art, Verbal Sign, Verbal Time*, pp.28-33
- 'The speech event and the functions of language', in *On Language*, ed. by Linda Waugh and Monique Monville-Burston (Cambridge: Harvard University Press, 1995) 69-79
- 'Two aspects of language and two types of aphasic disturbances,' in *On Language*, ed. by Linda Waugh and Monique Monville-Burston (Cambridge MA.: Harvard University Press, 1995) 115-133
- *Verbal Art, Verbal Sign, Verbal Time* ed. by Krystyna Pomorska and Stephen Rudy (Oxford: Basil Blackwell, 1985)
- Jakobson, Roman, and Grete Lübbe-Grothues, 'The language of schizophrenia: Hölderlin's speech and poetry', in *Verbal Art, Verbal Sign, Verbal Time*, ed. by Krystyna Pomorska and Stephen Rudy (Oxford: Basil Blackwell, 1985) pp.133-140
- Jacobson, Roman and Kathy Santilli, *Brain and Language: Cerebral Hemispheres and Linguistic Structure in Mutual Light* (Columbus: Slavica Publishers, 1980)

- James, William, *The Principles of Psychology*, (Cambridge, Massachusetts: Harvard University Press, 1981)
- Jameson, Frederic, *Postmodernism, or, The Cultural Logic of Late Capitalism*, (Durham, NC: Duke University Press, 1997)
- Jansson, Lennart B, and Josef Parnas, 'Competing definitions of schizophrenia: what can be learned from polydiagnostic studies?' *Schizophrenia Bulletin*, 33:5 (2007) 1178-1200
- Jaspers, Karl, *General Psychopathology*, I, trans. by J Hoenig and Marian W Hamilton, (Baltimore: Johns Hopkins Press, 1997)
- Jay, Mike, *The Air Loom Gang*, (London: Bantam, 2003)
- Joyce, James, *Ulysses* (London: Flamingo, 1994)
- Jung, Carl, *The Psychology of Dementia Praecox*, *Collected Works of C G Jung*, III, trans. by R F C Hull, ed. by Sir Herbert Read, Michael Fordham, Gerhard Adler, William McGuire, (London: Routledge & Kegan Paul, 1960)
- Jurecic, Ann, *Illness as Narrative* (Pittsburgh: University of Pittsburgh Press, 2012)
- Kaptein, A A, J J E Koopman, J A Weinman and M J Gosselink, '“Why, why did you have me treated?”: the psychotic experience in a literary narrative', *Medical Humanities*, 37 (2011) 123-126
- Kasanin, J.S., ed., *Language and Thought in Schizophrenia: Collected Papers Presented at the Meeting of the APA, May 12, 1939* (New York: Norton & Co., 1964)
- Kean, Clara, 'Silencing the self: schizophrenia as a self-disturbance', *Schizophrenia Bulletin*, 35:6 (2009) 1034-1036
- Keane*, dir. by Lodge Kerrigan (Magnolia Pictures, 2004)
- Keay, Douglas, Interview with Margaret Thatcher, *Woman's Own*, 23 September 1987 <<http://www.margaretthatcher.org/document/106689>> [accessed 10 March 2015]
- Keefe, Richard, and Wayne Fenton, 'How should *DSM-V* criteria for schizophrenia include cognitive impairment?', *Schizophrenia Bulletin*, 33:4 (2007) 912-920
- Keefe, Richard, Margaret Poe, Trina Walker, Joseph Kang and Philip Harvey, 'The Schizophrenia Cognition Rating Scale: An interview-based assessment and its relationship to cognition, real-world functioning, and functional capacity,' *American Journal of Psychiatry*, 163 (2006) 426-432
- Kendell, R.E., Cooper, J.E., and Gourlay, A.G. 'Diagnostic criteria of American and British psychiatrists,' *Archives of General Psychiatry*, 25 (1971) pp123-130
- Kershaw, Jamie, *Plan 103f: Is Mental Health Really The Be All And End All Of Our Dreams? Or Are We Just Deluded?* (Brentwood: Chipmunkpublishing, 2010)
- Kircher, Tito, and Anthony David, eds., *The Self in Neuroscience and Psychiatry* (Cambridge: Cambridge University Press, 2003)
- Kleinman, Arthur, 'Anthropology and psychiatry. The role of culture in cross-cultural research on illness', *British Journal of Psychiatry*, 151 (1987) 447-454
- *The Illness Narratives* (New York: Basic Books, 1988)

- Knabb, Ken, ed. and trans., *Situationist International Anthology*, 2nd edn (Berkeley: Bureau of Public Secrets, 2006)
- Koike, Shinsuke, Sosei Yamaguchi, Yasutaka Ojio, Kazusa Ohta and Shuntaro Ando, 'Effect of name change of schizophrenia on mass media between 1985 and 2013 in Japan: a text data mining analysis', *Schizophrenia Bulletin*, 26 November 2015
<<http://schizophreniabulletin.oxfordjournals.org/content/early/2015/11/12/schbul.sbv159.long>>
> [accessed 9 February 2016]
- Kraepelin, Emil, *Dementia Praecox and Paraphrenia*, trans. by R Mary Barclay (New York: Robert E Krieger Publishing, 1971)
- Kress, Gunther, *Multimodality: A Social Semiotic Approach to Contemporary Communication* (Abingdon and New York: Routledge, 2010)
- Kristeva, Julia, *Revolution in Poetic Language*, trans. by Margaret Walker (New York: Columbia University Press, 1984) [1974]
- 'The Speaking Subject', in *On Signs*, ed. by Marshall Blonsky (Oxford: Basil Blackwell, 1985) 210-220
- Kuperman, Victor, and Joseph Zislin, 'Semiotic perspective of psychiatric diagnosis', *Semiotica*, 155:1 (2005) 1-13
