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# UnHiNgEd: The Symmetry of Schizophrenia and the Anti-Symmetry of Schizophrenic Life

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# UnHiNgEd:

The Symmetry of Schizophrenia and the Anti-Symmetry of Schizophrenic Life

"But to be mad is not necessarily to be ill, notwithstanding that in our culture the two categories have become confused. It is assumed that if a person is mad (whatever that means) then ipso facto he is ill (whatever that means). The experience that a person may be absorbed in, while to others he appears simply ill-mad, may be for him veritable manna from Heaven."

~ R.D. Laing

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ALEXEJ SAVREUX

(under the supervision of Dr. Brian L. Zirkle)

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~ Illogical Conceits Publishing & Multimedia ~

## Abstract

The following is a mock debate on schizophrenia set in the 1960s at the Sorbonne in Paris, France between two fictional characters, Dr. Brian L. Zacou, a qualitative sociologist and Institute Professor Emeritus at the University of Prague; Dr. Wytt Thomas, a professor of psychology at Harvard University; two notable historical figures: Dr. Michel Foucault [20th-century philosopher, historian, academic and theorist] and Dr. R. D. Laing [20th-century psychiatrist and experimental researcher and author] and the writer of this compendium [artist and writer Alexej Savreux; himself a diagnosed schizophrenic]. We model it as a transcription of a debate held at that juncture. It explores the historical framework of schizophrenia, the deep-seated aspects and reality of psychosis, a critique of psychiatry, and a sociological perspective on psychosis. We devote the first chapter to the historical framework and an explanation of the reality of schizophrenia. The second chapter is a critique of mainstream psychiatry, and the third chapter is a resolution between the mock debaters on the social framework and how best to come out unscathed in post-modernity. The remarks from Foucault and Laing are paraphrased from the works "Madness and Civilization: A History of Insanity in the Age of Reason" (Foucault) and "The Divided Self: An Existential Study in Sanity and Madness" (Laing) and are annotated with footnotes along with a few other sources. The writer has taken great liberties in constructing this mock debate, including the usage of anachronisms, and also determines his findings based on what we refer to as the anti-symmetry underpinning the biopsychosocial reality of schizophrenia and the social framework that ensues, generated by popular responses to abstract disease concepts associated with insanity.

## Dedication

This work is dedicated to all the souls misfortunately endowed with pains that are neither of the body, nor of the soul, but which partake of BOTH.

R.I.P.

Matt

1988-2014

schizophrenia |ˌskitsəˈfrēnēə; -ˈfrenēə|
noun

a long-term mental disorder of a type involving a breakdown in the relation between thought, emotion, and behavior, leading to faulty perception, inappropriate actions and feelings, withdrawal from reality and personal relationships into fantasy and delusion, and a sense of mental fragmentation.
• (in general use) a mentality or approach characterized by inconsistent or contradictory elements.
DERIVATIVES
**schizophrenic** |-ˈfrenik| adjective & noun
ORIGIN early 20th cent.: modern Latin, from Greek ***skhizein 'to split'*** + ***phrēn 'mind.'***

# PaRt I.

# ALexEj tha Kid

Scene: the Sorbonne, Paris, December, 1965.

Dr. Zacou, a tall, lanky guy with long hair, Dr. R.D. Laing, an eccentric looking fellow with a thick accent, Dr. Wytt Thomas, replete with bow tie, and Dr. Michel Foucault wearing a giant clown wig, and Alexej Savreux, also dressed eccentrically with a yellow stocking hat are seated around a table amid a torrent of processions.

[Applause from the audience]

Then; quiet. Dr. Zacou speaks:

DR. ZACOU

Ladies and gentlemen, welcome to our first radio broadcast and debate brought to you by the International Congress on Psychosis Research. My name is Dr. Brian L. Zacou, Institute Professor Emeritus at the University of Prague in Czechoslovakia. Formerly, I held positions as Associate Professor, Professor, and Senior Vice Chancellor for Research in the social sciences department at Exeter College, Oxford in England. My mandate tonight is to oversee a debate AND to MODERATE said debate with tonight's participants. We have an interesting crowd for our listeners here this evening. Tonight's debaters are Dr. Wytt Thomas Visiting Professor of Psychology at Harvard University, in Cambridge, Massachusetts; Dr. Michel Foucault, of the College de France; Dr. R.D. Laing of Glasgow University; and writer and artist, Mssr. Alexej Savreux of the Johnson County Community College. Mr. Savreux has been diagnosed with...[ahem]... schizophrenia and will be the subject of tonight's debate on the nature of psychosis, and how best to treat it? Do I have that correct Dr. Laing?

LAING

How best to EXPLAIN...would be more proper, I suppose.

FOUCAULT

OR place in some kind of context...at the VERY least.

DR. ZACOU

I think the historical framework portion should be addressed first, but I...

Foucault interrupts:

FOUCAULT

Now, I do have to ask, will I be compensated in hash?

DR. ZACOU

Uhhh...No, Professor Foucault, you will NOT be paid in hashish, however...

FOUCAULT

Oh...perhaps another time then?

Savreux giggles.

DR. ZACOU

Let’s cross that bridge when we come to it, okay? Okay moving forward...

FOUCAULT

Sounds like a deal.

DR. ZACOU

Okay, fair enough! How to put madness into historical context will be the aim of Dr. Foucault, how to explain madness will be the aim of Mssr. Savreux, how to critique psychiatry will be the equal commitment of Dr. Laing, and coming from a more, mainstream or conventional vantage point, will be Dr. Thomas. All philosophers engaged in this debate, hold equal quay. Dr. Laing is one of the most respected authorities on experimental treatment in schizophrenic patients, Dr. Thomas is director of psychiatry at Boston General, Dr. Foucault is our academic, and Mssr. Savreux brings a clarity and a manner of articulation unsurpassed by most other schizophrenics, do I have that right, Alexej?

ALEXEJ

Well...I’m a poet, a man of letters really!

[Laughter from the throng of theoreticians]

DR. ZACOU

Could you first explain yourself to our listeners, Alexej, so our listeners have a background on you, so to speak?

ALEXEJ

Sure...uhhh...Savreux, Alexej 25...ALMOST 26-year-old male homo sapien. Czech-Serbian descent. Grew up around ALOT of different languages. God parents are French-Canadian. Moved ALOT throughout the course of my first 19 years on planet Earth. Twice high school dropout. One time expellee...for opium. Hardcore eccentric. Dig chicks, language, literature, and mathematical logic. A good art or science documentary. Pizza....COFFEE....and long-winded debates!

[More laughter from the throng of theoreticians]

Pause; then:

DR. ZACOU

Okay, to start, I'd like to first define psychosis. The etymology of the word psychosis LITERALLY means psyche or *mind* and *osis* meaning illness. Shall we start with schizophrenia?

ALEXEJ

We could, I suppose...

DR. ZACOU

Umm..Alex, if you don't mind, please allow Dr. Laing to give us the briefer overview...your rebuttal will follow suit, but at the moment I'd really like to open the door for Dr. Laing's analyses, as his work is experimental, but well-regarded, let's save the theorizing and explication for later in this debate...

Savreux nods and lights a cigarette.

LAING

Certainly no misappropriations, Alexej?

ALEXEJ

I'm a master of supplication.

DR. ZACOU

Always the wit! So, for our listeners who are unfamiliar with madness or in this case, more specifically SCHIZOPHRENIA, could we garner a more precise or concise definition Dr. Laing?

LAING

Insanity was first noted some thousands of years ago, but was not medicalized until the late 18th century in the form of what we now know to be schizophrenia, or what we now conceptualize as schizophrenia and was contemperaneously identified in the medical literature as dementia praecox which is Latin for premature dementia.

Foucault interjects:

FOUCAULT

It was a term FIRST used by a professor of psychiatry at the German branch of a university in Prague. His clinical analysis described the case of a person with a psychotic disorder resembling disorganized schizophrenia. This analysis was popularized by German psychiatrist Emil Kraepelin in the 1890s in his first detailed clinical descriptions of a condition that would eventually be reframed into a radically different disease concept and relabeled as schizophrenia with the three major subtypes: paranoia or

paranoid schizophrenia, detailed in 1893; hebephrenia or hebephrenic, now known as disorganized schizophrenia, detailed in 1896; and catatonia or catatonic schizophrenia detailed in 1899 respectively. [1]

Laing interjects:

LAING

It was the psychiatrist Emil Kraepelin who gave us the Kraepelinian dichotomy, OR a spectrum of schizophrenic disorders or schizophrenic psychoses and subsequently gave us the terms manic-depressive psychosis, thus, separating it from the schizophrenic spectrum psychoses. He later went on to identify several different models or theories of the prematurely demented. The subtype's clinical pictures are dominated by the following: paranoid schizophrenia, which is a process of misinterpreting reality, hebephrenia which is also known as hebephrenic [disorganized] schizophrenia, which is frank confusion and incoherence and extreme disorganization, and catatonia, or catatonic schizophrenia which is the lack of being visibly aware of one's surroundings, psychomotor abnormalities...and non-mood based extremes of behavior. Schizophrenics are born without sensory-adaptation filters, meaning sensory-stimuli affects them more profoundly; which likely accounts for seemingly UNSUAL behavior and/or reactions, including catatonia.

FOUCAULT

Such as extreme excitability and an almost parrot-like robotic reaction to one's surroundings. It can often be confused with manic-depression, but it is not a mood based issue; it's a fragmentation of opposing behaviors generated by an underlying internal disorder of thought and psycho-motor agitation. In fact, manic-depression and catatonic schizophrenia, while APPEARING identical in manic-depression's most EXTREME forms, are STILL polar opposites. Catatonics are like a black hole, while people who are manic CRAVE social interaction.

