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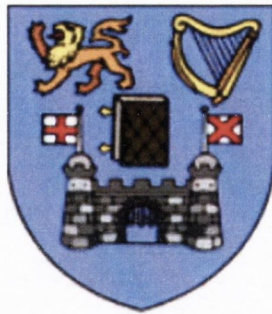
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**The Schreber case: towards a philosophical
construction of madness**

A thesis submitted for the degree of

Doctor of Philosophy

in the

University of Dublin

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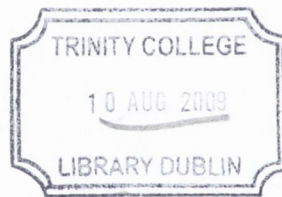
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Abstract

Daniel Paul Schreber, lawyer and judge, is better known as a "psychiatric patient *par excellence*". Schreber's case is also interesting in terms of the debate as to what constitutes health and what, disease. The three main philosophical accounts of disease – naturalist, normativist, and Wakefield's hybrid theory – are examined. None of them, however, are able to satisfactorily explain Schreber's complex case. The key issue is that, following Schreber's second breakdown, he was well enough to leave the Asylum but he maintained his delusional framework and adhered to the strictures it placed upon him. How can a person be neither strictly sane nor mentally ill? An alternative analysis of disease is examined. Ereshevsky's claim is that the objective facts about a bodily or a mental state must be taken into account when discussing disease, but these objective state descriptions ought not to be conflated with the subjective experience of the patient or, where applicable, that of the medical practitioners involved. Consideration of both the objective state descriptions and the subjective normative judgements is necessary to arrive at a full, informed decision as to whether a specific state is to be considered disease: the state must be bad and the patient, or, in cases where the patient is incapable of rational judgement, the patient's medical practitioners, must also experience the state as negative for it to be considered a true disease state.

For Schreber, this construct is also problematic, because Schreber's doctors and Schreber himself experienced his illness differently. The claim made here is that Schreber's illness can be seen as a coping mechanism. The strictures Schreber placed upon himself and the delusional framework he came to accept are in themselves undesirable. It was only after Schreber developed this belief system and its associated behavioural strategies that his crisis period ended and he began to recover. Thus, although undesirable, the delusional framework served as a "crutch" to allow Schreber to function in a way more closely approximating what was expected of a man in his social circle. A loose analogy can be made with Freud's notion of religion as a tool for those who need it, although Schreber's belief system is not strictly religious because it is unshared. Thus, we can make the claim that there is such a thing as "positive" madness: madness that serves a purpose.

The question then is, why would Schreber need such a "crutch"? The analysis of Schreber's case by Freud, conducted on Schreber's published account of his experiences, is the most famous of the various analyses made of the case. This thesis will suggest that Freud's account is mistaken, and that Schreber's illness was the result not of homosexual anxiety but rather the result of Schreber's desire to be successful and his concomitant inability to attain success.

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Blessed are the cracked, for they shall let in the light.

Groucho Marx

Introduction

Schreber is always, at some level, still *Freud's* Schreber; after Freud one cannot read Schreber except in some sort of dialogue with Freud, no matter how agnostic that dialogue might be.¹

Daniel Paul Schreber was one of Freud's most famous analysands, although the two never met. He was a lawyer and judge by profession, but his fame comes from his role as psychiatric patient *par excellence* rather than his legal brilliance. He kept careful records of his experiences, hallucinations and experiences during his stay in various asylums, and turned these records into a narrative for publication. It is this publication, *Memoirs of My Nervous Illness*,² that is the source of his fascination for psychiatry and psychoanalysis: rarely had there been such an articulate and frank account of mental illness before Schreber, although he vociferously rejected the term.

Despite the volume of material already produced in relation to the Schreber case, the material extant is primarily psychological and psychoanalytical in its context and approach. This thesis will take a philosophical approach to its examination. Schreber raises interesting questions both explicit and implicit in the *Memoirs*; those examined here address the problem of defining mental illness, in particular when the sufferer – or experiencer, since it is not always clear that suffering *per se* is taking place – does not accept that it is present. We will also examine the possibility that what we believe to be constitutive of mental illness may actually be beneficial to the patient: Schreber's delusional framework can be seen as a means of coping with circumstances beyond his control.

This thesis can be divided into three main areas over the seven main chapters: Description, Theory, and Analysis. The first two chapters are descriptive, the first outlining the cosmology that Schreber described in his *Memoirs* and the

¹ Santner, Eric L.: *My Own Private Germany: Daniel Paul Schreber's Secret History of Modernity*, Chichester: Princeton University Press, 1996, p.17

² Schreber, *Memoirs of My Nervous Illness*, New York: New York Review of Books, 2000. Translated from the German and edited by MacAlpine and Hunter.

second his family relations, specifically the relationship Schreber had with his father, Moritz Schreber, the noted pedagogue. Chapter Two also discusses Moritz Schreber's educational philosophy and the influence that this may have had on his son.

Chapters Three and Four are theoretical; they attempt to define mental illness by examining the three main notions of disease: the naturalist, normativist and Wakefield's hybrid theory of disease are all examined. In Chapter Five, an alternative hybrid theory is suggested and examined in the context of Schreber's case: Ereshevsky suggests that it is necessary to consider both the objective facts about the bodily or the psychological state of a person and the value that is placed upon that state without conflating the two. Schreber's case is examined, and the notion of insight is addressed: is it essential for a person to have insight into their condition in order to be considered cured or at least in remission? There are alternative suggestions as to what it means to say that a person has insight, and these are examined here.

Chapter Six continues to examine these questions, and the cause of Schreber's illness is re-evaluated in the light of them. An alternative suggestion is that the cause of Schreber's illness was his desire to take a masculine role and his concomitant inability to achieve it. We can then make the claim that Schreber's delusional framework allowed him to make sense of his conflicting experiences and desires and can therefore be seen as a coping mechanism that allowed him some measure of relief from his terrifying experiences. This section relies on the information laid out in the first two chapters, since it is in his family relationships, particularly with his father Moritz Schreber, the noted pedagogue, that the reasons why Schreber experienced himself as inadequate while at the same time being driven to overachieve are to be found. Supporting evidence for this conclusion is to be found in the specifics of the delusional cosmology Schreber created for himself as explained in Chapter One as well as in the lives of other family members, specifically Schreber's elder brother, Gustav.

Chapter One

Schreber's Cosmology

The first question in any analysis must be content: what, precisely, is under scrutiny? Schreber's Memoirs of my Nervous Illness provides a frank and articulate account of his experiences during the second of his three episodes of illness. In writing the Memoirs, Schreber's purpose was two-fold: he wished to add weight to his campaign to have the order of tutelage placed upon him by the Council of Leipzig rescinded and his legal status restored.³ He wanted the Memoirs to prove to the courts that he was not insane. He also wished to inform the masses about the truths he discovered whilst suffering from his "nervous illness".⁴ In his Introduction he acknowledged that his primary purpose in writing the Memoirs was to enable his acquaintances to see an account of his experiences so that they could understand that his behaviour was the necessary result of external influence by God. He rejected the label of "mental illness" on the grounds that he did not consider his mental faculties impaired in any way. He preferred the term "nervous illness", which he used in its most literal sense to mean a physical ailment of the nerves:

Although I have a nervous illness, I do not suffer in any way from a mental illness which would make me incapable of looking after my own affairs or which would allow my detention in an institution against my will on the grounds of administrative law.⁵

He commented that, having read over his Memoirs before submitting them for publication, he realised that they had far wider relevance than merely as a tool to secure his release, and hoped that his work would be read and understood in terms of its religious and spiritual significance by the wider public.⁶ Since it was so clear to him that any rational person reading his book could not fail to see the

³ Ibid, p. 15

⁴ Ibid, footnote, p.15

⁵Ibid, pp. 237-8

⁶ Ibid, footnote, p.15

truth of it, he assumed it would bring about a spiritual and religious revolution of sorts.

My aim is to show the reader that he is not only dealing with the empty figments of a poor mental patient's fantasy ... but with results which are the fruit of many years' hard thinking and based on experiences of a very special kind not known to other human beings.⁷

These experiences, he believed, were the result of his irresistible attractiveness to God⁸ and the souls of dead human beings, who swarmed around him and plagued him with "miracles". These miracles bore no resemblance to the positive miracles to be found in orthodox discussions of Christianity;⁹ rather they were designed to cause him physical and emotional distress in an attempt to rob him of his reason.¹⁰ Thus his philosophy is religious in its context¹¹ and broadly Christian in its starting point. Schreber took pains in his Introduction to ensure that the reader understands that he did not mean to reject Christianity; he merely wished us to understand that there are things beyond normal human understanding.¹²

These things were incomprehensible to Schreber too prior to the onset of his nervous illness, and over the course of his illness they were revealed to him by virtue of his privileged position.¹³ At times he used "approximations of truth" instead of the actual truth, which he believed would be beyond the intellectual grasp of most humans.¹⁴ Approximate truths equate loosely to metaphor: although he did not deny that certain Biblical events took place, he did not believe that they took place in the way explained in the Bible.¹⁵ The example he used is of the conception of Jesus: the Biblical description is only an approximate account of the true miraculous event. Schreber denied the method of the conception of Jesus,

⁷ Ibid, p.217

⁸ Ibid, p.24

⁹ The parallel with the Biblical Job is, however, apparent.

¹⁰ Schreber, *ibid*, p.8

¹¹ Schreber's philosophy cannot be said to be religious in a stricter sense since it is unshared and therefore cannot strictly be said to be a religion in itself.

¹² Ibid, p.16

¹³ Ibid

¹⁴ Ibid

¹⁵ Ibid, p.17

since he considered it absurd that God should have come down as a Being with human genitals to impregnate Mary.¹⁶ He did not however deny that such a divine impregnation of a human being would be possible, since he alleged that a similar occurrence took place on two separate occasions while he was staying in the Sonnenstein Asylum.¹⁷

Twice at different times (while I was still in Flechsig's Asylum) I had a female genital organ, although a poorly developed one, and in my body felt quickening like the first signs of life of a human embryo: by a divine miracle God's nerves corresponding to male seed had been thrown into my body; in other words fertilisation had occurred.¹⁸

Schreber used this as an example to emphasise the difference between literal and approximate truth: a strange or unusual event may take place and we explain it as well as we are able. This sort of inductive reasoning is characteristic of Schreber's own explanations of the events around him, and it is something to which we will return. Schreber, by virtue of his contact with God, had a closer idea of the truth than "ordinary" humans do, but even he did not have complete understanding.

Schreber also wished the Memoirs to be a useful means of reference for his family:

It is therefore necessary to give those persons who will then constitute the circle of my acquaintances, an approximate idea at least of my religious conceptions, so that they may have some understanding of the necessity which forces me to various oddities of behaviour, even if they do not fully understand these apparent oddities.¹⁹

It is hard to imagine that any nineteenth century household would have reacted with nonchalance to its *paterfamilias* spending his evenings adorned with ribbons and dressed in feminine attire, but Schreber tried his best to make sure that the

¹⁶ It is worth noting here that the Bible does not describe the conception of Jesus in this way; however Schreber seems to think that this is the common opinion of how the divine conception occurred and uses it as an example of approximate truth. The gospel of Matthew states that the conception of Jesus was not due to a literal coupling between God and Mary, but the result of a visit by the Holy Spirit. (Matthew 1:18-25)

¹⁷ Whenever Schreber referred to an asylum in which he is resident, he capitalised the word. I have followed the same convention, and when referring to a non-specific asylum have not capitalised.

¹⁸ Schreber, *Ibid*, p. 18, footnote

¹⁹ *Ibid*, p. 41

unusual requirements that God had placed upon him were understood by the family so as to cause the minimum of disruption and distress to all concerned. From his comments above on the existence of truths beyond normal human comprehension and on his desire to ensure that his acquaintances were aware of at least a partial understanding of the strictures placed on him, we can surmise that he did not expect them to understand *why* he needed to behave in such a manner, merely to understand *that* he had such needs.

Schreber and the soul

Schreber began the exposition of his acquired wisdom by explaining the nature of human life. According to Schreber, humans are composed of body and soul together while alive, and after death the soul goes into a form of hibernation. It is later re-animated and examined by God, then purified in various stages and eventually, once the purification is complete, it becomes one with God.²⁰ During hibernation, the soul continues to exist or rather *persist* in some form, but it has no concept of itself and is incapable of thought or action. Whilst alive, the soul is contained within the physical nerves of the body, and retains considerably reduced physical mass after the death of the body.²¹ Thus Schreber began his philosophical exposition of the nature of the soul from a broadly Cartesian perspective. The nerves of the human body are comparable to the nerves of God, although God's nerves are purer and infinitely finer than those of the human.²² Unlike the Cartesian soul, however, Schreber's notion of the human soul possesses and retains after death a small amount of physical mass; it is not a purely non-material substance. The post-mortem state of suspended animation is also perhaps un-Cartesian in terms of the post-mortem hiatus of thought. Also Cartesian is Schreber's emphasis on thought as being the very root of the soul's existence: if Schreber were to cease to think for even a moment, then God would presume him

²⁰ Ibid, pp. 20-21

²¹ Ibid, p.19

²² Ibid, p.21

dead or demented. “[A]s soon as I indulge in thinking nothing God, presuming that I am demented, thinks he can withdraw from me.”²³ Schreber believed not only that God wished to withdraw from him, but that He was actively trying to cause Schreber to become demented so as to enable and precipitate His withdrawal from Schreber.²⁴ Schreber’s ontological doubt is not a central facet of his philosophy, although it certainly colours it: so long as he thinks, he exists, but thinking rationally is what is essential for his continued existence in conjunction with the Order of the World.

Some souls transmigrate after death in order to undergo their own purification instead of ascending to heaven. Schreber believed that they were reincarnated into new bodies born in the usual way on distant planets, and their transmigration is for the purpose of helping them with their purification as well as possibly other purposes.²⁵ He did not know for definite what these other purposes were, although the “tested souls” told him that the souls that transmigrate are generally sinful ones and are given a much lower station in their new life.²⁶ He assumed this to be a kind of punishment, but pointed out that purification is always considered unpleasant by the souls, as it often involves some punitive element. “For instance, there was once talk of Flechsig’s soul having to perform “drayman’s work.””²⁷ These souls retain a limited amount of memory of their previous incarnations (otherwise what would be the point of punishing them?), although this is not the case for souls that go straight into the “forecourts of heaven”. For the souls who enter the “forecourts of heaven”, personality is not retained: strong-willed souls²⁸ can retain individual identity for a longer period than young or weak souls, but eventually all reach a high level of purification (the

²³ Ibid, p.23 See also pp. 188-9.

²⁴ Ibid, p.62

²⁵ Ibid, p.27

²⁶ Ibid, p.27

²⁷ Ibid, p. 25. This example is particularly interesting because at the time of writing Flechsig was not dead.

²⁸ Schreber’s examples are Goethe and Bismarck, who he says could remain aware of their human selves for centuries, while the souls of young children would not retain their memories for very long.

“state of blessedness”) and meld into each other, thereby gaining a new awareness of each other and God and rejoicing in God’s closeness. Although Schreber’s style remained broadly Christian, he was unrestrained by the constraints of traditional doctrine in his adaptation of Christianity to suit the more fluid requirements of his new cosmology. The way in which certain souls are given a lower station in another life as punishment suggests a purgatorial theme to the transmigrational proceedings, although in the form of purification taking place in Heaven punishment is ascribed a purely rehabilitational purpose²⁹ rather than the divine retribution preached by the contemporary hell-fire merchants that Schreber eschewed.³⁰ Schreber rejected the idea of Hell altogether, believing that “it is quite unthinkable that God would have denied any single human being his share in the state of Blessedness.”³¹

Sin causes physical damage to the nerves: “[t]he nerves of morally depraved men are blackened ... the higher a man’s moral standard in life, the more his nerves become completely white or pure”³² Confession eases the conscience but does not repair the physical damage.³³ Nerves that have been subjected to too much sin are not suitable for purification, as they are so damaged that they cannot be purified enough to merge with God.³⁴ These nerves are stripped from the souls they are a part of and discarded, and the remaining soul may be purified. The nerves may undergo a vast amount of damage before they are irretrievable; even the soul of Judas Iscariot was salvageable.³⁵ The purpose of purification is to allow the souls to merge with God in the “forecourts of heaven”, and impure nerves are not suitable. God assesses what proportion of the nerves of the soul will be useful to Him, and assigns a method and length of purification to

²⁹ Ibid, p.27

³⁰ Ibid, p.17

³¹ Schreber’s italics, *ibid*, p. 41

³² Ibid, p. 25

³³ The only way to cure the blackening of the nerves is through the post-mortem process of purification; prior misbehaviour blackens the nerves regardless of whether the sinner repents. *Ibid*, p.25

³⁴ *Ibid*

³⁵ *Ibid*, p.26

that soul. The soul then becomes a “tested soul” according to the so-called nerve-language, meaning “untested” in human language,³⁶ and begins purification, the length of which depends upon the level of damage the nerves of the soul sustained during its human lifetime.³⁷ Purification in the “forecourts of heaven” takes an extremely regimented, hierarchical form: souls begin as “tested souls” and are then graded according to the level of purification they require: they are “variously graded as “Satans”, “Devils”, “Assistant Devils”, “Senior Devils” and “Basic Devils,””³⁸ with Basic Devils being the lowest and dwelling in the Underworld. Judas Iscariot, Schreber informed us, was a Basic Devil, giving us some idea of the depths to which one had to sink in order to become one.³⁹ The structure of the hierarchical framework can be explained thus:

God

(divided into upper and lower God, Ariman and Ormuzd)

^

“Forecourts of Heaven”

(containing purified souls merging with God)

^

“Tested souls”

in various stages of purification

^

**Hiatus of experience and self-awareness at the moment of death; ended by God,
who examines the soul, judges it and assigns it a method and length of
purification.**

^

Human beings

³⁶ Many of the terms given Schreber by the “tested souls” are antonymic, “juice” for “poison” being a particularly sinister example.

³⁷ Schreber, *ibid*, p.26

³⁸ *Ibid*

³⁹ *Ibid*

Schreber's emphasis on including all souls in purification instead of consigning the worst sinners to Hell, and the purpose of punishment being guidance rather than vengeance implies a love-thy-neighbour philosophy in contrast with the brimstone and eternal damnation brand of Christianity so beloved of sermon-writers contemporary to Schreber. Indeed, Schreber believed that the "hell-fire current in most religions can be explained in this way [meaning in terms of purification] *but must be qualified in part.*"⁴⁰

For Schreber the soul was the central element of his theoretical system. Schreber's own soul was perpetually tormented, but he bore this repeated torture resignedly, if not always with good grace, as an unfortunate necessity of his "privileged"⁴¹ state. The myriad "tested souls" questioned him almost constantly, and when they were not asking him questions about what he happened to be doing, or why he was not doing something different, they were speaking to each other about him so that he could overhear their discussion, or suggesting ways he might improve himself by behaving differently. A committee of souls closely examined Schreber's every movement and lack of movement. He concluded that God was responsible for this perpetual surveillance, which had arisen because of His mistake in becoming entangled with Schreber at all. The purpose of the constant questioning was malicious: the souls' goal was to finally drive Schreber mad, as his finally becoming demented (or dying, although the voices told Schreber his body would remain unharmed by them⁴²) would mean God could withdraw from His uncomfortable association with Schreber. Although the souls were the agents of this torment, the instructions came from God:

⁴⁰ Ibid, p.8, Schreber's italics

⁴¹ Schreber's situation was somewhat ambivalent: his position was at once privileged and desperate. God had chosen him as a suitable bearer of a divine child, but this exaltation brought with it great suffering. It is doubtful whether anyone would volunteer to be in his position, closeness with God or not.

⁴² Schreber, *ibid*, p.63

God might have become aware that unmanning was not a way of “forsaking” me, that is of freeing Himself again from the power of my nerves. From this the idea arose to “retain me on the masculine side,” but – again under basically false pretences – not in order to restore my health, but to destroy my reason and make me demented.⁴³

Schreber and God

God is, according to Schreber, a supercharged version of a human soul; his nerves are capable of attaining feats of understanding far beyond humans and are infinite and eternal. God, however, has the advantage of being composed of rays.⁴⁴ God’s rays, much like human souls, are material. Schreber described the human soul as being “contained in” the nerves of the body rather than being identical with these nerves,⁴⁵ but God is composed of and identical with nerves akin to those in which the human soul is stored but immeasurably more sensitive.⁴⁶ God is able to alter and modify Himself at will by manipulation of His rays. Schreber noted an “intimate relation”⁴⁷ between God and the night sky, but he is not sure whether God is identical with the stars or whether He is situated in the heavens above and behind the stars. He was also unsure as to whether God created the celestial bodies or whether His influence is limited to the terrestrial world.⁴⁸

As well as being divided in terms of the “forecourts of heaven”, Schreber’s God is also split into an Upper and Lower God, Ariman and Ormuzd.⁴⁹ These names refer to twin Gods born of the Persian God of Time, Zurvan. Zurvan was a hermaphroditic God, combining Mother and Father in one. He longed for a son and offered sacrifices in the hope that he might produce one.⁵⁰ After a thousand

⁴³ Ibid, p. 125, Schreber’s italics

⁴⁴ These rays are composed of delicate physical matter, “akin to the finest filaments” and comparable to human souls. Ibid, p.20

⁴⁵ Ibid p.19

⁴⁶ Ibid, p.20, 21

⁴⁷ Ibid

⁴⁸ Ibid

⁴⁹ Ibid, p.30

⁵⁰ It is not disclosed to whom Zurvan, a God in his own right, was sacrificing.

years, he conceived twins, and in his joy vowed that the first-born would receive the kingdom of heaven and earth. Ariman, hearing this, leaped to his side. Zurvan was disappointed, finding Ariman dark and loathsome, but he kept his word and granted power over the world to Ariman. He gave the office of high priest to Ormuzd, along with the kingdom of the spiritual world and the ultimate victory. Ariman and Ormuzd are complementary beings within the same God: Ormuzd is attracted more to Caucasians and Ariman to Semitic peoples.⁵¹ The “tested souls” have a degree of influence over God, as evidenced by the amount of power wielded by Flechsig.

Dr. Flechsig was Schreber’s psychiatrist during his first illness and the first part of his second,⁵² although Schreber did not become suspicious of him as one of the agents of Schreber’s tortuous experiences immediately. Indeed, he thought highly enough of him to return to his clinic at the time of the outbreak of his second illness.⁵³ Schreber’s wife Sabine also thought highly enough of Flechsig to keep his photograph on her desk for many years afterwards.^{54, 55} An obvious problem with this particular “tested soul” was that its owner was still alive. Schreber explained this discrepancy by asserting that Flechsig’s soul had split, with part of it retaining control over Flechsig’s body, and the remainder causing mayhem in the realm of heaven by marshalling “tested souls” against Schreber in order to bring about Schreber’s unmaning.⁵⁶ Schreber concluded that God, with Flechsig as a capable henchman, was responsible for the permanent surveillance:

⁵¹ Schreber, *ibid*, p.30

⁵² Schreber was transferred out of Flechsig’s asylum as soon as it became apparent that he was not going to be cured quickly. Flechsig kept only acute patients.

⁵³ In his open letter to Flechsig, Schreber explains an insight he had into Flechsig’s psychical interference with Schreber just before the publication of the Memoirs in terms of “some hypnotic, suggestive ... contact with my nerves” (Schreber, *ibid*, p.8).

⁵⁴ *Ibid*, p.46

⁵⁵ There is some speculation that their relationship was not entirely faithful, and that the daughter they adopted together after Schreber’s release from the Asylum was Sabine’s own. Schreber seemed entirely unaware of this suggestion, however, referring frequently to his happy marriage and deep love for his wife. It is unlikely that Schreber would have aired his marital doubts in the Memoirs, considering their purpose, but the evidence of his adopted daughter Fridoline suggests a reasonably harmonious marriage. Lothane, Zvi: In Defense of Schreber: Soul Murder and Psychiatry, New Jersey: Analytic Press, 1992, pp.40-41

⁵⁶ *Ibid*, p.9

God cannot claim infallibility *since He entered into a relationship with me which is contrary to the Order of the World*, is proved to my satisfaction, as *He himself* must have determined the whole policy pursued against me, and thus have started the systems of writing-down, not-finishing-a-sentence, tying-to-celestial-bodies etc.⁵⁷

In spite of God's cruelty towards Schreber, God's impulses towards other humans are disinterested but benign. The Creation was described as a supreme effort of will and exertion, with its crowning glory being "the human being... a being who *after death is transformed again into God.*"⁵⁸ Schreber suggested also that the creation required God to give up some aspect of Himself, a "partial self-sacrifice of rays,"⁵⁹ with restoration happening over time as human souls returned to the "forecourts of heaven."⁶⁰ "God *wills* that something should be, and by dispatching rays with this will, *what He wills immediately comes into existence.*"⁶¹ God's creative power is not unlimited; "it is somehow dependent on certain conditions connected mainly with the spatial relations to the celestial body on which creation was to take place, and therefore seems connected with drawing nearer to that body."⁶² Although God created life on Earth, and presumably on the planets to which souls occasionally transmigrate after death, Schreber believed that God had already completed the Earth so that it was in a condition to nourish life before God began creating living things.

Naturally, when a new species was created conditions had to exist which allowed that species to survive permanently; the physical conditions on the celestial body (temperature, air, water, etc.) must have reached a certain development and a population of plants and lower animal forms had to be in existence to serve the higher species as nourishment.⁶³

God's creative drive was geared towards creating the perfect environment for humans as the pinnacle of His creation, made literally in His image and designed

⁵⁷ Ibid, p.198, Schreber's italics

⁵⁸ Ibid, p. 217, Schreber's italics

⁵⁹ Ibid, p. 215

⁶⁰ Ibid, footnote, p.30

⁶¹ Ibid, p. 216, Schreber's italics

⁶² Ibid, p. 216

⁶³ Ibid, p. 216-217

so that after the death of the human body they could return to God. "The crowning glory of the whole of creation, however, was the human being; the plan of creation was to form him in the image of God, as a being who *after death is transformed again into God.*"⁶⁴ God created the perfect environment for His living creations to thrive, and then once his creation was completed left it to fend for itself and began simply to observe it rather than taking an active role in the way it developed.⁶⁵ God is largely disinterested, although he occasionally intervenes when it is absolutely necessary to prevent an event that would change the way God wants the world to be, or when moved to do so by fervent prayer.⁶⁶ He generally intervenes by way of the weather. For Schreber, the storms that scattered the Spanish Armada were no freak meteorological event: they were God's means of intervention, as was accepted by most Protestants at the time,⁶⁷ and the severe winter of 1870-71 was God's way of ensuring that the Germans won the war. The sun is God's usual instrument of intervention, and extreme weather conditions (barring divine interventions) occur when God moves away from the Earth.⁶⁸

Schreber's God is neither omnipotent nor omniscient. While God's power is great, He is subject to certain constraints: He is unable to create new beings or objects at a distance from the place He wishes to create them, for example, and He is unable to know the future of any human being. Schreber posed a series of four questions commonly asked by those seeking to understand divine omniscience, and then commented that to expect them to be answered in the affirmative would be "absurd".⁶⁹ Questions relating to the future of specific human beings or even nations would be irrelevant to God, who sees the world as a whole with little regard for the activities of one individual within it. "God has provided for all the species He created the necessary conditions for self-preservation; it is left to these

⁶⁴ Ibid, p. 217, Schreber's italics

⁶⁵ Ibid, pp.225-226

⁶⁶ Ibid, pp.22-23

⁶⁷ Schreber quotes the phrase "Deus afflavit et dissipati sunt" – God called and they were scattered – saying that this statement probably involves a historical truth. Ibid, p.22

⁶⁸ Ibid, p.23

⁶⁹ Ibid, p.230

beings themselves whether they make good use of it.”⁷⁰ Reality is in perpetual flux, and we can only see a single snapshot at any one time, using these impressions to create a greater understanding of the world. God, however, is able to see the single snapshots but not learn from them.⁷¹ Schreber considered God’s intellectual capacity to be somewhat lacking; He is unable to learn from experience or understand living human souls,⁷² dealing as He does exclusively with dead souls until He becomes entangled with Schreber.⁷³ When God was near to Schreber God gained knowledge, but when He withdrew this knowledge was lost:

[T]his relates to God's having as a rule only an outward impression of the living human being and to rays, which had come in nerve-contact with a human being, having every "sight" ... only a single (momentary) impression.⁷⁴

There is no past for God; He is not ontologically consistent over time but a being in constant flux, composed of momentary experiences and requiring continual re-creation.⁷⁵ Schreber accepted that human souls existed along much the same lines, although human souls had the advantage over God in that they could learn from previous instances of experience and become an enhanced whole as a result. God was incapable of assimilating experience in this way.⁷⁶

Although God could theoretically interfere in the life of an individual – Schreber also offered the example of divine anticipation of lottery numbers as an absurd notion of how God might use His limited omniscience, and noted that God could, if He wanted, determine the winning numbers – it would have to be an extremely unusual and exceptional situation for God to intervene in the life of an individual while the Order of the World is in place and being followed.⁷⁷ As the Order of the World fell into dissonance because of God’s attack on Schreber, He

⁷⁰ Ibid, p. 231

⁷¹ Ibid, p.171

⁷² Ibid, p.221

⁷³ Ibid, p.24

⁷⁴ Ibid, p.124

⁷⁵ We could link this to Schreber’s own ontological doubt and suggest that it is Schreber himself who requires this continual reassurance of his existence.

