What Is Schizophrenia?

One of the main questions related to schizophrenia is, naturally enough, what is it? Such a question may seem obvious, naïve, impossible, or any combination of these. And certainly it is a bit demanding to expect that anyone could say what schizophrenia is in 1,000 words. On the other hand, we felt that it was worth the effort. We hope that presenting these brief discussions on “what is schizophrenia” by persons who have worked extensively in the field will allow the reader to note areas of overlap and disagreement as well as variations in emphasis. Although no one may yet be able to provide the definitive answer, at least this collection of informed opinions may help clarify the major questions. The essay by Manfred Bleuler is the sixth in this series. Further collections of these statements will be presented in subsequent issues. Readers' responses and comments are cordially invited.—J.S.S., M.B.B., and S.J.K.

For nearly 100 years, the group of schizophrenic psychoses have been intensively studied, yet they appear to many to be totally baffling and insufficiently researched. A shocking antithesis! Too little thought has been given to how much this antithesis results from our own prejudiced thinking. We conceive ourselves, our personalities, and our own egos as being steady and firm. The fact that we could disintegrate mentally by way of natural processes—as the schizophrenic does—is a monstrous, uncanny concept. Therefore, we find it difficult to take seriously everything that we have learned about the onset processes of the schizophrenic psychoses. In the past, it was thought that the schizophrenic was possessed by demons or the devil himself; whereas, today, the concept prevails that everything we might know about the origins of the schizo-
origins of the schizophrenias regards them as the result of disharmonies of a variety of influences on personality development.

And in explanation: The generic personality trait favoring schizophrenia does not consist of one or several pathological genes, but rather in a faulty interaction—in a disharmony—of inherited characteristics of personality development.

Accordingly, the mental dispositions can be understood as results of faulty interactions of diverging emotional stresses and diverging tendencies; that is to say, as ambivalences and ambintendencies. Even 50 years ago, these were described as "schizoid characteristics" and in more recent years, they were conceptualized under the term "double bind." Today, it is clear that "ambivalence" and the "double bind" are caused by inherited character traits as well as by disharmonious experiences in the attitudes of next-of-kin. In order to illustrate the diversity of identified predispositions for schizophrenic development, I should like to present just a few examples that are of a totally different type: Physical dispositions are, for example, a dysplastic body (recognized for a long time now) and the disharmonious interaction of functions of the two hemispheres (identified much later); one example is the feminine inner sensitivities in a woman with a masculine stigmatized body (in my own research subjects); another physical disposition is related to an acromegaloid body with the accompanying disturbances analogous to the endocrine psycho-syndrome (my own research); often confirmed also was the importance of contradicting, inconsistent emotions in the parents.

In brief: Dispositions toward schizophrenic psychoses lie in the manifold hereditary and acquired, physical and mental disharmonies.

But what do we really know about what takes place psychodynamically in this disease onset?

During his prepsychotic period, the developing schizophrenic struggles in an effort to maintain his ego, to be a personality, and to present himself to his environment as a whole person. He seeks to equalize his own inner discordant, contradictory nature with the discordant and contradictory aspects of his life's experiences. In this process, he develops world-alien, autistic misconceptions about himself and the world. They correspond to his condition better than to the real world. We can well empathize with his struggles, for to a milder degree it is a part of everyone's life.

But how does the transition take place from an internal struggle with which we can empathize to a psychosis to which we can scarcely relate? How does the transition from an insecure ego to the loss of ego come about? It is precisely this transition that we have regarded as totally incomprehensible, as mysterious, for much too long a time. If we delve deeply into what takes place psychodynamically, it is attained when the confrontation of reality in comparison to the internal autistic world concepts becomes too painful and impossible to bear. Instead of considering reality, the patient completely excludes reality in its most important aspects from his actions and his thinking—and now he has become a schizophrenic psychotic.

These statements are not hypotheses; they are merely descriptions of what we have experienced in close association with the patient. We have learned from him that he has had a lengthy struggle trying to incorporate external reality into his inner life and how at one point in his development, which we might call the "point of no return," he gave up his attempts at adapting to reality, of admitting any realistic criticism of his conceptualized world.

If we pursue patiently the devastated thinking and speech of the schizophrenic, we can recognize in it the description of his inner shambles and disunity: "I want what I don't want." "Being alone is horrible; I want to be alone." Memories of emotion-laden experiences in life also constantly emerge, frequently disguised as symbols. At the same time, something like an appeal to the listener can be detected: "Now I'm displaying myself to you, open and naked as I am. Help me!" For the psychiatrist this appeal is an incitement. Coherent emotions become impossible, as does any coherent experience. The emotions become difficult to identify. Their disturbed harmony often leads to a state in which the patient becomes caught up in dysphoric dejection—in a reproachful state of excitement, for example. These emotions are related to disturbances of the neurosecretory equilibrium that reflect disturbances in the emotional equilibrium.

Neuroleptic treatment of the neurosecretory system can tranquilize or stimulate and dampen sensitivity. But actual treatment must include everything that is important in psychotherapy; that is, everything that ensures the development and maintenance of a healthy personality, consistent, clear relationships to the
next-of-kin, as well as a controlled interchange of activity and rest.

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Videotapes on Schizophrenia Available

The Video Center of the George Warren Brown School of Social Work in cooperation with several community and mental health organizations has produced four videotapes on the following topics relating to survival issues for chronically mentally ill persons and their families in the community.

Coping With a Chronically Mentally Ill Relative in the Community—The two videotapes on this topic were produced in cooperation with the Alliance for the Mentally Ill, St. Louis Chapter. Each videotape presents the experiences of a family which has had some success surviving the multiple problems arising from caring for a mentally ill relative in the community. The videotapes are intended for an audience of parents and relatives of chronically mentally ill persons who could benefit from a vicarious sharing of experiences with the families on the videotapes.

Psychosocial Rehabilitation: Two Agencies Based on the Fountain House Model—These two videotapes were produced in cooperation with the Missouri Department of Mental Health, Independence Center, and Places for People, St. Louis, MO. Each videotape presents a psychosocial rehabilitation agency from the point of view of its members. The tapes are intended for professional audiences as well as for families and mentally ill persons who could benefit from knowing what it's like to experience psychosocial rehabilitation “from the inside.”

For more information about the rental or purchase of these videotapes, please contact: Dr. David Katz, Video Center, Box 1196, Washington University, St. Louis, MO 63130.