- Kutchins, Herb and Stuart A Kirk, *Making Us Crazy: DSM The Psychiatric Bible and the Creation of Mental Disorders*, (New York: The Free Press, 1997)
- L.A. Confidential*, dir. by Curtis Hanson (Warner Bros., 1997)
- Labov, William, *Sociolinguistic Patterns* (Philadelphia: University of Pennsylvania Press, 1972)
- Lacan, Jacques, *Écrits: The First Complete Edition in English*, trans. by Bruce Fink (New York and London: W.W. Norton & Company, 2006)
- 'The instance of the letter in the unconscious', in *Écrits: The First Complete Edition in English*, trans. by Bruce Fink (New York and London: W.W. Norton & Company, 2006), pp.412/493-441/528
- 'Seminar on "The Purloined Letter"', eds John P Muller and William Richardson, *The Purloined Poe*, (Baltimore: Johns Hopkins University Press, 1988)
- Laing, RD, *The Divided Self* (London: Penguin, 1990)
- Lalji, Moeze M, *Schizophrenia and Multiculturalism Poems for Charity* (Chipmunkpublishing, 2008)
- 'Language games, paranoia, and psychosis', *Schizophrenia Bulletin*, 37:6 (2011) 1099-1100
- Lanin-Kettering, Illene, and Martin Harrow, 'Is schizophrenia a semiotic disorder? Replies to Harrod', *Schizophrenia Bulletin*, 12:1 (1986) 15-19
- 'The thought behind the words: A view of schizophrenic speech and thinking disorders', *Schizophrenia Bulletin*, 11:1 (1985)
- Larsen, John Aggergaard, 'Understanding a complex intervention: person-centred ethnography in early psychosis', *Journal of Mental Health*, 16:3 (2007) 333-345

- Lecerclé, Jean-Jacques, *A Marxist Philosophy of Language*, trans. by Gregory Elliott (Leiden: Brill, 2006)
- *Philosophy Through the Looking-Glass: Language, Nonsense, Desire* (La Salle: Open Court, 1988)
- *The Violence of Language* (London: Routledge, 1990)
- Leader, Darian, *What is Madness?* (London: Penguin, 2011)
- Leff, Julian, 'Author's reply' to James A Rodger, 'Avatar-assisted relational therapy for persecutory voices', *British Journal of Psychiatry*, 203 (2013) 233-234
- Leff, Julian, Geoffrey Williams, Mark A Huckvale, Maurice Arbuthnot and Alex P Leff, 'Avatar therapy for persecutory auditory hallucinations: What is it and how does it work?' *Psychosis: Psychological, Social and Integrative Approaches*, 6:2 (2013a) 166-176
- 'Computer-assisted therapy for medication-resistant auditory hallucinations: a proof-of-concept study', *British Journal of Psychiatry*, 202 (2013b) 428-433
- Levin, Gary, 'Least-watched Oscars still puts ABC at No.1', *USA Today*, 27 March 2002 <<http://usatoday30.usatoday.com/life/enter/tv/2002/2002-03-27-nielsens.htm>> [accessed on 17 November 2014]
- Lévi-Strauss, Claude, *Myth and Meaning* (New York: Schocken Books, 1979)
- Liddle, Peter, Elton Ngan, Stephanie Caissie, Cameron Anderson, Alan Bates, Digby Queded, Richard White and Rowena Weg, 'Thought and language index: an instrument for assessing thought and language in schizophrenia', *British Journal of Psychiatry*, 181 (2002) 326-330
- Lodge, Daniel J, and Anthony A Grace, 'Developmental pathology, dopamine, stress and schizophrenia', *International Journal of Development Neuroscience*, 29:3 (2011) 207-213
- Loiperdinger, Martin, and Bernd Elzer, 'Lumière's arrival of the train: cinema's founding myth', *The Moving Image*, 4:1 (2004) 89-118
- Longden, Eleanor, *Learning from the Voices in My Head* (New York: TED Conferences, 2013) Kindle ebook
- Lopez, Steve, *The Soloist*, (Uxbridge: Transworld, 2008)
- Lotman, Yuri M, *Semiotics of Cinema*, trans. by Mark E Suino (Ann Arbor: University of Michigan, 1976)
- *Universe of the Mind: A Semiotic Theory of Culture*, trans. by Ann Shukman (London: IB Tauris, 2001)
- Lysaker, Paul Henry, Jason K Johannsen and John Timothy Lysaker, 'Schizophrenia and the experience of intersubjectivity as threat', *Phenomenology and the Cognitive Sciences*, 4 (2005) 335-352
- Lysaker, Paul, and John Lysaker, 'A typology of narrative impoverishment in schizophrenia: Implications for understanding the processes of establishing and sustaining dialogue in individual psychotherapy', *Counselling Psychology Quarterly*, 19:1 (2006) 57-68
- Mackenzie, Catherine, 'The relevance of education and age in the assessment of discourse comprehension', *Clinical Linguistics & Phonetics*, 14:2 (2000) 151-161

- MacPherson, M, 'Psychological causes of schizophrenia', *Schizophrenia Bulletin*, 35:2 (2009) 284-286
- Maltby, Richard, *Hollywood Cinema*, 2nd edn (Blackwell Publishing: Oxford, 2003)
- Mandela, Nelson, *Long Walk to Freedom Volume 1: 1918-1962* (Boston, New York and London: Little, Brown and Company, 1994)
- Mansoor, David, and Linda Ganzini, 'Musical hallucinations successfully treated with antipsychotic medications: three case reports', *Psychosomatics*, 55 (2014) 191-193
- Marcovitch, Harvey, ed., *Black's Medical Dictionary*, 41st edn (London: A&C Black, 2005)