⁷⁶ Ibid, p.171

⁷⁷ Ibid

was manipulating the human beings with whom Schreber came into contact so that they echoed the words used by the “tested souls”, and distracted or tormented him with ill-timed bodily noises and functions.⁷⁸

Schreber

Schreber’s own position was vitally important to him on a personal level as well as to his cosmology. If he was not, in his own reality, the exalted figure he believed himself to be, he would have become even in his own eyes a mere mental patient confined in an asylum. Besides being a conduit for lesser humans to gain understanding of the nature of the world and of God, he had become something of a conduit for God to view human beings. Although God cannot learn from His experience of human beings, He was fatally attracted to Schreber and so, as Schreber informs us, *“Everything that happens is in reference to me.”*⁷⁹ He did have the grace to clarify this astonishing statement for fear that the reader might find him “pathologically conceited”:⁸⁰

Since God entered into nerve-contact with me exclusively, I became in a way for God the only human being, or simply the human being around whom everything turns, to whom everything that happens must be related and who therefore, from his own point of view, must also relate all things to himself.⁸¹

Schreber’s megalomania was, for him, a necessary aspect of his relationship with God and thus entirely justifiable. He was concerned that his reputation in the world had suffered as a result of his incarceration, and part of his reason for writing the Memoirs was to defend his reputation. The loss of his autonomy through the order of tutelage placed upon him was just one example of the humiliations faced by an asylum inmate.

⁷⁸ Ibid, p. 232

⁷⁹ Ibid, p. 233, Schreber’s italics

⁸⁰ Ibid

⁸¹ Ibid

One of the most famous symptoms of Schreber's illness is his notion of gender transformation and the lengths to which he was prepared to go in order to help it along. Schreber's belief that he was slowly being transformed into a woman⁸² has been interpreted on many levels: was he making his homosexual desires acceptable by rendering them heterosexual? Was he rejecting the masculine world in which he felt himself unable to survive? Whatever caused Schreber to become convinced that he was the subject of a gender transformation, it became vital to his cosmology: he was being turned into a woman so that he could be the bearer of God's child and thus precipitate the coming of a new and better human race. The plan within the Order of the World was that Schreber be "unmanned", i.e. turned into a woman, so that he could become female and bear God's children, becoming the co-parent of a new and improved race of human beings with God. Schreber suggested that this has happened before, and assumed that in the future it would happen again.⁸³ God would clear the way for the new race by removing the current one as He had done in the past, with His removal of errant human beings being either confined to one or more cities or across the whole world.⁸⁴ Biblical examples of this would be Sodom and Gomorrah, not to mention the Flood. God has been known to allow certain exceptional human beings to survive, Lot, Noah and their families being the obvious examples. This time, the Order of the World demanded a less destructive approach than the wholesale flooding or destruction of large portions of the Earth: Schreber was placed in the role of sacrificial lamb and was forced to give up his masculinity.⁸⁵ This process, Schreber told us, would take many thousands of years, and during this time he would not die.⁸⁶

⁸² "Twice at different times I had a female genital organ ... and in my body felt quickening like the first signs of life of a human embryo: by a divine miracle God's nerves corresponding to male seed had been thrown into my body; in other words fertilisation had occurred". Ibid, footnote p. 18

⁸³ Ibid, p.60, also p.255

⁸⁴ Ibid, p.66

⁸⁵ Ibid, p.60

⁸⁶ Ibid, p.60, also p.255

As the Order of the World was in dissonance, however, the rules had changed somewhat: God did not wish for Schreber to be “unmanned” in congruence with the Order of the World, and so He ordered some of His “tested souls” to deprive Schreber of his reason.⁸⁷ Thus Schreber’s position within his world was at the same time exalted and dangerous, although Schreber was relatively safe: “the Order of the World does not provide even God with the means to destroy a human being’s reason.”⁸⁸ This knowledge had escaped God, who continued to make attempts on Schreber’s reason even while they were doomed to failure.

Schreber seemed to be surprisingly unconcerned with this transformation and the effects it would have upon him and upon other human beings. Since it would take hundreds of years for the transformation to be complete and the divine reproduction to take place,⁸⁹ Schreber seemed to think other human beings should be equally unconcerned: the postulated changes would not affect any living human being but him. He did not explain what would happen to those members of the current race of humans still living when the new race came into being. Would the two species co-exist harmoniously? Or would one overcome the other? Presumably the new race of humans, being superior to the current one, would be the winners in any such conflict, and yet Schreber found this possibility uninteresting enough to refrain from any comment, even an admission of ignorance.⁹⁰

The notion of transformation from male to female is also interesting because of its implications for Schreber himself. He seemed to be quite sanguine about the idea, shaving his moustache to further the illusion and wearing ribbons and other pieces of feminine attire in the evening, when God’s rays were closest.⁹¹ He noted that, when the rays drew close, his shape became distinctly female:

⁸⁷ Ibid, p.66

⁸⁸ Ibid, p.235

⁸⁹ Ibid, p.60

⁹⁰ In the Memoirs, Schreber shows himself unafraid of admitting his ignorance, as when he notes that he does not know whether God is the stars or is located behind them in the night sky.

⁹¹ Schreber, *ibid*, pp.245-248

“anybody who sees me standing in front of a mirror with the upper part of my body naked would get the *undoubted impression of a female trunk* – especially when the illusion is strengthened by some feminine adornments.”⁹² Not only did his form appear female; he actually “strive[s] to give divine rays the impression of a woman in the height of sexual delight.”⁹³ He showed no intention of curbing his behaviour when he returned to the outside world, in spite of the conventionally degenerate nature of his nocturnal transvestism. The pride he took in his privileged position seemed to outweigh the physical stresses and pains it brought him.

The Order of the World

The Order of the World according to Schreber is simply “the lawful relation which, *resting on God’s nature and attributes, exists between God and the creation called to life by Him.*”⁹⁴ When the Order of the World is followed, God is joyful in His creation, whilst leaving it largely to its own devices. God concerns Himself directly only with the souls of dead humans, unless moved to intervene by vehement prayer or a cataclysmic event.⁹⁵

The beginning of the soul murder perpetuated against Schreber created a dangerous stagnation of normal activity in the Order of the World: while the Order of the World was unbalanced newly deceased human souls could not become “tested souls” and begin purification.⁹⁶ Schreber made an attempt to redress the balance by absorbing the new “tested souls” into himself in order to prevent this imbalance becoming cataclysmic.⁹⁷ As these souls are physically existent, they could not be subsumed into Schreber without his own mass increasing: Schreber was exponentially increasing in mass as he absorbed them.

⁹² Ibid, p. 248, Schreber’s italics

⁹³ Ibid, p 249

⁹⁴ Ibid, footnote p. 67, Schreber’s italics

⁹⁵ Ibid, p.23

⁹⁶ Ibid, pp.176-177

⁹⁷ Ibid

This increase in mass made him irresistibly attractive to other "tested souls" and indeed to God himself,⁹⁸ thus compounding the problem. Schreber only managed to complete this absorption of souls once; "God's omnipotence" launched an attack on him to prevent it occurring again.⁹⁹

The destiny of souls is, under normal circumstances, to lose themselves in God. However, with conditions contrary to the Order of the World, souls, and indeed God Himself, were being absorbed into Schreber. The scheduled purification was not beginning, but the souls that were being absorbed into Schreber were awakening from their hibernation. Schreber informed us that, for the Order of the World to be followed, God needed to accept Schreber's place in the Order of the World and begin the process of transforming him into a woman so that he could eventually bear God's child. Instead of accepting this inevitable course of events, God employed many "tested souls" to force Schreber into dementia or death so that he would no longer threaten the continued existence of God.

Since the Order of the World had been altered, the weather had become partially related to Schreber. When he discussed this meteorological shift, his discussions took a paranoid tone: the weather conspired against allowing him to do the things he really wanted to do. When he went into the garden the weather quickly became inclement so he was forced indoors, unable to complete whatever he went outside to do.¹⁰⁰ Also, whenever he ceased to think, the weather changed dramatically. He considered the changes that had come as a result of the dissonance in the Order of the World, and his part in them, scientifically valid because they happened predictably. He used these predictable occurrences to prove that God had assumed him dead and was trying to withdraw from him so that the threat he represented could be neutralised. The theoretical framework of the world was thus literally and completely connected to him; Schreber was vital

⁹⁸ As we have seen, God has drawn too close to Schreber, entangling the divine nerves with Schreber's own, and it is because of this that He has begun to attack Schreber.

⁹⁹ Ibid

¹⁰⁰ Ibid, p.160, p.218

to the continued existence of the world and would eventually, through his transformation into a woman, become its salvation.

Soul Murder

Strindberg coined the dramatic term "soul murder" in the late nineteenth century, defining it as the destruction of the love of life in another human.¹⁰¹ Soul murder is, for Schreber, the most heinous crime one can commit: it is the destruction of the joy of living by placing the soul in forcible exile from the body or by preventing the person concerned from achieving a personal desire or goal.¹⁰² It can also be any interference in or an attempt to possess another's identity.¹⁰³ Schreber first blamed the soul murder committed upon him on his original psychiatrist Flechsig, a part of whose fragmented soul became attached to Schreber's own, but later the "tested souls" blamed Schreber himself. Schreber rejected this interpretation and blamed God, arguing that his nervous illness was the result of soul murder being attempted upon him.¹⁰⁴ Through these attacks God attempted to eradicate the attraction Schreber exercised upon him, despite the vital role Schreber played in the Order of the World. These attacks were not malicious but misguided: God feared for His continued existence in the face of Schreber's fatally attractive power, not realising that Schreber's transformation was in consonance with the Order of the World.¹⁰⁵ This irresistible attraction occurred whenever and for as long as Schreber imagined himself to be a woman in the throes of "voluptuousness".¹⁰⁶

¹⁰¹ Strindberg, *Tryckt och otryckt III*, Stockholm, Bonnier, 1891

¹⁰² Schreber, *ibid*, Notes, p. 444

¹⁰³ Freud defines soul murder in his analysis of Schreber (Freud: *The Schreber Case*, London: Penguin, 2002. Translated from the German by Andrew Webber) as prolonging life by making a pact with the Devil, whereas Schreber uses this as a fictional example readers will recognise, and rejects even the existence of the Devil. (Schreber, *ibid*, p. 34.) For Freud, the fictional examples are to be taken literally (Freud, *ibid*, p. 35).

¹⁰⁴ Schreber, *ibid*, p.34

¹⁰⁵ *Ibid*, pp.38-40

¹⁰⁶ The purpose of these bouts of "voluptuousness" is to transform Schreber into a woman so that he might bear God's child and be a part of creating a new race, which will in turn provide salvation

Any soul murder practiced on Schreber had potentially horrific consequences: if Schreber was to become the future saviour of the human race, destroying his will to live or preventing him from achieving his transformation, and thus his destiny, would be disastrous. Schreber's repeated references to his "unmanning" suggest feelings of impotence and uselessness. He was a failed judge, a failed father and, since he was not able to provide for his wife while incarcerated in an asylum, a failed husband. It appears that the soul murder attempted on Schreber at least partially succeeded: Schreber was forcibly removed from his well-respected social role¹⁰⁷ and, having fallen from the social and professional heights that his judicial career would have brought him, was no longer even eligible to vote by virtue of being under an order of tutelage.

Schreber's literalism was a central aspect of his philosophy: for him the Cartesian *cogito ergo sum* is to be taken exactly as it appears. For Descartes, the fact that one is thinking means that one exists because there must be an existing thing that is thinking in order for the thinking to take place. For Schreber, this simple proposition took on an alarming subtext: if I think, therefore I am, then if I cease to think I must cease to be, i.e. I die. Although Descartes may have accepted this himself, there is no evidence to suggest that he experienced it on the visceral level that Schreber did: Schreber's fear of ceasing to exist was at times all-encompassing, he was afraid of ceasing to think to the extent that he was unable to sleep for fear of dying, and even a momentary gap in his internal monologue caused havoc in the Order of the World.¹⁰⁸ Schreber usually used words in their most literal meaning, but "soul murder" appears to be an exception: it does not involve the physical destruction of a soul, merely the destruction of the soul's desire to continue to live. However, since the soul according to Schreber is eternal and its

for the world. The power of attraction he had for God was therefore desirable in the context of the Order of the World.

¹⁰⁷ It is significant that these things were taken from Schreber, leaving him passive and unable to resist. In later chapters we will explore the possibility that Schreber was motivated by a desire to be free of these burdens; soul murder allows him to be free of them without taking responsibility for their loss.

¹⁰⁸ Schreber, *ibid*, pp.23, 199

destruction would be impossible, it is not surprising that Schreber does not use the term “murder” literally here. It does serve to underline the enormity of the act of “soul murder”, which Schreber believed to be the most damaging and heinous crime one being can commit upon another.

Schreber had hordes of virtual people taking the place of living humans¹⁰⁹ to whom he must ascribe or deny physical existence, at one stage a troupe of 240 Benedictine monks led by a Jesuit.¹¹⁰ These “fleeting-improvised-men” were products of the rays without a soul to ground them.¹¹¹ In his own experience, the souls tormenting him had no thoughts of their own and were coveting his, so he spent his time acquiescing to their demands and thinking constantly. Within this context, it is hardly surprising that Schreber associated the withdrawal of the rays with becoming a “frivolous human being given only to the pleasures of the moment.”¹¹² Through his delusion Schreber established his place as the literal “ground” of the universe. If he were to lose this “ground” he would become a “frivolous human being.”¹¹³ Schreber asserts that “I lived in the belief – and it is still my conviction that this is the truth – that I had to solve one of the most intricate problems ever set for man and that I had to fight a sacred battle for the greatest good of mankind.”¹¹⁴ His problem was that of his attractive power and the implications it had for his relationship with God, and his “sacred battle” was the battle with God, which Schreber had to win in order that the Order of the World might be followed. His constant thinking was literally keeping the world together; any lapse, no matter how brief, would bring about the withdrawal of God and render Schreber himself “frivolous”, and thus doom the whole world by preventing his gender transformation.

¹⁰⁹ In the early stages of his illness he believes all the people with whom he comes in contact to be “fleeting-improvised-men”, although later he accepts that some are actual living human beings.

¹¹⁰ Schreber, *ibid*, p.57

¹¹¹ *Ibid*, p.61

¹¹² *Ibid*, p.138

¹¹³ *Ibid*

¹¹⁴ *Ibid*, p. 139

Schreber and Empiricism

Schreber's literality extended to his discussion of the physical nature of the world. Schreber was a committed materialist: God, souls and bodies all have some physical component, although in the case of human souls they are contained within the nerves of the body and not identical with them.¹¹⁵ Schreber was committed to the gathering of scientific knowledge, and believed that the events he experienced counted as scientific knowledge because he experienced them repeatedly and predictably. Despite the problem of them being experienced only by him, anyone else who found themselves in his privileged position would also be able to experience identical occurrences, and he believed others to have had similar experiences relating to direct contact with God.¹¹⁶ These others have either failed to recognise them or have suppressed their desire to share their knowledge of them in order to maintain their status in the world of science.¹¹⁷ Schreber's understanding of the world was based on what were, for him, scientific observations. However, his experiences could only be predicted by him, they were not universal, and so we can dismiss his attempt at empirical justification. This dismissal seems a little unfair: Schreber believed the "truth" of the Order of the World and his special link with God to be self-evident, as anyone in his privileged position would be able to see them. Thus the problem is not with Schreber's philosophy but with his isolation: if he was really was spiritually privileged, then the world as he saw it is closer to the actual state of affairs than the world as others see it, and thus his philosophy is sound. It is not his fault that he alone can make these predictions. He did not consider the option that he was experiencing

¹¹⁵ Although human souls are not identical with the nerves of the body, the fact that they have some physical mass even when disconnected from them is "proved" for Schreber by the fact that he expands in physical mass when he takes "tested souls" into himself.

¹¹⁶ "He was also able to get into contact ... in order to bless them (particularly in dreams) with some fertilising thoughts and ideas about the beyond". God occasionally steps in and offers artists and poets truly divine inspiration, but this does not happen often because of the danger of God's becoming too intrigued by the human, as has happened with Schreber. Schreber, *ibid*, p.23-24

¹¹⁷ In Schreber's Open Letter to Professor Flechsig he asks Flechsig to reveal the supernatural experiences he must have had and to be unafraid of the disbelief of the scientific community. *Ibid*, p.10

delusions because his new cosmology had become "fixed"; it evolved specifically to exclude the opinions of those who disagreed.¹¹⁸ Those who disagreed were either "fleeting-improvised-men", the result of malicious attempts to undermine Schreber's reason (thus achieving God's goal of withdrawal from Schreber), or they were unable to accept the truth as Schreber described it because they were not themselves in his position.

Schreber's discussions were based on things he had experienced and in many cases he was still experiencing, in a predictable and scientifically verifiable (to him) fashion. For Schreber divine revelations were not merely stories with no definite truth-value. Rather, they were events analogous to predictable events currently happening to and around him. God's existence was real to him because he had felt God in his nerves, felt the quickening of God's child within him¹¹⁹ and communicated directly with Him. He was Doubting Thomas with his hand in the wound in the side of Jesus. In normal empirical study, the proof of a theory can be found in objective reality. For Schreber the proof was within himself, in his own experiences. Knowledge of objective reality, for Schreber, was unattainable by mere mortals, although as a result of his privileged position he came closer to it than most. Schreber could assert the objective reality of his delusions because he had observed them "hundreds of thousands of times" in or around his body.¹²⁰ Indeed, if others did not share Schreber's observations or observe the effects of Schreber's experiences, it became "objectively clear" to him that they must be "fleeting-improvised-men", without the full range of human capabilities.¹²¹ It was inconceivable to Schreber that any human being in the presence of such miracles

¹¹⁸ See the Medical Expert's report to the Court, 1899. Ibid, pp.332-333

¹¹⁹ Schreber, *ibid*, footnote p. 18. The process of his transformation into a woman was to take many thousands of years, but Schreber noted that he was the owner of a poorly developed female genital organ on two occasions, and felt a child within him. Presumably these children were unable to come to term because the transformation was not yet complete.

¹²⁰ Ibid, pp.242-247

¹²¹ "At the time [at the time Schreber experienced the appearance of God in full daylight, at the beginning of July 1894] I was accompanied only by the attendant M. I am forced to assume that the latter was at that time not a real human being but a fleeting-improvised-man, because he would otherwise have been so dazzled by the light phenomena which he must have seen (they occupied almost 1/6th to 1/8th of the sky), that he would have expressed astonishment in some way." Ibid, footnote 19, p. 40

as the appearance of God would not be able to see them, therefore anyone who did not see them could not be a true human being.

Scientific method was vitally important to Schreber; he was a firm believer in the reality of the laws of the universe. He was merely facing a situation in which he had discovered that there was more to the universe than he had previously thought. He had walked out of the Platonic cave and seen for himself a glimpse of the true nature of things, and had rushed back in to impart his knowledge to his friends and the wider audience he anticipated for the Memoirs, who were still living in darkness. Psychologically speaking, Schreber was behaving just as primitive humans did when faced with thunderous noises coming from the sky. He made sense of a terrifying situation by creating an explanation for it that fit in with his other experiences. Despite the emphasis on scientific investigation, Schreber's philosophy fails Popper's test of falsifiability: if you argue that Schreber is wrong, you must be a "fleeting-improvised-being" and hence not entitled to an opinion. All other hypotheses were absurd and potentially malicious. He did acknowledge that he might have been wrong in some of his previous assumptions;¹²² however it was unthinkable to him that any right-thinking individual would not be convinced.

Schreber was engaged in what was to him a scientific enquiry into the fundamental nature of the world, and was using the most up-to-date information he could find. The fact that this information came from an unconventional source was unimportant to him because of the sheer importance of the new revelations, and also the unimpeachable – because divine – nature of the source. Although God was sometimes malicious and Schreber often referred to him disparagingly, it would be inconceivable for Schreber that anything he learned as a result of his closeness with God could be untrue, even and in spite of God's attempts to confuse Schreber and thus destroy his reason. God's malicious behaviour was actually useful in terms of providing "proof": it revealed the truth of Schreber's assumptions. The bellowing-miracle, which forced Schreber to shout unintelligibly

¹²² Ibid, pp.76-77

and occurred whenever Schreber ceased to speak proved, so far as Schreber was concerned, the "truth" of his assertion that, when he ceased to speak, God had presumed him dead or demented and was attempting to withdraw.

Schreber and Language

Language for Schreber functioned in a qualitatively different way from normal language: he used language almost exclusively in a literal sense¹²³ without taking metaphorical statements into account. He did however attempt to provide "approximate truths" where the actual truth was beyond human understanding.¹²⁴ He found his experiences and the truths revealed to him largely indescribable in the normal vocabulary of contemporary academic philosophy, psychology and physiology and so he often had to create new terms to describe the way his body and nervous system were functioning or else to appropriate existing terms for his own ends. The "miracles" that occurred around his body are not miraculous in the commonly accepted sense of the word: miracles are generally considered to be positive occurrences and for Schreber the miracles were painful and often humiliating. The "bellowing-miracle" in particular was embarrassing for him, as it left him unable to control his own voice. To make his environment as he experienced it intelligible in a wider context than the purely personal, he had to invoke what appear to be metaphorical notions ("approximate truths"). These are only metaphorical to others, since Schreber's enhanced understanding enabled him to experience them as actual truths. Importantly, in terms of literality, words, in Schreber's system, became things. For Schreber, words were not normally things; rather the "thingness" of words was a characteristic of what he defines as

¹²³ The exception is soul murder, however if one assumes that the "forsaking" of a soul to fleeting pleasure, as Schreber describes elsewhere, is the inevitable outcome of the practice of soul murder, then one can assume that a large proportion of that soul will become too "blackened" to be capable of purification. The soul is then murdered in the literal sense because it has been robbed of its rightful place in the "forecourts of heaven".

¹²⁴ Schreber, *ibid*, p.16

"nerve-language," i.e., where words are corporeal, produced by the physical vibrations of nerves.

For Schreber, representation was a two-fold process, involving some alteration of the object being presented. Thus to represent is literally to re-present, to present in a different way or even to falsely present. Symbolism or metaphorical statements are non-malicious forms of lying: human language is inevitably inadequate and can only approximate the truth. The "approximate truths" derived from the Bible, including the Ascension of Christ, which Schreber dismissed as a "mere fable",¹²⁵ were lies in the sense that they did not adequately represent reality. Representation was a mediation between object-in-the-world and percipient. For Schreber, this mediation allowed the literal truth to become distorted. To reduce this interference he invoked the existence of physical rays to literally connect him with objects-in-the-world. Without these rays, he was being constantly lied to by malevolent linguistic re-presentation, but after he acquired these physical connections between himself and the world he was able to see the truth. Although language was treacherous in that it misrepresented the truth, it was needed as a means of securing Schreber's continued existence. Schreber needed to continue his perpetual conversations with the "tested souls" that tormented him, otherwise God would begin His withdrawal.¹²⁶

Summary

Although Schreber intended his work to be an important philosophical and religious text,¹²⁷ he has largely been ignored in this context, having become instead the psychiatric patient *par excellence*. As a religious philosopher of sorts, Schreber managed to offer what is simultaneously the most and least convincing argument for the existence of God: God exists because I have experienced him. This was

¹²⁵ Schreber, *ibid*, footnote 1, p. 18

¹²⁶ *Ibid*, p.23

¹²⁷ In Schreber's Open Letter to Professor Flechsig he refers to his aim as being "solely to further knowledge of truth in a vital field, that of religion". *Ibid*, p.7

naturally enough to convince Schreber, but the fact that he was delusional and confined to an asylum at the time he was having these experiences comprehensively damages his credibility to others. For those who do not share his experiences, Schreber's philosophy is more easily read as the account of the hallucinatory experiences of a mental patient rather than as the account of the experiences of a visionary.

Despite Schreber's emphasis on scientific investigation as the root of his account, his inability to falsify or universalise his experiences let him down. His philosophy reflects the situation in which he found himself, and although Schreber's style was scientific, the sheer psychosis of the text gives him away. He had observed repeated phenomena and been able to predict them in order to come to a working hypothesis, but he failed in his empiricist efforts because his experience was not universally experienced: nobody else experiences the world as he did and his experiences were not publicly observable except through his behavioural responses. While we cannot say for certain that all humans experience the world in the same way, Schreber's experiences were so fundamentally different from the belief sets that constitute social norms as to undermine his attempt at describing actual reality.

Schreber devised his own theoretical framework immediately before the passing of the crisis period of his second illness. He refers to the torments he endured before it became clear to him that the universe was not as he had previously imagined, and his place in it more important than he had previously believed.¹²⁸ The purpose of the Memoirs was to explain his extraordinary experiences in terms of the wider implications they brought with them; without placing his behaviour in context he was aware that he appeared no better than a madman,¹²⁹ but in context he was at once exalted and tormented by his lofty position in the Order of the World. As such, the publication and structure of the Memoirs was designed to suit his purposes. Firstly and on a purely immediate

¹²⁸ Ibid, p.257

¹²⁹ Ibid, p.237

level, he wished to be “re-manned” through the rescinding of the order of tutelage, so that he could re-enter normal life and leave the Asylum. The cosmological framework outlined in the Memoirs made him a man suffering from an illness produced by an external and irresistible cause rather than portraying him as an incurable madman.¹³⁰ Secondly, it explained the events he experienced in a wider context, making them relevant to other readers so that they could gain a greater understanding of the Order of the World. This second purpose was secondary in that he thought of it after his Memoirs were finished and awaiting publication.¹³¹ The idea of spreading religious truth to the masses appealed to him because of his privileged position, however.¹³²

Schreber’s emphasis throughout the Memoirs is on human interests and the interaction between various human and humanoid entities: God’s creation of humans in His image is to be taken literally, and the souls with whom Schreber interacts are for the most part those of deceased humans.¹³³ His theoretical framework is not easily definable in the context of one particular school of philosophy, but it contains elements of humanism, empiricism and Kantian theories of dignity and autonomy as well as perception. Schreber’s universe is strictly hierarchical. It adheres to a formal system, and when working according to the Order of the World there is predictable upward movement through it as souls became purified. The “tested souls” and “voices” Schreber experiences are variously rogue souls behaving contrary to the Order of the World,¹³⁴ “rays” sent and controlled by God, and souls that would have become “tested souls” were it not for the chaos in the Order of the World, but who were at that time and because of the conflict in the Order of the World awakened from their hiatus but still unjudged and therefore “un-tested”. Thus, although the hierarchy was carefully regimented, it was not completely static and nor was it foolproof. Schreber was

¹³⁰ Schreber always referred to himself as suffering from a “nervous illness” rather than being mad.