LAING

Schizophrenia is a multi-factor theory, and I EMPHASIZE the word THEORY. Because every science is a series of unverifiable theories excepting maybe mathematics and is an almost absurdly complex disease concept. There exists what's called reality distortion which dominates the paranoid subtype, the disorganization syndrome which dominates hebephrenia, and psychomotor poverty which dominates the catatonic variety. I refer to all schizophrenics as schizoids and see no categorical distinction between these diseases and diagnoses. Furthermore, the term schizoid refers to an individual the totality of whose experience is split in two main ways: in the first place, there is a rent in his relation with his world and, in the second, there is a disruption of his relation with himself. [2]

FOUCAULT

Let's not forget...provided here with DERIVATION, dementia praecox was viewed as a degenerative disease from which recovery was NOT possible. The three

terms that Kraepelin used to refer to the end state of the disease were Verblodung and deterioration, Schwachsinn and mental weakness or Defekt defect. Although dementia is part of the name of the disease, Kraepelin didn't intend it to be identical to SENILE dementia and rarely used this term to refer to the undesired endpoint of the illness. However, by 1913, and more explicitly by 1920, Kraepelin admitted that although there seemed to be a residual cognitive deficit in the slight majority of cases, the prognosis was not as dire as he had originally contended in the 1890s. Still, he regarded it as a specific disease concept that implied incurable, incomprehensible madnesses. Then, in 1933 came the schizo-affective disorder diagnosis which is thought nowadays to be a good prognosis-schizophrenia; or at the very least schizophrenia with prominent mood symptomatology. A purple diagnosis for people who are not clearly schizophrenic or manic-depressive but appear to have symptoms of both, interchangeably. I call it PURPLE due to the mix of say, the blue of schizophrenia, and the red of manic-depression.[3] The term schizo-affective indicates that a patient with this type of schizophrenic-spectrum psychosis better experiences moods than a typical schizophrenic patient. BUT more PSYCHOSIS than a manic-depressive or AFFECTIVE patient. Hence the name: SCHIZO-AFFECTIVE.

LAING

Schizophrenics long for a complete union. But of this very longing the schizophrenic is terrified because it will be the end of his self. He does not conceive of a dialectical relationship or one rooted in inherent paradoxes or psychic ballasts. [4]

DR. ZACOU

Alexej, could you explain this in a NON-clinical manner?

Foucault interrupts a second time:

FOUCAULT

(chuckling)

It appears we've reached a paradox early on in this debate. Dr. Laing is a clinician, and is providing a clinical definition while aiming his approach at lambasting the clinical community. I'd be eager to hear a more HUMAN take or a more APPLIED approach to the explanation of what schizophrenia means to the individual, which I wholeheartedly believe was the TRUE intent of Dr. Laing?

LAING

Yes, that was my intent, Alexej, uhh...please take the floor; don't let Dr. Foucault CONTROL your thoughts.

[Laughter from the throng of theoreticians]

DR. ZACOU

Yes, turning our attention to FOCUSING on the issue at hand. Alexej, please...

ALEXEJ

I think what Dr. Laing was saying is that there exists a sociobehavorial paradox between someone diagnosed with schizophrenia or a schizophrenic spectrum ILLNESS wanting AND NEEDING human interaction and involuntarily or voluntarily going about avoiding it. This is an interesting topicality. But it's LARGELY true. For example, schizophrenics isolate, and have trouble integrating external stimuli from the internal workings of the psychological realities underpinning the reality of typical, unspecific human existence, or the primary psychological realities of their objective AND subjective worlds.

LAING

Precisely. The schizophrenic is not immune to neurosis, in fact, neurosis is the way of avoiding non-being by avoiding being.[5] That is, neurosis typically prevents one from engaging in the process of life out of irrational fears OF life and IF the precautionary measures undertaken by such an individual to stave off said irrational fears OF life and pathologies OF that process of life, become itself debilitating, by my criterion, ironically, you avoid BEING foregone by the fear of NOT being. It's a fundamental paradox.

Pause; then:

DR. ZACOU

(leafing thru a book)

Speaking to notions of being a schizophrenic patient and isolation...

Alexej interjects immediately:

ALEXEJ

It's my contention that the notion of schizophrenics isolating is more of a self-fulfilling prophecy than a legitimate neuroscientific criterion.

DR. THOMAS

Fascinating.

LAING

Indeed, it goes back to what I was saying about empiricism and rationalism having no basis in schizophrenia. This was never a psychological dissonance in insane persons. It is possible to understand everything about schizophrenia for precisely this reason, if however, mysterious, without actually TRULY understanding the schizophrenic. [6]

ALEXEJ

What I was getting at, however, was that schizophrenics isolate because after a schizophrenic has come out of the unreal, the schizophrenic desires isolation to avoid any further sensory-system overload, which can be a SIGNIFICANT trigger for repeat psychosis. But also because they want to quell their social anxieties.[7] It should ALSO be noted that schizophrenics don't want to be a bother or potentially hurt anybody...even if they believe that their damaging influence would be inflicted through the process of what a SANE person would deem a DELUSIONAL hypothesis. [8] Lastly, after one enters the dream-state, or a schizophrenic psychosis, and then comes out of it, it becomes difficult to assess what is real and what is not. It makes linking together dreams, memories, psychoses, goals, and aspirations, and then compartmentalizing them more difficult...people's eyes stop twinkling, their voices sound different...umm..I...

DR. ZACOU

Alexej, I'd like to turn our attention now, if we could, just for a moment, and really open up the floor for our resident schizophrenic, and yes, gentlemen I am aware of all of my puns. Alexej, speaking to the notion of say...UNREALITY?

ALEXEJ

A lot of schizophrenics I've met, and I include myself in this lot, admit to not dreaming at night or during sleep. For THESE schizophrenics their memory banks themselves, feel like one long, continuous dream-state. During acute phases of psychosis every waking moment can feel as though one is living in a dream, and it's not uncommon for memories of schizophrenics to be encoded in this manner. Sometimes, it can be difficult to compartmentalize dreams with memories, memories with dreams, ideas with memories, memories with ideas, and so on and so forth and have them feel REAL which, I suppose, COULD account for some delusive thinking and further cognitive neurodevelopmental issues. This is what I was getting at just a moment ago. Whenever the REAL doesn't integrate with the UNREAL to stabilize the schizophrenic, the dream-state is worsened, and as a consequence, the world feels, YET AGAIN...less REAL and can lead to an onslaught of psychotic shell shock.

DR. ZACOU

And I'm sure this makes you come across as desperate, traumatized, vulnerable or hyper-sensitive in social situations?

ALEXEJ

Yes.

DR. ZACOU

Are you?

ALEXEJ

No; not really. I just want my world to feel REAL.

Pause; then:

DR. ZACOU

Speaking to that perennial dream-state?

ALEXEJ

Yes. And I assure all of you, especially YOU Doctor Thomas, - that there is sometimes nothing more utterly terrifying than a chronic paranoid schizophrenic state.

Foucault sips some coffee; Laing interjects:

LAING

...The dream-nature of unreality of experience, and the automatic nature of action, the self is at the same time far from sleepy; indeed, it is excessively alert, and may be thinking and observing with exceptional lucidity. [9]

Pause; nobody seems to know what to say. Then:

DR. THOMAS

Well, there's the type I schizophrenia, which is like a loss of contact with reality, and then there's the type II schizophrenia which is like poverty of thought, poverty of emotion, poverty of speech, poverty of movement. If we were to address catatonia or schizophrenia simplex, I would venture to say that THOSE are really more of a series of neurological disorders.

ALEXEJ

Then why aren't they labeled as such?

DR. THOMAS

Well, I suspect that in the future we'll come up with better diagnostic tools and they WILL be labeled as such. Plus, one has to remember that after 1970 we will no longer be calling every form of psychosis schizophrenia.

DR. ZACOU

Are you prophesying Dr. Thomas?

FOUCAULT

He is and I agree

LAING

As do I.

ALEXEJ

WHY are they NEUROLOGICAL Dr. Thomas?

DR. THOMAS

Because they're not really THINKING about anything. Their speech is very perseverated. If a person is displaying symptoms of schizophrenia, but you can have a CONVERSATION with THEM, then they're a paranoid schizophrenic. Regardless of symptomatology.

LAING/ALEXEJ

Huh?!

FOUCAULT

Bitch, PLEASE.

DR. THOMAS

Well, that's a crude, crass generalization I suppose...

LAING

These things cut both ways, Dr. Thomas. I've met plenty of brilliant catatonics and hebephrenics...SOMETHING may have gotten lost in translation but not all paranoid schizophrenics are necessarily easier to understand, no, not by any means.

DR. ZACOU

Thoughts on type II schizophrenia, Alexej?

Pause; then:

ALEXEJ

I've been catatonic, Dr. Thomas...it's not a waking coma, in fact it's a quite unpleasant sensation or a weird, GOOFY one. Dr. Laing made reference to the lucidity of catatonic patients earlier on.

DR. THOMAS

I do NOT believe catatonic schizophrenia and schizophrenia simplex to be independent of other underlying neurological disorders.

ALEXEJ

Then you mean the structural abnormalities found in the brains of schizophrenic patients without prominent positive symptoms? The expanded ventricles, grey matter loss as a result of chronic or ummm...a certain kind of psychotic recidivism?

Pause; then:

DR. THOMAS

We'll split the hairs.

Pause; then:

DR. ZACOU

What about say, a delusional hypothesis?