- Marlowe, Christopher, *The Tragical History of Doctor Faustus*, in *The Complete Plays*, ed. by JB Steane (Harmondsworth: Penguin, 1986)
- Marvell, Andrew, 'To his coy mistress', *The Complete Poems*, ed. by Elizabeth Story Donno (Harmondsworth: Penguin, 1996)
- McGlashan, Thomas H, 'Psychosis as a disorder of reduced cathetic capacity: Freud's analysis of the Schreber case revisited,' *Schizophrenia Bulletin*, 35:3 (2009) 476-481
- McGrath, Patrick, *Spider*, (Penguin: Harmondsworth, 1992)
- McGuire, William, ed., *The Freud/Jung Letters: The Correspondence Between Sigmund Freud and C. G. Jung*, trans. by Ralph Manheim and R. F. C. Hull (Princeton: Princeton University Press, 1974)
- McKenna, Peter J., *Schizophrenia and Related Syndromes* (Hove: Psychology Press, 1997)
- McKenna, Peter J, and Tomasina M Oh, *Schizophrenic Speech: Making Sense of Bathrooms and Ponds That Fall in Doorways* (Cambridge: Cambridge University Press, 2005)
- McManus, Gordon, and Jerome Carson, *From Communism to Schizophrenia and Beyond* (London: Whiting & Birch, 2012)
- Me, Myself & Irene*, dir, by Bobby and Peter Farrelly (20th Century Fox, 2000)
- Mehta, Nisha, Aliya Kassam, Morven Lesse, Georgia Butler and Graham Thornicroft, 'Attitudes towards people with mental illness in England and Scotland, 1994-2003', *The British Journal of Psychiatry*, 194 (2009) 278-284
- Mehta, Jagadisha, Urvakhsh Meherwan, Thirthalli, Rashathi Basavaraju, Bangalore N Gangadhar and Alvaro Pascual-Leone, 'Reduced mirror neuron activity in schizophrenia and its association with theory of mind deficits: evidence from a transcranial magnetic stimulation study', *Schizophrenia Bulletin*, 40:5 (2014) 1083-1094
- Mental Health Association of East Tennessee, 'Frequently asked questions', *mhaet.com* <<http://www.mhaet.com/faqs.php>> [accessed 5 January, 2015]
- Mental Health Foundation, UK, 'Statistics', *mentalhealth.org.uk*, <<http://www.mentalhealth.org.uk/help-information/mental-health-statistics/>> [accessed 5 January, 2015]
- Metz, Christian, 'The Cinema: Language or Language System' in *Film Language: A Semiotics of the Cinema*, trans. by Bertrand Augst (University of Chicago Press: Chicago, 1991), pp.31-91

- *Film Language: A Semiotics of the Cinema*, trans. by Bertrand Augst (University of Chicago Press: Chicago, 1991)
- ‘The modern cinema and narrativity’ in *Film Language: A Semiotics of the Cinema*, trans. by Bertrand Augst (University of Chicago Press: Chicago, 1991), pp.185-234
- ‘Problems of denotation in the fiction film’ in *Film Language: A Semiotics of the Cinema*, trans. by Bertrand Augst (University of Chicago Press: Chicago, 1991), pp.108-146
- ‘Some points in the semiotics of the cinema’ in *Film Language: A Semiotics of the Cinema*, trans. by Bertrand Augst (University of Chicago Press: Chicago, 1991) pp.92-107
- Metzl, Jonathan M, *The Protest Psychosis* (Boston: Beacon Press, 2009)
- Miller, Ian, and Kay Souter, *Beckett and Bion: The (Im)Patient Voice in Psychotherapy and Literature* (London: Karnac Books, 2013)
- Mitry, Jean, *Semiotics and the Analysis of Film*, trans. by Christopher King (London: The Athlone Press, 2000)
- La moindre des choses*, dir. by Nicolas Philibert (Canal +, 1996), DVD inlay interview trans. by Tim Leicester (Second Run DVD, 2006)
- Moskowitz, Andrew, and Gerhard Heim, ‘Eugen Bleuler’s *Dementia Praecox or the Group of Schizophrenias* (1911): A Centenary Appreciation and Reconsideration’, *Schizophrenia Bulletin* 37:3 (2011) 471-479
- Mould, Tracey, Lindsay Oades and Trevor Crowe, ‘The use of metaphor for understanding and managing psychotic experiences: a systematic review’, *Journal of Mental Health*, 19:3 (2010) 282-293
- Muller, John P, and William Richardson, eds., *The Purloined Poe*, (Baltimore: Johns Hopkins University Press, 1988)
- Murate, Akira, Luciano Fadiga, Leonardo Fogassi, Vittorio Gallese, Vassilis Raos, and Giacomo Rizzolatti, ‘Object representation in the ventral premotor cortex (area F5) of the monkey’, *Journal of Neurophysiology*, 78 (1997) 2226-2230
- Murphy, Marcia, ‘Grand rounds’, *Schizophrenia Bulletin*, 33:3 (2007) 657-660
- Nadel, Alan, and Diane Negra, ‘Neoliberalism, magical thinking, and *Silver Linings Playbook*’, *Narrative*, 22:3 (2014) 312-332
- Nasar, Sylvia, *A Beautiful Mind* (London: Faber and Faber, 2001)
- ‘The sum of a man’, *Guardian*, 22 March 2002
 <<http://www.theguardian.com/books/2002/mar/26/biography.highereducation>> [accessed 24 May 2015]
- Nayani, Tony H, and Anthony S David, ‘The auditory hallucination: a phenomenological survey’, *Psychological Medicine*, 26 (1996) 177-189
- Necomer, John W, ‘Antipsychotic medication – induced weight gain and risk for diabetes and cardiovascular disease,’ *Energy Metabolism and Obesity Contemporary Endocrinology*, (2008) 223-245