¹³¹ Ibid, p.15

¹³² “During the course of writing the present essay it occurred to me that it could perhaps be of interest to a wider circle”. Ibid, p. 15

¹³³ Ibid, pp.24-26

¹³⁴ These would include Flechsig, whose soul splintered and attached part of itself to Schreber.

concerned for the fate of the souls who were unable to enter the “forecourts of heaven” and took them into himself despite the physical expansion this caused him.¹³⁵ Since he was the most important human being in the world as he saw it, it was presumably important for his behaviour to be always exemplary, and indeed he behaved in ways designed to appease and please God, for example by exaggerating his femininity in order to appear more voluptuous.¹³⁶

Schreber’s delusional framework is based around his personal need to provide himself with a stable cosmology that accounted satisfactorily for the extraordinary phenomena he was experiencing.¹³⁷ The crisis period of his second illness eased the more his delusional framework came together and his experiences began to make sense within a coherent and cohesive whole.¹³⁸ Although Schreber’s cosmology fails on a philosophical level by virtue of being wholly subjective and unfalsifiable, it is hypothetically possible that Schreber could have become a religious guru of sorts were he not confined to an asylum. Although he would probably have considered guru-hood undignified, becoming a dignified and respected non-guru purveyor of religious enlightenment would have pleased him greatly.¹³⁹ Schreber advocated mutual respect and understanding even in the face of treatment from his carers that he considered undignified and unnecessary, and his theology preached tolerance of others’ beliefs and idiosyncrasies to a much greater degree than contemporary religions.¹⁴⁰ Philosophically speaking, Schreber’s system does not fit into a clear school of philosophy, suiting Schreber’s own eclectic nature. Although he did not succeed in proving his system because the proof he offered was entirely subjective, he

¹³⁵ See above.

¹³⁶ Ibid, p.249

¹³⁷ See the Asylum and District Medical Officer's report, 1900, Ibid, p.341

¹³⁸ Weber, Schreber’s psychiatrist, considered this “fixing” of Schreber’s delusions to be a dangerous sign of Schreber’s incurable state. Its therapeutic benefit is however apparent, and will be discussed in later chapters.

¹³⁹ See, for example, Schreber’s footnote to the Introduction, Ibid, p. 15

¹⁴⁰ Since Schreber was writing his Memoirs at least in part to allow his wife and family to understand and tolerate through understanding his behavioural idiosyncrasies this religious tolerance is unsurprising. Ibid, p.17, 25

remained committed to recording these experiences in a scientific manner,¹⁴¹ and, in the light of these experiences created a theoretical framework to encompass them in a way that was comforting to him in that it explained his experiences in a clear and “scientific” context. It allowed Schreber to continue behaving in an unusual fashion, but gave him the perfect reason to continue doing so, and at least in his own mind guarded him against the charges of insanity that he feared.

¹⁴¹ Schreber did not, of course, accept that his evidence was empirically or scientifically inadmissible.

Chapter Two

Moritz Schreber

For in your case (your laws being wisely framed), one of the best of your laws will be that which enjoins that none of the youth shall inquire which laws are wrong and which right, but all shall declare in unison, with one mouth and one voice, that all are rightly established by divine enactment.¹⁴²

It is impossible to understand a person without taking into account the factors that influence his or her beliefs and motivations: from where do ideas spring given that it is not fully formed from the head of a disinterested and prejudice-free observer? This principle is upheld by R.D. Laing, whose Sanity, Madness and the Family¹⁴³ places the schizophrenic patient in the context of a sick family, the weakest link in a dysfunctional familial context rather than a weak individual. With this in mind, let us look at the most likely people to have influenced Schreber¹⁴⁴ as a human being: his family: his parents, his siblings and later his wife. Although there were many other people living in his home during his childhood, these immediate family members form the core of those with whom Schreber was closest. There were nannies employed by Moritz Schreber to look after the young Schrebers, and servants to do the household chores, but these people were tools of the parental will, and were dismissed for any infraction of the house rules, so it is doubtful that any had any profound and lasting influence on Schreber. Also, given the relatively minor reasons for which some of them were dismissed, like the nanny who was dismissed for allowing a child to eat a piece of fruit between meals, it is not possible to tell how often these nannies changed. Certainly there is no evidence that he kept in contact with any of them in his adult life, and at no point does Schreber mention any of them. In the hierarchy of the

¹⁴² Plato, Laws: London: Heinemann; Cambridge, Massachusetts: Harvard University Press, 1967. Translated from the Greek by R.G. Bury. p.35

¹⁴³ Laing, R.D. and Esterson, A.: Sanity, Madness and the Family, London: Tavistock, 1970

¹⁴⁴ Daniel Paul Schreber, being the subject of this investigation, will be referred to by his surname only except when it is necessary to distinguish between him and other Schrebers, all of whom will be referred to by their first and family names.

Schreber household, Moritz Schreber was clearly at the top, with his wife making a close second and supporting his authority. The place of the servants was above that of the children, who were not permitted to order the servants around, merely to ask for what they wanted. The seven or eight child boarders who also resided in the Schreber family home while undergoing treatment at Moritz Schreber's orthopaedic clinic probably held the same position in the hierarchy. Schreber's sisters Sidonie and Klara reported that their father encouraged all the children of the house to play together.¹⁴⁵

What is needed to understand the roots of Schreber's illness and the influences that led him to develop a religious mania rather than any other type of nervous or mental disorder, and consequently to develop his delusional framework in response to his delusional experiences, is an examination of his family situation and Moritz Schreber's educational philosophy. There have been two main examinations of the role of Moritz Schreber in his son's psychosis, by Niederland and Schatzman, and these will be described briefly to give some context to the examination of Moritz Schreber's role in his son's illness. Freud's own account will also be discussed as it was extremely influential for Niederland, who wrote his own examination of Schreber with Freudian principles in mind.

Schreber's Immediate Antecedents

The Schreber family was filled with members of the intellectual upper classes. Apart from his father's collection of published works the various Schreber professors were influential in their fields and Schreber's grandfather Gotthilf Schreber produced a brief autobiography, which mainly offers a litany of the author's physical complaints, but it does offer an intriguing insight into his interests: although it was written twenty years after the birth of his son Moritz, the

¹⁴⁵ Siegel, G. Richard: *Erinnerungen and Dr. Moritz Schreber: Nach Berichten von Seinen Töchtern*, in *Der Freund des Schreber-Vereine*, 5:205-209

only mention of his first son is that his wife was safely delivered of him. The name of the doctor present at the birth was recorded in the text; Moritz's name was not.

Moritz Schreber, the father of Daniel Paul Schreber, was born in 1808 in Leipzig. According to Schildbach, a confidant during Moritz's later years, Moritz Schreber's interest in gymnastics and athletic activity was developed through an awareness of his personal physical inadequacies: as a student he developed his own physique, which was "in the first few years of his time at the university a small, meagre figure."¹⁴⁶ Following the defence of his thesis, Moritz Schreber took a position as a travelling physician with a Russian nobleman. During his travels with the Russian, his exercises were neglected, and Schildbach reports the horror Moritz experienced on arriving at his destination in southern Russia to discover that there were visible folds of fat on his arms, and the vigour with which he immediately set about exercising to be rid of them¹⁴⁷ by having parallel and horizontal bars built in the garden of his employer's estate and exercising daily. Moritz Schreber returned to Leipzig in 1836 via Vienna, Prague and Berlin, where he undertook some further training.¹⁴⁸ Back at Leipzig, he occupied himself as a general practitioner and tutor at the university. His first book was completed in September 1838, by which time he had met and married Pauline Haase.

Pauline Haase was the daughter of one of Moritz's college professors, of considerably higher social standing than Moritz Schreber himself. The family home was a meeting place for "learned men". One of Pauline's grandchildren makes a telling comment: "Dear Grandmama used to look down on the present *Gewandhaus* concerts with great scorn"¹⁴⁹ because the conductors were men of greater fame when she was younger. This scorn is reflected in her treatment of her son's wife, Sabine Schreber, whose family were not of the same social standing as hers. Sabine Schreber, née Behr, was the daughter of a theatre director. The reason for Pauline Schreber's hesitation to accept Sabine Schreber may have been more

¹⁴⁶ Schildbach, C.H.: *Schreber*, Deutsche Turn-Zeitung, 7:4-6, in Israels, *ibid*, p.11

¹⁴⁷ *Ibid*, p.14

¹⁴⁸ Israels, *ibid*, p.14

¹⁴⁹ *Ibid*, p.24

personal: Sabine left the parental home several months before her marriage, which was almost unheard of at that time, and may have lived with Moritz Schreber without benefit of ceremony for those months.¹⁵⁰

Schreber's Early Life

Schreber was born in Leipzig in 1842. Together with his parents, older brother and three sisters, he lived in a large house incorporating the orthopaedic clinic owned and run by his father. Moritz Schreber, who worked mainly with children suffering spinal malformations, was deeply interested in public health and formulated a plan to distribute free educational booklets in all German states.¹⁵¹ The house itself was not completely given over to the clinic and accommodation for the Schreber family; the Leipzig directories for 1868 show twelve other names listed at this address.¹⁵² This has been explained thus:

The clinic ... never attained any significant dimensions, because Schreber was unwilling to go beyond the extent of a family circle with the number of his patients, apart from which he avoided with the greatest anxiety anything that might in any way have smacked of quackery.¹⁵³

It is perhaps being overly generous to ascribe these noble and modest motives to Moritz Schreber when he had purpose-built a much larger building than he later needed.¹⁵⁴

Moritz believed that physical exercise was essential to children, and his own children did gymnastics during the day and indoor exercises, supervised by their father, in the evening. The emphasis on physical fitness was part of a wider attitude of promoting health: Moritz believed that too much meat was bad for the body, and consequently none was served in the evenings or on one afternoon a

¹⁵⁰ Lothane, *ibid*, p.27

¹⁵¹ This plan did not succeed, but shows Moritz Schreber's commitment to education and health. Israels, *ibid*, p. 39

¹⁵² *Ibid*, footnote 7, p.52. These are likely to have been the child boarders of Moritz Schreber's orthopaedic clinic and the live-in staff.

¹⁵³ *Illustrierte Zeitung*, 1862, p.81, in Israels, *ibid*, p.39

¹⁵⁴ *Ibid*

week. Likewise, alcohol was consumed in strict moderation: only on Sundays and then only a very small glass of wine was permitted.

The Schreber family was Lutheran, as were the majority of Germans at that time, and a Christian attitude towards self-control, doing good works and charity prevailed in their household, although excessive religious instruction and activity was not considered wise: Moritz explicitly warned against too-early religious instruction and church-going.¹⁵⁵ The occasion of the children's Confirmations were acknowledged with "paternal words", texts by Moritz Schreber written personally to each little Schreber explaining God's commandment that one ought to wish for what is good,¹⁵⁶ and giving instructions for practising the good through self-conquest. The family took this maxim seriously, and Moritz made proud mention in his written works of the self-sacrificing and charitable behaviour of his family, which he ascribed purely to good parenting.

The children were also expected to do chores around the house despite the presence of servants, and the chores were divided logically. The girls were given domestic jobs around the house so that they could learn how it was done and judge when it was done well, which would help them in the management of their own future homes; the boys were expected to clean their own shoes for this same reason. Despite this unusual activity, there was no question of breaching the normal social class barriers. Pauline's disapproval of Schreber's choice of spouse is indicative of her attitude towards the "lower" classes: benevolence was all that was required in terms of moral duty.

So far, Schreber's upbringing seems fairly typical of his class and his era. Moritz Schreber was the undisputed head of the household, and his mother and the servants were lower on the hierarchy but represented and abided by his father's will at all times. It is worth remembering that certain aspects of his

¹⁵⁵ Schreber, Moritz: Kallipädie oder Erziehung zur Schönheit durch naturgetreue und gleichmässige Förderung normaler Körperbildung-lebenstüchtiger Gesundheit und geistiger Veredelung und insbesondere durch möglichste Benutzung specieller Erziehungsmittel: Für Ältern, Erzieher und Lehrer, Leipzig: Friedrich Fleischer, 1858.

¹⁵⁶ This emphasis on *desiring* the good rather than merely *doing* it is discussed later in this chapter.

upbringing, which seem horrific by modern standards, were common practice at the time. The Geradehalter, a metal contraption that fastened to a child's desk and involved a toothed board that fit beneath a child's chin or collarbone, was an invention of Moritz Schreber's and was in common usage among schoolchildren to prevent a child from leaning forward while studying. More unusual by contemporary standards were the nightly exercises, and Moritz's own habit of taking exercise wherever he could: the children often saw him turning cartwheels in the garden,¹⁵⁷ which seems to be at odds with his ideas of the dignity of the *paterfamilias*.

In 1851 Moritz was in his clinic's gymnasium when an iron ladder fell on him. This accident is considered at least partially responsible for his "head complaint", which began a few months later and from which he never recovered. It is not entirely clear whether Moritz's behavioural changes were caused by the accident itself or by a nervous breakdown,¹⁵⁸ but it caused a vast change in the status quo of his household and grave concern: the family feared for his sanity.¹⁵⁹ From being a very attentive father, spending every evening with his children and rarely venturing out to social events at night, Moritz became reclusive and unapproachable, burying himself in his study and welcoming only his wife as a visitor. At this time he laid down all his public obligations and spent most of his time in his home. It was after 1851 that he produced the bulk of his literary output. Pauline Schreber also retired from all social interaction in order to be fully available to tend to her husband's and children's needs.¹⁶⁰

¹⁵⁷ Fritzsche, Hugo: Garten und Kind: Zeitschrift des mitteldeutschen Schrebergärtner, 1926, p.13

¹⁵⁸ There is some speculation as to whether Moritz had previously suffered mental illness; the "former lunatic" described in his written work has been viewed as an autobiographical reference by Niederland (1974, p.64). The mental illness described in Das Buch Der Gesundheit took the form of a "quite peculiar and extremely troublesome headache", extreme melancholy, an unspecified *idée fixe* and the urge to commit criminal acts. An intriguing reference in Das Buch Der Gesundheit is to the "former lunatic"'s "otherwise hard-as-iron body". Moritz was extremely proud of this very characteristic in himself. Schreber, Moritz: Das Buch Der Gesundheit, Leipzig: Volkmar, 1839

¹⁵⁹ Fritzsche, *ibid*

¹⁶⁰ Siegel, *ibid*, 3:126-128, p.126

Evaluations of the Schreber case

There are three main psychiatric-psychoanalytical evaluations of the possible causes of Schreber's insanity, coming from Freud, Niederland and Schatzman. Freud's account does not take into account the nature of Schreber's upbringing, although it offered a passing opinion of Moritz Schreber's parental skills, while the two later accounts, Niederland's 1959 commentary and Schatzman's work of 1974, have mainly been focussed on the inadequacies and the potentially abusive nature of Moritz Schreber's parenting. While the method behind the madness does not change anything in Schreber's cosmology, an understanding of the development of Schreber's "nervous illness" is vital in understanding his philosophy. He did not produce a whole, largely hallucinated personal environment with no internal and pre-existent references, and these references can be clearly seen in certain of his hallucinations and beliefs. The psychoanalytic evaluations reflect the need for the archaeological examination of Schreber's philosophical belief system, looking into Schreber's past to discover the possible origins of his delusional beliefs and hallucinatory experiences, and each of these evaluations will be examined separately.

Freud

Freud examined Schreber's "nervous illness" at a distance, justifying the fact that he never met or undertook analysis with Schreber in person thus:

[S]ince paranoiacs cannot be compelled to overcome their internal resistances, and since in any case they only say what they choose to say, it follows that this is precisely a disorder which a written report or a printed case history can take the place of a personal acquaintance with the patient.¹⁶¹

¹⁶¹ Freud, Sigmund: Psycho-analytic notes on an autobiographical account of a case of paranoia (dementia paranoides), in Standard Edition, vol. 12: 1-82, London: Hogarth Press, 1958, p.9

Since Schreber was paranoid, he could not be forced into revealing his true opinions with free association. For Schreber, his system was psychologically and logically sound: if events were taking place as he conceived and perceived them, as he assumed they were on the basis of empirical evidence, then his reactions were entirely justifiable, and there was no internal conflict to be uncovered.

Freud considered Schreber's illness in terms of a persecution mania, in turn based on Schreber's own repressed feelings of homosexual desire towards his father. In linguistic terms, Schreber repressed his love for his father: "I do not love my father; I hate him", and then reasoned from his feelings of inadequacy and lack of love from his father that "I hate him because he persecutes me". One might presume that having a father who thinks nothing of strapping a child to his bed or fastening his hair to his underpants plays a major role in the development of such a persecution fantasy, and indeed it is understandable that a person who routinely and deliberately causes one pain should be considered suspect, but Freud made no mention of the unorthodox child-rearing habits in the Schreber household and instead praised Moritz Schreber as "no insignificant person",¹⁶² offering the opinion

that what enabled Schreber to reconcile himself to his homosexual phantasy, and so made it possible for his illness to terminate in something approximating to a recovery, may have been the fact that his father-complex was in the main positively toned and that in real life the later years of his relationship with an excellent father had probably been unclouded.¹⁶³

This analysis of Schreber's relationship with his father is problematic, not only in the context of the treatment Schreber received at the hands of his father (which may well have been positively toned for Moritz Schreber, but few children have the insight to understand how pain or restraint can be instructive and thus do not appreciate the way the parent behaves) but in terms of its factual content: Schreber and his father had a difficult relationship in the last years of Moritz's life because of the head injury Moritz Schreber sustained, which led him to spend most of his

¹⁶² Ibid

¹⁶³ Ibid, p. 78

time secluded from his children. If even Schreber's partisan sister Anna admitted that the head injury caused problems in the various Schreber family relationships, we can assume that there was a serious rift between Moritz Schreber and his children. The only mention Freud made of the possibility of there being some resentment on the part of Schreber is a generalisation:

We are perfectly familiar with the infantile attitude of boys towards their father; it is composed of the same mixture of reverent submission and mutinous insubordination that we have found in Schreber's relation to his God, and is the unmistakable prototype of that relation.¹⁶⁴

This makes no reference to the specific relationship Schreber had with his father, but rather comments on the likelihood of there being some degree of Oedipal insubordination in the relationship of any father and son. The situation in the Schreber household would not have allowed such insubordination a natural outlet, and so the young Schreber would have repressed this resentment and later fused it into his fantasy of persecution by a being supposed to be benevolent, namely his supposed "excellent father".

Freud admitted that his analysis of Schreber would have been more complete and interesting had he had access to the passages of the Memoirs that were removed prior to publication, and commented that he exercised (unspecified) "restraint" in dealing with the Memoirs. Since Freud explicitly wondered¹⁶⁵ whether it was offensive to Schreber to discuss the Memoirs, but then accepted Schreber's own opinion that frank and open discussion was necessary in order to achieve the greatest scientific value, it was not for Schreber's sake that he restrained himself. Presumably his "restraint" then applied either to Moritz Schreber, whose reputation was still intact at that time, or to the surviving members of the Schreber family, who were active in ensuring that the family name remained unsullied.¹⁶⁶ The family could easily have had the opportunity to influence Freud in this matter: he admits to having been in correspondence with

¹⁶⁴ Ibid, p.52

¹⁶⁵ Lothane, *ibid*, p.106

¹⁶⁶ Ibid, p.26

one of Schreber's relatives (he does not tell us which one), who provided him with "some information" about Schreber. Also, Freud wrote that he had asked Stegmann "to find out all kinds of details about Schreber senior" and adds that it will depend upon Stegmann's reports "as to how much I will say about it publically".¹⁶⁷ Freud denied that he made use of any of this information aside from the age of Schreber at the outbreak of his second illness, but it is impossible to gauge what sort of effect the knowledge that he received might have had on him, whether he referenced it directly or not.

Niederland

Niederland began his examination of Schreber in 1959, and argued convincingly for the existence of influences from Schreber's early life in the Memoirs: Schreber's mentions of "Frederick the Great" (Friedrich der Grosse in German), and "Julius Emil Haase", are compared with Schreber's grandmothers, Friderique Grosse and Juliana Emilia Haase. Change of gender played an important role in the Memoirs,¹⁶⁸ and so Schreber's affording his grandmothers a form of masculine reincarnation is unsurprising.

Niederland also drew other striking parallels between the methods Moritz Schreber used to ensure correct posture in his children, including the Geradehalter, and the later "miracles" experienced by Schreber, such as the "compression of the chest" and the "pulling of the hair" miracles. Niederland chose to take these parallels to their conclusion: if it is clear that the *method* of Schreber's upbringing left ineradicable traces in his psychosis, what effect did its *nature* have? Niederland's judgement of Moritz Schreber is unequivocally disapproving: his methods of child-rearing were uncontroversially detrimental to Schreber's development. He referred to Moritz Schreber's "violent, sadistically tinged methods" and how they "prevented at least one of them from establishing an

¹⁶⁷ Ibid, p.106

¹⁶⁸ Niederland, *ibid*, p.97

identity for himself, particularly a sexual identity".¹⁶⁹ Despite this obviously low opinion of Moritz Schreber as a father, Niederland did not draw what seems to be a glaringly obvious conclusion in light of his discoveries, namely that Moritz Schreber's methods were in some part, possibly in large part, responsible for the mental illness of at least one of his sons.

This lack of conclusion is curious, particularly as Niederland stated that he did "not claim that the data so far throw[s] light on the nature of Schreber's psychosis",¹⁷⁰ and that he believed that Schreber was deeply traumatised as early as his third or fourth year.¹⁷¹ Clearly no one outside the immediate circle of the young Schreber is likely to have been responsible for traumatising such a young child. From the rigid hierarchy observed in the Schreber household suspicion and blame inevitably falls on the person at the top: Moritz Schreber. It is possible that Niederland was held back by his adherence to the Freudian opinion that the basis of Schreber's illness was the son's repressed homosexual love for his father, rather than the father's misguided ill-treatment of his son. Niederland's high opinion of Freud is reflected in his praise of Freud's sensitive and morally scrupulous handling of the Schreber case.¹⁷²

Niederland's work seems to contradict the Freudian reading of the Memoirs, as his digging into the Schreber family background shows a clear correlation between the amount of disciplinary attention a child received and its eventual level of functionality in the world. Moritz Schreber was more inclined to experiment on his sons than his daughters, and it was his sons who bore the brunt of his creative methods of restraint. Likewise it was his sons who fared worse in their mental health as adults: the elder Schreber son committed suicide during a period of mental instability, and Schreber himself ended his days in an asylum.

¹⁶⁹ Niederland, William G.: "Schreber, Father and Son", in Psychoanalytic Quarterly, 28:151-169, 1959a, p.161

¹⁷⁰ Niederland, William G.: "Further Data and Memorabilia Pertaining to the Schreber Case", in International Journal of Psycho-Analysis, 44:201-207, 1963, p.206

¹⁷¹ Niederland, William G.: "The 'miracled-up' world of Schreber's childhood", in The Psychoanalytic Study of the Child, 14:383-413, New York: International Universities Press, 1959b, p.389

¹⁷² Niederland, 1959a, *ibid*

Niederland seemed not to realise that his findings were contradictory to Freud's; he commented on the differing levels of competency in adult behaviour of Moritz Schreber's male and female children in terms of how they supported Freud's conclusions.¹⁷³ Within the constraints of the Freudian analysis, Niederland's conclusions make little sense. However, as an independent hypothesis on the possible underlying causes of Schreber's mental illness they provide a great deal more insight into Schreber's early life and the influence his father may have had on him than Freud's own analysis because of their greater basis in fact.

Schatzman

Schatzman offered an alternative account that is nevertheless broadly similar¹⁷⁴ to Niederland's own of Schreber's madness as arising from what Schatzman saw as his persecution by his father as he was growing up. This account can hardly be said to be unbiased: the subtitle of his book Soul Murder¹⁷⁵ is Persecution in the Family, and Schatzman's disapproval of Moritz Schreber's child-rearing techniques is obvious. "Some of you may have begun to see Dr Schreber as laying the basis for a system of child *persecution*, not child education",¹⁷⁶ appearing very early in the book, is a clear indication of the tone of his argument, an appeal to the reader to draw the same conclusions as Schatzman has already reached. For Schatzman, it was logical to blame Moritz Schreber for his son's illness because of the similarities between Schreber's childhood and adult experiences.

Schatzman's argument took the form of a two-stage process: Schreber's madness was a direct result of his upbringing, and it took the form of a religious mania because Moritz Schreber's indoctrination and subjugation of his children's

¹⁷³ Ibid, p.168

¹⁷⁴ These accounts are similar in their examination of Schreber's upbringing, and specifically the methods of education used by Moritz Schreber, as being an underlying cause of Schreber's illness, although as we shall see, Schatzman takes the argument much further.

¹⁷⁵ Schatzman, *ibid*

¹⁷⁶ Ibid, p.25

individual wills made it impossible for Schreber to criticise his father openly, or to see the relationship as anything other than that of a loving father and son. Schreber deified his father in his delusion because he was incapable of accepting that his father had any human failings. There is a secondary argument offered in support of this hypothesis: Schreber deified his father because Moritz Schreber was already more or less deified by his contemporaries as a result of his work on the Schrebergartens. This argument is not supported by Schreber's reality: were it true, one might assume Schreber would have first become ill in Leipzig, when surrounded by contemporaries who deified his father,¹⁷⁷ and the resulting underlying resentment to have caused the illness. Instead, Schreber's illnesses occurred when he was living first in Chemnitz and then in Dresden. It is true however that Moritz Schreber's aim was an insidious indoctrination of the desire to do good in a child:

The child must gradually learn to recognise more and more that he has the physical possibility of thinking and acting otherwise, but that he elevates himself through his own independence to the moral impossibility of wishing or acting otherwise ... "You could act differently, but a good child does not want to act differently."¹⁷⁸

Thus a child is given the illusion of free will: the choice to misbehave is there in theory, but in practice it is impossible to be both a good child and to choose the wrong action. The "guardian spirit" that Moritz Schreber expected a child to experience was the internal impetus to do the right thing, the voice of the parent internalised.

Schatzman's strongest argument in favour of Moritz Schreber being one of the underlying causes of Schreber's illness was the linking of Schreber's "miraculous" experiences and the restraining devices used on him as a child. Schatzman went further in his assertions than Niederland, placing the blame

¹⁷⁷ Leipzig was the Schreber family home, and the place where admiration for Moritz Schreber was most concentrated.