ALEXEJ

Here we note that tracing a line of delusional logic to rational thought is simply HOW psychosis operates; no matter HOW bizarre the delusion. All delusions begin on the premise of what is deemed OBJECTIVE reality. For example, a 25 year old man under the delusional hypothesis that he is dying of an exploding heart, despite evidence to the contrary through the utilization of INDUCTION made comprehensible by the following hypothetical components: (a) a precipitating incident, such as feeling his heart skip a beat after drinking too much caffeine, or developing low blood pressure as a side effect of medication or malnourishment reinforces the rationale that he is afflicted with a physical ailment (b) as a consequence his thinking takes leaps in the form of progressively looser and looser psychological associations, (as anyone would who is convinced their death is imminent; it's a simple matter of PANIC) which are judged to be psychotic by the non-schizophrenic observer (c) he is so convinced he is dying that he develops a fundamental misjudgment about his reality and is hospitalized for psychotic anxiety while still thinking that he is dying of the heart ailment and is still thinking that he is going to the hospital for treatment for said heart ailment (d) after a week of panic attacks, hallucinations, and chronic insomnia in the psychiatric facility his anxiety and his delusional hypothesis ironically, gets him so worked up that he develops adrenaline-related high blood pressure, which only reinforces his rationale in his delusional line of logic, especially when untrained mental health technicians tell him that he is in impending danger.

Dr. Thomas interjects:

DR. THOMAS

And then the psychiatrist presents evidence to the contrary I presume?

ALEXEJ

Yes. The psychiatrist may explain why his delusion is not the case, and the patient may, as a consequence understand the logic behind the psychiatrist's reasoning that he is not dying but it does not change the schizophrenic's belief DESPITE the logic being presented before him. Even if he CAN recognize these incongruities in his OWN thinking, the delusional hypothesis holds immutable quay for what seems like a subjective eternity.

LAING

And then?

ALEXEJ

And THEN a process of experimental self-discovery is implemented, that is, the patient performs seemingly disorganized, non-sensical or psychotic things, such as turning in circles, laying immobile for hours, going catatonic whenever he sees a clock strike. But this is all simple to explain. First, the schizophrenic turns in circles perhaps to lower his blood pressure, or lies immobile for hours as a way to calm his tension. He may go catatonic when a clock strikes because he knows that that's when the mental health techs will take his blood pressure which would spike his anxiety and reinforce his suffering. He may pace aimlessly to discharge distress, etc. It's not psychotic at all. It's perfectly subjective logic. BUT not to the non-schizophrenic. The schizophrenic resides in his or her internal world and cannot assimilate rationale and necessarily, logic EVEN if he or she is a logical person. It's perfectly rational behavior that only seems irrational because the schizophrenic has adopted such a highly unique technique to palliate his or her suffering. It's SO unique, that it appears random and disorganized and grossly unfettered to the clinical observer, who looks on in befuddlement and any sort of curiosity. A hiding curiosity, that conversely could be construed as EQUALLY psychotic: the psychiatrist is also a highly unique individual with his own set of eccentricities and idiosyncrasies, that the patient does not understand! Psychosis is therefore open to subjectivity or INTERPRETATION and makes it an ART and a misplaced ART and not a SCIENCE. In diagnosis or theory psychosis is unique, personal, and runs an individualistic course in each afflicted person and THEREFORE...

Foucault interjects immediately:

FOUCAULT

Anyone COULD be judged and EVERYONE IS their own PSYCHOTIC!

Pause; then:

ALEXEJ

Michel; you never cease to amaze me.

[Laughter from Dr. Zacou, Laing and Foucault]

FOUCAULT

I can't speak to schizophrenia PERSONALLY...BUT I DO know what it's like to be CUCKOO, so that might help SOME!

LAING

As was evidenced by...

Dr. Zacou interjects:

DR. ZACOU

Alexej, were you calling PURELY to the schizophrenic aspect? Or notions of insanity in general?

ALEXEJ

The schizophrenic aspect. Manic-depressive delusions and psychosis are much different.

DR. THOMAS

I would agree with that assessment.

DR. ZACOU

Elaborate.

ALEXEJ

Schizophrenic delusions and hallucinations, or psychosis as has been previously defined by my counterparts involves a disruption in cognition and a breakdown in cognitive efforts at integration. It's thought based. Manic-depressive psychosis, is much different. It's more of a lapse in judgment based on sleep deprivation or intense mood. ALL schizophrenics have intense moods but their psychoses are not determined by their moods, their moods are consequences of their actions and behaviors which are manifestations of the underlying psychosis. Manic-depressive delusions are more fleeting and end with the mood cycle, if not BEFORE - if you get the mood under control, the psychosis stops. And they are often physically PALPABLE to the person who is THAT MOODY. It's almost as if your body can feel this type of mood-based delusion, which leads to insanity, - there's a sensation of being both in control AND out of control simultaneously, as opposed to a schizophrenic delusion, which is like entering the rabbit hole. Conversely, the hallucinations associated with manic-depressive psychosis are not nearly as invasive, and too, are likely caused by sleep deprivation or powerful mood symptomatology. Also, it should be noted that the chemical imbalance in the brains of schizophrenic psychotics are different from the chemical imbalances in the brains of manic-depressive psychotics. Point being schizophrenics can SLEEP while still being psychotic, whereas most manic-depressives CANNOT.

DR. ZACOU

And what are everyone's thoughts on the hallucinatory experience?

ALEXEJ

The brain is like the ocean. We know it's there but we ain't too sure of what's under it. I'm a self-identified hallucinatory agnostic. Q.E.D.

DR. ZACOU

Do you mean you regard the hallucinations, whether visual or auditory as neither real nor unreal?

ALEXEJ

I view them as though they ARE. Almost a Zen interpretation if you will. It's a simple matter of acceptance. I don't hold them in the real or unreal categories because I don't care.[laughter] Although I suppose that ALONE doesn't CATEGORICALLY RULE OUT their involvement in a destabilization programme from beyond the three-dimensional universe!

DR. ZACOU

You mean you can trace their origins?

ALEXEJ

Precisely. Locate, localize, I decode the voices semantics and origins based on the memory of dreams, thoughts, and things I've heard or read.

DR. ZACOU

And you can do that, with ALL the voices?

ALEXEJ

Yes. I've remembered most every word I've ever heard, when I've used it, how I've used it and where it came from. It doesn't hurt that I'm a philologist.

FOUCAULT

That would almost seem to make ANY madness WORSE!

ALEXEJ

Yes, Professor Foucault, it's rarely useful. ESPECIALLY when you CANNOT forget any of life's ceaseless traumas or traumas related to psychosis and an unbiased alienation. Also, let's speak to the mood cycles -- when your moods begin to cycle like hell IT IS HELL. You don't know how to interpret anything, and anything can take on an infinite set of of POTENTIAL MEANINGS.

But on the other hand, I'm now able to immediately dismiss or reject the voices as being a byproduct of my own psyche.

DR. ZACOU

I guess that would be the benefit of having YOUR memory, but...

ALEXEJ

I hear voices...and then I go see what's in the fridge.

[Laughter from Foucault]

DR. ZACOU

Alexej...could you describe the PROCESS or what it FEELS like to hear voices? or see things for our listeners?

ALEXEJ

Well, generally speaking, the visual hallucinations I experience don't make any sense and I'm in a kind of comatose or neurologically immobile state and am unaware of my surroundings, as in a stuporous state leading to some kind of catatonia or catalepsy, and it typically involves having what's called pseudo-hallucinations or hallucinations perceived only inside the head. Contrast that with psychotic hallucinations, which are perceived OUTSIDE of the head or mind's eye. On one occasion I began seeing grim reapers in my eyelids every time I shut them, graffitied church windows, floating babies, or giant spiders typically BEFORE progressing to PSYCHOTIC hallucinations. But you enter a WAKING dream when you SEE things. Sometimes when I read books, the words change in front of me, which regardless of cultural context, IS CREEPY. Conversely, when you HEAR VOICES, you very likely can't COMMUNICATE, because it clogs your head too much or you aren't really thinking when it occurs. Some people hear voices INSIDE of their head and others hear voices OUTSIDE of their head. I have both. And that's not that uncommon. When they originate from the INSIDE of one's head, however, they're harder to communicate to doctors, and your speech often becomes incoherent and there isn't necessarily a rhyme or reason to what it is you HEAR. There certainly CAN be. But that's not a hard and fast rule. In short, it involves some measure of dissociation and an inability to think WHILE the hallucinatory experience occurs.

DR. ZACOU

Alexej, in your experience, do MOST schizophrenics have hallucinations in every modality the way YOU do?

ALEXEJ

No; the slight majority of schizophrenics only have auditory hallucinations or see shadows. Sometimes, they THINK they're hallucinating when under the influence of a delusion. But I also have synesthesia, a benign neurological

condition marked by the production of a sense impression relating to one sense or part of the body by stimulation of another sense or part of the body. It often proves hallucinatory as well, and it can get confusing as to what causes what. ESPECIALLY, in the ABSENCE of frank psychosis. The voices I hear are usually out of context, or random words, typically female and are often of some sort of benign or abstract perspective, however; most schizophrenics report hearing random and PRIMARILY mean, or angry voices. It should be stated that the schizophrenias are a heterogenous group. One can have delusions and hallucinations and be schizophrenic, or one can have delusions and hallucinations and not be schizophrenic, or one can be schizophrenic but not have any delusions or hallucinations. The hallmark of the schizophrenias is cognitive disruption within the context of objectively interpreting reality.

DR. ZACOU

Alexej; I'm curious. What's the working hypothesis as to why some people perceive voices either INSIDE or OUTSIDE of their head? Does one seem more real than the other?

