The Schizophrenic Self

The Preservation of the Self in the Schizophrenic Person

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Abstract

Schizophrenia is categorized as a self-disorder in which the afflicted person's self becomes severely fragmented. In this paper, utilizing Mead and McAdams' theories of self as a social construct and self as reflexive, Gamble argues that although the self is disrupted the schizophrenic person can possess insight during periods of psychosis. This insightfulness will then become more apparent during recovery periods. Gamble also argues that because schizophrenic persons have difficulty in adhering to social norms, society rejects them. This societal rejection impedes the development of a social identity, which is necessary in the creation of a unified self. Gamble examines the Paul Lysaker and Hubert J.M. Hermans case study and Eric Coates' memoir to demonstrate how first-hand accounts of the self afflicted by schizophrenia reveal aspects of self that remain despite the fragmentation caused by the symptoms.

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Schizophrenia, which means, "Split brain," is an organic disorder comparative to Alzheimer disease and mental retardation, which has a physiological affect on the brain. It is also characterized as a "self disorder" because it causes fragmentation of consciousness. The symptoms of schizophrenia usually begin in adolescence or young adulthood. It is a life long mental illness that causes those who suffer from it to experience what are termed positive and negative symptoms. The positive symptoms of schizophrenia are severe delusions, auditory hallucinations, and disruptive speech. Louis A. Sass, a Professor of clinical and professional psychology, and Josef Parnas, a Clinical Professor of psychiatry, describes positive symptoms as a "diminished self –affliction—that is, by a loss of the sense of inhabiting one's own actions, thoughts, feelings, impulse, bodily sensation, or perception" (Sass et al., 2003, p. 431). The onset of these symptoms affects the schizophrenic's ability to maintain a grasp on reality. Sufferers can become paranoid in their delusions, believing that they are being followed, or have beliefs that they have super powers. They can also begin to hear voices that can direct them to hurt others or themselves.

The Negative symptoms of schizophrenia include catatonic behavior. Patients who experience catatonic symptoms are either extreme hyperactivity or incapacitated. They can begin to mime others when in a state of excitement. Negative symptoms of the illness can also cause the patient to become withdrawn. There is a lack of interest in fostering relationships with others. They can also become unmotivated and have decreased interest in caring for their personal hygiene. Sass et al., (2003) notes that these deficiencies are

not "straightforward." The schizophrenic person's experiences of negative symptoms are not as others may perceive. Meaning that the level of perceived distress is not equivalent to the actual experience. Where patients with depression report a "quantitative decline in energy, mental intensity, and ability to think efficiently, schizophrenic patients typically report a qualitative alteration" (Sass et al., 2003, p. 433).

A definitive diagnosis of schizophrenia is provided in the DSM V—a manual, which provides clinicians and researchers with the criterions for diagnoses and classifications. The manual determines that two or more symptoms have to be present for six months before a diagnosis can be given.

Schizophrenia is a chronic illness but the effects are not always persistent. Some schizophrenic persons experience psychotic period followed by periods of recovery. In recovery the schizophrenic person may have some mild symptoms and will always remains susceptibility to a reoccurrence of psychosis. In Hearing Voices: A Memoir of Madness, Eric Coates, an editor and author who suffers from schizophrenia and schizoaffective disorder, recounts his experiences when in psychosis and recovery. His first break was instantaneous. Coates (2012) asserts that he "went from believing something perfectly normal—that the young man was *there*—to believing something delusional, that he was *there to kill me*" (p. 12). After his first psychotic episode, Coates had a 5-year recovery period before he had another psychotic episode. His second psychotic break was not instantaneous, it occurred gradually. His second episode was more severe in that he began having intense auditory hallucinations and delusions of grandeur. In his recovery period, Coates still had some negative and positive symptoms but they were mild.