¹⁷⁸ Schreber, Moritz, 1858, p.135

squarely on Moritz Schreber's shoulders. The Mentor edition of Soul Murder: Persecution in the Family¹⁷⁹ has an explosive commentary on its front cover:

[a] bizarre and frightening case of a son driven mad by his own father. A devastating indictment of the system of inhuman child-rearing that shaped the society that produced Hitler.

Moritz Schreber was here being implicitly blamed for significantly more heinous crimes than allegedly destroying the mental capacity of his sons.¹⁸⁰ Schatzman's conclusions were for the most part received favourably, but in a few reviews the objection was raised that Soul Murder "gives insight only into the content of the delusions, hallucinations or other morbid phenomena, and leaves the question of their cause unanswered".¹⁸¹ It is accepted that the memories of the Geradehalter formed a part of Schreber's hallucinatory experience. What is more controversial is whether these memories were the root cause of it. One possible way of looking at this is through analogy with dreams: there is often an obvious explanation of the form the dream takes but there is also a deeper cause or desire at work.

Schatzman was in agreement with the Freudian assertion that the God in Schreber's psychosis represents his father. Israels commented on the similarity in sound between the name of the upper God, Ormuzd, and the Christian name Moritz.¹⁸² Ormuzd also had a marked preference for the Caucasian races, as did Moritz Schreber.¹⁸³ The euphemism implicit in the term "reward" to mean "punishment" is something one could imagine Moritz Schreber using. Moritz Schreber, in his belief that firm discipline was essential to a child's well being, could see punishment as a reward for bad behaviour as it offered children a

¹⁷⁹ Schatzman, Morton: Soul Murder: Persecution in the Family, New York: The New American Library, Inc., 1974, cover

¹⁸⁰ At this stage the work on Schreber is still continuing, and so it would be unfair to condemn Moritz Schreber on the charges Schatzman lays on him. He is still merely accused of the crimes against his sons and not yet convicted, so to speak.

¹⁸¹ Times Literary Supplement, 1973, in Israels, *ibid*, p.315

¹⁸² *Ibid*, Fig. 58, p.316

¹⁸³ Schreber, Moritz: Anthropos: Der Wunderbau des menschlichen Organismus, sein Leben und seine Gesundheitsgesetze; ein allgemein fassliches Gesamtbild der menschlichen Natur für Lehrer, Schüler, sowie für Jedermann, der nach gründlicher Bildung und körperlich geistiger Gesundheit strebt. Leipzig: Friedrich Fleischer, 1859, p.2

chance to learn from their mistakes and put the incident behind them. Schatzman was also guilty of some misrepresentation of the facts: he quoted Moritz Schreber as saying:

It is generally healthy for the sentiments if the child after each punishment, after he has recovered, is gently prodded (preferably by a third person) to offer to shake the hand of the punisher as a sign of a plea for forgiveness ... From then on everything should be forgotten.¹⁸⁴

What has Schatzman hidden beneath the ellipsis? The unabridged quote reads:

It is generally healthy for the sentiments if the child after each punishment, after he has recovered, is gently prodded (preferably by a third person) to offer to shake the hand of the punisher as a sign of a plea for forgiveness (and not, as used to be required, to thank him). From then on everything should be forgotten.

This deliberate misrepresentation of Moritz Schreber's educational philosophy goes some way towards undermining Schatzman: although the factual nature of the use of restraints such as the *Geradehalter* may be undeniable, the deliberate misguiding of the audience renders Schatzman himself susceptible to similar charges of indoctrinatory rhetoric.

The problem with the evidence in favour of Schatzman's linking of Moritz Schreber with God is that the Freudian interpretation used the same material to come to the same conclusion, but used that conclusion as proof of something entirely different. The links between Moritz Schreber and God mentioned above are value-neutral; they do not betray any emotion on Schreber's part which may have led him to fear God as an oppressor because God is an unattainable lover, or simply because Schreber's God *is* an oppressor, attempting to destroy Schreber for His own selfish reasons. Schatzman's argument seems to lose some ground here because these are not the only parallels between God and Moritz Schreber: there are some positive experiences involved in the delusion which can be used to link the two and which Schatzman did not discuss. There are instances of Moritz Schreber's words reappearing in a positive context: when Schreber discussed the

¹⁸⁴ Schatzman: 1973, p.120

insight he gained from the commentary of the “tested souls”,¹⁸⁵ he referred to the phrase “a job started must be finished”.¹⁸⁶ This echoes Moritz Schreber’s own thought that “[w]hat has been promised or decided must be carried out as far as possible, if only *because* it has been decided or promised”.¹⁸⁷ A more concrete example is the one Schreber used when he commented that his thought processes were being disciplined by the constant questioning of the voices, that it

forced me to ponder many things usually passed over by human beings, which made me think more deeply... As one of the many examples: while writing these lines a new house is being built in the Asylum garden... Watching this work the idea automatically arises: that man or various workmen are now occupied in doing this or that; if simultaneously with this thought a “And why” or “Why because” is spoken into my nerves I am unavoidably forced to give myself an account of the reason and purpose of every single job.¹⁸⁸

Moritz Schreber advised parents to take every opportunity to teach their children in the most natural way, by discussion of what they observe in their surroundings. He suggested that the observation of the building of a house is the ideal way to teach a child the reason for any particular method of construction:

[O]ne would observe a house, in the process of being built, in its construction. On somewhat closer inspection one would observe the different ways of joining the individual bricks to each other, depending on their purposes, along with the preparation and application of the mortar. One could ascertain that wherever an open space is to be covered by masonry (cellars, windows etc.) this can only be done by means of building arches, that a pointed arch throws the load vertically downwards, a flat arch sideways, that the resisting power of the pillars must be constituted accordingly.¹⁸⁹

Moritz Schreber’s method of unobtrusive, natural instruction became a fixture in Schreber’s psychosis, and one that Schreber himself considered favourable and

¹⁸⁵ Schreber, *ibid*, p.142

¹⁸⁶ *Ibid*, p.141

¹⁸⁷ Schreber, Moritz, Der Hausfreund, 1861, p.64

¹⁸⁸ Schreber, *ibid*, p.179

¹⁸⁹ Schreber, Moritz: Die planmässige Schärfung der Sinnesorgane als seine Grundlage und leicht zu erfüllende Aufgabe der Erziehung besonders der Schulbildung, Leipzig, Friedrich Fleischer, 1859, p.10-11

praiseworthy. Schreber expressed contentment, in spite of the tiresome nature of the constant interruptions, at the sharpening of his mental processes by the need to understand the reason behind any action.

Upbringing and Insanity: The Influence of Schreber's Family

The truth is rarely to be found in black and white; more often it comes in a shade of grey, and the truth about Moritz Schreber's influence on his son is such an indeterminate shade. Thirty years after Moritz Schreber's death, he was still exerting an influence over his son and his words and methods were appearing in his son's psychosis. The posthumous influence Moritz Schreber had was much the same type of influence that he had exerted during his lifetime: an influence neither entirely benevolent nor entirely malevolent. Moritz Schreber's actions in raising his children were thoroughly horrifying by modern standards, but when judged in the context of his contemporaries in fatherhood they were firm, strict and just. The rules in the Schreber household were perhaps stricter than in some families, and no doubt the young Schrebers occasionally felt resentful that they were the lowest rung on the familial ladder and subject to so many restrictions,¹⁹⁰ but Moritz Schreber's actions were designed to produce a collection of charitably minded, Christian, competent and above all respectable children, and at least in his daughters he succeeded. Schreber himself managed to rise higher in his legal career than anyone of his age had managed before when he was elected *Senatspräsident*.

In examining the role of Moritz Schreber in his son's psychosis, there are many other aspects of the hallucinatory content that remain unexplained. Moritz was not the only Schreber to have a starring role in the delusion: Schreber's two grandmothers had their parts to play, albeit in masculine roles, and Schreber commented that at one time "almost all the patients in the Asylum, that is to say

¹⁹⁰ One assumes that the children might have felt resentful whenever they saw a servant partaking of a snack between meals, or when they had to clean their own shoes or do household chores. Although Moritz Schreber expected great things of his children, they were children after all.

several dozen human beings, looked like persons who had been more or less close to me in my life.”¹⁹¹ Schreber also ascribed sinister motives to his attendant, referred to as von W and no relation to Schreber, and to his psychiatrist Flechsig. If Schatzman was right in his assertion that the presence of the influence of Moritz Schreber in the content of his son’s delusion proves him to have been a major cause of Schreber’s illness, then the presence of influences unrelated to Moritz Schreber suggests that he was not the only cause.

We are in no position to flatly reject an external cause for Schreber’s illness, but there is no evidence in his medical records that he suffered any degenerative brain disease and no way of determining any potential genetic cause. With this in mind, the non-physical elements of Schreber’s illness are most useful in discussion. With this in mind, if we accept that Schreber’s illness had an external cause or at the least external precipitatory factors in keeping with the Diathesis-Stress model, then we must cast the net wider in searching for them: Moritz Schreber was not the only culprit, but he was certainly deeply involved. Schreber’s emphasis on the power and influence of his ancestors in the “forecourts of heaven”, and their appearance in various guises in his delusions, suggest that he was also influenced by pride in his illustrious ancestry. Likewise, Flechsig’s important role in the delusion could reflect his importance in Schreber’s life. It could also simply be that Flechsig was in the wrong place at the wrong time and, in the role of psychiatrist, in the direct firing line of Schreber’s nascent paranoia.

It could also be the case that Schreber’s delusion was so frightening to him that he sought to put everyone and everything he encountered into its own place, and the presence of important people in Schreber’s delusion merely reflects the fact that they were close to him in a literal or metaphorical sense. Schreber was faced with an assortment of miscellaneous and terrifying prospects ranging from the real fear that he was being “unmanned” through incarceration in an asylum and the removal of his autonomy, the unreal hallucinations or “miracles” that nevertheless seemed real to him, and the internalised influence of his father

¹⁹¹ Schreber, *ibid*, p.194

exhorting him towards the good, and in order to make sense of an extremely vertiginous experience, tried to bring them into a coherent whole. This interpretation makes Schreber the deliberate engineer of his own cosmology.

Moritz Schreber's Philosophy

Moritz Schreber's educational ideas and his ideas on health are closely interrelated and form the basis of his ideas on the correct way to raise a child. In philosophical terms, Moritz Schreber was a Kantian: a rationalist and an empiricist, with a healthy disregard for occultism and mysticism. Kant's influence is also visible in his ideas of ethics, with the human passions being subjugated in favour of reason. Moritz Schreber's aim was to combine rationalist principles and ethics into a philosophy that would procure the follower a balanced and happy life. Training in such a philosophy was rigorous, and in order to be successful should begin as early in life as possible. Thus Moritz Schreber's principal concern was the rearing and education of children rather than a philosophy for adults to adopt later in life.

We have already seen several examples of Moritz Schreber's actions and practices in child-rearing in the context of the way he ran his own household: regular exercise, moderation in diet and religious instruction and a clearly regulated home environment – positive hallmarks of his educational philosophy. We have also seen the more sinister aspect of his pedagogy, the *Geradehalter* being the most obvious visual symbol. These are useful in understanding what Schreber's early life was like, but they do not tell us explicitly how this affected Schreber's own philosophy and the course of his illness.

The educational philosophy of Moritz Schreber was a practical philosophy aimed at producing healthy, well-adjusted children and turning them into healthy, well-adjusted, useful adults. In order to achieve this noble goal, Moritz Schreber advocated a system whereby a child was physically well looked after with its needs but not necessarily its wants satisfied, and educated to the best of the

family's ability with a bias towards the skills the child would need as an adult. Thus far, these ideas are based on solid common sense: children need to be healthy, and the learning of skills that will be useful in their future life can never come too early. Certain other of Moritz Schreber's ideas are more problematic to the modern reader: the corporal punishment he advised for small children, perfectly acceptable at the time, is now outmoded. The restraints he utilised on his own children are incomprehensibly cruel to modern sensibilities; Moritz Schreber's system included a variety of instruments involving laces and straps all the way through to metal clamps, and these instruments were used on his child patients and healthy children alike to discipline their bodies into unwavering good posture. A variation on the spiky-ended Geradehalter fastens a child's hair to his underpants to cause him pain and therefore remind him to keep his head upright. Cruelty aside, what do they imply about his philosophy of education?

The title of Moritz Schreber's first book, written in 1861, uses the term "orthobiotics", meaning "right living". The definition of "right living" for Moritz Schreber meant that a person should aim towards moral as well as physical health, and he defined it as "the art of living according to the structure and laws of human nature".¹⁹² The work, Das Buch Der Gesundheit, or the Book of Health, shows Moritz Schreber's development of a practical philosophy of health: animals pursue health instinctively, but humans are incapable of listening to this instinct despite, or perhaps because of, their superior intellectual development. Humans exercise their capacity for reason in order to make the responsible choices that lead to achieving good health, but the human capacity for reason is matched with a tendency towards indolence, which must be suppressed in favour of a "preventive science" of careful living and the preservation of health. He quoted Rousseau, reaffirming the necessity of maintaining a healthy body through diet and exercise in order to prevent diseases of age and of mood, and advocated a rigid adherence to moderate habits and regular exercise.

¹⁹² This was the subtitle of Moritz Schreber's 1861 work.

Moritz Schreber advocated teaching a child independence of thought and action within the parameters of “goodness”. The above quotations from Moritz Schreber on taking every opportunity to take any experience and making it a learning experience, even something as mundane as the sight of a half-built building, should be taken as another example of his emphasis on teaching children the necessary skills for understanding the world and entering it as an adult. As we see from Schreber’s own comments above, constant thinking about the *purpose* of anything he saw was a successful strategy in that it achieved the desired result, an intellectual curiosity about the world. Moritz Schreber wished children to satisfy their natural curiosity, and from asking questions whenever possible to be able eventually to extrapolate any answers they may require.

Moritz Schreber’s method of teaching children appropriate thought processes is akin to indoctrination. It is not clear, however, how far this is a departure from other methods of child-rearing: the role of the parent is to teach their child the accepted modes of behaviour for their society and the role they will eventually play in it. Moritz Schreber took things a step further by attempting to teach the child what *to* desire rather than what it *ought* to desire; his attempt was to render a child incapable of desiring the wrong thing. Moritz Schreber offered a subtle method of enforcing good behaviour: he advocated making a child *desire* the good, so that the other actions were no longer considered as valid options.

The child must gradually learn to recognise more and more that he has the physical possibility of thinking and acting otherwise, but that he elevates himself through his own independence to the moral impossibility of wishing or acting otherwise ... “You could act differently, but a good child does not want to act differently.”¹⁹³

¹⁹³ Schreber, Moritz:, 1858, p.135

We can turn this into a logical progression as the child is supposed to understand it:

1. In a situation where there are two choices, choice *a* is the right choice and choice *b* is the wrong choice.
2. A good child would choose *a*.
3. I am a good child, or at least I want to be a good child.
4. Therefore, I will choose *a*.

This progression gives the appearance of free will. The child makes a conscious decision to make the right choice in order to be a good child. However, being a bad child is punishable by the parents, and it is a most unusual child who will choose the latter option, preferring the option of preservation from pain. The second choice is, therefore, no choice at all, and the illusion of free will is simply that, an illusion.

Free will, as defined by Moritz Schreber, is a state in which one automatically knows which is the right course of action and then chooses to take it. In the first year of a child's life parents should begin teaching the child the practice of

unconscious obedience ... [so that] this habit is now raised to the level of an act of free will, ... of self-aware obedience. The child should not be the slave of somebody else's will, but be raised to a noble independence and the fullness of his own will. The previously acquired habit makes this transition easy.¹⁹⁴

Self-determination is the freedom from needing one's parents to intervene and explain what the correct choice is, but for Moritz Schreber this was not because the child is able to decide for themselves but because the indoctrination was complete:

¹⁹⁴ Ibid, p.135

the voice of the parent was internalised. There is another interpretation, one that makes Moritz Schreber's theory more appealing: there is an idea of freedom according to Spinoza and Hegel in which actions are taken based on what one knows to be right. With the example of thinking that $2 + 2 = 4$, one is compelled to think the answer is 4, but one also wants to think 4 because one knows it to be so. Thus free will here is not automatic but thoughtful. Thoughtful adoption of the right course of action is the province of adults; children's natural desire for immediate gratification must be curbed, beginning as early as possible.

The argument against the imposition of a false choice on a child as Moritz Schreber advocated is based on a modern conception of freedom as being the state in which an individual chooses the course of his own life. Moritz Schreber's ideas were not based on this notion of freedom, but on a notion contemporary to him: he started from the premise that there are certain objective truths to be found in nature and religion, and one must follow them in order to be a successful and fulfilled human being. The pursuit of *eudaimonia* is implied: a person must be good in order to be happy; happiness comes through the pursuit of what is right. The use of the term *eudaimonia* is deliberate, although Moritz Schreber did not use it. It literally means "having a good guardian spirit",¹⁹⁵ precisely what Moritz Schreber was trying to inculcate in his children. The guardian spirit he wished to give them was his own, an internalised voice offering the same advice that Moritz Schreber himself might give were he present to offer an opinion.

In describing the ideal mental state of a human, Moritz Schreber's ideal was similar to Kant's in the tripartite division of the faculties into understanding, feeling and willing. He envisioned a close relationship between mind and body:

[m]ind and body are so closely fused in man that between the two there is the most direct and reciprocal influence from the state of one onto the other ... Full health can only be enjoyed by man when mind and body stand to each other in a proper relationship, in true harmony.¹⁹⁶

¹⁹⁵ www.eudaimonia.com. Accessed from the WWW on April 22nd, 2007.

¹⁹⁶ *Ibid*, p.201

Will is a power that can influence the mood and the direction of the mind and the body; strength of will can prevent or aid treatment of many illnesses. Moritz Schreber also commented that a strong will may control or prevent hypochondria and hysteria in men and women, and may also provide strength for those suffering from delusions.

Moritz Schreber's philosophy was designed to be a way of life that yielded definite and beneficial results. "*Widernatürlich*", or the state of being against nature, is the antithesis of his aim of the natural and rational. Irrational and unnatural habits, which include most activities not specifically praised by Moritz Schreber, are *widernatürlich*, and can ultimately destroy a person's health. His educational philosophy was designed to remove the desire to commit such acts from a child, thus rendering the child "*naturgemäss*", or in accordance with nature.¹⁹⁷ Ethics are considered according to nature as well: the laws of nature are to be followed, and rational laws of ethics outweigh any potentially mitigating circumstances.

The naturalism in Moritz Schreber's ethics was carried over into his ideas of natural religion. Moritz Schreber made occasional reference to Christianity, but his notion of God seems to owe more to the Greek Logos than to the Christian God: God for Moritz Schreber was the ultimate storehouse of reason and spirituality, unconcerned with the more irrational tenets of the Bible. The supernatural and the occult were rejected on rational grounds, although the notion of God as the ultimate rational being, in control of all higher spiritual values, Creator of heaven and earth and in harmony with both, was not subjected to similar rational examination. Although excessive religious instruction and zeal are to be discouraged, God provides an ideal example to humans because He is incapable of wrongdoing. It is this inability to do wrong that Moritz Schreber wished to teach all children to emulate, although how the *inability* to do wrong is morally superior to the *choice* not to do wrong is not explained. Schreber's own idea of God as capricious and cruel would be an unthinkable concept for Moritz Schreber.

¹⁹⁷ One might even say in accordance with the Order of the World.

Moritz Schreber's philosophy can be seen as an integrated whole, fusing ethics, religion and health in order to create the ideal conditions for producing and maintaining a child healthy in body and mind. The horticultural tone here is deliberate: Moritz Schreber himself referred to children as organisms containing cultivated and base seeds (*edle* and *unedle Keime*) in his *Kallipädie*.¹⁹⁸ The duty of a parent, as he saw it, is to produce a child healthy in body and mind, who will eventually become a productive and morally superior adult. Without the negative overtones produced by reading Moritz Schreber from a modern perspective, this seems to be a philosophy based on sound common sense: assuming all the premises to be true, Moritz Schreber's conclusions and exhortations to action make perfect sense. With the notion that Moritz Schreber was not a sadistic parent intent on thoroughly subjugating his children in mind let us turn to the effect this philosophy may have had on his son.

Moritz Schreber's Influence

Despite Schreber's apparent antagonism towards his father, he internalised a large proportion of Moritz Schreber's ideas and beliefs¹⁹⁹ and incorporated them into his philosophy. In the first chapter of the *Memoirs* he warned us that he might not succeed in making himself fully understood as a result of his own enhanced perception of the world: "Where intellectual understanding ends, the domain of belief begins". This is an echo of the Kantian distinction between knowledge and belief, basically defining knowledge as justified true belief. If A knows that p, then A must believe that p, have some justification for believing that p, and p must be true. If A merely believes that p, p does not have to be true, although A must have some reason for thinking that p.²⁰⁰ This distinction is also to be found in Moritz Schreber's philosophy.

¹⁹⁸ Schreber, Moritz:, 1858

¹⁹⁹ This could be seen as proving the efficacy of Moritz Schreber's educational programme.

²⁰⁰ Kant, Immanuel: *Critique of Pure Reason*, Macmillan: St Martin's Press, 1963, A822, B850

Schreber was convinced of the importance of the scientific exploration of any hypothesis, and it was on rational grounds that he offered his interpretation of the events occurring around him. His interpretation of events was not irrational because they were supported by all the empirical evidence Schreber had to offer. Schreber avoided the outright rejection of the supernatural that his father advocated. This is not a contradiction of his father's rational objection to the supernatural, because for him the acceptance of extraordinary activities was based on rational grounds. The fact that no one else was aware of these events was merely proof of Schreber's own exalted state.

Schreber's conception of God was markedly different from his father's; Moritz Schreber's God was both benevolent and rational, something distinctly lacking in the God envisioned by Schreber himself. Schreber's notion of God was somewhat akin to the God described in the Book of Job in that He chose Schreber to be tormented almost to death, although Schreber's God acted without involving the Devil, whose existence Schreber discounted. Instead the chief tormentor was Flechsig, who Schreber accused of having created the imbalance in the Order of the World that led to Schreber's persecution. The mystical tone of Schreber's Memoirs was continued in his choice of language: when discussing the beginning of his second illness, Schreber told the reader that "I dreamt several times that my former nervous illness had returned".²⁰¹ The verb he used is "es träumte mir", literally "it came to me in a dream", suggesting a preconscious awareness that all was not well before any physical symptoms appeared. It also has a slightly supernatural tone, suggesting that the idea was deliberately planted by an external agent. Although Schreber's interest in the supernatural did not begin until several months after his illness re-occurred, it is worth remembering that he was writing with the benefit of hindsight and may have altered the events to better fit his own interpretation of events.

For Schreber the universe was strictly ordered: there is a place for everything, and so long as the Order of the World, "the lawful relation which,

²⁰¹ Schreber, *ibid*, p.36

resting on God's nature and attributes, exists between God and the creation called to life by Him",²⁰² was being followed then everything remains in its place, or moves along an appropriate path into a new place. For Moritz Schreber, the world was similarly ordered along rational principles, and all those who sought to attain a fulfilled and happy existence observed those principles. The strict rules that ordered Moritz Schreber's ideal of life also ordered his son's idea of the universe, although Schreber's ideas were presented on an infinitely grander scale. The relationship between body and soul outlined in the Memoirs is similar to that of Moritz Schreber. Schreber's description of the physical nature of nerves echoed his father's own: "The nerves are thread like structures spread throughout the entire body ... The nervous system is the connecting link between mind and body",²⁰³ and from Schreber: "The human soul is contained in the nerves of the body ... they are extraordinarily delicate structures – comparable to the finest filaments – so that the total mental life of a human being rests on their excitability by nervous impressions".²⁰⁴ Moritz Schreber also informed us that the nerves conduct "excitations, sensations, voluntary acts",²⁰⁵ a statement that Schreber agreed with: "Part of the nerves is adapted solely for receiving sensory impressions ... other nerves receive and retain mental impressions and as the organs of will, give to the whole human organism the impulse to manifest those of its powers designed to act on the outside world."²⁰⁶ The effect of sin on nerves, the "blackening" that Schreber believed was the inevitable result of sinful behaviour, was an echo of his father's belief that continued immorality has a detrimental effect on the health of the body and the mind. The nerves, being the place where body and mind overlap, would seem to be the logical place for the damage to occur, and as with much of Schreber's philosophy the damage is literal.

²⁰² Ibid, footnote p. 67

²⁰³ Schreber, Moritz, 1839, p.12

²⁰⁴ Schreber, *ibid*, p.6

²⁰⁵ Schreber, Moritz, 1861, p.50

²⁰⁶ Schreber, *ibid*, p.6

The ideas that Schreber expressed represented the pinnacle of contemporary knowledge about the nervous system; Flechsig's own organic brain-mind model was essentially the same in its main points as the one outlined by the Schrebers.²⁰⁷ The main difference between Moritz Schreber's model of the nervous system and his son's is not organic but metaphysical: Moritz Schreber believed that the role of the nerves ceases after the death of the body because the nerves themselves are physical and subject to physical death. Schreber himself disagreed: the fact of bodily death "does not imply that the soul is really extinguished; rather, the impressions received remain attached to the nerves. The soul, as it were, only goes into hibernation as some lower animals do and can be reawakened to a new life."²⁰⁸

Schreber viewed his own illness as a disorder of the nerves rather than a mental illness. It was not, however, a physical disorder but a moral one: Schreber's body was the battleground God chose to defy the Order of the World, and Schreber's illness, which included some damage to his body, was regrettable but necessary collateral damage. He showed the same sort of disdain for mental illness as his father, who believed that a strong and healthy will is all that is needed to bring about a swift and comprehensive cure for mental illness. Schreber's willpower was better used in preventing soul murder being practised upon him and thus ensuring his victory over God's machinations for his soul murder as encouraged by the "tested soul" of Flechsig. In this Schreber displayed a similar regard for will to Moritz Schreber; a strong will is an essential attribute of any productive human being.

It is almost undeniable that Schreber's philosophy, as well as his illness in a wider sense, was related to his father's influence. The extent and specifics of this influence will be debated in a later chapter; the next question to determine is that of Schreber's mental illness itself: what does mental illness mean, and was Schreber mentally ill?

²⁰⁷ Lothane, *ibid*, p.396

²⁰⁸ Schreber, *ibid*, p.7

Chapter Three

Schreber's Mental Illness

"I believe that I am in hell; consequently I am there."²⁰⁹

If we are to examine Schreber's cosmology in the context of his upbringing and his education, we must also examine it in the context of his experiences at the time at which he was creating it. Does his legal sanity correspond with a philosophical or a psychological idea of sanity? This is a question with the intuitive answer "no": Schreber was still apparently delusional, and utterly unrepentant in declaring his intention to continue such socially unacceptable activities as cross-dressing before his mirror. The question of Schreber's return to sanity is not so easily answered, however: first we need to prove that he was mad to begin with. The aim of this chapter is to arrive at a working definition of mental illness, which we can then go on to use as a means of determining Schreber's own mental illness. It is generally assumed that we know the definition of mental illness, although the actual mechanism of mental illness is not altogether clear and our confidence in the non-specific definition of mental illness used in everyday life is misplaced. Schreber discovered through a combination of physical interferences and the conversations he had with the "tested souls" that the physical structure of the world was far more oriented around the material existence of things than his Christian upbringing might have led him to assume. His Memoirs tell us about the physical existence of the soul and its situation within the nerves of the human body,²¹⁰ an existence that Christianity holds to be non-material.