ALEXEJ

A psychologist once told me that in HIS experience, people who hear voices INSIDE their heads, tend to be better educated, and the inverse is true for those who hear them OUTSIDE. As mentioned, I hear both, so I must be erudite and a dullard. But I don't lend that theory too much credence; I think it has more to do with issues of SEVERITY...depression, schizophrenia, bipolar disorder, psychosis, reside on a continuum of severity and presentation, which I think is ULTIMATELY the deciding factor.

Pause; then:

DR. ZACOU

What is your current diagnosis, Alexej?

ALEXEJ

Ummm...I don't know, actually. I've been diagnosed with bipolar disorder, ADHD, undifferentiated schizophrenia, paranoid schizophrenia, catatonic schizophrenia, schizoaffective disorder, Psychosis Not Otherwise Specified, Asperger's Syndrome, Schizotypal Personality disorder...last time I heard, it was either paranoid or catatonic schizophrenia or schizoaffective disorder.

DR. ZACOU

What is that characterized by?

ALEXEJ

It's like having schizophrenia and bipolar disorder simultaneously without having one or the other. It's kind of a catch-all diagnosis for people who experience a lot of symptoms.

DR. ZACOU

How do you think you're doing these days in managing your schizoaffective disorder?

ALEXEJ

I've reached a point where I'm either going to sink like a stone or swim across the deepest ocean on Earth.

Pause from all participants; then:

DR. THOMAS

If you've been diagnosed with everything from bipolar disorder to schizotypal to a catatonic psychosis, I'm not a BIT surprised you've been given a catch-all diagnosis. Why the catatonic psychosis? You seem more conversable than your typical catatonic patient.

ALEXEJ

Well, I DO have an OCD-AUTOMATIC-LIKE syndrome, I experience a lot of stupors, lucid catatonia, catalepsy, and extremes of behavior, whether you call it bipolar disorder or schizophrenia; I don't see a categorical distinction between any form of mental illness. I also have oineroid syndrome. Which is characterized by a PROFOUNDLY pronounced DREAM-STATE and intense psychopathological visual hallucinations while in a catatonic stupor. And, I have succumbed to a loss of motor control several times because the voices in my head got so bad. Let us speak humbly here...psychiatry, and our understanding of hallucinations and the brain are still an ART and NOT a science, remember an M.D. is an ARTS degree...it's not a B.S. in mathematics!

[More laughter from Foucault]

DR. ZACOU

Could you briefly articulate the catatonic state?

ALEXEJ

A schizophrenic-catatonic state or a manic-depressive catatonic state?

DR. ZACOU

Let's stay with schizophrenia for the time being.

ALEXEJ

Well, it used to be called tension insanity, as you are all well aware. It involves your ENTIRE body and muscles tensing up to the point of psychomotor agitation or more commonly, immobility. If left untreated, one can succumb to malnutrition from weeks to months of NOT being able to move, eat, sleep, or

go to the bathroom. And SOME catatonics NEVER come out of it! And it can take MONTHS on HIGH doses of muscle relaxants and benzos to come out of it, which, for me, included several overdoses. I didn't think it would ever stop. Every time I would take a piss my body felt like it was getting looser. And yes, I know that SOUNDS funny, but really it's NOT. My muscles subsequently atrophied and I had to learn to walk again. Lots of visual illusions and hallucinations, both inside and outside of my head; a very bad scenic dream-state in a catatonic psychosis...at least for me; in my experience. And there was a feeling of the need to be more RECLUSIVE during this time - a point I made reference to earlier on.

LAING

I would agree with Alexej on this point, although I would offer up the idea that PERHAPS there is a fundamental corollary between dreaming, which involves hallucinating, and schizophrenics essentially dreaming while they are awake, or a waking dream state akin to psychotic states. By my estimation, this is the only qualifier in determining the sanity of dreamers and non-dreamers. Conversely, there are other people who are regarded as sane, whose minds are as radically unsound, who may be equally or more dangerous to themselves and others and whom society does not regard as psychotic and fit persons to be in a madhouse. [10]

DR. ZACOU

Kind of what Dr. Foucault was getting at earlier in the debate?

[Laughter from Laing and Savreux; Foucault blushes]

DR. THOMAS

Cultural context is an important issue in identifying the origins of what is and what isn't schizophrenia.

LAING

Excuse me? Who are YOU to be the arbiter of SANITY?

ALEXEJ

A valid point, Dr. Thomas...how would you answer THAT one?

DR. THOMAS

If you don't mind, let's save that for later? I've some points on that subject I could make later on. But, basically it's a matter of relativized cultural context and episodes through an historical lens.

DR. ZACOU

Sure. Turning our attention to schizophrenia and violence. Alexej?

ALEXEJ

There’s no data-base evidence to suggest that schizophrenics are more violent than the general population, in fact schizophrenics are more likely to be VICTIMS of violence due to public misperceptions, like somebody lashing out at a screaming and terrified schizophrenic out of THEIR fear and not vice versa. Furthermore, a schizophrenic is like a brown recluse spider. They don’t want to be found or disturbed. Conversely, schizophrenics are FAR MORE TERRIFIED OF YOU than you are of THEM.

DR. ZACOU

Why’s that?

ALEXEJ

Because they’re PSYCHOTIC. It’s a media framework. Whenever there’s some serial killer on the loose, the question isn’t “Where is he?” - another issue in itself, the idea that a serial killer MUST be male. But the question is invariably, “is he schizophrenic?” The FBI has even cultivated a model for dangerous persons: white, male, schizophrenic, twenty-something, fascinated with codes and ciphers, little social or romantic history, etc that’s literally A MODEL for supposed certain types of criminals. Hell, on paper, I should already be in prison. Those are GROSSLY exaggerated generalizations. It’s almost as if the public at LARGE are vacillating and using abstract disease concepts such as schizophrenia as being criteria or a criterion for would-be sociopaths or even PSYCHOPATHS. It’s OFFENSIVE.

Pause; then:

FOUCAULT

Society’s new lepers. [11]

DR. ZACOU

Society’s new lepers, Dr. Foucault?

FOUCAULT

Yes. Populations have always needed a scapegoat. It’s necessary to preserve the natural order of things. Let me submit that FEAR is NECESSARY; it’s a classic fight or flight response and is EVOLUTIONARY. Society needs that to weed out those that aren’t privileged or that aren’t in positions of POWER as a way of keeping the structure of society INTACT; with its underlings remaining UNDERLINGS.

DR. THOMAS

Just a trifle cynical, don’t you think?

DR. ZACOU

Hey! I'm a cynic too! If you've come to me for rosy, merry advice you can go somewhere else!

[Savreux, Foucault, Laing and Dr. Zacou chuckle]

ALEXEJ

I remember being 16 years old and paranoid. I was far more terrified of literally everything around me, and never once felt like lashing out. I thought everybody and everything was following me and I couldn't sit still for more than about ten minutes in one spot.

DR. ZACOU

Then what do you make of schizophrenics who become violent?

ALEXEJ

What do YOU make of NON-schizophrenics who become violent? It goes back to Dr. Laing's point about notions of insanity being relativized in cultural context, with some being equally INSANE but whom society does not see fit to be in a madhouse.

DR. ZACOU

You mean like a sociopath or some kind of criminal deviant?

ALEXEJ

Or just an individual who treats people like objects, or somebody who robs banks. A heroin dealer, or a guy who shoots somebody in the back of the head over a chunk of change. THE MAFIA. Any kind of criminal or Don Juan type figure. Anyone who doesn't feel empathy. People like that. Nobody's putting THEM in the looney bin. At worst, they get sent to jail or prison. But an argument could be made, quite rigorously, that jail or prison is less traumatic than a long, indefinite stay at a psych ward.

LAING

You've been reading too much Nietzsche.

Pause; then:

ALEXEJ

Whatever

DR. THOMAS

Who's to say that THOSE people don't ACTUALLY have a major mental illness?

LAING

Well, are we talking about psychopathy? Sociopathy? Or are we going to start creating mental disorders for everyone now? So, is it now a matter of gauging popular opinion in the non-medical community over scientific precedent? HARDLY prudent.

ALEXEJ

Well, it's all bullshit anyway. How is a psychiatrist supposed to make sense of mental disorders? I, for one, don't see a categorical distinction between any form of mental illness, or the nature-nurture dichotomy unless it affects treatment. Bipolar psychosis can look like schizophrenia and vice versa, borderline personality disorder like schizophrenia, schizoaffective disorder like schizophrenia and bipolar disorder, bipolar disorder like ADHD and so on and so forth, ya know?

FOUCAULT

Yeah, that seems about right.

DR. THOMAS

Alexej, what about people who commit suicide? Are THEY insane?

ALEXEJ

I do not know and am not familiar with the psychology of suicide in non-schizophrenic populations, or outside of my own experiences and I wouldn't ever want or intend to comment on what goes on inside another person's mind in a situation like that.

DR. ZACOU

Have you ever seriously entertained the idea of suicide, Alexej? Or tried?

ALEXEJ

Yes, I've tried once with a boxcutter in my parent's basement when I was twenty. But ultimately even that one instant of pain was, as I imagined it to be, a far more incalculable pain than even a lifetime of ongoing agonizing struggles. I was unsuccessful. I've seriously entertained suicide maybe three, four, five times - MAXIMUM. Every morning I wake up and love and hate life, but mostly LOVE. Schizophrenia takes years off of your life. You never get them back, either. It's a human travesty. But what makes it even more tragic, is that you are ostracized or treated DIFFERENTLY or JUDGED for being a travesty that was not even of your own choosing. It's almost a civil rights issue.