The effects of schizophrenia on identity have spurned a lot of research. Research on schizophrenia as a "self disorder" is largely focused on its reduction of consciousness. In this research the physiological effects on the brain is not as important as its effects on the psyche. Paul Lysaker, a clinical psychologist and Hubert Hermans, a Dutch psychologist (2007) notes, "it is widely thought that schizophrenia spectrum disorders involve a profound alteration in persons' experience of themselves as being in the world" (p. 129). Additionally, Sass et al., (2003), in their article *Schizophrenia, Consciousness, and the Self,* explains, according to Emil Kraepelin, a German psychiatrist, that "loss of inner unity of consciousness (orchestra without a conductor) to be a core feature of schizophrenia" (p. 427). Estroff (1989) also notes that "having schizophrenia includes not only the experience of profound cognitive and emotional upheaval; it also results in a transformation of self as known inwardly, and of person or identity as known outwardly by others" (p. 189). In the examination of schizophrenia's affect on identity, most research fails to fully investigate the parts of the self that remains intact.

There are several important factors in the development of a complete self but I believe that social identity and reflexivity are two of the most important aspects. In schizophrenic persons it is difficult to preserve reflexivity because of experiences of delusions and auditory hallucinations. The social identity is challenged because of the schizophrenic person's inability to adhere to social norms. Society then lacks empathy for the schizophrenic person and they are ostracized. This essay will investigate the preservation of reflexivity in the schizophrenic person. It will also examine the deterioration of the schizophrenic person's social identity due to societies failure to be empathetic.

Dan McAdams, a Professor of psychology at Northwestern University and a leading researcher in narrative psychology and identity, argues that the self is ever evolving and formed by the narratives that we create. The construction of these narratives begins in adolescence and young adulthood. Our stories are constructed during in adolescence and young adulthood because this is "when we confront head-on the problem of identity in human lives" during this time we "formulate personally meaningful answers to ideological questions so that one's identity can be built on a stable foundation" (McAdams, 1993, p. 36). These created ideologies act as a setting and will remain intact through out our lives.

Although our "ideological settings" remain intact, our personal myths continue to change over-time (McAdams, 1993, p. 34). These myths are used in remembering our past and analyzing our future. In our developing stories, characters are created. McAdams defines these characters as our imagoes. "An imago is a personified and idealized concept of the self" (McAdams, 1993, p. 122). Similar to our myths, imagoes are not static; they are representative of our past, present, and future. They are formed in our social interactions and can represent the positive self or negative self.

Eric Coates' memoir is a narrative of his life as a schizophrenic person. He presents several imagoes in this narrative. The self as friend, the self as editor, the self as son, the self as schizophrenic, and the self as recovered. His editor and friend imagoes are avid book lover, successful editor, and social. His son imago is very dependent on the relationship with his mother. These selves act in tandem with each other. In his narration of self as schizophrenic, we see a self without a grip on reality. All of his other imagoes are dormant. There is a steady decline in Coates' ideological beliefs, which is the

foundation of the self, according to McAdams' theory. When he becomes consumed by his psychosis, his ideological setting dissipates.

In his narration of a self in recovery, Coates is insightful and is able to distinguish between real life and delusions. He ascertains that he has a hold on reality because he was "a fully developed human being—socially, spiritually, intellectually— as opposed to the growing-up period that most people in the same situation" (Coates, 2012, p. 98). Coates had developed principles and a fully developed self. He believes that schizophrenic persons who were symptomatic before they entered into adulthood, did not have a developed self to rely on in their recovery. This lack of ideological setting causes them to create a self that is essentially delusional.

George Herbert Meads, a sociologist, philosopher and psychologist, in his *Social Self Theory*, affirms that the self operates independently from the physical body. According to Doubt (1992), Mead asserts, "we can distinguish very definitely between the self and the body" (p. 309). In a delusional self is a self that is severed from the body. The body being separate from the self or damaged does not reduce the self. Likewise the symptoms of schizophrenia can be separated by those that affect the physical body and those that have an effect on identity. Catatonic symptoms of schizophrenia affects the physical body while auditory hallucinations can be detrimental to consciousness.

Interestingly, Sass et al., (2003) finds that, "patients displaying catatonic withdrawal are usually acutely conscious of surrounding events and may show heightened arousal and that asocial behavior is often accompanied by an underlying yet fearful yearning for contact" (p. 433). Doubt (1992) cites E. Fuller Torrey, a psychiatrist and schizophrenic researcher, defines insight as having awareness "of the misfunctioning

of their brains," which he attributes to the brain as the thing we use to think about ourselves. Although he believes this "insight is usually lost as the disease becomes fully manifest," he expresses his surprise that the schizophrenic person has this ability (p. 309). Torrey does not fully understand why the patient is able to have self-awareness when the self should have diminished.