- Nemeroff, Charles, Daniel Weinberger, Michael Rutter, Harriet MacMillan, Richard Bryant, Simon Wessely, Dan Stein, Carmine Pariante, Florian Seemüller, Mihcael Berk, Gin Malhi, Martin Preisig, Martin Brüne and Paul Lysaker, 'DSM-5: a collection of psychiatrist views on the changes, controversies, and future directions', *BMC Medicine* 11:202 (2013) <<http://www.biomedcentral.com/1741-7015/11/202>> [accessed 20 March 2014]
- Nessa, John, 'About signs and symptoms: can semiotics expand the view of clinical medicine', *Theoretical Medicine*, 17 (1996) 363-377
- Neuman, Yair, 'Double binds, triadic binds', *Semiotica*, 174:1 (2009) 227-240
- North, Carol and Remi Cadoret, 'Diagnostic discrepancy in personal accounts of patients with "schizophrenia"', *Archives of General Psychiatry*, 38 (1981) 133-137
- Nöth, Winfried, 'Disturbances of associations in schizophrenia', *Orbis*, 26:2 (1978) 163-187
 ——— *Handbook of Semiotics*, (Bloomington: Indiana University Press, 1995)
- Olds, David D, 'A Semiotic model of mind', *Journal of the American Psychoanalytic Association*, 48 (2000) 497-529
- Ollie Kepler's Expanding Purple World* dir. by Viv Fongenie (Nimbus Films, 2013)
- One Flew Over the Cuckoo's Nest* dir. by Miloš Forman (United Artists, 1975)
- Orange, Richard, 'Anders Behring Breivik is lying not delusional', *Daily Telegraph*, 11 June 2012, <<http://www.telegraph.co.uk/news/worldnews/europe/norway/9324267/Anders-Behring-Breivik-is-lying-not-delusional.html>> [accessed 12 February 2016]
- Orwell, George, *Nineteen Eighty-Four* (New York: Houghton Mifflin Harcourt, 1987)
- Os, Jim Van, 'Are psychiatric diagnosis of psychosis scientific and useful? The case of schizophrenia', *Journal of Mental Health*, 19:4 (2010) 305-317
- Parnas, Josef, 'A disappearing heritage: the clinical core of schizophrenia,' *Schizophrenia Bulletin*, 37:6 (2011) 1121-1130
- Patterson, John, 'The Soloist's Skid Row symphony'*, *Guardian*, 24 September 2009 <<http://www.theguardian.com/film/2009/sep/24/the-soloist-joe-wright>> [accessed 10 March 2015]
- Payne, Roberta, 'First person account: my schizophrenia', *Schizophrenia Bulletin*, 18:4 (1992) 725-728
 ——— 'First person account: schizophrenia and creativity', *Schizophrenia Bulletin*, 40:6 (2014) 1187-1188
- Peirce, Charles Sanders, 'Abduction and induction', in *Philosophical Writings of Peirce*, ed. by Justus Buchler (New York: Dover Publications, 1955) pp.150-156
 ——— *Collected Papers of Charles Sanders Peirce*, ed. by Charles Hartshorne and Paul Weiss, 6 vols (Cambridge, Mass.: Harvard University Press, 1931-35)
 ——— 'Logic as semiotic: the theory of signs', in *Philosophical Writings of Peirce*, ed. by Justus Buchler (New York: Dover Publications, 1955) pp.98-119

- *Peirce on Signs*, ed. by James Hoopes (Chapel Hill and London: University of North Carolina Press, 1991)
- *Philosophical Writings of Peirce*, ed. by Justus Buchler (New York: Dover Publications, 1955)
- ‘Sign’ in *Peirce on Signs*, ed. by James Hoopes (Chapel Hill and London: University of North Carolina Press, 1991), pp.239-240
- Pejlert, A, K Asplund and A Norberg, ‘Stories about living in a hospital ward as narrated by schizophrenic patients’, *Journal of Psychiatric and Mental Health Nursing*, 2 (1995) 269-277
- Penhall, Joe, *Blue/Orange* (London: Methuen, 2001)
- *Some Voices*, in *Plays: 1* (Methuen: London, 1998)
- Perception*, created by Kenneth Biller and Michael Sussman (Turner Network Television, 2012-2015)
- Perceval, John, *Perceval's Narrative* (New York: William Morrow, 1974)
- Perkins, Michael, ‘Clinical linguistics: its past, present and future’, *Clinical Linguistics & Phonetics*, 25:11-12 (2011), 922-927
- ‘Repetitiveness in language disorders: a new analytical procedure’, *Clinical Linguistics & Phonetics*, 8:4 (1994) 321-336
- Pescosolido, Bernice, Jack Martin, J Scott Long, Tait Medina, Jo Phelan and Bruce Link, “‘A disease like any other’? A decade of change in public reactions to schizophrenia, depression and alcohol dependence’, *American Journal of Psychiatry*, 167 (2010) 1321-1330
- Pilgrim, David, ‘The survival of psychiatric diagnosis’, *Social Science and Medicine*, 6 5 (2007) 536–547
- Poe, Edgar Allan, ‘The Purloined Letter’ in *Selected Tales* (Oxford: Oxford University Press, 2008)
- Poletti, Anna, ‘Reading for excess: relational autobiography, affect and popular culture in *Tarnation*’, *Life Writing*, 9:2 (2012) 157-172
- Ponzio, Augusto, ‘Modeling, dialogue and globality: biosemiotics and semiotics of self. 1 Semiosis, modeling, and dialogism’, *Sign Systems Studies*, 31:1 (2003) 25-64
- Poppy Shakespeare*, dir. by Benjamin Ross (Channel Four, 2008)