FOUCAULT

I think that is the best analysis of the cultural perceptions of psychosis that I have heard from a 25 year old...at least from AMERICA. Bravo, Mssr. Savreux.

ALEXEJ

Merci.

Pause; then:

DR. ZACOU

Yes, that was very insightful. What about schizophrenia or bipolar disorder and say...sexuality?

LAING

It would be the end of the schizophrenic...or a traumatic experience for both parties. [12]

ALEXEJ

(laughing mildly)

That's relatively archaic philosophy, Dr. Laing.

FOUCAULT

I want to hear more about this. Alexej, continue uninterrupted.

DR. ZACOU

Yes, please do.

ALEXEJ

People always say they don't want to be defined by this or that. Like a disability, their race, sex, etc. So what defines a person? Some people LIKE to be DEFINED by other aspects of their person: test scores, their performance in school or sport, their sexual dalliances, their job, but WHAT defines a person in actuality? It is the understanding of how they WANT to be defined that is how they ought to be defined. If somebody wants to be defined solely as a housewife, all the power to her. Sometimes you aren't given a choice. Such as if you are a racial or ethnic or economic minority, have a lack of social standing, etc. Nobody defines perceptions of an individual based on CERTAIN medical conditions: high blood pressure, heart disease, kidney stones, or low blood pressure. But in THIS instance a medical condition which impedes the ability to maintain a permanent sense of control of his or her reality is a predominating variable in definition.

Long pause; then:

DR. ZACOU

Please, continue.

ALEXEJ

The schizophrenic is defined or PREDEFINED by conceptualizations of his or her illnesses in a manner that is determined by the public opinion trajectory in sociological realms. It’s certainly applicable to youth and sex as well.

DR. ZACOU

Is that a lash against local girls you were previously involved with Alexej? Why is it PARAMOUNT? Perhaps it scares them or they don’t know how to react?

ALEXEJ

I’ll address the last question first. Sure, maybe it DOES scare them; then why not try to figure out something subtextual? For the first part: YES and NO. YES because that’s been my experience, and NO because IT HAS been my experience and because it doesn’t make that set of experiences any less real or valid. But ALSO because everybody deserves and needs affection ESPECIALLY after enduring trauma; *to be loved*.

# PaRt II.

## Institutionalizing Psychiatry

Scene: the Sorbonne, Paris, France, December 1965.

DR. ZACOU

If you're just joining us, this is our first radio broadcast from the Sorbonne, in Paris, France on the nature of schizophrenia and the social implications behind it...joining us is Dr. R.D. Laing, of Glasgow University; Dr. Wytt Thomas of Harvard University; Dr. Michel Foucault of the College de France; and Mssr. Alexej Savreux of the Johnson County Community College...now, I'd like to pick up on the critical aspect or critique of mainstream psychiatry, and I fully recognize this could get a little heated . . .

[Laughter from the throng of theoreticians]

DR. ZACOU

I'd like to start with Dr. Laing, who will be quoting from his publication "The Divided Self: An Existential Study in Sanity in Madness", this [sic] is your legitimate academic research piece, Dr. Laing?

LAING

It is.

DR. ZACOU

Please speak concisely.

LAING

To see signs of a disease is not to see neutrally...nor is it neutral to see a smile as contractions of the circumoral muscles [13] A few interviews do not provide an adequate existential analysis of a schizophrenic patient. [13] Furthermore, a genuine science of personal existence must attempt to be as unbiased as possible. [14]

DR. ZACOU

That's a good starting point, I think. Alexej, Dr. Thomas, care to weigh in?

ALEXEJ

Well, when I was a manic-depressive patient, or labeled a manic-depressive psychotic, I remember having an overwhelming sensation that doctors at my residential facility were conspiring to hurt me; NOT a delusion, and not HURT ME in the LITERAL sense. But rather NOT TAKE CARE OF ME, based on logical inferences deemed logical by yours truly, or that they did not or would not CARE ABOUT or FOR ME. I remember I was also speaking in an abstract, poetic way. I also remember them thinking I was delusive when explaining during the height of a manic episode, that I thought the world was ending. At first they thought me crazy; but after I explained my rationale, they didn't think it

was reality OR a delusion - but still shortly thereafter, I was diagnosed as being schizophrenic. Something I still find incredibly amusing.

DR. THOMAS

And you think this happened because of how you felt in bringing it to their attention as opposed to objective clinical observation or course of observation?

ALEXEJ

I don't know how it happened, but it still happened, anyways. I think WHY is irrelevant. It felt like a mechanism for compartmentalizing me and treating me DIFFERENTLY. When a schizophrenic mentions something too abstract or theoretical, they may just get TOSSED into the looney bin because it's easier for the treating physicians to do THAT as opposed to dissect the abstract thoughts of someone who has been defined as mentally unsound or incompetent. This is at the crux of the TWS phenomenon or Talking While Schizophrenic. A lot can get lost between the lines, and it can be hard if not impossible, for mental health professionals to make sense of schizophrenese and not see solely through the lens of the DSM.

DR. THOMAS

I suppose that's fair.

ALEXEJ

I guess it didn't comport with their versions of objective reality, or what I saw as the FACTS OF THE MATTER...

DR. ZACOU

Let's remember the value-neutral component, which I believe is an aspect Alexej intends to utilize, and remember Dr. Laing's comments from about two minutes ago, vis a vis unbiased science and dialogues, etc. Alexej? Professor Foucault?

FOUCAULT

Yes, I would venture to say that a lot can get lost through the lens Alexej talks about. It's a lot like talking to women, to be perfectly honest.

DR. ZACOU

How so?

FOUCAULT

It's very Orwellian. Almost like double-think. It HAS to be taken at face value, but at the same time, it CAN'T be afforded the latitude of being taken at face value.

DR. THOMAS

That's an important point, Professor Foucault.

ALEXEJ

Oh my god. Don't even get me started on the double-think issue.

LAING

I've thought about writing a book on sexuality exploring the issues surrounding the mystery of the female psyche...

DR. ZACOU

Gentlemen, while I enjoy tangents, and I know Alexej likes tangents as well, we really need to FOCUS as we have but a limited time for this radio broadcast, and in all frankness, the topic of women could go on for millennia.

FOUCAULT

The womenfolk are utterly inscrutable. Aughh...you Americehns...

Dr. Zacou interjects:

DR. ZACOU

Back to the critique of psychiatry, and the practices associated with the mainstream or what we shall label the collective conscious.

Laing explodes with laughter.

ALEXEJ

I feel as though MUCH of my life has been PRESCRIBED for me without asking me if it's OKAY...speaking of course, to what Professor Foucault describes as CONTROL and POWER. That is, I have to contend with like eight or nine different opinions on MY life, and more often than not, schizophrenics are docile in the face of M.D.s or D.O.s and often succumb to the pressures of institutionalized, systematic, and systemic practices and institutions. It feels like YOU are not running YOUR OWN life; almost svengali-like. In my case, as a consequence of being IN THE MENTAL HEALTH SYSTEM since I was two feet tall, it feels like I've had my life taken away from me by the very medical professionals VESTED with HELPING me. It can also feel like YOU have never gotten the opportunity to carve out your OWN goals and identity and ambitions. Oh, hearing voices? You need this. Oh? school's not working out? Drop out Alexej. Oh? You want to have a late night and be 25? You have to take these KNOCK OUT medications. There go your late night movies, shows, parties, etc. It's almost a perverted form of social control, -- which isn't what it is SUPPOSED TO BE. ALSO, if one is ECCENTRIC, out come the anti-psychotics, then come the adverse reactions, then they gain a lot of weight,

then they get depressed, then come the anti-depressants, then they get manic, then come the mood-stabilizers. The process is LAUGHABLY inane. Drug companies spend TWICE as much on PROMOTION as they do on research and production! They invent vague mental disorders, - the first solution is MEDICATION...nobody looks at an eccentric or a psychotic and sees a human being. It's a crule, and VILE trick. Oh, let me guess, right - people with divergent ideas ALWAYS come across as weird or somehow...

Dr. Thomas interjects and Alexej stops talking:

DR. THOMAS

(tersely)

How is it ANY different from a diabetic taking THEIR medications?

ALEXEJ

HA! BECAUSE diabetics take medications so they don't ya know, DIE. Frankly, I don't know WHY I'm still taking medications. I don't care if I hear voices or get a little eccentric-like. I don't care about a little anxiety. And God knows I love being manic and euphorically out of control. It'd be nice if some of these medications were just used SOLELY on an as-needed basis. I'm not the only one, either. I've been one and known many who have been so INCREDIBLY DRUGGED that they were standing in near stupor drooling while in ITU. Yeah, sure they weren't symptomatic. But at what cost? The loss of their individualism and personality and autonomy? One hypothesis Dr. Laing has proposed is to let the schizophrenia out of one's system; let it run wild until it burns out or runs its natural course.

DR. THOMAS

So why not be more assertive in your own treatment?

ALEXEJ

Because I don't know what I want out of life. It said on my first psych eval, that even if something isn't ideal but I've adapted to it, I stick with it even IF it's to my own detriment. But it's a lonely life.

FOUCAULT

Agreed. That's NO kind of life. But I also think that that line of self-defeating philosophical logic is common for many people, even people without mental illness. I also think that psychiatry in PARTICULAR is analogous to the art of say, a FASHION or an overarching TREND of any persuasion.

ALEXEJ

Professor Foucault, what's more...a lot of institutions are underfunded and under-cared for. It's a matter of relative affluence, and the patients are the ones who actually suffer in every respect. I just remember, on one occasion saying that I had a plan to blow my brains out in a public place, with every intent of doing so...