Less debilitating, but by no means less annoying, were the constant commentaries required by the "tested souls", who demanded that Schreber continually tell them what he was doing or thinking, and explain himself at every turn. It was from these conversations with the "tested souls" that Schreber was able to deduce the nature of these souls. Their inability to understand his actions,

²⁰⁹ Rimbaud, Arthur: "A Season in Hell", in The Norton Anthology of World Masterpieces, Vol.2, New York: W.W. Norton & Company, 1999. Edited by Sarah Lawall.

²¹⁰ *Ibid*, p.45

and their requests for more information even when there was no more information to be given frustrated Schreber enormously; his patience was exhausted when the "tested souls" asked what Schreber was thinking of over and over again, because "a human being can at certain times as well think of nothing as of thousands of things at the same time."²¹¹

Schreber was brought up according to moderate Christian principles, central to which belief system is the notion that God has certain divine attributes, including benevolence, omnipotence, omniscience and eternity. God is also considered in Christianity to be paternal. Schreber's delusions steadily stripped away all these qualities: Schreber's God was clearly not benevolent since He entered into a concerted attack on Schreber's reason. His behaviour to Schreber was distinctly un-paternal, if we believe that the attribute of paternity involves some sort of parental duty of care. Schreber explained²¹² that there are certain things God cannot do, although there is a way around His inabilities. He cannot, for example, see into the future, although He can manipulate it so that the events He desires actually take place. While God cannot predict the lottery numbers before they are drawn, He is more than capable of manipulating the draw so that His numbers come up. Schreber did comment that God would be unlikely to do that, as He is a disinterested God and merely watches the world rather than taking any active role in its running after its creation.²¹³ Also, God is not omniscient: Schreber explained that God is incapable of learning from His previous experiences, and also that He has no idea about the workings of living human beings, since He only ever comes into contact, under normal circumstances, with corpses.²¹⁴ God's behaviour towards Schreber was motivated, Schreber told us, by the fear that Schreber's attractive powers would prove fatal to God. This fear of extinction would suggest that God is not eternal.

²¹¹ Ibid, p.70

²¹² Ibid, p.195

²¹³ Schreber's God is disinterested in the running of the world, but has an active instinct for self-preservation, hence His intervention when He perceives Schreber as being a threat to His survival.

²¹⁴ Ibid, p.59

Thus Schreber's delusions gave him a decidedly different world-view from the vast majority of the world; Schreber was in effect in a minority of one in his beliefs and the appellation of *folie à un* would not be inappropriate. However, before we can discuss Schreber in terms of his mental illness, we must first be certain that he was in fact mad. Although this statement appears to be obviously and incontrovertibly true, it is theoretically possible that the world is, in fact, exactly as Schreber perceived it and it is we who are the mad ones. Proving Schreber mentally ill is by no means as easy as it might appear. We could refer to the DSM and point out that he fulfils the necessary criteria, but the criteria for mental illness in the DSM change with each new edition. Homosexuality is the obvious example of this. It was listed as a form of mental disorder in the DSM-I and the DSM-II²¹⁵ but following the American Psychiatric Association's vote on the matter in 1974 it was removed. The debate that preceded the vote examined evidence that homosexuality was more common, and homosexuals better able to function normally, than psychiatrists had previously believed. The diagnosis of homosexuality itself was removed in DSM-III, with ego dystonic disorder appearing instead to constitute homosexuality that the sufferer is unhappy with. Hence homosexuality was a mental illness in 1950 under the aegis of the DSM-I, but not according to the DSM-IV. Does that mean that the homosexual was mentally ill but is mentally ill no longer, that he was never mentally ill and the DSM was wrong, that he remains mentally ill but modern homosexuals do not share his mental illness, or that he and modern homosexuals are mentally ill but that the modern homosexual is wrongly considered sane? Whether Schreber was originally mentally ill or not depends on one's definition of mental illness: is mental illness a social construct or is it an objective reality?

Defining Madness

²¹⁵ American Psychiatric Association Committee on Nomenclature and Statistics: Diagnostic and Statistical Manual of Mental Disorders, 2nd edition, Washington: American Psychiatric Association, 1968

The Oxford English Dictionary defines "sane" as "reasonable and rational", or "of sound mind; not mad". The double negation of a mad person's not being not mad is unhelpful, but the former definition is more useful: a person is sane if their behaviour is reasonable and rational, and mentally ill if it is not. This reason and rationality is not personal but social: a person's behaviour must be reasonable and rational in the context of their social situation in order for them to be considered sane. It is perfectly reasonable and rational to refuse to eat or drink something if one believes it to be poisoned, but if a person is paranoid their behaviour is irrational in a wider social context while still being perfectly reasonable to them. It is this discrepancy between the personal and the public social and behavioural contexts that renders sanity a socially subjective experience, because the appearance of sanity at least is dependent on the social context of the behaviour in question. A person is sane if his or her personal and social behavioural contexts overlap; when he or she is aware of the correct way to behave in their social context and finds it comfortable and possible to do so. According to this model, Schreber was sane when he was writing the Memoirs and past his crisis period, but not sane during the time in which he was unable to repress his urge to bellow or otherwise behave in an anti-social manner. Desires to behave contrary to the social context are quite normal: Freud described the Id as a festering mass of inappropriate desires fighting to be fulfilled in spite of the Ego's and Superego's attempts to thwart them. It is not the antisocial desires but the *acting out* of them that renders a person mentally ill, although beliefs are a more difficult point to which we shall come later. This definition does beg the question: what happens when a person is intoxicated? The phrase *in vino veritas* is well known, as is the loss of social awareness that accompanies inebriation. Inebriation is however a temporary state, dependent on an intoxicant's being introduced into the body. The legal definition of this state is "diminished responsibility", and it implies that the subject is normally responsible but that an external event or substance has rendered him or her temporarily incapable of taking complete responsibility for his or her own actions. Insanity is a more continuous state of diminished

responsibility and rationality independent of any external chemical introductions to the body, and lasts considerably longer than most inebriation.²¹⁶ Insanity is however a primarily legal term, and although insanity and mental illness go together, mental illness by itself does not entail legal insanity.

R.D. Laing discussed the familial situation of the schizophrenic, and noted that when "patients were disturbed, their families were often very disturbing."²¹⁷ In Sanity, Madness and the Family²¹⁸ he postulated that the schizophrenic is simply the weakest link in the family; that the family unit is sick²¹⁹ and it is this particular member who most obviously displays that sickness in terms of his or, more often according to Laing, her behaviour. The case studies outlined in Sanity, Madness and the Family emphasised the need to view a person's behaviour in terms of its context: actions which make no sense in a normal social context may become intelligible in terms of an unusual familial situation. Schizophrenia, according to Laing, is "a special strategy that a person invents in order to live in an unliveable situation."²²⁰ Although the family unit is the unhealthy organism in the situation, not all of its members may be considered sick. The difference between the sane and mentally ill family members is simply that the "sane" members of these families are able to differentiate between what is acceptable in the home environment and what is acceptable outside of it, while the "mentally ill" ones are not; they behave in the same way in both the familial and social spheres and are thus labelled mentally ill. Laing argues that this distinction between the members

²¹⁶ In this context I am referring solely to the sort of temporary imbalance caused by the introduction of alcohol, narcotics or hallucinogenics. The phenomenon of cocaine or amphetamine psychosis is the result of excessive intake of a drug, as is the type of flashback associated with LSD, but since these can also occur without the substance's being in the body at the time I do not feel that these constitute a counter-argument.

²¹⁷ Laing R.D., The Politics of Experience and the Bird of Paradise, Harmondsworth: Penguin, 1967, p.93

²¹⁸ Laing, R.D. and Esterson, A: Sanity, Madness and the Family, London: Tavistock, 1970

²¹⁹ Given his insistence on viewing the behaviour of his patients within their own social context we might assume that Laing would consider these families to be sick purely within the social context. Certainly in the case of the King family (Ibid, pp.221-231) the parents' refusal to allow their daughter outside unaccompanied would be perfectly intelligible within a strictly religious social context.

²²⁰ Laing, 1967, p.95

who can live within the unhealthy familial structure and those who create an alternative mode of reality in order to live within it makes the development of schizophrenia a "political event".²²¹ While it is true that one person's becoming insane is a political event in the sense that it takes place in the *polis*, this is an overly confrontational label to place upon the event. It is instead an ontological event, a shift in the person's mode of being from being an unremarkable citizen of the social or, if we use the Laingian model, the familial structure, to being one who finds it impossible to reconcile personal beliefs about the world with the rules of engagement inherent in being a citizen of it.

The dominant image in the discussion of mental illness is that of someone "losing his or her mind". King Lear berates himself at his failure of insight, crying:

Oh, Lear, Lear, Lear!

Beat at this gate, that let thy folly in

And thy dear judgement out!²²²

The role of psychiatry is therefore to assist a patient in finding the mind they have lost, and if a patient chooses not to assist in the search or is unable to do so, then the psychiatrist attempts to force the patient into finding it, or to find it for the patient and force him back into it. The mind according to this model is something objective: there are set criteria for rationality, and one's mind must abide by these criteria in order to be considered sane.

The aim here is not to return the patient's right mind but to relieve him of his wrong one. The right mind remains with the patient according to this model; it is merely obscured and can be uncovered once the false consciousness is recognised and rejected. This is something that patients must do for themselves, rather than being forcibly returned to their rightful state of mind: Laing commented in The Politics of Experience that "If I could turn you on, if I could

²²¹ Ibid, p.100

²²² Shakespeare, William: King Lear, Pocket Books: New York, 1939, I, iv, 279-281

drive you out of your wretched mind, if I could tell you I would let you know."²²³ It is this sort of treatment that recognises the existence of the "wretched mind" that Drury discussed with great enthusiasm in his essay "Madness and Religion."²²⁴ Drury offers a discussion of the religious delusions of four case studies, two of whom he treated with ECT, one with drugs and one merely by ensuring he ate correctly and listening to the patient talk. The three patients that Drury treated with medical intervention were able to accept that they had previously been in a false consciousness,²²⁵ or mistaken in their beliefs or feelings, and all four were able to return to their normal lives without difficulty. Drury attempted to define madness in the context of religion, and took support from Jung, who commented, "Among my patients in the second half of life there has not been one whose problem in the last resort was not that of finding a religious outlook."²²⁶

Boorse: A Naturalist Conception of Disease

Naturalism is the most prominent of the philosophical approaches to defining disease, and here we will focus on Boorse's specific naturalism claims for two reasons. The first reason is that Boorse intended his Biostatistical Theory (BST) to be applicable to concerns related to mental health and mental illness, whereas others are less specifically focussed on non-physical disease. The second reason is simply that Boorse's is the best developed of the naturalist arguments and the best constructed. The question, then, is what defines disease, and the set of conditions that come under the umbrella term of disease is enormous. It can describe conditions like cancer, that develop, conditions that are acquired, such as malaria, debilitating congenital conditions like Huntington's chorea, or even, according to some theories of disease, temporarily debilitating conditions like sunburn or

²²³ Laing, *ibid*, p.156

²²⁴ Drury, Maurice O'Connor: "Madness and Religion", in The Danger of Words and writings on Wittgenstein, Bristol: Thoemmes Press, 1996

²²⁵ *Ibid*, pp.118, 121, 123

²²⁶ Jung, Carl, in Drury, *ibid*, p.128-129

drunkenness. The key characteristic of the concept of disease is its heterogeneity: it is hard to imagine a category with a larger collection of qualifying members. In its broadest sense, although it is somewhat understating its complexity to speak of “the” naturalist conception, the naturalist concept of disease claims that the unifying characteristics of conditions that qualify as disease are that they are first in some way constitutive of dysfunction in the person experiencing them, and secondly their unpleasantness. A disease is a condition that is dysfunctional and unpleasant.

This construction seems to be far too vague, and also insufficient to cover all disease states. Being caught in a rainstorm without an umbrella is an unpleasant condition of the body, but it is not a disease because it is a transient state that is dependent entirely on events outside of the body, the absent umbrella and the ambient weather conditions. Likewise, there are examples of patients whose disease experiences have actually improved their quality of life.²²⁷ Boorse aims to explain the medical cliché, “Health is the absence of disease.” This statement necessitates a broad concept of disease, since it incorporates accidental injuries, congenital conditions, environmental traumas and so on, and Boorse takes his cue from textbooks of medical theory in using “disease” to mean “dysfunction” or “unhealthy condition”.²²⁸ Boorse’s BST includes two central claims, first advanced in a series of 1970s papers: firstly, that it is possible to create a theoretical construction of disease that fits within the current medical terminology, and secondly that it is possible to provide a value-neutral construct of disease. Boorse eschews the stigma associated with some diseases and notes that there are some conditions that should be considered diseases that at the same time have a potentially beneficial effect on the body.

The original construction of the BST may be summarised as follows:

²²⁷ Sacks’ patient, Natasha K., will be discussed later in this chapter. See Sacks, 1986, pp.97-102

²²⁸ Boorse, Christopher: “On the Distinction Between Disease and Illness”, in *Philosophy and Public Affairs*, 5, 1975, p.50

A disease is an illness if and only if it is serious enough to be incapacitating, and therefore is

1. undesirable for its bearer;
2. a title to special treatment; and
3. a valid excuse for normally criticisable behaviour.²²⁹

Here Boorse contrasts disease and illness to show the distinction between the theoretical concept of health, which is value-free, and the value-laden state of freedom from illness.²³⁰ He later acknowledges this to be a mistake, since the terms “sick” and “ill” are synonymous, and yet “illness” is a term that in normal usage is applied only to humans, while buildings, animals and plants can be “sick”. His second reason for rejecting this construction is that disease and illness cannot be seen as the same essential thing, only in different degrees of severity. An illness is a systemic disorder, invading the whole organism, whereas a disease could be more specific, e.g., paraplegia or arthritis, affecting some of the organism’s limbs or its joints respectively but without permeating the entire organism in the way that, say, the flu does. Under this construction, “disease” is an objective fact about the state of the organism. “Illness” is also an objective fact, although it may become a value-laden one if there is some level of subjectivity involved in the level of incapacitation required in determining the severity of the set of abnormal conditions in question: at what point, for example, does a sniffle become a fully fledged illness? I may insist that I am at death’s door with the flu, while an unsympathetic observer may be equally convinced that I am malingering and should take an aspirin and stop complaining. The theoretical concept of illness in this account is value-free, but its practical application may require a degree of evaluation, which is necessarily subjective. A diagnostic tool such as the Glasgow

²²⁹ Boorse, Christopher: “A Rebuttal on Health”, in J. Hunter and R. Almeder (eds), *What is Disease?*, Totowa, New Jersey: Humana Press, 1997, p.11

²³⁰ In practical discussions of health, we speak of blood tests coming back “clean”, implying that if a disease were present the test would be “dirty”. This is a clearly value-laden statement, which would be missing in a purely theoretical discussion.

Coma Scale or the DSM provides some measure of practical objectivity, but the interpretation of signals and symptoms remains largely subjective.²³¹

Boorse attempts to avoid this value-ladenness by introducing two new concepts in the place of the practical aspect of illness: diagnostic abnormality and therapeutic abnormality. Diagnostic abnormality is a “clinically apparent pathological state”²³², whereas therapeutic abnormality is a diagnostic abnormality requiring treatment.²³³ These concepts suggest a system of grades of health with a scale of possible bodily conditions up and down which it is possible to move:²³⁴

		Suboptimal		Positive Health	
		Pathological		Theoretically Normal	
		Diagnostically Abnormal		Diagnostically Normal	
		Therapeutically Abnormal		Therapeutically Normal	
Dead	Ill	Well			
	Alive				

Fig. 2. Grades of health.

Even here, there may be a degree of value-ladenness involved in determining diagnostic abnormality, depending on the degree to which a doctor is willing to go in order to find a dysfunction in the patient. This sort of value-ladenness is more prevalent in the USA, where a patient with better insurance may be given more tests than one with no insurance at all, and an underlying condition may be discovered as a result of these tests. The diagram above is also only concerned with clinical medicine and does not offer categories in which to place socially

²³¹ The increased diagnosis of specific disorders in which a doctor is interested was noted by Laing and has been supported in other research.

²³² Boorse, 1997, p.12

²³³ Ibid

²³⁴ Ibid, p.13

defined categories such as legal insanity or employment disability.²³⁵ These categories are inherently value-laden because of their context-dependence and thus they do not fit within the naturalist model. Boorse's aim is not to reject non-naturalist accounts altogether; he explicitly recognises that there are occasions in practical medicine when a more evaluative approach than the strictly diagnostic is required.²³⁶

Boorse offers a summary of what he considers the main strengths of the BST:

1. It explains the divergence between facts about disease and facts about desirability or treatability.
2. It offers a unified treatment of extremal illnesses.
3. It explains the phenomenon of symptomless disease, and indeed how health judgements can be independent of gross output.
4. It explains disease judgements about plants and animals and why what looks like disease in an organism may not be so if there is no malfunction.
5. It applies to both physical and mental health.
6. It gives a clear account of logical relations among important health concepts.
7. It gives health concepts scientific status, and in the process simultaneously explains cultural variation in disease judgements while avoiding cultural relativism.
8. It explains the partial successes of other analyses.²³⁷

Boorse claims that the BST is almost completely applicable to mental illness, especially considering that it was originally developed specifically for mental

²³⁵ Ibid, p.13

²³⁶ Ibid, p.12-13

²³⁷ Ibid, p.15. Also see Reznek, *The Nature of Disease*, New York: Kegan Paul, 1987, pp. 127-128, and Nordenfelt, *On the Nature of Health: An Action-Theoretic Approach*, Dordrecht: D Reidel, 1987, pp.21-23

illnesses. He argues that American psychiatry has often abandoned a rigorous substantive theory in favour of value-laden personal or social criteria,²³⁸ although an attempt has been made to redress the balance in the removal of homosexuality from the DSM. He also answers the possible questions about organic causes of mental illness in a naturalist account by arguing that “at least major mental disorders (the psychoses) involve genuine biological part-dysfunctions of the mind”.²³⁹ This implies a materialist notion of the brain that some may choose not to accept, but if we substitute “brain” for “mind” in the quote above then the statement is true and acceptable even for mind-body dualists. To speak of a patient’s “psychopathology” is therefore a literally justifiable statement, since it entails some pathology of the brain causing the symptoms that lead to a diagnosis of psychosis.

The difficulty here is that this is an account of abnormality that appears to cover all its bases, especially since Boorse has had thirty years to respond to criticisms and to improve his account accordingly. Diagnostic normality in terms of mental health, however, is still a normative concept: symptoms, especially of mental illness, are largely context-dependent. Jack Nicholson was not clinically insane when he was playing Billy Bibbitt in *One Flew Over the Cuckoo’s Nest* despite his character’s insanity and the extreme behaviour he exhibited during this time. It is the distinction between reality and fiction that is important here; if a person believed the film to be a documentary, then he would be justified in believing Jack Nicholson to be a genuine patient suffering from genuine insanity, although Boorse himself is able to respond through appealing to dysfunction: since the dysfunction in the case of the actor is feigned, then there is no serious challenge to his theory being made here. This fiction, however, causes further problems: to the patient, his delusional beliefs may be entirely reasonable and acceptable, borne out like Schreber’s by the full weight of his observational and experiential beliefs. The inability to distinguish between reality and fiction is often a key symptom of

²³⁸ Ibid, p.14

²³⁹ Ibid, p.14

mental illness, and yet it may also preclude the sufferer from understanding that there really is a problem, even to the point where it becomes almost impossible for him to seek help.

Schreber's own case is an example *par excellence* of this inability. He was thrown, at the start of his second illness when the walls began to make crackling sounds and he was no longer able to sleep, into a state of Cartesian doubt, although Cartesian panic might not be too strong a description: he was not in control of a calm and theoretical meditation like Descartes', in which his narrator supposed that the things he was seeing and experiencing might not be real, rather his delusions were forcing him to recognise that he had in fact been wrong in his perception of the world before this, and that the real world was a sinister and dangerous place. His body was no longer the predictable mechanism he thought it was,²⁴⁰ although his imagined weight loss was not borne out by medical examination. He could no longer be certain that the rules of causality still applied: once the Order of the World had been contravened he found himself in the centre of chaos, where the "tested souls" ran rampant and unchecked by God, stealing his organs and crushing his body at will²⁴¹, with Schreber unable to resist or prevent them. Neither inductive nor deductive modes of reasoning could be applied to the world while it was in this state of crisis: events during this time occurred according to the will of the "tested souls" and God, whose pattern of behaviour was designed to attack Schreber's reason and was therefore deliberately illogical. Even the physical laws of the universe were disrupted: Schreber's body was altered, with pieces being removed and added at the whim of the "tested souls". Schreber commented that at times he was unable to eat because his stomach had been removed,²⁴² and at other times various parts of his body would come under

²⁴⁰ Ibid, p.62

²⁴¹ Ibid, p.131

²⁴² Ibid, p.133

attack by "miracle", including the "compressing-of-the-chest miracle" and the "hair-pulling miracle".²⁴³

Schreber's beliefs were many and often terrifying in content, with some but not all being delusional. He recognised the delusional nature of certain of his assertions once he re-examined them after the crisis had passed and as he prepared his Memoirs for publication.²⁴⁴ It was a delusion that began the process of his second breakdown: the apparent crackling noises in the walls of his home that prevented him from sleeping.²⁴⁵ A short time after he was committed to the asylum, he began refusing to see his wife, again because of a delusional belief that she, along with all the other human beings in the world, was dead, and the image being presented to him as his wife was a "fleeting-improvised [wo]man" planted by the "tested souls" and designed to confuse and disorient him.²⁴⁶ This was not a logical inference from the circumstances and evidence of rational thought processes at work: this was mad behaviour and therefore proof of Schreber's madness. The schism of belief involved here is symptomatic of madness; a sane person would not have to deceive himself in such a way because the hypocrisy entailed in the holding of opposing beliefs in tandem could be recognised and rationalised as being the most sensible course of action, so that the two beliefs would no longer be in conflict.

Thus the content of his new beliefs caused him to re-evaluate his previously held beliefs in the context of these new experiences. He considered most of these new experiences to be revelations rather than delusions. Even after the critical period of his second illness had passed and he was no longer plagued by the constant voices of the "tested souls", he did not accept the possibility that he might

²⁴³ Ibid. The "compressing-of-the-chest miracle" was a feeling of dangerous tightening in his chest, and the "hair-pulling miracle," Schreber believed, was the result of "tested souls" pulling on his hair in an attempt to further their plan to render him demented. Both of these "miracles" can be seen as analogous to experiences with the Geradehalter in Schreber's childhood.

²⁴⁴ Schreber, Daniel Paul: Memoirs of My Nervous Illness, London: Harvard University Press, 1988. Translated and edited by Ida MacAlpine and Richard A. Hunter, p. 52, 76

²⁴⁵ Ibid, p.64

²⁴⁶ Ibid, p.68

have been deluded in more than the few specific matters noted above.²⁴⁷ He did however acknowledge that his belief system was subject to change as further “truths” were revealed to him. Rather than admitting the existence of his own delusions, he believed that the crisis was external and related to the breakdown in the Order of the World caused by God's entanglement with Schreber's own rays. In the Memoirs he told us that since this crisis had been resolved he would be able to go about his life normally, with only a few minor changes.²⁴⁸ Thus Schreber accepted that some, but not all, the beliefs he based upon his empirical experiences immediately before and during his admission to Flechsig's Asylum were false and even delusional in nature. These false beliefs are considerably smaller in number than the number of Schreber's beliefs that an observer would consider false, and yet the Court of Appeal in Leipzig revoked the order of tutelage that had been placed on Schreber, effectively declaring him legally sane.

Against Boorse's Naturalism

There have been several objections made against Boorse's account of disease. The most obvious objection is that the BST, and naturalist theories in general, do not sufficiently reflect the meaning of words like “health” and “disease” because of the value component in our usage of them. Again, the obvious example of this usage is homosexuality: when homosexuality was removed from the DSM, what changed was nothing inherent in homosexuality itself or in those people who are homosexual. Rather, it was the state of value placed upon homosexuality by the APA following three years' negotiation and debate between gay rights activists and the APA: its removal from the DSM showed that it was no longer a disvalued state. The inclusion of Ego-Dystonic Disorder showed that the potential for unhappiness associated with homosexuality is disvalued, but that homosexuality itself was not. We can also

²⁴⁷ Ibid, pp31-32

²⁴⁸ Ibid, pp.213-214

examine Murphy's example²⁴⁹ in which a specific brain lesion can turn a patient into a gourmet. In the absence of any other symptoms we do not consider this lesion a disease, although a lesion is damaged brain tissue, because we do not believe that a desire for fine foods is harmful to the patient. The naturalist can respond to this sort of objection very simply by drawing a distinction between theoretical terms and common usage. In theoretical terms, the lesion would be considered a disease regardless of whether or not we object to the symptoms it produces, and homosexuality's inclusion in the DSM was a mistake that was rectified. Other people's lax usage and erroneous judgements do not, naturalists would argue, imply anything that would damage the notion of naturalism.

A more serious objection to naturalism is that it fails in satisfying its primary aim, that of being naturalistic.²⁵⁰ Boorse, and other naturalists, assume that there is a biological theory that can explain the natural traits of humans. Disease can be defined as "a type of internal state which ... interferes with the performance of some natural function"²⁵¹, and health in terms of "conformity to species design"²⁵². Species design and natural functions are, for Boorse, the result of natural selection, and they tend to be the statistically normal traits for the species. Ereshevsky argues, however, that Boorse is using two different accounts of normality here: statistical normality and theoretical normality.²⁵³ Statistical normality is the "numerical average state" among members of a specific reference class, and theoretical normality covers the natural or normal traits of the reference class as described by the scientific theory that identifies members of the class as belonging together. Ereshevsky argues that biological taxonomy, which is what places members of a reference class or species together, does not identify any traits

²⁴⁹ Murphy, D.: *Psychiatry in the Scientific Image*, Cambridge, MA: MIT Press, 2006, p.25

²⁵⁰ Ereshevsky, Marc: *Defining Health and Disease*, available at <http://www.ucalgary.ca/~ereshefs/publications/Health%20and%20Disease.doc>

Last accessed from the WWW on May 12, 2008.

²⁵¹ Boorse, 1976, p.62

²⁵² Boorse, 1997, p.7

²⁵³ Ereshevsky, *ibid*

as being natural for members of a species.²⁵⁴ An organism is included in a species by virtue of genealogical connections rather than of qualitative similarity.

Take the example of an infant monkey, who was raised by humans and who never came into contact with other monkeys or saw itself in a mirror. It's facial and body hair was removed, it was dressed like a human child and successfully taught to communicate in sign language and toilet-trained. This monkey would have more in common with human children than with monkeys, because it would have learned no monkey behaviour. Despite its human characteristics, it remains a monkey and would not be considered human in any but the most metaphorical terms. We might say that "he's just like a real person," but we would be acknowledging his underlying, essential monkey-ness and commenting on his human characteristics as going against what we perceive his nature to be. This would fall in with the Darwinian view of species, where species are evolving, and there is no essential nature or qualitative characteristic that an organism must have in order to fit within its species class. The connection shared by members of a species is related to a common ancestry and genealogy, not anything inherent in the characteristics that are associated with that species. The Galapagos finches are still all finches in spite of the evolved alterations in their beaks, and this commonality of species is related to the common ancestry they share. Sober makes a similar point regarding genetics:²⁵⁵ no particular phenotype is the natural one for a particular species, rather each phenotype is the result of a particular genotype's development in a particular environment. Likewise, mutations are considered a natural event in reproduction, and the owner of the mutated genes is still considered to belong to a member of the same species as that mutant.