- Prendergast, Catherine, ‘The unexceptional schizophrenic: a post-postmodern introduction’, *Journal of Literary Disability*, 2:1 (2008) 55-62
- Psycho*, dir. by Alfred Hitchcock (Paramount Pictures, 1960)
- Pushpa, K, ‘Schizophrenia – a victim’s perspective’, *Schizophrenia Bulletin*, 35:1 (2009) 3-4
- Puustinen, Raimo, ‘Bakhtin’s philosophy and medical practice – toward a semiotic theory of doctor-patient interaction’, *Medicine, Health Care and Philosophy*, 2 (1999) 275-281
- Quick, Matthew, *Silver Linings Playbook* (London: Picador Pan Macmillan, 2009)
- Rapp, Alexander, ‘The role of the right hemisphere for language in schizophrenia’, in *Language, Lateralization and Psychosis*, ed. by Iris E C Sommer and René S Khan (Cambridge: Cambridge University Press, 2009) pp.147-156

- Razafimandimby, Annick, Olivier Maïza and Sonia Dollfus, 'Functional imaging studies on language lateralization in schizophrenia patients,' in *Language, Lateralization and Psychosis*, ed. by Iris E C Sommer and René S Khan (Cambridge: Cambridge University Press, 2009) pp.133-146
- Read, John, 'The invention of "schizophrenia"', *Models of Madness*, ed. John Read, Loren R Mosher and Richard P Bentall, (Hove: Routledge, 2004) pp.21-34
- Read, John, Loren R Mosher and Richard P Bentall, eds., *Models of Madness* (Hove: Routledge, 2004)
- Redfern, Walter, *All Puns Intended: The Verbal Creation of Jean-Pierre Brisset* (Oxford: Legenda, European Humanities Research Centre, University of Oxford, 2001)
- Regier, David, 'Time for a fresh start? Rethinking psychosis in *DSM-V*,' *Schizophrenia Bulletin*, 33:4 (2007) 843-845
- Reina, Aaron, 'Faith within atheism', *Schizophrenia Bulletin*, 40:4 (2014) 719-720
- 'The spectrum of sanity and insanity', *Schizophrenia Bulletin*, 36:1 (2010) 3-8
- Reuters, 'Anders Behring Breivik trial hears closing statements', *Guardian*, 21 June 2012, <<http://www.guardian.co.uk/world/video/2012/jun/21/anders-behring-breivik-trial-video>> [accessed 12 February 2016]
- Reynaert, Cristine C, and Susan A Gelman, 'The influence of language form and conventional wording on judgements of illness', *Journal of Psycholinguistic Research*, 36 (2007) 272-295
- Rich, B. Ruby, 'Tell it to the camera', *Sight and Sound*, April 2005 <<http://old.bfi.org.uk/sightandsound/feature/215>> [accessed 10 April 2015]
- Riot, Philippe, 'The parallel lives of Pierre Rivière', in *I, Pierre Rivière*, ed. by Michel Foucault (Harmondsworth: Penguin, 1978) pp.229-250
- Robbins, Samuel, *A Dictionary of Speech Pathology and Therapy* (Cambridge: Sci-Art Publishers, 1963)
- Roberts, GW, 'Schizophrenia: a neuropathological perspective', *The British Journal of Psychiatry*, 158 (1991) 8-17
- Roberts, Ron, *Real to Reel: Psychiatry at the Cinema* (Ross-on-Wye: PCCS, 2011)
- Robin Hood*, dir. by Ridley Scott (Universal Pictures, 2010)
- Robinson, David J, *Reel Psychiatry* (London, Ontario: Rapid Psychler Press, 2003)
- Rochester, Sherry, and J R Martin, *Crazy talk: a study of the discourse of schizophrenic speakers* (New York: Plenum, 1979)
- Rodger, James A, 'Avater-assisted relational therapy for persecutory voices', *British Journal of Psychiatry*, 203 (2013) 233-234
- Roe, David, and Larry Davidson, 'Self and narrative in schizophrenia: time to author a new story', *Medical Humanities*, 31 (2005) 89-94
- Rogers, Lucy, 'How to win an Oscar', *BBC Online*, 25 February 2012 <<http://www.bbc.co.uk/news/entertainment-arts-16932374>> [accessed 17 November 2014]
- Rohr, Susanne, 'Screening madness in American culture', *Journal of Medical Humanities*, <DOI 10.007/s10912-014-9287-3>

- Romme, Professor Marius, Dr Sandra Escher, Jacqui Dillon, Dr Dirk Corstens, Professor Mervyn Morris, eds., *Living With Voices: 50 Stories of Recovery* (Ross-on-Wye: PCCS Books, 2009)
- Rosenbaum, Bent, and Harly Sonne, *The Language of Psychosis* (New York: New York University Press, 1986)
- Rosenstock, Jason, 'Beyond *A Beautiful Mind*: Film Choices for Teaching Schizophrenia', *Academic Psychiatry*, 27:2 (2003) 117-122
- Ruocchio, Patricia J, 'First person account: fighting the fight – the schizophrenic's nightmare', *Schizophrenia Bulletin*, 15:1 (1989) 163-166
- Russell, TA, K Rubia, ET Bullmore, W Soni, J Suckling MJ Brammer, A Simmons, SC Williams and T Sharma, 'Exploring the social brain in schizophrenia: left prefrontal underactivation during mental state attribution', *American Journal of Psychiatry*, 157 (2000) 2040-2042
- Rustin, Michael, 'A socialist consideration of Kleinian psychoanalysis', *New Left Review*, 131 (1982) 71-96
- Saks, Elyn, *The Centre Cannot Hold* (London: Virago, 2007)
- Salsman, Susan S, 'First person account: the best medicine', *Schizophrenia Bulletin*, 29:3 (2003) 615-616