The Lysaker et al., (2007) case study, which is an examination of patient Grieg in psychotherapy over 4 years, demonstrates the schizophrenic person's ability to gain insight. During the first six months of therapy the study Grieg was unable to respond to questions concerning him and others. There was no "I" and the world. Over the course of therapy he became insightful on the effect of his illness on his relationships and his world. In his final months of therapy, months 42-48, Grieg gave the therapist insight into his obsession with television and fantasies about celebrities. Grieg "reflected that since a young age, he had perceived life as "horrible" and had always preferred to pretend." He understood that his imagination was overactive in childhood and added to his delusions in adulthood. In therapy, Grieg's insightfulness was in fact recovered. In contradiction to Torrey's observation, "there was no evidence of significant improvement in basic neuro-cognitive capacities" (Lysaker et al., 2007, p.136). Lysaker et al., (2007) attributes Grieg's insightfulness to his learned ability to cope through therapy (p. 136). Grieg did not recover from his schizophrenia, but through therapy he regained a parts of his identity that was previously concealed.

In Mead's theory, for the self to be preserved, it has to be reflexive. Doubt (1992) equates the importance of reflexivity to the body's ability to walk (p. 311). To be reflexive means, that the self is experienced as a whole. The self has to reflect on its

world through the perception of others in society. The self in schizophrenia is categorized as fragmented. In psychosis the schizophrenic person is perceived as a self as unable to understand self as part of society or in direct relation to others. In the Lysaker et al., (2007) case study, in the early stages of therapy the patient, Grieg, initially identified himself in the second person, "you have a car that needs repairs" (p.134). He did not have an understanding of himself in the world or others. His delusions were strong in these moments and his self was disintegrated which crippled his reflexivity.

In further analysis of the Lysaker et al., (2007) case study, Grieg learned how to be reflexive over time. He slowly pieced his self began to mend and he perceived himself as a part of society. In trying to understand his relationship with his family, Grieg reflected on his action from the viewpoint of his in-laws. "Grieg noted how he knew that his in-laws tried to be kind to him but that he said odd things to hurt them." He recognized that he had a shared responsibility in his relationships with others (Lysaker et al., 2007, p. 136).

In order for the self to be reflexive there has to be social interaction. Social interaction is the only way one can understand their self from another's perception. Mead asserts that the self cannot develop without interaction with others, socialization that begin in childhood. In our first interaction as babies we mimic our caregivers. Then as we grow we begin to mimic others in our society. As adults we have an "I" and a "Me." The "I" initiates actions and the "Me" makes the decision to follow through with the action. This decision is based on societal expectations. This communication with society is a key part of development and to be fully developed is to internalize social norms. Similar to Grieg, Coates examined his identity through his social interactions. He found that it was difficult

for him to build relationships with others because he was "quiet, inexpressive, solitary" (Coates, 2012, p. 97), which caused others to alienate him in turn.

In society there is a common language spoken. The schizophrenic person has difficulty understanding this language. This inadequacy in social interactions is problematic because society isolates them. Doubt (1992) notes society is unable to see from the point of view of the schizophrenic person and empathy is lost (p. 308). Doubt cites E. Fuller Torrey who is in agreement with his theory. Torrey explains that there is little sympathy for the sufferers of this illness because of the strangeness of their behavior (Doubt, 1992, p. 308). Coates (2012) reflects on his experiences with social interactions:

> People in public situations tend to shun me—not because I do anything to Offend them but because I am different: quiet, inexpressive, solitary. I don't I don't add much to most conversations, and Laugh at jokes that most often do not strike me as funny (p. 97).

Society no longer recognizes the person's identity. For them, the person they once knew is lost, only the illness is visible. The disease wholly identifies the individual. The self is not perceived as separate from the disease, the self itself is diseased.