Boorse is aware of this objection, but maintains nonetheless that biology is able to specify the natural state of an organism, and uses as evidence physiology

²⁵⁴ Ibid. See also Hull, D.: "A Matter of Individuality", in *Philosophy of Science* 45:335-360, 1978, and Sober, E.: "Evolution, Population Thinking, and Essentialism", in *Philosophy of Science* 47: 350-383, 1980.

²⁵⁵ Sober, *ibid*

texts to show the detailed descriptions of organs and internal systems that are available in the realm of science.²⁵⁶ Here again, however, we run into the distinction between theoretical and statistical normality: the version of the ideally “normal” heart in the textbook may not be the same as the statistically normal heart for the reference class. The idealised healthy heart is free of fatty build-up and beats between 60-101 times per minute. In practice, a heart may be statistically normal and have some degree of fatty infiltration or a higher than theoretically normal heart rate. Conversely, a theoretical abnormality may be actively beneficial to the owner of the heart. Bradycardia is defined as a resting heart rate of under 60 beats per minute, and is classified a disease if the rate is below 50bpm. However, Miguel Indurain, a cyclist who won the Tour de France five years running, had a resting heart rate of 29bpm.²⁵⁷ This gave him an advantage when cycling up mountains, and given his level of fitness he would not be considered to have a disease.

More worrisome for Boorse is the fact that these books do not give any description of the nature of these organs. The heart is described, but the description is physical and functional: a heart is a valvular muscle that pumps blood around the body. These descriptions provide the basis for further discussion; they say nothing about the nature or the natural state of the heart, and indeed such an undertaking would be well beyond the scope of a physiology text. Also, the descriptions found in physiology texts are physiological, and these descriptions do not always take into account evolutionary descriptions. A physical description of the neck of a giraffe might explain that the neck is long to enable the giraffe to eat leaves from trees, but would not explain the evolutionary conditions that led to the survival of longer-necked giraffes at the expense of their shorter relatives.

²⁵⁶ Boorse, 1997, p.33

²⁵⁷ Unattributed news report, available at

http://news.bbc.co.uk/sport2/hi/other_sports/cycling/tour_de_france_2004/history/3772501.stm

Accessed from the WWW on May 12th, 2008

Genetics, taxonomy and physiology are all unable to explain the natural states of organisms, despite Boorse's claim that the definition of the natural state is to be found in biology. There is a further problem for the BST: Boorse claims that biological fitness is the biological goal for living organisms. There are multiple examples of normal behaviour that goes against the alleged goal of biological fitness: non-reproductive sex would be an obvious example, and on a biological level the release of endorphins does not necessarily relate to the goal of biological fitness, although it may occur to take the edge off pain. Human beings may have multiple goals, and strict biological fitness may contravene these specific goals. A gymnast may have such a low BMI that she does not ovulate, or a man may have a vasectomy to prevent accidental reproduction. These are deliberate choices based on a rational decision as to what is best for the individual human. Boorse responds to this objection by categorising these goals as "welfare" choices, hence outside the realm of biology; however, this assumes that the remit of biological treatment is based solely on biological fitness. The discipline of medicine is also concerned with social and mental wellbeing of individuals, and so Boorse's claim is relying on an excessively narrow notion of the various strands of medicine.

Aristotle and Function

Aristotle, in section I.7 of the Nicomachean Ethics,²⁵⁸ presents an account of function as a resource tool for the clarification of what constitutes the ultimate human good. The basic idea is that, if we can determine the function of a thing, then we can also determine ultimate good for a thing of that kind. Health is part of the human good, but as we saw above there are situations in which health is not the ultimate human good.

Aristotle offers some examples of how function might be related to the good of that kind. To know what is the ultimate good for a sculptor or a musician, one must know the function of each skill associated with being a musician or a

²⁵⁸ Aristotle: Nicomachean Ethics, London: Penguin, 2004

sculptor and, from that, the nature of the musician or sculptor. The same steps can be taken when looking at the function of an object: a good knife is one that serves its purpose, whether that knife is a butter knife or a carving knife. If a carving knife were small, blunt and rounded we would say it was a bad carving knife, but if we encountered the same knife on a side plate next to a bread roll we would think it was a functional butter knife. It is difficult however to imagine what the function of a human being might be, or if indeed we have one. An object that has been designed for its purpose has a function, but humans are not, or at least not undeniably, this sort of thing. Aristotle's claim is that humans do indeed have a function. If a part of a human has a function, as the eye's function is to see and the stomach's is to digest food, then the whole human being must have one. Furthermore, this function is distinct from the functions of plants or animals, and is realised in the "active life of the element that has a rational principle".²⁵⁹

According to Aristotle, the members of a natural kind are such that the changes they undergo are explicable in teleological terms: a change in the natural kind is a change *for* something. A natural kind is a collection of potentialities; the possibility is there for an organism or object to make a certain number of changes, and the potentialities involved show the sum of the ways in which the object can change. A piglet can become an adult pig, or a suckling pig on a plate, or bacon, or a runt pig, and there are numerous variations on these basic possibilities along the way. Within all these possibilities, however, there is a subset of potentialities that represent the best-case scenario for the organism, i.e. the ones that enable the organism to follow the best path in order to achieve the greatest possible good. If the function of the piglet is to grow into a healthy adult pig, then the pig that does that is fulfilling his function and hence achieving the ultimate porcine good. The way to determine which of the various potentialities is the one that enables the achievement of the good is not through statistical analysis²⁶⁰ but through, according to Aristotle, careful examination of the cyclical processes that all

²⁵⁹ Ibid, 1.7, 1098a5ff

²⁶⁰ Aristotle: *Physics*, Oxford: Oxford University Press, 1970, II.8, 198b 35

organisms go through that leads to the persistence of the natural kind of that organism. The majority of piglets who are born will be turned into some sort of food product for humans, but we would probably not consider that this is the ultimate porcine good. Rather, we would be more likely to consider that the ultimate good for a pig would be to grow into an adult pig and parent piglets of its own.

Aristotle's claim is that humans are a more complicated prospect than pigs or knives: the function of parts of the human organism is important insofar as they allow the human to realise his own potentialities. These functions are teleologically explicable if we can see how they are useful in contributing to the cycle of changes that allows the human to reproduce, and the species in general to persist. Of specific importance in the human are those changes that allow a human to develop her potential for rationality. The ultimate human good, according to Aristotle, is to be found in the human's realisation of potentiality for rationality. A human's ultimate good is to be a rational being.

It is easy to see how Aristotle's notion of illness and disease is informed by all of this: an illness is a failure of function. The changes that are interfered with by illness, however, are only open to explanation in terms of their functional role in achieving or working towards the good. The absence of illness, however, does not constitute the whole of the human good. Health in humans is simply a prerequisite for the ability to achieve further goods. The occurrence of illness is bad because it prevents the necessary steps being taken to allow the human to achieve the ultimate good. For Aristotle, there is no distinction to be made between mental and physical illness, since both are conditions that preclude or hinder the achievement of the good. Megone explains it thus: "functionally explicable changes which are constitutive of a healthy human life are changes that are necessary for a life of reason."²⁶¹ No distinction is made between physical and mental developments here, and none is appropriate.

²⁶¹ Megone, C.: "Aristotle's function argument and the concept of mental illness", in Philosophy, Psychiatry and Psychology, 5, 1998, pp.195-6

The difficulty here is the same as with Boorse above: it is difficult to maintain that there is a single good that applies to all humans, considering the complexity of human aims and values and how they vary according to cultural norms. Boorse's account falls down because he assumes that biological fitness is the ultimate human goal. The Aristotelian account adds a layer to this, claiming that biological fitness is an interim human goal, as it allows the human to achieve the ultimate human good without bodily interference. The underlying assumption, however, is that biological fitness is a necessary part of achieving the ultimate human good: one must be biologically fit to be truly happy. On the surface, this is an uncontroversial claim: those of us who are rational tend to be less happy when we are ill than when we are healthy. The difficulty appears when we start thinking about the limits of what makes us healthy: is an absent appendix or infertility sufficient to incapacitate us in our attempt to attain the ultimate good? If a woman had her uterus or ovaries removed because she had a tumour, then the absence of these organs enables her to pursue the ultimate good far more efficaciously than if she were dying of cancer, although the absence would still imply illness as a deviation from the goal of biological fitness. "Welfare" goals are also a problem in this account: the gymnast who decides that her low BMI is an essential part of her success as a gymnast is making the decision that ovulation, a normal biological process, is less important than achieving her chosen end of gymnastic success. Presumably she does so rationally, since there is no claim extant that those who make such decisions are irrational. It is simply a case of choosing one good over another because the chosen good more accurately reflects the ultimate goal of the agent who chooses it. There is disagreement over the norms of rationality to which we ought to adhere in order to make the claim that we are attempting to pursue the ultimate human good, and so the actual content of that good is debatable.

The complexity of what constitutes the ultimate human good is, then, a problem when looking at Aristotle's ideas of what constitutes illness. In that case, it would seem to make sense to bring what makes each person's concept of the good different to the fore. If we cannot talk about the ultimate human good as

being the same sort of thing as the ultimate porcine good or the ultimate fir-tree good, then we should start thinking about the values of individuals and how they apply in discussions of disease.

Normativism and Disease

Normativists, in contrast to naturalists, believe that the terms “health” and “disease” are used by both medical professionals and laypeople in ways that reflect our values.²⁶² We consider valued states to be healthy states and disvalued states to be diseased. Consider again the example of the brain lesion that causes a person to desire fine foods. In the absence of any other symptoms, a naturalist would consider this lesion to be a disease because it involves damaged brain tissue, which is an “unhealthy condition” regardless of the benign nature of the symptoms. The normativist, however, would not consider it to be a disease proper, since its only symptom is a valued state. A similar brain lesion that caused paralysis would however be considered a disease in normative terms, because paralysis is a disvalued symptom. Oliver Sacks’ patient Natasha K,²⁶³ whose neurosyphilis presented late in life and caused her to behave flirtatiously and to feel uninhibited, was given a course of penicillin to kill the disease. Despite the permanent brain damage caused by the disease, that caused this loss of inhibition, the patient did not consider herself to be diseased after her course of penicillin, because she valued the resulting state of permanent perpetual euphoria. Moreover, her original preference was not to be treated, if treatment would have removed her uninhibited state: she preferred the lack of inhibition that characterised her disease state to her normal state to the point of considering rejecting treatment rather than losing the effects of it.

Normativists believe that their approach thus avoids the standard counterexamples to naturalism because it better reflects the ways in which we use

²⁶² See, for example, Englehardt, T.: *The Foundations of Bioethics*, New York: Oxford University Press, 1986, Ereshevsky, *ibid*, and Megone, *ibid*

²⁶³ Sacks, 1986, *ibid*

words like “disease”. In the above examples, there is no change in medical knowledge that causes us not to designate these specific examples diseases, rather what changes is the value of the symptom. The problem here is that there are states that we consider undesirable, but their designation as disease is controversial. The obvious example is addiction: it is an undesirable state to be an addict to, say, heroin, but whether or not that addiction is a disease is not clear. Some may answer is that it is not, and the addict’s behaviour is the problem, making the addiction a moral issue rather than one that comes within the scope of disease. Morbid obesity without an underlying physical cause is another of these examples: we blame the person who has eaten themselves into morbid obesity or who has become addicted to heroin. These are obviously undesirable states since they carry social stigmas, immediate physical discomfort and are likely to cause future medical problems. It is not clear however whether they are caused by an underlying abnormality or poor behavioural choices, and so normativism cannot supply an acceptable designation of disease or otherwise to cover them.

Another problem with normativism, and one that naturalism does not face, is its inability to account for conditions that were considered diseased in the past but are no longer so designated. Homosexuality again is an obvious example: the normativist would not be able to say that psychiatrists in the 1960s who considered homosexuality to be a disease were wrong, merely that their values were different. The naturalist, on the other hand, could claim that since the understanding of the body is now improved, then past medical practitioners were simply mistaken. The labelling of practitioners of Falun Gong as mentally diseased in China is another situation that it is impossible for the normativist to explain: their incarceration in mental institutions is something that is horrifying to most Western sensibilities, but it is absurd to say that Falun Gong is a symptom of disease if one practices it in China but is not if one practices it in precisely the same way in Europe. The normativist position would be forced to claim precisely this, and would be unable to condemn the practice of forcible incarceration in China because social values in China are different. Englehardt explains that the

reasons for determining a condition a disease or not is ideological rather than biological thus: "disease explanations are often favoured in order to classify a state of affairs a disease state for social or ideological reasons."²⁶⁴ While the normative claim that their position accurately depicts the common usage of terms like "health" and "disease" may be true, they thus fail to capture the intuition that there is more to the disease state and the process of defining it than prevailing social values. The exception here is the Aristotelian brand of normativism, which claims that a condition's goodness is objective rather than culture- or context-dependent.²⁶⁵

In the case of mental illness, the normativist position becomes complicated: in mental illness there are usually no physical symptoms that can be valued or disvalued by bystanders as well as sufferers because of their physical effects.²⁶⁶ The empathic aspect of the value judgement is no longer available; the onlooker knows that chicken pox is unpleasant because she knows what it is like to be itchy and feverish, but can usually only imagine what it is like to have a mental illness. There are larger problems than this, however: the stigmatisation of mental illness may lead to inappropriate disvaluation of symptoms²⁶⁷ that may not actually be damaging. Also, someone in the grip of some mental illness may not be rational enough to recognise that there is a problem, and so determination of the illness rests on people around the sufferer rather than the sufferer himself. This leads us into the problem of paternalism: at what stage of a mental illness, and under what circumstances, ought a professional to intervene?

This sort of problem can clearly be seen in the Schreber case: Schreber himself never believed that he was suffering from a genuine mental illness, and did not believe the diagnosis given to him by his doctors. He was able to recognise, given his physical symptoms at the beginning of his second illness, that there was

²⁶⁴ Englehardt, *ibid*, p.262

²⁶⁵ Megone, 1998, *ibid*

²⁶⁶ There may be psychosomatic symptoms, however these are not prevalent in the majority of cases.

²⁶⁷ We will examine the possibility of positively toned mental illness in a later chapter.

something genuinely wrong. As would be logical in any case of illness, he called in the doctor who had treated him for his first “nervous illness” and who was familiar with his case. However, the severity of his illness was such that Schreber believed that his hallucinatory experiences were real, and thus he was unable to treat them as symptoms of an underlying disorder. Schreber’s hospitalisation was done initially with his consent, and when it became clear that he was unable to participate rationally in a discussion of his condition, he was placed under an order of tutelage. Few but the most vehement anti-psychiatrists would argue with this measure: Schreber was obviously distressed and clearly in need of treatment. Even with this in mind, however, there was almost a decade between his initial hospitalisation and the lifting of this order of tutelage, during which time Schreber had become calm enough to behave rationally in a variety of social situations and to organise his own legal battle to have the order rescinded. At what point was Schreber diseased, according to normativists like Engelhardt, and when did he become healthy again?

Strictly speaking, within the normativist paradigm, it is possible to argue that Schreber suffered a disease from the beginning of his second illness for the rest of his life, although this disease ceased to have physical symptoms at the point at which his delusional beliefs “fixed”. Schreber’s delusional beliefs are a symptom of an underlying condition, the condition of mental illness (dementia paranoides, a diagnosis that later became subsumed into Bleuler’s term schizophrenia) from which Schreber suffered. The normativist could argue that these beliefs are proof that Schreber continued to be ill for the rest of his life, including the period after his release from the asylum, when he lived quietly at home, adhering in public at least to all required social norms. It would also be possible to argue, if one took the normativist position to be that the behaviour of the patient is the external symptom that determines whether or not that person is diseased, that Schreber started out suffering from a disease, but during the period after his delusions began to fix he became healthy. The false beliefs that Schreber retained after his crisis period was over, according to the normativist model, were

simply false beliefs, not signs of any underlying mental illness. We know that there are many people in the world who hold false beliefs as it is, and we do not consider them to be diseased but merely wrong. This lack of a consensus seems to show a weakness in the normativist position with regard to mental illness: the determination of whether or not a disease exists in Schreber's case rests not on what Schreber himself was experiencing but rather on how far his experiences impacted on the outside world. It seems absurd to claim that Schreber was or was not diseased based on social criteria external to Schreber, however as we see from Englehardt's position above, for a normativist a state may be classified as a disease for purely ideological reasons even in the absence of definite physical proof that something is wrong. An ideological reason could be social, legal or moral, and if Schreber's beliefs were disvalued on any of the above grounds Englehardt would have grounds for declaring them symptomatic of a disease state. The transvestism that was the logical conclusion for Schreber of his beliefs would have violated the contemporary morality and consequently been a disvalued state, and therefore it would have been quite logical, in Engelhardt's normativist position, to refer to Schreber as being diseased throughout this period. Had Schreber been born a century later, the transvestism would not necessarily have been a disvalued state, and hence according to a modern normativist Schreber was diseased in his own lifetime but in the modern era would have ceased to be diseased once his crisis period was over and he was no longer in danger of suicide.

It is also unclear whether or not hearing voices in general is to be considered a disvalued state. The Hearing Voices Movement seeks to challenge the popular stereotype of auditory hallucinations as being a symptom of illness by providing examples of people who have experienced their auditory hallucinations as a positive experience, or who have learned through therapy or home exercises to render their hallucinations positive. The Big-D-Deaf community, who identify their Deafness as a cultural or linguistic marker rather than a disorder, Deafness rather than deafness, provide a roughly analogous community to the HVM. Each community is open to those who do not share the key similarity of deafness or

hallucination, providing that these people are sympathetic to the movement or connected in some way through family or, in the case of the HVM, through therapy. There is a shared wariness of the traditional medical model's belief that the states of deafness and hallucinatory experience are undesirable and ought if possible to be altered towards the norm, and although there is an awareness that both deafness and hallucinations are sufficient cause for other people to consider them diseased or ill, this sort of normative position is rejected at least by the Deaf community in favour of what appears to be a hybrid theory: deafness is caused by some sort of dysfunction of the auditory mechanisms, but since the Deaf community does not consider it a harmful dysfunction deafness ought not to be considered a disease.

The HVM takes a similar approach, although it is extended from that of the Deaf community by also attacking the notion that auditory hallucinations appear to exist outside of the norm of human experience. Research suggests that auditory hallucinations appear in 2-4% of the population,²⁶⁸ and that not all of those who experience hallucinations are ever in need of psychiatric treatment.²⁶⁹ Since hallucinations are more prevalent than previously thought, and since they are not invariably the sign of a mental illness, the HVM refers to hallucinations as a "form of perception"²⁷⁰ rather than a symptom. Thus the attack on the current model is two-fold: hallucinatory experiences are not as far out of the norm of experience as had been believed, and in any case they are not necessarily harmful. This covers both the normativist and the naturalist positions: hallucinations are not necessarily dysfunctional, and they are not necessarily to be devalued. With this in mind, some sort of hybrid theory seems indicated, which can avoid the pitfalls of each of these positions and explain these sorts of phenomena.

²⁶⁸ Tien A.Y.: "Distributions of hallucinations in the population", in Social Psychiatry and Psychiatric Epidemiology, 1991, 26:287-92

²⁶⁹ Honig, Adriaan, Romme, Marius, Ensink, Bernadine, Escher, Sandra, Pennings, Monique, Devries, Martin: "Auditory Hallucinations: A Comparison between Patients and Nonpatients", in Journal of Nervous & Mental Disease, 1998, 186(10):646-651

²⁷⁰ Romme, Marius and Escher, Sandra: Accepting Voices, London: MIND, 1993, foreword

Hybrid Theories of Disease

Attempts have been made to bypass the problems of both naturalism and normativity by combining elements of both into a hybrid theory. Of the various hybrid accounts, the most famous is that of Wakefield, who includes a value criterion related to any harm or loss of benefit caused by the condition, as determined by the person's cultural values, and an explanatory criterion involving some loss of natural function. This approach narrows the field from the normativist position, requiring that a disease be a condition that is disvalued *and* is a biological state with defined aetiology, thus removing counterexamples such as drapetomania, the tendency of a plantation slave to run away from his master, from the class of disease. It also avoids the common objection to naturalism by requiring that a condition involve some sort of functional impairment as well as being disvalued, so that the brain lesion that causes the owners of the brains to desire gourmet food would not be classified as disease because it has biological aetiology but is not disvalued.

It is possible to argue that this narrowing of the scope of the disease concept is too heavy-handed, in that it becomes overly restrictive and so it rules out disorders that do not fit the biological and value criteria, but which we would intuitively consider diseases. The brain lesion that causes gourmet desires, although it is not a disvalued state, is still a lesion in the brain and so it is possible to argue quite coherently that it ought nonetheless to be considered a disease. The naturalist would argue that a lesion involves actual damage to brain tissue, therefore it is a disease. The normativist would consider the resulting desire for gourmet food valuable, and in the absence of any other symptom would argue that it is not a disease. A hybrid theorist like Wakefield would consider both these points necessary for a determination of disease, and so would be forced to conclude that this lesion does not constitute a disease because it is not a disvalued dysfunction, in spite of the physical damage involved. Hybrid theories like Wakefield's are insufficiently sensitive instruments: they do not account for

subtleties in examples such as this, where the case is controversial enough to require some complex and serious discussion. A patient may enjoy this taste for high-quality food and still consider it to be merely a symptom of disease to be treated by the removal of the lesion. Analogously, a patient might think that the flush she gets on her face when she has a fever makes her look more attractive. This does not imply that she would choose to be perpetually feverish, but only that the symptoms caused by an unwelcome disease condition might have a side benefit to make the disease somewhat less unbearable.

It is also possible to apply the same criticisms to Wakefield's hybrid theory as to Boorse's naturalism. Wakefield's account requires the same sort of evolutionary account of function as Boorse's: Wakefield is interested in the ability of an organ or an organism to perform a naturally selected function.²⁷¹ The problem is, however, that evolutionary biology does not involve norms and so it does not provide insight into the actual natural states of the organ or organism, and physiological explanations are not evolutionary and so cannot provide a useful alternative here. Also, Wakefield believes that natural functions are the result of natural selection, and that natural selection is responsible for the prevalence of traits that support the greatest possible fitness of the organism. It is not clear that it is appropriate to define "health" in terms of biological fitness in the case of a hybrid theory, when there is a normative as well as a naturalist component involved. The Deaf community would reject the claim that their biological dysfunction makes them diseased, as would the Hearing Voices Movement and a large number of the physically disabled. The contention here is clear: there is more to health than biological fitness. A Deaf person might not be able to hear an approaching predator or an approaching car, but would argue that his awareness has evolved so that he is able to avoid dangers without noticing the lack of auditory information.

²⁷¹ Wakefield, J.: "The Concept of Mental Disorder – On the Boundary Between Biological Facts and Social Value", in *American Psychologist*, 47, 1992a, p.384

One possible response here could be that just because a person doesn't believe himself to be diseased doesn't mean he is healthy. Someone with a severe mental disorder might consider himself perfectly healthy while at the same time being quite seriously ill. What is the difference between the Deaf person and the one who is psychotic? The answer is first and foremost one of rationality and the concomitant insight that is possible when the agent is rational. The Deaf person, assuming he has no mental disorder secondary to his deafness, is presumed to be rational and thus capable of understanding the limitations placed upon him by his loss of function. If it is not harmful to him to have no hearing, then it is inappropriate to consider his deafness a disease. A psychotic person, on the other hand, is by definition not rational in a normative sense.²⁷² Thus he cannot be said to have sufficient insight into his condition to be able to say in any convincing way that the condition of psychosis is not in any way harmful to him and should not therefore be considered a disease. In the case of mental disorder, then, there is also the criterion of rationality to consider, which is an attribute that is not necessarily determinable by the psychotic himself. Schreber was adamant throughout his later life in claiming that he suffered a "nervous illness" rather than a mental illness or a disease. Clearly he recognised the stigma of mental illness and wished to avoid it. At the beginning this may have been for professional reasons: after his first illness he was able to resume his professional career and move upward through the legal ranks. Once the order of tutelage was placed upon him, however, Schreber must have realised that his professional life was over. A man who had been deemed incapable of deciding even his own place of residence would not be allowed to determine other men's fates, a return to health notwithstanding.

Schreber's implicit concept of mental illness is a fairly standard one; his rejection of the concept as far as it applies to him suggests that a mental illness is far more unwelcome than a physical disorder and far more repugnant than all but a few physical illnesses. For Schreber, the loss of rationality is the key to mental

²⁷² It is possible for a psychotic person to be rational within their own internal construct in the sense that, if their beliefs were true, then their actions would be coherent. Rationality in this sense is a very narrow concept, however, and is not applicable in this context.

illness, and since he never believed himself irrational it is logical for him to believe that he was never mentally ill. His psychiatrists, and it is likely that anyone else who has read his *Memoirs* would agree with them, did not concur with him: Schreber was indeed mentally ill. Schreber would continue to be considered mentally ill regardless of the concept of disease that is applied, but it is not clear whether or not he would be considered as having been perpetually mentally ill or as having been mentally ill and then returned to sanity.

The three most common recent accounts of disease, then, seem to be unsuitable for talking about mental illness.²⁷³ In what way, then, can we define disease so that mental illness can fit comfortably within its framework? Chapter Four will go on to examine this possibility and relate it to the Schreber case.

²⁷³ The differences between disease and illness seem to be primarily related to duration and severity, so disease appears to be a milder or shorter state of illness. This is in line with Boorse's definition of the two. Here I will use "disease" as a blanket term to cover both disease and illness, since the question of the different between the two is not relevant here, and the next chapter will offer a statement of what a disease actually is. The specific term "mental illness" is however an established term and one I will continue to use.

Chapter Four

Madness and Disease

"... in reality the greatest blessings come by way of madness, indeed of madness that is heaven sent."²⁷⁴

In the previous chapter we examined the three most common accounts of what it is to be mentally ill: the naturalist, the normativist and Wakefield's hybrid theory. As we saw, there are problems with all three of these options, and so this chapter will explore the possibility that the practical aspects of mental illness are as useful as the theoretical in coming to a definition. The following suggestion was propounded by Ereshevsky,²⁷⁵ and separates the objective facts about the state of the patient from the patient's subjective experience when talking about what it means to be healthy or diseased.

One of the major problems with the definition and diagnosis of mental illness is that of subjective experience: a doctor is unable to tell what the patient is feeling, and must rely to a great extent on what the patient reports. This problem is largely avoided in terms of physical illnesses because the doctor is able to take a series of measurements and perform tests that determine the state of the body. The doctor can listen to the patient's complaint that she feels cold and take her temperature to see whether she is running a fever. The result from this test is an objective fact about the patient's condition. The doctor is then likely to ask the patient about her symptoms. The patient may respond that she has a cough and has been sneezing. All of these are also objective facts about the current state of the patient, and can lead the doctor to a diagnosis.