- "Sane" Breivik sentenced to prison for Norway mass killing', *CBC News*, 24 August 2012 <<http://www.cbc.ca/news/world/story/2012/08/24/norway-anders-breivik-verdict.html>>
- Saraceno, Benedetto, Itzhak Levav and Robert Kohn, 'The public mental health significance of research on socio-economic factors in schizophrenia and major depression', *World Psychiatry*, 4:3 (2005) 181-185
- Sass, Louis, *Madness and Modernism: Insanity in the Light of Modern Art, Literature and Thought* (New York: Basic Books, 1992)
- *The Paradoxes of Delusion* (New York: Cornell University Press, 1994)
- "Schizophrenic person" or "person with schizophrenia"?: An essay on illness and the self, *Theory & Psychology*, 17:3 (2007) 395-420
- Sass, Louis, and Josef Parnas, 'Schizophrenia, consciousness and the self', *Schizophrenia Bulletin*, 29:3 (2003) 427-444
- Saussure, Ferdinand de, *Course in General Linguistics*, trans. by Roy Harris (London: Duckworth, 1998)
- Sally, Anthony, *Eyebrows and Other Fish* (Brentwood: Chipmunkpublishing, 2007)
- Schatzman, Morton, *Soul Murder: Persecution in the Family* (London: Allen Lane, 1973)
- Schiller, Lori, and Amanda Bennett, *The Quiet Room* (New York: Warner Books, 1994)
- Schizophrenia Working Group of the Psychiatric Genomics Consortium, 'Biological insights from 108 schizophrenia-associated genetic loci', *Nature*, 22 July 2014 <DOI:10.1038/nature13595>

- Schomerus, Georg, C Schwahn, A Holzinger, P Corrigan, H Grabe, Mauro Carta and Matthias Angermeyer, 'Evolution of public attitudes about mental illness: a systematic review and meta-analysis', *Acta Psychiatrica Scandinavica*, 125 (2012) 440-452
- Schreber, Daniel Paul, *Memoirs of My Nervous Illness*, ed. and trans. by Ida Macalpine and Richard A Hunter, (London: WM Dawson & Sons Ltd, 1955)
- *Memoirs of My Nervous Illness*, ed. and trans. by Ida Macalpine and Richard A Hunter, (New York: New York Review Books, 2000)
- Schwartz, Steven, 'Is there a schizophrenic language?', *The Behavioral and Brain Sciences*, 5 (1982) 579-626
- Scull, Andrew, *The Most Solitary of Afflictions: Madness and Society in Britain, 1700-1900* (Yale University Press: New Haven and London, 1993)
- Searles, Harold F, 'The differentiation between concrete and metaphorical thinking in the recovering schizophrenic patient', *Journal of the American Psychoanalytic Association*, 10:22 (1962) 22-49
- Sebeok, Thomas A, 'Ecumenicalism in semiotics', in *A Perfusion of Signs* (Bloomington and London: University of Indiana Press, 1977) pp.180-206
- *I Think I Am A Verb: More Contributions to the Doctrine of Signs* (New York: Plenum Press, 1986)
- *A Perfusion of Signs* (Bloomington and London: University of Indiana Press, 1977)
- *The Sign and Its Masters* (Lanham and London: University of America Press, 1989)
- 'Zoosemiotic components of human communication', in *The Sign and Its Masters* (Lanham and London: University of America Press, 1989)
- Sebeok, Thomas A, and Marcel Danesi, *The Forms of Meaning: Modeling Systems Theory and Semiotic Analysis* (Berlin and New York: Mouton de Gruyter, 2000)
- Sebeok, Thomas A, and Jean Umiker-Sebeok, ' "You know my method": A juxtaposition of Charles S Peirce and Sherlock Holmes', in *The Sign of Three*, ed. by Umberto Eco and Thomas Sebeok (Bloomington and Indiana: Indiana University Press, 1983) pp.11-54
- Sedgwick, Peter, *PsychoPolitics* (London: Pluto Press, 1982)
- Seikkula, Jaako, Birgitta Alakare and Jukka Aaltonen, 'The comprehensive open-dialogue approach in Western Lapland: II. Long-term stability of acute psychosis outcomes in advanced community care', *Psychosis: Psychological, Social and Integrative Approaches*, 3:3 (2011) 192-204
- 'Open dialogue in psychosis I: an introduction and case illustration', *Journal of Constructivist Psychology*, 14:4 (2011) 247-265
- 'Open dialogue in psychosis II: a comparison of good and poor outcome cases', *Journal of Constructivist Psychology*, 14:4 (2011) 267-284
- Sestito, Mariateresa, Andrea Raballo, Maria Alessandra Umiltà, Emanuela Leuci, Matteo Tonna, Renata Fortunati, Giancarlo De Paola, Mario Amore, Carlo Maggini and Vittorio Gallese, 'Mirroring the self: testing neurophysiological correlates of disturbed self-experience in schizophrenia spectrum', *Psychopathology* (2015) <DOI:10.1159/000380884>

- Shakespeare, William, *The Alexander Text of William Shakespeare: The Complete Words*, ed. by Peter Alexander (London and Glasgow: HarperCollins, 1951)
- *Hamlet*, ed. by Bernard Lott (Harlow: Longman, 1968)
- *The Winter's Tale*, in *The Alexander Text of William Shakespeare: The Complete Words*, ed. by Peter Alexander (London and Glasgow: HarperCollins, 1951)
- Shiers, David, Alan Rosen and Ann Shiers, 'Beyond early intervention: can we adopt alternative narratives like 'Woodshedding' as pathways to recovery in schizophrenia?', *Early Intervention in Psychiatry*, 3 (2009) 163-171