Family and close friends also find it very difficult to view the person outside of the disease. Estroff (1989) equates this frustration is due to their history with the person (p. 190). She emphasizes that the narrative that is told by relative usually starts with the person characteristics before their illness and ends with what parts of the schizophrenic persons identity as lost. Relatives view the schizophrenic person as "not-really-who-

they-were-before-but-still-somehow-the-same person" (Estroff,1989, p.191).

For schizophrenic persons, coping with the illness becomes increasingly difficult because they have to deal with the disruption felt with in and also the perception of society. Sue E. Estroff points out that patients may reject diagnosis to preserve parts of their history. This is a desire to preserve the self before illness. In her research she finds that "most of the patient-participants acknowledge symptoms of disturbances of thought and emotions. What they resist and reject are the notions that they are incompetent, failed, or somehow revised" (Estroff, 1989, p.191).

A study conducted by Barrowclough, Tarrier, Humphreys, Ward, Gregg, Andrews (2003), investigates how family attitude affect positive symptoms in the schizophrenic person. The study consisted of 59 participants. The participants were clinically diagnosed with schizophrenia or other related illness. They had to be diagnosed for less than 3 years and have face-time with family member for at least 10 hrs a week. The Barrowclough et al., (2003) study found that 68% of relatives had high ratings for emotional over involvement, criticism, or hostility and 56% made six or more critical comments and/or were very hostile towards the patient (p. 95) . This negative criticism and hostile behavior cause the patient to have low self-esteem and they evaluated themselves negatively. The negative evaluation of self led to greater positive symptoms in patients.

In order for schizophrenic persons to cope with illness, they have to have positive social interactions. In the Lysaker et al., (2007) case study, the patient began to benefit from the positive interaction with the therapist in his psychotherapy sessions. Lysaker et al., (2007) observes that the patient found ways to "make accommodation for his deficits" and became "more active in social relationships" (p. 136). Eric Coates also found (2007)

comfort in his relationships with the few friends that he had. As the Barrowclough et al., (2007) study finds that the negative interactions can lead to the worsening of positive symptoms in patients. And positive symptoms can be detrimental to self-hood.

In my examination of what happens to identity in the schizophrenic person, I discovered that although the self is severely disrupted in psychosis, once the psychotic episode subsides, there are parts of the self that are recovered. In Eric Coates' (2012) memoir, he narrates his life in psychosis and in recovery. When Coates was in a state of psychosis, his self was almost completely unrecognizable. He was in a state of severe delusion and he could not distinguish fiction from reality. His delusions became reality. Coates emphasizes that his recovery to his identity being fully developed before the onset of illness. He was able to fall back on what McAdams describes as the ideological setting. Coates' ideologies were dormant in psychosis but reemerged in recovery.

Grieg, the patient in the Lysaker et al., (2007) case study gained insight into schizophrenia's effects on his self and social interactions with others. In the beginning of his session, Grieg could not distinguish his self, society, or family. He referred to himself in the third person. By the end of his session, Grieg understood that he might have caused the unfavorable relationship that he had with his in-laws. He also began to make attempts to mend his relationship with his family. Over his 4 years of therapy Grieg's began to regain a sense of self.

To assist the schizophrenic person in recovery, there needs to be positive social interactions. Estroff (1989) believes that "becoming a schizophrenic is essentially a social and interpersonal process, not an inevitable consequence of primary symptoms and neurochemical abnormality" (p. 194). Although I am not in total agreement with this

statement, there is evidence that it becomes difficult for the patient to experience relief if they have negative social interactions with those who are closest to them. Estroff (1989) also creates distance from her statement when she states, “I am not suggesting that schizophrenia is any sort of personal pr cultural fiction” (p. 194). Coates does not make this fact clear, but throughout his narrative the positive support of his mother his friends are ever present. So, while he struggles when socializing, his mother and friends encourages recovery in their positive relationships with Coates.

As a society we distance our self from sufferers of mental illness. Because we do not understand the schizophrenic persons way of communicating socially, they are rejected. This rejection only enhances the effects of the illness. If we are able to be more empathetic to those who suffer from schizophrenia, it can be beneficial in their recovery. And in recovery they can regain parts of the self that may seem to have been lost.

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