If a patient complains to the doctor that he is suffering from feelings of unhappiness, this is a less clear-cut statement. First, he may have a legitimate reason to be unhappy: he may have recently lost a partner or a child, in which case

²⁷⁴ Hackforth, *ibid*, p.56

²⁷⁵ Ereshevsky, *ibid*

his unhappiness is not a disorder but a normal reaction to a distressing situation. Also, however, unhappiness is a subjective experience based on the patient's experience of his prior happiness as compared to his current state; it cannot be tested for in the same way as a temperature or examination of the skin for a rash. The difference between the experience of fever and the experience of unhappiness is highlighted by the problem of testing for them but goes beyond it into the nature of each experience. The former is a state description, an objective claim about the physical or psychological state of the patient.²⁷⁶ The latter is a normative claim; it is not testable in a scientific sense in the same way as fever or a virus can be tested for in a lab. Rather, it must be inferred from the account given by the patient or by behavioural cues. Furthermore, the state of unhappiness is, taken in isolation, a state description, but it becomes a normative claim because it does not by itself necessarily constitute a disorder;²⁷⁷ there is nothing inherently harmful to the body about being unhappy. It is however a state that we disvalue, and as such is to be taken seriously. It is unpleasant to be unhappy, and so it is intuitively true that we wish to avoid it and to help others avoid it. In using the term "state descriptions", Ereshevsky is borrowing the phrase but not the method from Carnap.²⁷⁸ For Carnap, a state description is a linguistic concept, meaning a class of sentences in a semantic system S which contains for every atomic sentence either the sentence or its negation. What is important for my purposes here is that this class of sentences is called a state description because it gives a complete description of a possible universe including reference to all the possible properties and relations within that universe. State descriptions here are meant to offer a description of the physical and mental state of a particular human being, although since there is a problem in knowing the complete state of the body without reference to complex, expensive and largely unavailable medical testing, "state

²⁷⁶ Ereshevsky's assumption is that the two are not the same thing.

²⁷⁷ Unhappiness and depression are not the same thing, and we will move on to look at where the line between disorder and simply disvalued state may lie.

²⁷⁸ Carnap, Rudolph: "The Problem of Relations in Inductive Logic", in *Philosophical Studies* 5:75-80, 1951

description" here may be one or a small number of sentences that are part of a larger reference class.

Some clarification is needed here. A state description is precisely that, a description of some physical or psychological state. "My body temperature is 37°C" is a state description, as is "this patient has a lesion in the left parietal lobe". The psychological state of the unhappy patient is a state description also, but it becomes a normative claim because of what is inferred from it: the patient disvalues the state of unhappiness and makes this disvaluation explicit. It is this making explicit of the value judgement that turns the state description into a normative claim. When state descriptions are used in medical situations, words such as "normal" and "natural" are to be avoided, because they imply that a normative claim is being made while actually being a physical description. Words like "functional" are also controversial, since functional ascription when discussed in medical terms may often involve a normative assumption.²⁷⁹ In the practice of psychiatry, state descriptions and normative claims ought to be separated from each other while being used in tandem. Schreber's case is a paradigm example of this: Schreber explained his physical experiences in terms of state descriptions: he claimed that his stomach vanished, that his nerves were entangled, and that his body was dying. However, elsewhere in the Memoirs, he comments that he was resigned to such bodily indignities for what he perceived as the greater good. Hence, he was not enjoying the physical state he experienced himself as being in, but he did not disvalue it because he believed it served a higher purpose. Since Schreber was entirely convinced that his beliefs were an accurate account of the reasons behind his experiences, it did not matter to him that no one believed him. He was indeed quite sanguine about not being believed: since no one else had the same level of experience of the supernatural events around him as Schreber did himself, it was not surprising that no one shared his convictions. At least in the Memoirs, his primary concern was not that he might be wrong but that others

²⁷⁹ Cooper, Rachel: "Disease", in Studies in the History and Philosophy of Biological and Biomedical Sciences, 33:263-282, 2004

ought to have the benefit of his knowledge to further their own spiritual enlightenment.

The distinction between state descriptions and normative claims has several advantages. The first is that it is useful when discussing controversial cases: as we saw in Chapter Three, the Hearing Voices Movement would consider deafness to be analogous with their own notions of the hearing of voices. Deafness would then be a state description, an objective fact about the hearing abilities of an individual, but it would not be classed a disorder by the HVM because they do not disvalue the state of hearing voices and, by extension through analogy, the state of being deaf. In the current medical terminology, deafness is discussed in terms of “health” and “disease”, which makes the debate excessively narrow. There is no room for compromise in this discussion: medical personnel may say that deafness is a disease and the HVM say it is not. If the discussion involves a clear difference between the state description “there is a physiological condition of deafness”, which most medical professionals and the HVM would both accept, and the normative statement “this is a disvalued state”, then the problem becomes clear.

A further benefit of dividing the discussion into statements of fact and statements of normativity is that it avoids the problem of biological theory. Biological theory does not offer any evidence that a certain state of the body or the mind is “normal” for a human being, however notions of biology and evolutionary biology are used in some naturalist theories of disease to make claims about what is normal. Scientific evidence can merely show the range in which most humans exist, but it is plausible that most humans have some degree of something that is “wrong” with them. Tooth decay is extremely common; it is not however the normal state of the teeth to be decayed. Without the concept of what is “normal”, tricky counterexamples such as this can be avoided.

The use of state descriptions also avoids the use of the other complicated terminology, that of function. Naturalism and Wakefield’s hybrid theory use an account of function that aligns “health” with evolutionary functions, and Boorse assumes that biological fitness is the ultimate goal of the organism. This is not the

case for humans, who may have multiple goals and who may actively reject “biological fitness” as something to aim towards (again, the HVM would object to this categorisation). Humans have the capacity to make decisions about whether or not to make what Boorse calls welfare choices, which may damage some of their biological functions but enable them to concentrate on other goals. One biological function of the body of a 30-year-old woman is to reproduce; however this woman might choose to have a hysterectomy for a variety of reasons unrelated to her biological functionality. This does not mean that the woman is unhealthy or that she has a disease, merely that she has no uterus. For Boorse, the absence of the uterus would constitute a serious lack in the woman’s biological functionality, because it renders her unable to conceive. If the state description and the normative claims are separated, however, we can say “the woman has had her uterus removed” and as a normative corollary “because she felt it was better for her to do so in order to avoid having painful periods”. Thus we can see that the separation of the state description and the normative claim avoids the conflation of both and therefore the contamination of the discussion of the physical state of the woman with the separate assumption that a body must be a complete body to be considered healthy. A separate problem with the use of functionality as a means of determining disease is that current scientific exploration does not have all the answers, and so without sufficient theoretical grounds for ascribing a function to a particular organ the temptation is to fall back on normative claims when speaking about that organ. In the recent past the appendix was considered to be a vestigial organ, a remnant of our evolutionary past with no current function. More recent research suggests that it actually has a role to play in foetal development and the immune systems of adults.²⁸⁰ With new information being produced all the time, it is misleading to make claims about function with insufficient information.

²⁸⁰ Zahid, A.: “The vermiform appendix: not a useless organ.”, in Journal of the College of Physicians and Surgeons, Pakistan, 14:256-258

This is not to say however that it is appropriate to be a normativist about the body. Claims about function are complicated because of our evolving understanding of the ways in which the body works, and claims of what is "normal" are difficult to maintain because often what is normal is not paradigmatically healthy. This does not mean that we ought to define what is healthy as "what is normal for a person of this age, in this social environment, at this time". A person in their 90s is likely to have various physical ailments brought on by her advanced age, and these are to be considered "normal" for the age and generally expected decrepitude of the patient. This does not mean that a doctor would refuse to prescribe medication based on the relative or statistical normality of the various aches and pains being suffered, or that she would consider the specific issues as not constituting diseases. This is also the problem with the Aristotelian account of illness: the goals of human beings are far more complicated than simply attempting to achieve the ultimate human good, because the means of achieving it, and indeed the good itself, may vary from human to human. The Aristotelian would accept that there are multiple ways in which to lead a good life, but that certain bodily conditions are objectively bad things to have regardless of context. It suits a professional musician to spend hours practising their instrument each day, but for a philosopher this would put a serious dent in the time available for her to work and render her potentially unemployable. The Aristotelian might accept this from a musician on the grounds that eudaimonia is being pursued, but if a gymnast or marathon runner's fertility were compromised as a result of intensive training, then this would be an inevitably negative outcome regardless of the gymnast or runner's desire or lack of desire to reproduce. What is good for one human may not be good for another, and this absence of leeway is lacking in Aristotle's account as well as Boorse's.

It is appropriate here to recall Aristotle's claims about the ideal state of the person as a state that as closely as possible approximates the ultimate human good. We cannot speak about the ultimate human good in ways that are not bodily because of the possibility of a number of ultimate human goods equal to

the number of humans that have ever been in the world. These are similar to Boorse's "welfare choices" and should be discarded here because they add nothing useful to the discussion. There is no reason, however, not to apply this concept to the body: we could say that what is healthy for the body is a state that as closely as possible approximates the ultimate human good for the body. Again, at first glance this poses problems related to the individual's expectations of his body: what is normal for a marathon runner or an Olympic gymnast is decidedly abnormal for a philosopher or a window cleaner. Here, we can say that what is normal is not the same as what is healthy: health is the state that most closely corresponds to the ultimate human good, and we can measure that in terms of state descriptions: this body is free of pain; it contains no malignant or extra growths; its pulse rate is 65 beats per minute. In the body of a serious athlete, this pulse rate might be unusual, and so the athlete could make the normative claim, "I think I am ill because my pulse is abnormally high; it is usually 50 beats per minute," and the athlete would not be wrong in being concerned. Within a medical model dealing exclusively with statistical normality, this jump of 15 beats per minute could be ignored as the pulse rate would still be within the "normal" range, whereas for a professional athlete such a dramatic jump could signify an infection or other problem and ought therefore to be considered abnormal.

This model relates initially to mental illness as it does to physical illness: when talking about mental states we can say, "I am not experiencing hallucinations," or "I experience the physical symptoms of anxiety when I think about X." From this we can make inferences about the closeness of the mental state to the ultimate human good, as we can with physical states: "it is good not to hallucinate," or "anxiety is a sign of an underlying problem," and make a decision accordingly. Where the problem arises is that someone with a mental illness may have trouble recognising that their experiences are in fact symptomatic of a disvalued state, one far from the desirable states, and may be resistant to anyone telling them otherwise. Schreber is of course the paradigmatic example of this: his bodily experience was painful and frightening, but he did not think the state was

to be disvalued because he experienced it as being part of his ultimate destiny – as far as he was concerned it was a step towards fulfilling his ultimate human good. Furthermore, his delusion's "fixing" made it impossible for him to become convinced that he was continuing to hallucinate. He was able only to accept that he might occasionally have been doing so in the past. How then ought we to account for the phenomenon of a disvalued state being unrecognised by the person experiencing this state?

The most obvious suggestion is to make the claim that a person who experiences events as being in the world that are not experienced by others is de facto proving their unreliability as a source of empirical information. Again, there are those who would dispute this claim, among them of course Schreber himself but also some more modern claimants. As we saw in Chapter Three, Romme and Escher's Accepting Voices argues that hearing voices is far more common than previously supposed, and that hearing voices that no one else can hear may not be a problem, depending on what the voices say, how they are perceived by the hearer, and how they are managed. Their central claim is that "the real problem is not so much the hearing of these voices, but rather the inability to cope with them."²⁸¹ This notion of "coping" is important, especially when we examine the Schreber case: Schreber considered himself to be fit to return to his home and social milieu, although not his legal position, considerably earlier than his doctors might have considered it. Even at the point where Schreber had mounted and managed a legal campaign from within the Asylum to secure his release, Weber had doubts about his abilities to return to polite society. As events past the writing of the Memoirs showed, Weber was ultimately right, although there was an extended period between Schreber's release from and return to the Asylum where, in the absence of any stressful factors, Schreber managed to exist peacefully and (publicly) uneventfully²⁸² in the normal social domain. Why might Weber have considered Schreber a potential danger to the public, when he had been acquitting

²⁸¹ Romme and Escher, 1994, p.7

²⁸² Schreber maintained his habits of cross-dressing and "bellowing" in the privacy of his own home, but refrained from public displays and was not a social embarrassment at this time.

himself without accident at Weber's dinner table for several years before the legal battle reached its height? We will take a brief detour into historical and philosophical context here, before returning to the issue of coping and how in the modern era at least it is being recognised in practical and theoretical terms as fundamentally important in the consideration of mental illness.

Foucault's Madness

Foucault attempted to prove that the basic notions that people accept as being historically and permanently, objectively true change over history. The notion of mental illness is no exception to this, and in Madness and Civilisation²⁸³ he traced out a history of madness in which the definition of madness moved from a form of divine inspiration to be treated with respect because of the divine provenance of the affliction to a modern, mechanistic conception involving a disorder of the brain or nerves and to be treated with drugs. For Foucault madness is a changing and somewhat hazy concept with many meanings: it is related to unreason, being both part of it and separate from it, but in the modern era it is a means of isolating or imprisoning the visionaries in society. If Foucault's view of madness is correct then madness is a tool of social exclusion, but it is also inevitably related to rationality in a form unlike the one commonly accepted: madness is rational in that its application to a social maverick is a rational action on the part of those in power, applied as it is in order to protect the status quo.

Madness and Civilisation is an abridged and translated version of Foucault's Histoire de la Folie,²⁸⁴ which itself is an abridged title from Folie et Déraison: histoire de la folie à l'âge classique.²⁸⁵ This title, translated, means *Madness and Unreason: history of madness in the classical age*, and underlines the depth of the link that Foucault felt existed between madness and unreason,

²⁸³ Foucault, Michel: Madness and Civilisation, London: Routledge, 1967. Translated from the French by Richard Howard.

²⁸⁴ Foucault, Michel: Madness and civilization: a history of insanity in the Age of Reason (Histoire de la Folie (English)), London: Routledge, 2001. Translated from the French by Richard Howard with an introduction by David Cooper

²⁸⁵ Foucault, Michel: Folie et Déraison: histoire de la folie à l'âge classique, Paris: Plon, 1961

although the two were emphatically not identical. Madness is essentially constructed and controlled by the intellectual powers within a society and so its definition changes as these intellectual powers decide it should. With the changing definition of madness comes an alteration in the perception of those that are believed mad, and an alteration in the way in which it is considered appropriate to treat them.²⁸⁶ Foucault traced out the history of the treatment of the mad from the divine and mystical associations of the Middle Ages and past its association with other forms of social deviance in what Foucault called the classical period, the period between the Middle Ages and the post-Industrial Revolution era, following which the modern definition of madness from the late nineteenth century, which defined madness as a usually treatable mental disease became commonly accepted.²⁸⁷

Unreason is a term that also shifts in meaning, but it does not mean unreasonable so much as meta-reasonable: Foucauldian unreason is beyond reason rather than simply not conforming to it. In the classical period unreason and madness were pushed together along with various other undesirable deviances from the virtuous ideal. Madness was subsumed into unreason during the classical period, although both were labelled madness from then on, a development that Foucault bemoaned but which is accomplished and unlikely to be reversed.²⁸⁸ Derrida attacked Foucault for having made the same structuralist error of which Foucault accused psychology: that of placing reason and unreason in direct opposition to each other.²⁸⁹ This claim, however, can only be accepted if we also accept that Foucault considers the modern conception of madness to be the opposite of reason, since madness and unreason have been inextricably entangled in modern psychiatry. Although he does believe that the two are linked, he does not go so far as to say that madness and unreason are identical. Although he uses unreason and reason as approximate opposites he does not do so in order

²⁸⁶ Foucault, 1967, p.35

²⁸⁷ Ibid, p.198

²⁸⁸ Ibid, p.70

²⁸⁹ Horrocks, C., and Jevtic, Z.: Introducing Foucault, Cambridge: Icon Books, 1997, p.38

to highlight their opposition so much as to show unreason to be itself simply a construct of reason, a further example of the social deviances which are to be suppressed as far as possible in the trend towards a moral conception of madness that occurs at the end of the classical period. Madness, as a tool of the intellectual powers defining the social structure of the time, becomes a means of rejecting the socially undesirable and placing them into asylums, while removing their power to corrupt society by having that society believe them to be morally corrupt by reason of disease.

Madness is thus a tool of social exclusion, and as such it can be linked to Galtung's theory of structural violence, which was being propagated around the same time as Foucault was writing. Galtung's theory first appeared in 1964,²⁹⁰ and it began with the concepts of positive and negative peace, in which negative peace simply means the absence of violence²⁹¹ and positive peace an active promotion and attainment of "social justice."²⁹² From these definitions he redefined violence as occurring when "human beings are being influenced so that their actual somatic and mental realizations are below their potential realizations."²⁹³ This definition of violence does not require a direct perpetrator of violence, and Galtung explained this apparent anomaly in terms of structural violence. Direct or personal violence requires a perpetrator to perform an act of violence; indirect or structural violence requires only that the mechanism of society is designed in such a way that certain of its members may be subject to inequalities or violence. He used the example of hunger:

If people are starving when this is objectively avoidable, then violence is committed, regardless of whether there is a clear subject-action-object relation, as during a siege yesterday or no such clear relationship, as in the way world economic relations are organized today.²⁹⁴

²⁹⁰ Galtung, John: "Violence, Peace and Peace Research", in the Journal of Peace Research, Oslo: International Peace Institute, pp.167-191

²⁹¹ Ibid, p.190

²⁹² Ibid

²⁹³ Ibid

²⁹⁴ Ibid, p.169

Foucault, in line with this definition, would have contended that the definition of madness as a disease affecting moral degenerates and thus marking them as fit only for confinement in asylums for their own and the greater public good, is a form of structural violence. This is because it enables the removal of these social undesirables from general society without appearing to be draconian in any way. To the uncritical or casual observer, these committals to the asylum are done out of a sense of care for the individual's well-being, although in many cases the individual finding himself in the asylum might think otherwise.

This view of madness as a tool of the intellectual powers would certainly appeal to Schreber, and Schreber's own experiences at the hands of the psychiatric establishment can be read as an instantiation of structural violence in this form. Schreber was dismissed as mentally ill, although he himself rejected that term, and was placed in an asylum by Flechsig. Flechsig's aim as Schreber understood it, because of the information passed onto him through the "tested souls", was to commit soul murder on Schreber by relieving him of his reason.²⁹⁵ Schreber himself repeatedly denied that he was mad, but despite these denials he spent nine years in the asylum as a result of what he considered the deliberate and malevolent machinations of Flechsig, who was a member of this intellectual establishment and thus responsible for defining madness in such a way as to place Schreber within it. Not only did Schreber recognise that the earthly powers were using the law to prevent his return to normal society, but he also informed us that God uses the same mechanisms where necessary. He believed that God too was involved in the plot to destroy Schreber's reason and thus render him mad and remove the threat he posed to Him.²⁹⁶ Although apparently incontrovertibly mad according to the definition of madness prevalent at the time, Foucault would have considered Schreber to be suffering from unreason, if suffering is the correct term. Schreber's internal logic was consistent and coherent, although it did not fit into the prevalent world-view and thus he cannot be said to be precisely reasonable.

²⁹⁵ Schreber, *ibid*, p.34

²⁹⁶ *Ibid*, pp.37-38

However, he was not irrational once his crisis period was past; he was unreasonable, or meta-reasonable in the sense that he was working on an internal logic that transcended the normally accepted one. Schreber according to this model would fit into the same category as the mediaeval mystics, were there still such a category available in which to place him, and could stand beside Nietzsche and Artaud as those who were believed - and to an extent are still believed - mad, but whose madness does not conform to our stricter notions of madness: they are subject to unreason and this is not the same thing.

The theme of power runs inextricably through Foucauldian philosophy. Madness is defined and changed at the whim of those in power, and unreason involves a capacity in an unreasoning individual to transcend intellectually the structures and strictures imposed by the powerful. This transcendence does not transfer into a material transcendence: Schreber could not escape being committed to the asylum and its attendant physical indignities despite his apparent intellectual transcendence of the normal human experience. In spite of these material or physical constraints, the intellectual transcendence of the unreasoning leads to their being dismissed as mad in the modern era because madness and unreason have been linked by the powerful in such a way as to deny the existence of unreason. Both are therefore to be reviled in equal measure. The superficially therapeutic nature of psychiatry and psychology, according to Foucault, is merely a cover for the practice of silencing the unreasoning as well as the mad by dismissing their language as merely the language of mental illness, a univocally negative language that can safely be ignored by the healthy except insofar as it can provide support for the continued negation of the experience of the mad. The experience of the mad can be dismissed according to this model because it is articulated in the language of the mad, and this dismissal alienates the mad person from himself because of the nature of modern clinical practice. Schreber would contend that his diagnosis of mental illness was untrue, but as a direct result of this diagnosis he was marginalized. This use of the diagnostic process as an exclusionary tool is an example of the negative nature of power and its inevitable

expression in terms of the exclusion of the weak or undesirable, and the bolstering of the inclusion of the powerful.²⁹⁷ The weak are marginalized, and the strong become stronger by virtue of their exclusion of the weak.

Foucault's work, like Freud's, is organic; it changed as he developed his philosophy over time. In the second, 'archaeological' phase of his work Foucault attempted to reformulate this construction of power away from the negative so as to account for the empowering elements necessarily found within social relations.²⁹⁸ Foucault advocates a microphysics of power, by which he means the analysis of the forms and mechanism of power in its most specific manifestations.²⁹⁹ Effectively, Foucault advocates a reverse of the Socratic argument that it is appropriate to analyse the ideal state in order to come to a conclusion about oneself: the definition of power can only be found through the examination of very small social groupings rather than through an examination of the macrostructure. The mechanisms of power are the same in these small groups or microstructures, and they appear more clearly than when they are obscured by the myriad other issues that arise in the macrostructure. This formulation of the definition of power argues that power is both objectivising and subjectivising: it constrains the individual within the social structure but it also allows for the possibility of that individual's freedom. Power in this positive formulation is an enabling force, although if this is true it does not explain the marginalisation of the mad and the unreasoning.

Foucault has been criticised for his inconsistency throughout his later work. He claimed to accept the later definition of power as a positive and heterogeneous force, but he occasionally slipped back into the use of the negative formulation, which has far greater application in his arguments relating to madness and which Schreber would have accepted as true.³⁰⁰ There is a theoretical ambivalence in

²⁹⁷ See, for example, *The Order of Discourse* (1971) and *The Archaeology of Knowledge* (1972)

²⁹⁸ Horrocks and Jervic, *ibid*, p.120

²⁹⁹ Foucault: *Discipline and Punish*, Harmondsworth: Penguin, 1979. Translated from the French by Alan Sheridan. p.139

³⁰⁰ Habermas, for example, criticised Foucault by saying his basic concept of power "cannot lead to a way out of the philosophy of the subject" because the switching of the positions of truth and

Foucault's work that is wider than this ambivalence on the nature of power: madness for Foucault is variously a culturally relative construct defined by the powerful and in which the powerful can place their malcontents and thus dismiss them; it can also be a structure of power in itself.³⁰¹ Foucault's notions of madness were criticised most vehemently by Jacques Derrida, who argued that Foucault's definition of madness was itself wrong, and that Foucault was guilty of the original sin of the structuralists, or that he was basing his argument on the notion that historical discourse is defined through mutually defining opposites.³⁰² Derrida argued that Foucault was creating a non-existent dichotomy between reason and unreason and because of this artificial dichotomy was rejecting reason outright. Furthermore, since Foucault was claiming that madness is an artificial, culturally relative formation created by those in power, then Foucault's claim to have produced an authentic account of madness is merely one more rationalisation of madness in a series of other rationalisations. Foucault, according to Derrida, falls prey to the same fallacy that of which he accuses psychology: he thought that he could articulate madness, when in fact he was merely rationalising it in an alternative, but no more valid way.

Although Foucault did not agree with Freud's definition of madness, he did not dismiss Freud altogether:

all nineteenth-century psychiatry really converges on Freud, the first man to accept in all its seriousness the reality of the physician-patient couple, the first to consent not to look away nor to investigate elsewhere, the first not to attempt to hide it in a psychiatric theory that more or less harmonised with the rest of medical knowledge; the first to follow its consequences with absolute rigour. Freud demystified all the other asylum structures: he abolished silence and observation, he eliminated madness' recognition of itself in the mirror of its own spectacle, he silenced the instances of condemnation.³⁰³

power comes from the "repertoire of the philosophy of the subject itself." Habermas, Jürgen: Philosophical Discourse of Modernity, Cambridge: Polity in association with Basil Blackwell, 1978. Translated from the German and edited by Frederick Lawrence, p.274

³⁰¹ Horrocks and Jervic, *ibid*, p.41

³⁰² *Ibid*, p.49

³⁰³ Foucault, 1967, p.277

In the pre-Freudian era, the doctor takes possession of the asylum and renders it a space designed for medicine, in which the doctor is the ultimate figure of authority. It is this status of authority that gives him power within the asylum rather than his medical experience or expertise; he has a "juridical and moral guarantee".³⁰⁴ It is not until the advent of Freud that the brutal practices of the asylum are exposed. Immediately after this nod to Freud's theoretical and moral accomplishments in psychoanalysis as well as the exposure of the judgmental nature of the asylum, Foucault attacks him for having exploited this very system for his own ends: the psychoanalyst is also entitled to this same sort of authority, although this is not so much a moral or legal authority as the authority of the shaman. So, although Freud was instrumental in improving the lot of the mad, he was also guilty of using their predicament for personal gain in the form of increased power. This perhaps is not too reprehensible; a therapist of any sort must be an authority figure if the mad are to trust him or her with the task of providing a cure, but the notion of the therapist as necessarily selfless is attractive even though Szasz would argue that it lacks practical utility. As a result of this desire to see the psychiatrist as selfless, the criticism of the psychiatrist's excessive and cynical authority is powerfully emotive, although it may not necessarily be a worthy criticism given the obvious practical utility of the patients' recognition of the psychiatrist as the holder of the answers, the one who is able to cure them. The notion of the psychiatrist as the holder of usurped and undeserved authority is also accepted by Thomas Szasz, who alleged that Freud merely followed Charcot's lead in allowing the therapist to assume the mantle of power at the cost of dehumanising his patients, and commented harshly on Freud's articulated approval of such measures.³⁰⁵

Szasz and Authority

³⁰⁴ Ibid, p.270

³⁰⁵ Szasz, *ibid*, pp.18-19

Thomas Szasz did not disapprove wholeheartedly of the Freudian method of psychoanalytic treatment; he commented in The Myth of Mental Illness: "Freud's singular achievement lay in adopting an attitude towards suffering that was at once humane and inquiring, compassionate and critical".³⁰⁶ However, he also recognised a serious over-application of Freud's methods in that Freud did not always apply his medical knowledge appropriately, assuming that anyone who came to him as a patient was indubitably suffering, rather than first ascertaining that they actually were. When a patient came to Freud, Freud's examination took into account the complaints of physical discomfort made in the preliminary examination, but did not consider the possibility that there may have been some actual physical disorder causing the pain; for Freud physical complaints were manifestations of psychological trauma: "he thus failed to ask, Is the person sick? and asked instead, in what way is he or she sick?"³⁰⁷ Szasz also criticised Freud for "the medicalisation of personal problems", citing Freud's apparent need to defend his treatment of patients with no apparent or obvious sickness.³⁰⁸

In another case study cited by Szasz,³⁰⁹ Freud did not offer any reason why his female patient's difficulty in walking was a hysterical difficulty rather than an organic problem or simple malingering, although Szasz went on to argue that Freud and Breuer were attempting to prove that hysteria had an organic, physiochemical cause, and so hysteria would be an organic disease in its own right. If hysteria is organic in nature then Freud has no need to explain his use of the word, and so Szasz's criticism is invalid. This insistence on hysteria as an organic disorder is, Szasz argued, symbolic of the arrogance inherent in psychiatry:

In my opinion, this sort of search for the biological and physical causes of so-called psychopathological phenomena is motivated more by the investigator's craving for prestige and power than by his desire for understanding and clarity ... [P]atterning his beliefs and behaviour on the

³⁰⁶ Ibid, p.70

³⁰⁷ Ibid, p.72

³⁰⁸ Ibid, p.73

³⁰⁹ Ibid, p.74

medical model enables the physician to share in the prestige and power of the physician. The same applies to the psychiatric investigator or research worker. Because theoretical physicists enjoy greater prestige than theoreticians of psychology or human relations, psychiatrists and psychoanalysts stand to gain from claiming, as they do, that, at bottom, as it were, they too are in quest of the physical or physiological causes of bodily illnesses.³¹⁰

This argument reflects Foucault's assertion that madness is a tool that is used to promote and attain the ends of those in power within a society, although Szasz's notion of the ends for which madness is being used as a tool are different. For Foucault the end is social reform by means of excluding the undesirable and rendering them impotent with a diagnosis that carries a great stigma, while for Szasz psychiatry uses madness and the research surrounding it as a means of establishing its authority within the confines of academia and the asylum, and to a lesser extent in wider society: the psychiatrist is socially and academically enhanced by the pursuit and alleviation of the causes of madness.³¹¹

Furthermore, Szasz claimed that madness itself is a misleading notion: the definition that psychiatry offers is incorrect; madness is a mode of behaviour, and mental illness a mere fiction. With this in mind, Szasz argued that madness is not an organic disease to be traced back to its physiochemical sources and eradicated, and nor is it a disorder with purely mental origins. It is instead a metaphor, with behaviour patterns that must be decoded; if the cause were organic then the problem would be neurological and therefore beyond the scope of psychiatry. The term "madness", thus used, is a metaphor for some sort of behavioural language that requires translation in order to discover the root causes of the behaviour and attempt to alleviate them. We may do so in the same way that we attempt to discover the reason an infant is crying: by the elimination of possible causes until we uncover the actual cause and alleviate it. We can tell which of the possible causes was the actual one by the alleviation of the symptoms of discomfort, i.e. the

³¹⁰ Ibid, p.77

³¹¹ Ibid, p.70

crying of the infant, and the procedure is essentially the same, although more complex, for a psychiatric patient. The language of madness, both verbal and non-verbal, is an alternative language with a very limited number of speakers, and the role of the psychiatrist is first as anthropologist to discover the meanings of the various behaviours and words associated with each specific instantiation of madness, second as translator and interpreter to uncover the underlying causes of the illness as related through the metaphorical behaviours associated with madness, and thirdly as the alleviator of these causes, or else as the provider of the tools necessary for the patient to do so him- or herself.