DR. ZACOU

What were the clinical reactions?

ALEXEJ

They said two things. First, to my face, they said, rather nonchalantly, “well, you don’t own a gun”... but I think the larger issue has to do with funding, resources, and TIME. One ALSO MUST remember, that for all of their training, mental health professionals are still PEOPLE. They are not infallible. It never hurts to get multiple opinions.

DR. ZACOU

Which only reinforces your TWS hypothesis in specific spheres. The more important point was not the threat of suicide, but rather that you were MISERABLE.

ALEXEJ

Precisely, or at the very least, it compounds my TWS hypothesis. And when my last case worker left, he said: “You’re one client I DON’T have to worry about”.

DR. ZACOU

How did you interpret that?

ALEXEJ

That I wasn’t a legitimate patient with all the needs of the other patients.

DR. THOMAS

In all humility, Alexej...perhaps it had to do with your adaptability? I think perhaps it was more of a compliment.

ALEXEJ

I felt like a child - abandoned, left to my own devices, punctuated with befuddled flattery. I know they have other clients that may seem to have more pressing needs, and I fully respect that. But it doesn’t mean I’m not a struggling soul. I don’t have any ill will toward anyone. I just feel as helpless as the next patient...here waging our war against the hostile brothels of despair. We are all helpless on planet Earth. But even more helpless to our emotional crises. It compounds that empty helplessness and banality of the existential nature of a human’s biopsychosocial reality.

LAING

But that’s at the crux of the mechanics of psychiatry and what the whole thing has become, Alex! Psychiatrists USED to fill the role of BOTH physician and psychologist. Nowadays, the psychiatrist is the guy who throws pills at

you and listens to you for ten minutes and the psychologist or therapist is the guy who keeps you talking and talking ad infinitum. Not exactly HEALTHY OR PROPORTIONATE.

DR. THOMAS

I think it's a bit unfair to accuse the medical community of being somehow now very handicapped at dealing with schizophrenic patients.

Foucault chuckles, and wipes his brow; then:

ALEXEJ

Dr. Thomas, AUTHORITY? Do YOU fill a prime minister role over your patients? Are YOUR schizophrenic patients Ph.D. students under your watchful eye studying a more APPROPRIATE reality? Do you SUPERVISE them? ADVISE them? I mean, with all DUE respect and propriety, Dr. Laing has touched upon a more UNIT-ANALYTIC approach on which I'd like to extrapolate speaking as the qualified PATIENT.

DR. ZACOU

Proceed.

ALEXEJ

I'd like to comment on Dr. Laing's point. There's an adage that will soon become popular: "I've been in therapy for 40 years and there's no end in sight!" It's relatively TRUE, Professor. One cannot possibly size up the portentous nature of existential crises in an individual afflicted with schizophrenia in a few interview sessions. Conversely, Dr. Laing is speaking to notions of clinical entities and diagnostic categories that define a person, ironically, he cedes the entire premise of his own assertion vis a vis unbiased science, for he too, is a clinician.

FOUCAULT

Agreed.

ALEXEJ

(cont'd)

I can't BEGIN to tell you how many times I've been in therapy for ten minutes and put on some medication based on symptoms without being looked at as a 25 year old homo sapien, species primate or wise man as opposed to some kind of an elephant man. I have NINE standing mental health appointments a week. I feel like a neuropsychiatric novelty act. How many pills? Like 20 three times a day? Spaced evenly apart at exact intervals? Talk about PHENOMENOLOGICAL tension! There have been times in underfunded hospitals where the psychiatrist would LITERALLY talk to me when I was in some stage of sleep. I would have no memory of my having agreed to take the medications he or she later prescribed! Hippocratic oath done supreme, right?

Long pause; then:

DR. ZACOU

For those of you who are just joining us, earlier in the debate Dr. Thomas of Harvard University said that cultural context was implicated in schizophrenic psychoses, could we circle back around to that?

DR. THOMAS

It's a matter of cultural CONTEXT in which the psychosis emerged and presented; as well as relevant data and research from pertinent subsets of psychology and psychiatry in theory and in practice. And cultural norms!

FOUCAULT

Cultural NORMS. I've never heard my book Madness described so succinctly.

ALEXEJ

Yes! But the most glaring issue at stake, and at the fore of what I am contending is ITSELF the irrational behavior of rational people attempting the relativizing and rationalizing the innate, subjectively rational reactions to stimuli not present in the rational people making judgments about the treatment of individuals directly affected by cultural notions of what is rational and what is not. Scientifically, it would seem a ludicrous idea that one can make that judgment about somebody else in any measurable or provable method, and is thus, a self-collapsing, rhetorical and redundant approach in medical methodology in treating issues of this kind of significance and is therefore unscientific AND detrimental. [15]

DR. ZACOU

Alexej, sometimes I have a hard time with your writing and your...ummm...LEXICON. Choose three words to say what you JUST SAID so I understand and so that Dr. Thomas and everyone else understands as well.

ALEXEJ

It's impossible to experience someone else's reality.

DR. ZACOU

I think that was actually six or SEVEN words, Alexej. What are the hospitalizations and stays and situation like, Alexej?

ALEXEJ

Miserable. OWNING. TAXING. It's a wonder people don't come out of a prolonged hospitalization at a major psychiatric hospital without some sort of shell shock. Screams. BLOOD CURDLING screams. People crying. Families weeping. A functional military presence with security. Your days are centered around meals, much like in prison, sans a library or other ways to amuse yourself if

you're REMOTELY sane. Empty halls. Sick, sick, sick people. STD infested. Staph infections rampant. People shitting their pants after ECTs. People having seizures in beds next to you. Poorly trained nurses and mental health techs who don't know what the FUCK they are talking about. Mass incompetence. Routine vomiting and bed wetting. Gross laundry rooms. Insufferable medical personnel. High calorie food. People smuggling in drugs. People being wrestled to the ground and breaking windows. Chemical restraints. People aspirating on their own vomit. People covering the walls with their shit, and piercing their tongues in bathrooms. People getting into verbal spars with other patients or medical personnel. Bed bugs. Horrific sanitation. Poor quality group therapy. TONS of drug addled motherfuckers. The functionally illiterate and careless...the list goes on; wards of oblivion. Eventually, however, hospitals begin to feel more like HOME than HOME DOES. It's regimented, days are centered around activities and meals and smoke breaks. A most peculiar pain of redundancy that doctors, psychologists, and social workers may be FAMILIAR with, but CANNOT KNOW. They CANNOT relate to the schizophrenic...

Dr. Thomas interjects:

DR. THOMAS

Ummm..excuse me! I was trying, but I wasn't allowed to FINISH!!

ALEXEJ

That's precisely my point! Schizophrenics are NEVER allowed to finish! Welcome to your patient's world!

DR. THOMAS

That's a bit harsh. I take my work very seriously.

ALEXEJ

And I respect that, EXCEPT that you're using the patient as the theory for practice instead of vice versa, which is the way it ought to be in a clinical setting. It's a classic case of the prescriptive based healing methods and the misapplication made in the translation from theory TO practice. Furthermore, there are prescriptive errors in talking to or with schizophrenic patients where validation goes STRAIGHT out the window. You're talking AT the schizophrenic, aren't you? Because he is not living in reality and thus, cannot be a real human being?

DR. ZACOU

Alexej, while I enjoy your passion and your manner of articulation, I'd like to hear Dr. Foucault's take on these matters . . .

FOUCAULT

Of course the schizophrenic cannot be real to the provider. It would undermine the psychological processes associated with control or institutionalized control and power in an historical practice. The medical community is an oxymoronic field by definition, that is, they NEED sick clients in order to stay in business. A lot of it is owed to the fact that M.D.s and PhDs are viewed as incontrovertible GODS, especially M.D.s, they appear infallible, not to be questioned, never to be doubted. In many ways they hold as much authority as Kings of old. That ALONE could account for the obsequious compliance and obeisance of schizophrenics and families of the insane complying or conforming to the prescriptive based healing methods or the theory superseding the practice or humane component.

LAING

Well put.

FOUCAULT

Not to insult you personally, Dr. Laing, or you Dr. Thomas...that's just the rational foundation or FRAMEWORK transposed from the old and put into the NEW.

DR. ZACOU

What a marvelous modern age we live in. Alexej, I can tell something is on the tip of your tongue...please, don't feel reticent.

ALEXEJ

Professor Foucault do you SERIOUSLY mean to suggest that there COULD BE a paid-for systematic method or enterprise that takes care of the citizenry and is covered under modern medical equipment and personnel?

FOUCAULT

It's called health care, Alex. You Americehns. Aughh.

ALEXEJ

Was that a shot at me or Dr. Thomas?

FOUCAULT

More of a commentary and a prophecy...it'll all be in the literature; and on the news I'm sure.

ALEXEJ

A universality to medical treatment seems far fetched ESPECIALLY for non-physical ailments, Professor Foucault. The mass populace would never buy it. Nobody would EVER believe that emotional illnesses, even if they are

biophysiological or neuropsychiatric are as harmful or pernicious as physical ones. I don't see that happening any time in the near future.

FOUCAULT

That's because Americans are capitalists and not humanists. Capitalism takes care of no one. Furthermore, the reason the psychological community is falling apart is quite plain; patent even. They can't compete with the alternate conceptions of rationality such as those found in what is judged abnormal. You're right, a system that wants its best for its underlings has historically been at the VERY least largely misplaced or never come to pass in the first place.

LAING

Kind of dystopian-like, I suppose. Alexej, one thing to remember is that if and in this case, they ARE physiological illnesses, that would qualify them as being just as important, particularly schizophrenia. Psychosis can literally harm the brain...you know that.