- Shilts, Randy, *And the Band Played On* (New York: St Martin's Griffin, 1987)
- Shine*, dir. by Scott Hicks (First Line Features and Miramax, 1996)
- Silver Linings Playbook*, dir. by David O. Russell (The Weinstein Company, 2012)
- Slaby, Jan and Suparna Choudhury, 'Proposal for a critical neuroscience', in *Critical Neuroscience A Handbook of the Social and Cultural Contexts of Neuroscience*, ed. by Suparna Choudhury and Jan Slaby (Chichester: Wiley-Blackwell, 2012) pp.29-51
- Slater, Eliot, and Martin Roth, *Clinical Psychiatry* (London: Bailliere Tindall and Cassell, 1977)
- Smit, Mathilda, Simone Conradie and Renata Schoeman, 'A grammatical analysis of the spontaneous L2 English use of schizophrenic bilinguals compared to typical bilinguals', *South African Linguistics and Applied Language Studies*, 29:4 (2011) 505-513
- Sobel, Dava, 'Schizophrenia in popular books', *New York Times*, 17 February 1981 <<http://www.nytimes.com/1981/02/17/science/schizophrenia-in-popular-books-a-study-finds-too-much-hope.html?pagewanted=all>> [accessed 20 February 2016]
- The Soloist*, dir. by Joe Wright (Paramount Pictures, 2009)
- Some Voices*, dir. by Simon Cellan Jones (Film Four Distributors, 2000)
- Sommer, Iris E C, and René S Khan *Language, Lateralization and Psychosis* (Cambridge: Cambridge University Press, 2009)
- Sommer, Iris E, 'Are we a step further toward a useful biomarker?', *Schizophrenia Bulletin*, 41:6 (2015) 1223
- Sonesson, Göran, 'The natural history of branching: approaches to the phenomenology of Firstness, Secondness and Thirdness', *Signs and Society*, 1:2 (2013) 297-325
- Sontag, Susan, *Illness as Metaphor & Aids and Its Metaphors* (London: Penguin, 1991),
- Sorvaag, Trygve, 'Breivik's sanity in focus as trial wraps up', *Sky News*, 21 June 2012 <<https://uk.news.yahoo.com/breiviks-sanity-focus-trial-wraps-072505827.html>> [accessed 12 February 2016]
- Spider*, dir. by David Cronenberg (Sony Pictures Classics, 2002)
- Steele, Ken and Claire Berman, *The Day the Voices Stopped* (New York: Basic Books, 2001)
- Stefanidis, Erin, 'Being rational', *Schizophrenia Bulletin*, 32:3 (2006) 422-423

- Stephens, G. Lynn, and George Graham, *When self-consciousness breaks: alien voices and inserted thoughts* (Massachusetts: The MIT Press, 2000)
- Superman III*, dir. by Richard Lester (Warner Bros., 1983)
- Swift, Jonathan, *Gulliver's Travels* (Oxford: Oxford University Press, 1998)
- Szasz, Thomas *A Lexicon of Lunacy* (New Brunswick: Transaction Publishers, 1993)
- *The Myth of Mental Illness* (New York: Harper Perennial, 2010)
- *Schizophrenia: The Sacred Symbol of Psychiatry* (Syracuse: Syracuse University Press, 1988)
- Tamminga, Carol, and Jim van Os (eds), *Schizophrenia Bulletin*, 33:4 (2007)
- Tandon, Rajiv, Dawn Bruijnzeel and Babu Rankupalli, 'Does change in definition of psychotic symptoms in diagnosis of schizophrenia in *DSM-5* affect caseness?', *Asian Journal of Psychiatry* 6 (2013) 330-332
- Tarnation*, dir. by Jonathon Caouette (Wellspring Media, 2004)
- Tascioglu, Ali Oguz, and Ayse Beliz Tascioglu, 'Ventricular anatomy: illustrations and concepts from antiquity to Renaissance,' *Neuroanatomy*, 4 (2006) 57-63
- Taylor, Erika, 'Romulus fights the power: *The Caveman's Valentine* by George Dawes Green', 20 February 1994 <http://articles.latimes.com/1994-02-20/books/bk-24917_1_george-dawes-green> [accessed 10 March 2015]
- Thomas, Philip, *The Dialectics of Schizophrenia*, (London and New York: Free Association Books, 1997)
- Todorov, Tzvetan, 'Structural analysis of narrative', trans. by Arnold Weinstein, *NOVEL: A Forum on Fiction*, 3:1 (1969) 70-76
- Tørrissen, Terje, and Agnar Aspaas, *Anders Breivik Psychiatric Report*, 10 April 2012, 21.5, *The Commander Anders Breivik Resource Collection*
- <<https://sites.google.com/site/breivikreport/documents/anders-breivik-psychiatric-report-2012-04-10>> [accessed 12 April 2016]
- Townsend, Mark, 'Breivik verdict: sanity the issue at centre of Norway's mass murder trial', *Guardian*, 24 August 2012
- <<http://www.guardian.co.uk/world/2012/aug/24/anders-breivik-verdict-sanity-trial?intcmp=239>> [accessed 6 January 2016]
- 'Transcript from an interview with Dr John Nash', *Nobelprize.org*, 1-4 September, 2004 <http://www.nobelprize.org/nobel_prizes/economic-sciences/laureates/1994/nash-interview-transcript.html> [accessed on 25 November 2014]
- Turner, Barbara A, 'First person account: the children of madness', *Schizophrenia Bulletin*, 19:3 (1993) 649-650
- Turner-Crowson, Judy, and Jan Wallcraft, 'The recovery vision for mental health services and research: a British perspective', *Psychiatric Rehabilitation Journal*, 24:3 (2002) 245-254