Alexej looks fidgety and upset, nodding, but ready to speak.

DR. ZACOU

Yes, Alexej, the floor is yours again, but please, tone down the rhetoric. You may proceed.

Alexej crushes his cigarette in the ashtray; then:

ALEXEJ

Speaking to OXYMORONS what about NON-MEDICATED KIDS? And when I say NON-MEDICATED KIDS, I mean anyone aged 2 to 30 who isn't under some kind of psychotropic care. We live in a VERY automated society. We have 2 year olds on anti-psychotics, we have people taking pills to help them get to bed at night, when they could just masturbate or I don't know, READ? We have doctoral students INVENTING vague, unspecific mental disorders in order to be awarded their PhDs! The first solution in institutionalized psychiatry is throw pills at the symptoms. Then, you'll get a fellow like Dr. Laing who himself, pays homage to Freud...see Chapter 3 of his book, The Divided Self, and that old heritage, therefore, etc. AND you've got NO data-base evidence to suggest that these medications aren't necessarily harming the brains of the patients...ESPECIALLY when they're still young. But I'm sure you THINK you do...

DR. THOMAS

That's simply not the case, in fact, we at Harvard...

ALEXEJ

Yeah, I could have predicted you'd have some kind of go-to counterpoint and throw in the whole HARVARD line as if that's supposed to IMPRESS me or like the medications protect the brain, which is ALSO true. But you don't know

that the opposite isn't also true in the long-term, I would direct you to a study done by the University of Iowa and I quote: "We were very sad to learn..."

Dr. Thomas interjects before Alexej can finish the thought:

DR. THOMAS

(quickly)

Hey! We ALSO discovered that psychosis harms the brain! That is OFFENSIVE!

ALEXEJ

No, I'll tell YOU what's offensive, is you sitting high on your scholarly horse, explicating and turning the ships of fools into the hospitals of the existentially doomed with no effort to ration their relief from an ontological perspective. Instead, just throwing major lobotomizing tranquilizers at them and keeping them locked in the prisons of the cerebellum for decades and DECADES on end...the VERY system that was SUPPOSED to SAVE me has DESTROYED me![16]

DR. THOMAS

(softly)

Alex...

FOUCAULT

It's a matter of CONTAINMENT. A fundamental desire of the populations of the sane confine the insane to save face, which is a point I believe Alexej was making. Confinement is a way of avoiding scandal. The PROPRIETORS of society do not like scandals. I do not believe Mssr. Savreux is being unfair here. This is a sociological pattern that's been going on for hundreds if not THOUSANDS of years! [17]

Long uncomfortable pause; then:

ALEXEJ

Michel, you're a Frenchman. Shall we talk briefly in French so as for the others not to understand? My last name is French. *Savreux*.

Foucault offers Alexej a French cigarette. The two light up; then:

FOUCAULT

(looking quite comfortable)

J’aime parler d’autres personnes derriere leur dos. Ces fils de pute insolente de grand prestige.

ALEXEJ

Je deteste tout cela. Je voudrais qu'etre a la maison. Vous avez n'importe quel haschisch?

FOUCAULT

(with a thick French accent)

Non. Hoah! Hoah! Hoah! Hoah! (maniacal laughter)

Long pause; then:

DR. ZACOU

Uhh...Professor Foucault...nobody else is laughing.

FOUCAULT

(with a thick French accent)

Hoah! Hoah! Hoah! Hoah! (snorts) (maniacal laughter)

Nobody says anything - Foucault stops abruptly; then:

DR. ZACOU

Okay. Getting back to the debate. So, for THEATRICS, how about we do an auditory demonstration of the EXPERIENCE of the paranoid form of schizophrenia? Professor Foucault, Alexej, let’s try it for the sake of our audience.

Foucault sits down in a chair opposite the table, parallel in his giant clown wig. Alexej begins walking in circles around him pulling at Foucault’s wig and arms. Foucault begins talking to himself:

FOUCAULT

No, why would I do that? What? Shutup. Kill yourself. No kill myself? Categorical distinction. Pragmatical YOU GRAMMATIC. Bitch, please. Go fuck myself? No I’d rather fuck somebody else. Why would I go kill myself, I’m an eclectic guy. FUCK YOU. SHUTUP. Where are you? What’s going on? Am I Jesus? Which direction is this thought going? I’m all alone. I shall walk into the abyss in the veil of glory, blinded with light. DUH. Cocksucker. Is that about right, Alexej?

Pause; then:

ALEXEJ

Ummm...yeah.

DR. ZACOU

That was an illuminating demonstration. Now, getting back to the DEBATE...we had just left off with Professor Foucault and Alexej agreeing on a fundamental issue in social theory as it pertains to the treatment of the mentally ill...

Alexej lights up another cigarette; Then:

DR. THOMAS

Yes, but...

DR. ZACOU

Dr. Thomas, please allow Alexej to finish; this is a sensitive issue I'm sure...

DR. THOMAS

Of course, of course...apologies.

ALEXEJ

These medications have been out what? 20 years? 25 years? That's not even ONE lifetime to gather enough data to arrive at a scientific consensus as to their LONG TERM EFFECTS ON THE BRAIN or DEVELOPING brains.  Hell, lithium, which is an elemental psychotropic salt can cause kidney damage, inflame the skin, screw up your blood and hormone levels, rot your gut, deaden pleasure receptors, cause sepsis, and ravage the GI tract is being handed out as if it were candy, and THORAZINE, let's talk about that ol' bugger, shall we? SEDATION. If one were to discuss notions of schizophrenics being non-human it's probably just a side effect of the medication, or extra-pyramidal side effects: dystonia, tardive dyskenesia, massive weight gain, somnolence, gynocomastia, heart attack, myocarditis, edema, liver failure, pancreatitis, tardive psychosis which can make the illness worse than it originally WAS, and most all psychiatrists will proclaim these medications need to be taken for one's entire life regardless of diagnosis or severity of illness. Furthermore, ONE hypothesis as to the catatonic variety of schizophrenia, may be owed to the MEDICATIONS THEMSELVES making people catatonic. Just speculation. Don't take my word for it. Just a looney's aside, for whatever it's worth.

DR. THOMAS

Alex, are you suggesting schizophrenics and manic-depressives not take their medications AS prescribed?

ALEXEJ

No. In fact, I think a certain amount of medication compliance is an irrefutably GOOD thing. But they [the patients] should be made aware of the lack of adequate longitudinal information and effects of these drugs; as well as alternative treatments! Medications don't do it all, professor. I'm a living example of that.

DR. THOMAS

Really? I uhh...

Long pause; then:

ALEXEJ

These current medications, uhhh... what do you CALL them Dr. Thomas?

DR. THOMAS

First generation or...TYPICAL neuroleptics.

ALEXEJ

Yes, but circling back around to issues of STIGMA, what does the PUBLIC know them as?

Long Pause; then:

DR. THOMAS

(sounding defeated)

Anti-psychotics.

ALEXEJ

(tersely)

Thank you.

Alexej drags on his cigarette and then sips his coffee.

# PaRt III.

## SaVrEuX's BoHeMiA

Scene: the Sorbonne, Paris, France, December 1965.

DR. ZACOU

If you're just joining us, this is our first radio broadcast from the Sorbonne, in Paris, France on the nature of schizophrenia and the social implications behind it...joining us is Dr. R.D. Laing, of Glasgow University, Dr. Wytt Thomas of Harvard University, Dr. Michel Foucault of the College de France; and Mssr. Alexej Savreux of the Johnson County Community College...now, I'd like to wrap this debate up a bit, and I'm leaning more toward a clinical analysis, AND one rooted more in say, humanistic terms and less of an explicit or express social theory...

[Laughter from the throng of theoreticians]

ALEXEJ

(laughing desperately)

I've been trying...I'm nothing if not suffering from the agony of humanism!

DR. ZACOU

And I agree with that assessment, however, I'd like to end this debate with a human touch...to circle back around to that which makes us HUMAN. Alexej, what would your ideal world look like? Rather, being an artist, YOUR BOHEMIA?

ALEXEJ

Hmmm...I'd like to live in a communal setting. Luxury apartments. Biblical artwork, oils, ventilation for my painting, beguiling wonders. An endless supply of clove cigarettes, and fine beverages and exquisite foods. Nude models, irish moss, visitors on GOOD days when I'm not working on a new piece of literature or a painting or reading my books on mathematics or linguistics. I'd like to retreat into the indolent slumber of all thing lavish, liberal, sensuous, carefree AND literary...nothing but LANGUAGE. Kind of like the Renaissance. Basically, I want to live the life of Raphael.

Foucault slaps hands with Alexej.

DR. ZACOU

Have you ever gotten there?

ALEXEJ

I'm always reminded of that Lou Reed song: Heroin, whenever I think of MY bohemia. It's a work in progress. I only fear one thing and ONLY one thing...that it will never be REALIZED.

DR. ZACOU

That song where he says: “I’ll try for the Kingdom...if I can?”

ALEXEJ

(slowly)

Umm...yeah

Long pause; then:

LAING

May I interject?

DR. ZACOU

Please.

LAING

Alexej, I think I have a clearer clinical picture now.

ALEXEJ

Please...SHARE. I need something CLEAR.

LAING

I’ve been listening to you talk, and debate, and I can hear the suffering in your voice...you’ve experienced nearly every symptom in the book.

DR. THOMAS

Quite a few.

DR. ZACOU

I can tell this is going to get a little emotional, please, Dr. Thomas. The floor is open for Alexej and Dr. Laing.

DR. THOMAS

Of course.

LAING

You remind me of physics, Alex.

ALEXEJ

How so?

LAING

Not in the traditional sense in that that's what we use every day of our lives. But rather, your whole life has been dominated by what I'd refer to as a pressure cooker. Constant displacement, disruption, interruption, halfway houses, hospitals, residential facilities, delusions, paranoia, PROFOUND social isolation, sexual and relational frustration, moves, catatonia, anxieties, moods, and boredom. You're BORED, Alex. You've suffered SO much that you no longer crave happiness as with a dog who has been beaten with a newspaper so many times, you no longer WANT to wag your tail. You simply go through the motions of life, not because you WANT to but because you don't view quitting as being acceptable, because you feel like the only thing you have to prove is in existing and continuing to persevere and navigate the shoals of insanity...no easy feat, and a laudable one at that. But you're bored. Constantly pondering, lost in thought, stuck in your head, tired of inane twenty-something talk, wondering when life is going to begin for you, even though deep down you know the life you are missing out on and HAVE missed out on as the schizophrenia and psychosis eat away at your youth.

ALEXEJ

Yeah, I've lost quite a number of years. And I'm a complicated guy, it's harder for me to connect with people. [sic]

LAING

You know all of this because you are an extrovert leading the life of an introvert and yet you crave the very misery of solitude because it's all you've come to KNOW. The trauma of isolation and alienation CANNOT be overstated. You're ahead of the curve for your age, but that only compounds your psychosis and loneliness and exquisite sensitivity to all things life-oriented. You grew up wondering why other people didn't feel other people's hurt the way YOU did, why other people laughed at cripples, disrespected women, made racist jokes, or treated themselves and others as objects. In school, you wondered why the conversations weren't going your way. You had setbacks, MAJOR setbacks, retreats, and reverses hitting you in the prime of life, and you've lost a lot of good years, and you KNOW that you'll never get them BACK; and now, when someone approaches you, socially, paradoxically, you decline.

FOUCAULT

That is the ESSENCE of the schizoid. And I believe it entirely typical for a vast majority of schizophrenics. I think to stake the claim that schizophrenics are the new heroes in our society. By DEFAULT, they are more empathetic creatures. And they face irrepressible and unshifting sociopolitical stigmata. They have to be more empathetic creatures. Because very few health-oriented populations know chronic suffering unrelated to physical ailments or human travesty better than the schizophrenic community, because schizophrenia is a LIVING human travesty. Alex, are you okay or did that hit a little too close to home?

ALEXEJ

I feel triggered to be perfectly honest. The portraits of me aren't always flattering. Quite frankly, I feel dead a lot of the time, kind of like the physics pressure cooker analogy Dr. Laing used. And you're right Dr. Laing, my complicated nature has been a barrier. I get suicidal nearly every day. And I always seem to be knee deep in books or I'm working on a multitude of creative projects, to the point where my schizoid brain can't get the day to day stuff done: showering, grooming, maintaining my apartment, keeping a job, getting anywhere with my bachelor's degree program, or socializing. Two quotes stand out, one from an ex-girlfriend who said: "Alexej, there's some super cool beautiful girl out there who isn't getting your attention because you are too PREOCCUPIED". Yet another friend told me: "Society is not made for you. It's not your fault. Don't follow norms! Don't try to! It's not in your genes...literally!" In the last year, aside from university and mental health appointments, I've been out to socialize maybe once or twice. She was right. Society is not made for me and I do not know what is. And in a manic phase, that's the only time I feel like I even WANT to do kid things: go to bars, clubs, lakes, skip class, fuck around, just be a fuckup kid, the kind I think that I am; owing of course, to a variant on a schizoid syndrome after decades of isolation and industrial society alienation...is it any wonder I long for perennial mania?..I mean..uhh...I'm uncomfortable being...ME...umm...isn't it time for a commercial break?

DR. ZACOU

No. This is the last act. Proceed.

ALEXEJ

(cont'd)

When I'm medicated, even if I WANTED to do all those things I couldn't. And when I'm medicated I don't want to do those things. It's COMPLETELY paradoxical. My life is a rabbit hole. I have to carry around pill bottles everywhere. I can't drive and thus lack independence. I'm more sensitive and extraordinarily moody even ON these medications. If I had a drink it would probably kill me with all the benzos I'm taking; and the medications knock you out by 8 pm every night in the absence of two liters of mountain dew or coffee. Holidays, birthdays, I always feel excluded from the parade of life. Part of it IS my fault, but I also blame the institution of psychiatry and the mental health field. But it's unhealthy to look back on life in anger. Trying not to look back in resentment and instead being LOYAL to yourself is the only way to palliate one's suffering. There is no easy solution to be sure. I feel alone even in the middle of a crowd, like I'm looking at life through a window, and can never get past that window. I'm a lone wolf. Mostly it sucks. But life is nothing to complain about.

DR. ZACOU

What do you mean by that, Alex?

ALEXEJ

Think about what you are given when you enter this world. You've done nothing and been given everything, and it doesn't stop me from enjoying every sandwich.

DR. THOMAS

But surely it impedes it to a certain degree? Do you WANT to be a lone wolf? There ARE ways of changing that.

ALEXEJ

It does...quite a bit actually. But schizophrenia doesn't make me less human. It doesn't make me enjoy my pizza any less, or a good smoke, or having a good cup of tea. And as previously mentioned SEVERAL times Dr. Thomas, I DON'T KNOW WHAT I want.

DR. THOMAS

No, I get it now. You're a complicated guy. But nobody's going to give you the unanswerable, no woman, no achievement, no success...for peace of mind, for self-acceptance, you're going to have to go to a darker, more unfamiliar place. It's going to have to come from WITHIN.

ALEXEJ

Believe me, Dr. Thomas. I've learned that the hard way, and I'm no closer than I was ten years ago.

DR. THOMAS

I'm inclined to disagree with that, Alexej.

ALEXEJ

Why?

Long pause; then the POETRY of it all:

LAING

(slowly)

Alexej, you just want to be *loved*.

ALEXEJ

Is there a PROBLEM with that?

LAING

No; it's at the ESSENCE of the HUMAN CONDITION, ALEX.

ALEXEJ

I see.

LAING

Does the dream state make life frustrating, Alex?

ALEXEJ

Yes, to be brutally honest. Cigarettes, sexual activity and food and sleep -- that's all that alleviates that craziness. One hypothesis would be that that's why so many mentally ill people smoke, or are overweight and so many people with bipolar disorder contract STDs. But just because you live in the extreme cognitive efforts of a perennial dream state, doesn't mean you can't LIVE your dream.

Brief pause; then:

FOUCAULT

(softly)

Wow.

DR. ZACOU

Alexej, before tonight's debate you had talked about your time at the University of Colorado-Boulder, where you were under the care of a highly credentialed psychiatrist and met a paranoid schizophrenic named Daniel. What was that like? Was his a different type of madness?

ALEXEJ

His was an incurable madness of cognition. It was almost as if he was living in a reality knowable and understandable only to himself. Screaming at people who weren't there, unexpectedly going on psychotic rants, shouting at people, dressing eccentrically, chainsmoking. Hell, I smoke like two packs a day, and this guy just NEVER stopped smoking.

LAING

What was the nature of your relationship with Daniel?

ALEXEJ

We became counterparts, comrades, really. Eventually I used my schizophrenic model of reality to better enable the practitioners to communicate with Daniel. And they thanked me for it. They acknowledged I offered insights that they simply otherwise would not have had. I utilized an atypical type of schizophrenic communication skills. Something only we SCHIZOPHRENICS HAVE. I

really do feel, as though schizophrenics can communicate amongst themselves but not necessarily to others...kind of like other primate groups.

Foucault giggles.

DR. ZACOU

This was when you were 19?

ALEXEJ

Yes, I had just come out of a psychosis involving the delusion that my testicles were gangrenous, and had fallen into a horrible melancholy, nearly committing suicide and was placed under residential care. That's when my physical ailments became the MOST manifest, due to lithium. My back bled a lot. It was almost like a stigmata. I left a month and a half after admission. And it all feels like a dream.

FOUCAULT

And where is Daniel these days, some 6 years later?

ALEXEJ

I don't honestly know.

LAING

Could you GUESS?

Long pause; then:

ALEXEJ

(sounding defeated)

He's probably still smoking his cigarettes.

Radio Static; debate ends abruptly.

# REFERENCES

Retrieved from the following sources [in numerical order]:

1. Noll, Richard. “American madness: the rise and fall of dementia praecox” Harvard University Press.

2. Laing, “The Divided Self” Ch.1 p.1

3. Berrios GE, Luque R, Villagran J. "Schizophrenia: a conceptual history" pp. 111–140.

4. Laing, “The Divided Self” Ch. 5, p. 92

5. Tillich, 1952, p. 62

6. Laing, “The Divided Self”, Ch. 2 p. 33

7. Laing, “The Divided Self”, Ch. 4. p. 65

8. Laing, “The Divided Self”, Ch. 5. p. 93

9. Laing, “The Divided Self”, Ch. 5. p. 78

10. Laing, “The Divided Self”, Ch. 2. p. 27

11. Foucault, “Madness and Civilization”. Ch. 1. pp. 1-10

12. Laing, “The Divided Self” Ch. 5 p. 79

13. Laing, “The Divided Self” Ch. 11 p. 80

14. Laing, “The Divided Self” Ch. 1. p. 24

15. Laing, “The Divided Self” Ch. 2, p. 31

16. Alexander, “Materialist Topicalities on the Paradox of Identity”, 2012. Thesis.

17. Foucault, “Madness and Civilization”, Ch. 1. pp. 10-12

18. Foucault, “Madness and Civilization”, Ch. 3. p. 66

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