- Uexküll, Jacob von, *Umwelt und Innenwelt der Tiere* (Berlin: Verlag von Julius Springer, 1909)

- Vanheule, Stijn, 'Diagnosis in the field of psychotherapy: a please for an alternative to the *DSM-5.x?*, *Psychology and Psychotherapy: Theory, Research and Practice*, 85 (2012) 128-142
- Ventura, Joseph, Steven Reise, Richard Keefe, Lyle Baade, James Gold, Michael Green, Robert Kern, Raquelle Mesholam-Gately, Keith Nuechterlein, Larry Seidman and Robert Bilder, 'The Cognitive Assessment Interview (CAI): development and validation of an empirically derived, brief interview-based measure of cognition,' *Schizophrenia Research*, 121:1 (2010) 24-31
- Vogeley, Kai, and Christian Kupke, 'Disturbances of time consciousness from a phenomenological and neuroscientific perspective,' *Schizophrenia Bulletin*, 33:1 (2007) 157-165
- The Voices*, dir. by Marjane Satrapi (Lionsgate, 2014)
- Vološinov, V.N., 'Discourse in life and discourse in art (concerning sociological poetics)' in *Freudianism A Marxist Critique*, trans. by I R Titunik (London and New York: Verso, 2012) pp.51-196
- *Freudianism: A Marxist Critique*, trans. by I R Titunik (London and New York: Verso, 2012)
- *Marxism and the Philosophy of Language*, trans. by Ladislav Matejka and I R Titunik (London: Seminar Press, 1973)
- Vonnegut, Kurt, *Slaughterhouse Five*, (London: Random House, 1991)
- Vonnegut, Mark, *Just Like Someone Without Mental Illness Only More So* (New York: Bantam Books, 2011)
- 'Personal reflections on diagnosis', *Journal of Mental Health*, 19:4 (2010) 373-375
- Voyce, Andrew, *The Durham Light and Other Stories* (Brentwood: Chipmunkpublishing, 2009)
- PowerPoint animations, Slideshare, Various dates, <http://www.slideshare.net/AndrewsAsylumLife?utm_campaign=profiletracking&utm_medium=sssite&utm_source=ssslideview> [accessed on 23 February 2016]
- Vygotsky, Lev, *Thought and Language*, trans. by Alex Kozulin (Cambridge Mass.: The MIT Press, 1986)
- Wagner, Pamela Spiro, and Carolyn S Spiro, *Divided Minds* (New York: St Martin's Press, 2005)
- Wahl, Otto, *Media Madness: Public Images of Mental Illness* (Rutgers University Press: New Brunswick, 1995)
- Walk Away Renee*, dir. by Jonathon Caouette (Sundance Selects, 2012)
- Walsh, Eamonn, David A Oakley, Peter W Halligan, Mitul A Mehta and Quinton Deeley, 'The functional anatomy and connectivity of thought insertion and alien control of movement', *Cortex*, 64 (2015) 380-393
- Weiner, Susan, 'First person account: living with the delusions and effects of schizophrenia', *Schizophrenia Bulletin*, 29:4 (2003) 877-878
- White, P D, H Rickards and A Zeman, 'Time to end the distinction between mental and neurological illnesses', *British Medical Journal* (2012) <DOI: [BMJ 2012;344:e3454](https://doi.org/10.1136/bmj.2012.344.e3454)> [accessed 20 July 2014]

- Whitney, Corin, and Tilo Kircher, 'Language lateralization in patients with formal thought disorder', in *Language, Lateralization and Psychosis*, ed. by Iris E C Sommer and René S Khan (Cambridge: Cambridge University Press, 2009) pp.169-180
- Widiger, Thomas A, and Lee Anna Clark, 'Toward *DSM-V* and the classification of psychopathology', *Psychological Bulletin*, 126:6 (2000) 946-963
- Wilson, M, '*DSM-III* and the transformation of American psychiatry: a history', *American Journal of Psychiatry* 150 (1992) 399-410
- Winfield, Hannah, and Sunjeev K Kamboj, 'Schizotypy and mental time travel', *Consciousness and Cognition*, 19 (2010) 321-327
- Wing, J K, and J Nixon, 'Discriminating symptoms in schizophrenia: a report from the International Pilot Study of Schizophrenia', *Archives of General Psychiatry*, 32 (1975) 953-959
- Woman is the Nigger of the World*, John Lennon and Yoko Ono (Apple, 1972)
- Woods, Angela, "'I suffer in an unknown manner that is hieroglyphical": Jung and Babette en route to Freud and Schreber', *History of the Present*, 1:2 (2011) 244-258
- 'The limits of narrative: provocations for the medical humanities', *Medical Humanities* (2011) 37 73-78
- 'Rethinking "patient testimony" in the medical humanities: The case of *Schizophrenia Bulletin's* first person accounts', *Journal of Literature and Science*, 6:1 (2013) 38-54
- *The Sublime Object of Psychiatry: Schizophrenia in clinical and cultural theory* (Oxford: Oxford University Press, 2011)
- Wróbel, Janusz, *Language and Schizophrenia* (Amsterdam and Philadelphia: John Benjamins, 1990)
- Yotis, Lambros, 'A review of dramatherapy research in schizophrenia: methodologies and outcomes', *Psychotherapy Research*, 16:2 (2006) 190-200
- Yung, Alison, and Patrick McGorry, 'The prodromal phase of first-episode psychosis: past and current conceptualizations', *Schizophrenia Bulletin* 22:2 (1996) 353-370
- Zelt, David, 'First Person Account: The Messiah Quest', *Schizophrenia Bulletin*, 7:3 (1981) 527-531