Plato and Positive Madness

So far we have assumed that mental illness (defined as “madness” in Foucault’s lexicon above) is a necessarily negative attribute; one does not want to be or to be labelled mentally ill because to be so is to lose respect and privileges within society, and perhaps more importantly mental illness is considered to inevitably bring with it individual suffering to the one who is mentally ill.³¹² It is not necessarily the case that this is true, and that mental illness is in actuality essentially damaging or symptomatic of previously-sustained damage: there is a wealth of literature and philosophy going back as far as Plato to suggest that madness³¹³ is not always a negative acquisition, and that it can have highly desirable consequences.³¹⁴ In this case one does not “suffer” from madness, one is blessed by it, and it can be considered, as it was by Plato, as a gift from the gods. Although the receipt of such a gift is unpredictable, as Plato’s gods are capricious, the use of the tools that this form of madness provides can be used rationally, as it

³¹² It is logical that a person would wish to avoid a state in which he or she would suffer; were a person to actively prefer to suffer we might be justified in thinking him mad already.

³¹³ “Madness” seems an appropriate term to use to distinguish between mental illness that is bad and the sort of mental illness that is undesirable but nonetheless has a positive effect in changing the way the sufferer experiences or feels about their illness.

³¹⁴ Plato: *Phaedrus*, London: William Heinemann, Ltd., 1982. Translated from the Greek by Harold North Fowler, 245b, p.469

offers an insight that is, like Schreber's, unavailable to those who have not received it. This enhanced vision and insight can be used for good, evil or personal gain; Socrates discussed the useful gifts of the Oracle of Delphi and the Sybil, both of whom heavily influenced their powerful contemporaries through prophecy. While it is not clear that these prophecies were made with a clear understanding of the facts of whatever situation was under discussion, Schreber's articulate writings and his intelligence can serve as an example that madness need not be always unthinking or raving, and there is no reason to assume that he is an exception.³¹⁵

Plato identified four different types of madness: prophecy; divine healing; love; and poetic madness. Prophecy and love are self-explanatory: prophecy was held in the utmost regard in Greece because it was sent as a gift from the gods, and the prophets did nothing when they were not seized by the prophetic urge or mania. Love also causes temporary irrationality and strange behaviour, and does not need to be explained. Poetic madness is that madness experienced by those we consider to have genius: it occurs in those beloved by the Muses and inspires them to produce work of the highest aesthetic and intellectual calibre. Artistic work produced by those with technical skill but without the guidance of the Muses is incomparable in its inferiority.

The most interesting of Plato's four types of madness is that of divine healing:

[W]hen diseases and the greatest troubles have been visited upon certain families through some ancient guilt, madness has entered in, and by oracular power has found a way of release for those in need, taking refuge in prayers and the service of the gods, and so, by purifications and sacred rites, he who has this madness is made safe for the present and the after time, and for him who is rightly possessed of madness a release from present ills is found.³¹⁶

³¹⁵ There are times, of course, at which Schreber raved, but his delusion became 'fixed' and he became calm well before he was judged sane and able to leave the asylum. See Schreber, *ibid*, p.330, for an account from his psychiatrist, Dr. Weber, that encompasses both Schreber's raving and his calmness.

³¹⁶ Plato, *ibid*, 244, pp.467-469

Schreber's own mental illness is, by his own account, related to a war waged over the centuries between the Schrebers and the Flechsigs,³¹⁷ and continued into the afterlife, although Schreber's personal irresistible fascination is the direct cause of his "nervous illness" rather than any ancestral influence.³¹⁸ Thus the "ancient sin" of his family has if not caused then exacerbated the predicament in which he found himself, and Schreber's intellectualisation of the difficulties before him led him to find some solace in understanding and acceptance, although not enjoyment, of the situation he believed to have been thrust upon him.

Interestingly, Plato's definition of the divine healing sort of madness encompasses some of the features we generally associate with mental illness in the modern era, notably prophecy (also called mania in the *Phaedrus*) and the notion of reliance on rituals and rites to rid oneself of the mental illness. Freud, as we have seen, would place religion within this context, as a tool of ritual by which to replace a potentially harmful psychosis with a benign one, but we could also offer the rituals inherent in Obsessive-Compulsive Disorder as an analogous method of ridding oneself of "grievous maladies".

There is another type of madness not covered by these four, and it is exemplified in the allegory of the cave,³¹⁹ when the man who has managed to escape to the outside and has seen the sun returns to tell his fellow prisoners about the reality of the world beyond: although he is correct in his interpretation of events, and correct in his explanation of what he has seen, it is not clear to those without this sort of experience that he is being either truthful or rational. It is this sort of madness that Plato believed differentiates the philosophical sort of madness from the others: the philosopher is attempting to discover and describe the Forms, and is possessed and driven by the urge to learn more about them through perception of the Forms in their original, unadulterated state. With the other types of madness, the state of madness is not internal but external because it

³¹⁷ Schreber, *ibid*, p.34

³¹⁸ *Ibid*, pp.33-42

³¹⁹ Plato, *The Republic*, London: Hodder and Stoughton, 2001. Translated from the Greek by Harry Eyres, Book VII

necessarily involves influence from the gods or the Muses and do not arise from anything specific inherent in those who have these sorts of madness. Plato differentiated further still, separating these five instantiations of madness - or apparent madness, as may be the case for the man who escapes from the cave, as he appears mad to his former peers but actually is extremely sane - from the sort that may occur after bodily damage, which are incidental to his philosophical discussions and not examples of the positive kind of madness.

Thus it is clear that Plato does not consider that madness is necessarily a negative attribute or acquisition; rather the majority of cases for Plato have some sort of practical utility such as divination or healing. If we are to agree with this assertion then the whole question of defining mental illness changes: far from being something to be treated, by force if necessary, mental illness takes on a wider context and those who we ought to consider mentally ill increases in proportion. We could also argue that the mentally ill ought to be treated with respect, because their experience is so far beyond ours that it is inappropriate for us to enforce treatment on them or to denigrate them because of their perceived "suffering". This suffering may be unpleasant but, as Schreber showed us, may be borne for the greater good,³²⁰ or at least what the sufferer perceives as such.

Good Madness

While Plato's definitions of madness offer a clear line of demarcation between what ought to be considered "good" madness and what "bad" madness, the modern psychiatrist should and would have serious reservations in allowing that a mentally ill person is experiencing a form of possession by the Muses or the gods in the form of enhanced artistic or prophetic ability, and would more than likely see this sort of pronouncement on the part of a patient as being a clear reason to prescribe medication in order to alleviate the patient's clearly delusional state. What is necessary is a line of demarcation that fits in with modern

³²⁰ Schreber, *ibid*, p.270

perceptions and is acceptable in a reasonably wide context. Universal acceptance is unlikely, since those people who find themselves diagnosed with some mental illness might find their diagnosis highly objectionable and therefore inaccurate. Dr Weber, Schreber's own psychiatrist during his stay in the Sonnenstein asylum, offered a commentary on these difficulties in his expert report to the Dresden County Court in 1902:

[h]owever objective the medical expert attempts to be in his statements, he will never be able to make the mentally ill patient share his opinion in the objectivity of these findings, unless the patient himself were able to judge his condition correctly, whereby he would in fact show that he was *not* ill.³²¹

A broadly acceptable line is necessary, and then we can define madness in a way that has practical utility, before applying this definition to Schreber himself.

Accepting Voices

As we saw in Chapter Three, the Hearing Voices Movement claim that auditory hallucinations are a far more common experience than previously suggested, and that the experience of hallucinations is not necessarily a danger sign. Researchers and psychologists involved with the movement believe that hearing voices can just be a variety of human experience – “a faculty or differentiation - something like homosexuality, that it is definitely not open to cure.”³²² Although the voices may not be a sign that there is immediate danger to the patient or those around him, Romme’s suggestion is that the experience of hearing voices is related to a problem in the hearer’s life: the voices are “messengers”, and they are a sign that something is wrong. What is wrong might be as simple as loneliness, where the voices represent the desire of the hearer for social contact or companionship.³²³ In this regard, the voices are no more sinister

³²¹ Ibid, p.389

³²² Intervoice Online: <http://www.intervoiceonline.org/2006/11/27/are-voices-a-symptom-of-illness-or-a-variety-of-human-experience>. Accessed from the WWW 26th June, 2008.

³²³ Romme and Escher, *ibid*, p.158

than a child's imaginary friend, although Romme makes it clear that the two ought to be carefully differentiated in case the voice heard is the voice of someone familiar to the hearer and is saying things that the real owner of the voice would not. Reality testing excluded, the voices are simply fulfilling a need in the hearer, and they do necessarily not pose a threat.

Alternatively, hearing voices might signify a more worrying underlying problem. Romme suggests self-aggrandisement and self-injury³²⁴ as two possible events surrounding the experience of hearing voices that are signs of something wrong on some level of the voice-hearer's self. Self-aggrandisement might be a person's "looking for a super-solution to his own inner chaos,"³²⁵ while self-injury is usually accompanied by a feeling of depression, dissociation, guilt or a traumatic experience.³²⁶ Even taking into account the potentially traumatic reasons why voice hearers hear voices, the voices themselves may not, according to Romme and the Hearing Voices Movement, need to be treated. They may be a coping mechanism, a means of alleviating the problem. This is clearest when we think of those people whose voices keep them company in the absence of other, live human company.³²⁷ Extreme loneliness is not a disease but rather an unfortunate social lacking in the person who experiences it. That person could continue to be unhappy, or he could listen to the voices that talk to him when no one else does and take a measure of comfort from them. Romme's suggestion for therapy in these cases is that the voice-hearer joins some local social networks and creates friendships with some voices that are attached to actual bodies, so he can make friends and therefore reduce or remove the need for artificial company. Removing the voices without encouraging an alternative social outlet would be more damaging than beneficial, because it would leave the voice-hearer doubly bereft.

³²⁴ Ibid, p.160-61

³²⁵ Ibid, p.160

³²⁶ Ibid, p.161

³²⁷ This is not the same thing as a child who creates an imaginary friend.

How does this apply to Schreber? The difficulty in talking about Schreber's periods of disturbance is that his mental state changed so significantly over time. He was originally sane, but during his first breakdown suffered hypochondria and made two attempts at suicide, and was treated by a psychiatrist. However, he was able to return to work reasonably quickly, and was unimpeachably professionally successful until his second illness, as his promotion and the honour of his being the youngest man ever to have received such a promotion testifies. During his second illness, he was placed in an asylum and eventually under tutelage, thus rendering him insane to all practical and legal intents and purposes. Following his release from tutelage and the asylum he was once again able to manage his behaviour in normal society, until his final breakdown in 1907.

The DSM scenario for the period between Schreber's two illnesses would probably not even allow for a diagnosis of Residual Schizophrenia, since this diagnosis would require there to be no remaining positive symptoms of schizophrenia, including delusions and hallucinations. Thus, according to the DSM-IV, Schreber would have remained schizophrenic for the duration of the rest of his life: the hallucinations and resulting delusional beliefs are the key to the issue. Full remission would require that Schreber have no extant positive symptoms, although residual negative symptoms may plausibly remain with no effect on the diagnosis. The alternative to Residual Schizophrenia would be remission, since few medical practitioners would allow a patient such as Schreber a clear "no diagnosis" on Axis 1. Remission would require a cessation of all symptoms, which is something that Schreber never attained. Does this mean that he remained schizophrenic even after his release from the Asylum? This is a complicated question, since the DSM defines mental disorder in part in terms of "functional impairment".³²⁸ Schreber's symptoms continued, but did not represent any true functional impairment: he gained new experiences, like the "bellowing", that he needed to take into account in everyday life, but this was a controllable physical urge like any other and Schreber was able to retire unobtrusively when

³²⁸ DSM-IV, *ibid*, p.xxi

necessary to take care of it in private. It is true that Schreber was unable to return to work, but this was less because of his inability to work than the sensitive nature of his work: a judge may not have ever been under an order of tutelage, since the order by its nature throws doubt upon his ability to perform his duties. It was not Schreber's current state but his previous state that was the problem. Was he always, inevitably, mentally ill? Or did he slip in and out of mental illness? How, also, does the notion of madness as opposed to mental illness apply? A human being with an extensive delusional system who experiences uncontrollable urges to behave in an antisocial manner and who is subject to auditory, visual and olfactory hallucinations is on the surface a reasonably uncontroversial candidate for mental illness, but once these urges had been brought under Schreber's control is it possible to consider him truly disordered? As Romme might suggest, Schreber could be seen as troubled, but coping and hence not actually disordered.

Given this option of positive madness, we can say in accordance with it that Schreber is disordered when his delusions are inseparable from reality, and when they cause him problems in his daily life and social interaction. He is not disordered when he is delusional but socially comfortable, although he is definitely eccentric and deluded in some of his beliefs and behaviour. Disorder is only an issue when his delusions render him unable to control himself in a way that is acceptable for him as a fully functioning member of his social circle. To use an example specific to Schreber, he was disordered when he could not control the "bellowing-miracle" because he was at these times unfit to be among his peers.³²⁹ We do not have to deny that he was diseased when he could control the bellowing to the extent that he was able to step out of earshot of his peers and bellow in the same way that he would control any other bodily function,³³⁰ but according to Romme we could not say that he was disordered. We can say that he was coping with his strange compulsions as forced upon him by the voices he heard, in the best manner possible. It may seem outlandish to claim, apparently unsupported,

³²⁹ Schreber, *ibid*, p.377

³³⁰ *Ibid*, p.400

that Schreber is a case on a par with Romme's voice-hearers, but this claim will now be substantiated.

Schreber's mental state changed repeatedly over the 27-year period between his first consultation with Professor Flechsig in late November 1884 and his death in 1911. Up until October 1884, Schreber can be considered sane because of the lack of evidence to the contrary as well as the corroborating evidence of the esteem in which he was held in his professional life. In a profession such as law, mental weakness would be detected quickly and acted upon, and the lack of any such intervention suggests that Schreber had no such difficulties. The apparent precipitating factor of Schreber's first illness was his failed attempt at election to the Reichstag in October 1884, and his perceived humiliation among his peers after a newspaper carried the insulting advertisement, "DO NOT VOTE FOR THE UNKNOWN SCHREBER!"³³¹ The two attempts at suicide made by Schreber during this time³³² offer strong evidence that Schreber was extremely disturbed, and this is unsurprising considering the evidence of Kendler and Prescott³³³ that events that cause humiliation or "devalue an individual in a core role" are closely linked to the subsequent development of major depression and anxiety. This formulation also fits in neatly with the Diathesis-Stress model of the development of mental illness: some form of predisposition exists, but it is latent: a stressing factor is required to cause the onset of the mental illness. In Schreber's case, such a formulation would be supported by his father's, grandfather's and brother's apparent mental illnesses.^{334, 335, 336} Schreber's father and brother's illnesses have

³³¹ Israels, *ibid*, p.163. Capitals appear in the original text.

³³² Lothane, *ibid*, p.471

³³³ Kendler, Kenneth S.; Hettema, John M.; Butera, Frank; Gardner, Charles O.; Prescott, Carol A.: "Life Event Dimensions of Loss, Humiliation, Entrapment, and Danger in the Prediction of Onsets of Major Depression and Generalized Anxiety", in *Archives of General Psychiatry*, 2003;60:789-796

³³⁴ Zubin, J. & Spring, B.: "Vulnerability: A new view of schizophrenia." in *Journal of Abnormal Psychology*, 86, 1977, pp.103-126.

³³⁵ Jones SR, Fernyhough C.: "A new look at the neural diathesis-stress model of schizophrenia: the primacy of social-evaluative and uncontrollable situations", in *Schizophrenia Bulletin* 2007 33(5):1171-7.

stressful events immediately preceding them, and although there is no such immediate precedent in the case of Schreber's grandfather we can make the claim that his mental illness suggests a genetic predisposition.

Schreber was released from the clinic in June of 1885, and given his difficulties in securing his release following his second illness we can reasonably assume that Flechsig had no reason to consider Schreber a danger to himself any longer at this time, if indeed such a suggestion was ever made at this time. There was no complicating question of legal tutelage at this time, but an attempt at release earlier would have been almost equally difficult had his sanity been in doubt. In the period between 1885 and late 1893, Schreber had no trouble controlling himself in a personal or a professional context with no articulated beliefs conflicting significantly with generally accepted social norms, and he was sufficiently regarded professionally to be promoted in October 1893. Given the importance of the position to which he was promoted, we can be secure in thinking that someone whose sanity was in question would have been bypassed for such a promotion and thus can quite comfortably consider him untroubled by any disorder that would have an impact on his ability to work on pragmatic grounds.

The period between 1893 and 1911 is the controversial one in this examination, however, because it is during this second illness that Schreber's delusions made their first appearance and became fixed and permanent. Between the end of November 1893 and 1902 Schreber was in an asylum, and spent much of this time under tutelage as a ward of court, legally incapable of managing his own affairs. For a time before his entry into the asylum, Schreber was having auditory hallucinations and frightening and disorienting thoughts,³³⁷ and on the night of the 9th or 10th November 1893 he attempted suicide in his mother's

³³⁶ Zvolensky, Michael J., Kotov, Roman, Antipova, Anna V., and Schmidt, Norman B: "Diathesis stress model for panic-related distress: a test in a Russian epidemiological sample", in *Behaviour Research and Therapy* Vol. 43:4 pp.521-532, 2005

³³⁷ Schreber, *ibid*, pp.47-49

house.³³⁸ His Memoirs do not offer a reason for this attempt, but his great agitation during this time along with his hallucinatory symptoms suggest that he was definitely troubled at this time. He remained so until relatively late on in this stay in the asylum, but from Weber's own remarks on the subject of the mental competence of patients³³⁹ we can make a case for Schreber's being delusional but not disordered towards the end of this second stay in an asylum. As we saw earlier, Weber's belief is that a patient who was able to judge his condition correctly would not actually be mentally ill. Schreber recognised that he had been ill, although he continued to insist that his illness had not been one of insanity but rather a disorder of the nerves.³⁴⁰ However, his recognition that he had been in crisis and was no longer so³⁴¹ could be seen as evidence of his improvement and return to reasonable stability. He still did not accept the "objective truth" of his own mental illness, preferring it to be called a "nervous illness" and himself to be free of the stigma of having been mentally ill. However, he was able to accept that his crisis period had led him to some unacceptable behaviour patterns, including but not limited to the assaults on his orderlies³⁴² and "miracles" such as uncontrollable bellowing, and that these behaviours were now either no longer likely to happen, like the attacks on Asylum staff, or under control, like the bellowing. Schreber's recognition that he had been an unsuitable candidate for polite society, his recognition of the reasons this was so, his awareness of what a suitable candidate would be and his confidence that he was and would remain one, suggest that his crisis was past and that he was sufficiently aware of his social obligations and confident of his ability to adhere to them.

His continued belief in the "tested souls" and that God was entangled with his own nerves, along with the other remaining beliefs of his delusional system,³⁴³ prevent us from declaring him uncomplicatedly sane, because we intuitively

³³⁸ Ibid, p.49

³³⁹ Ibid, p.389

³⁴⁰ Ibid, p.350

³⁴¹ Ibid

³⁴² Ibid, p.50

³⁴³ Ibid, p.371

believe that sane people do not hold beliefs that significantly differ from the norm in this way. However, his proselytising about these beliefs was largely limited to the Memoirs, and his behaviour in public was perfectly acceptable, as evidenced by Weber's allowing Schreber to display his correct behaviour at lunch and dinner parties while still in the asylum.³⁴⁴ Furthermore, a set of controversial beliefs is not sufficient to make the claim that a person is mentally ill. It is possible that a person can be rational about almost everything, but have a small sub-set or "pocket" of beliefs that are so far outside the norms of belief that it is impossible for someone who does not share these beliefs to understand them.³⁴⁵ Romme would contend that these are not sufficient to label a person disturbed, so long as the person is coping sufficiently and is not distressed by having the beliefs. Schreber, as we know, accepted the discomforts associated with his beliefs because the voices he heard had informed him that they were a necessary part of the battle with God and he chose to believe them. Since he chose to believe the voices, and he no longer found his existence so vertiginous as to cause him difficulties in functioning, he cannot be properly considered disordered. The state descriptions about his behaviour suggest that there was something wrong at some level, but there is no concomitant normative claim to this effect, and at the time he was mounting his legal campaign for freedom from the Asylum he was not experiencing any problems that precluded a normal social existence.

We can again assume, although the lack of documentation following Schreber's publication of the Memoirs means that we cannot be certain, that Schreber's life continued fairly uneventfully in terms of psychiatric disturbance up until 1907, which was the time of his third and final entry into an asylum. Schreber's three illnesses seem to have been provoked by specific instances of high stress: his failed election; his promotion; his mother's death and his wife's stroke in quick succession. In times of little or no stress, Schreber seems to have had no

³⁴⁴ Ibid, p.388

³⁴⁵ Cooper, Rachel: 'Making sense of levels of explanation in psychiatry,' conference paper, presented at Explanation, reduction, and models of psychopathology, University of Bristol, 17/06/2008

trouble integrating himself into normal society, and his awareness of correct social boundaries was impeccable. He announced his intention to continue dressing in female attire,³⁴⁶ but did so only in the privacy of his own home and took care that his household would not be alarmed by this tendency towards transvestism because he had previously made them aware of the necessity of it.³⁴⁷ This consideration for the feelings of his household is something that could easily, although not necessarily, have been absent in Schreber had he still been disordered. He was certainly unconcerned about the effect his nocturnal bellowing was having on other inmates of the Asylum at the height of his crisis period, thinking that the wardens of the Asylum were being unnecessarily cruel in taking him to a cell away from the area where others were sleeping rather than accepting that he was being inappropriately loud.

Although Schreber held a set of beliefs that were intensely bizarre and such that under normal circumstances a normal person would find it difficult to understand and empathise with him, this solicitude for his household can be read as further evidence that he had returned to a point where he was able to understand and accept the needs of others. He was, in short, adhering to social norms and coping within the framework of his own subset of beliefs. Since Schreber's illness was precipitated by stress, we can argue that his holding of these strange beliefs during stress-free times was benign, and he was only disordered when events outside himself conspired in a way that made him anxious. Despite this intellectual difference between his beliefs and what are considered normal or sane parameters, he was not dangerous during this time and his illness was not debilitating to him in any way other than the necessity of keeping his face clean-shaven so as to improve the impression of femininity. There is little personal evidence³⁴⁸ to tell us what happened following his wife's stroke in 1907 we can

³⁴⁶ Schreber, *ibid*, p.372

³⁴⁷ *Ibid*, p.15

³⁴⁸ Schreber's medical records remain, but they emphasise his inaccessibility as a patient and no clue can be gained as to the state of his thoughts or feelings during this final illness.

assume that, since he never left the asylum again, he lapsed at this time into permanent insanity.

Chapter Five

Further Questions

The reading of Schreber's case in the context of an alternative disease concept, along with Romme's notion that it is not essential that a person who hallucinates be considered ill, raises several interesting questions. With a theory of disease involving state descriptions, we can say that a disorder exists where there is a state description to show that the patient is having an experience outside the normally accepted state of being, and a concomitant normative judgement that this is a bad thing. What happens in those cases where such state description exists, but there is no related negative normative judgement from the patient?

Schreber's case is a particularly interesting example of this problem: at the beginning of his second illness, we can say that Schreber was clearly disordered. He was experiencing hallucinations and suicidal ideation, and was deeply distressed about it. Thus we can see both the state description and the related normative judgement: this is an uncomplicated situation where disorder clearly exists. Later, however, when Schreber's crisis period had passed, Schreber's state descriptions remained largely unchanged, although his suicidal ideation had ceased. He had ceased to have suicidal ideas, however, because his normative beliefs about his situation had changed: he now believed that he was chosen by God to be the co-parent of a new race of human beings, and so he no longer considered the disturbances of the voices he heard and the physical pains he suffered in a negative light. They were merely minor but necessary annoyances to be ignored and overcome.

This raises the further questions: does it matter that Schreber was wrong in his beliefs about the world, and would he have accepted any evidence that he was? Nozick claimed, through the use of his machine experiment, that it is not true that people would accept a false reality that was perfect in place of their real life. It is possible that Schreber's case provides a counterexample: Schreber believed the

highly unlikely scenario that he was the chosen one of God, rather than the more logical conclusion that he was mentally ill and that the voices he heard were not telling him the truth. What implications does this have for Nozick's thought experiment? The obvious answer is that Schreber was mentally ill and so his opinion does not count as a true counterexample, even though he was in all other respects rational during the time he was writing his Memoirs. Romme's claim is that some people self-aggrandise in order to alleviate an underlying problem. Does this apply to Schreber, and why might he have done so? Must we conclude that Schreber was disordered all along, and was simply too confused to know it? Or can we say that Schreber's belief system, although false, was a coping mechanism for him, and his choice to continue to believe it kept him from further mental breakdown for many years? We will return here to the concept of disease, and examine Romme's claim in this context. This will lead us to the idea that gaining insight is not a necessary prerequisite for recovery, which is supported by the fact that Schreber managed to recover sufficiently to leave the Asylum while still having this "fixed" delusional belief system. Furthermore, Schreber's case highlights that it is possible to choose what one believes: belief can be a matter of rational decision-making when the alternative to a belief is worse than the holding of it.

Differing Opinions

What happens when a person's opinion of their own mental state is radically different from that of those around them? The answer in Schreber's case was that his opinion was discounted because of his clear disturbance, false beliefs and lack of insight into his condition. This answer, however, presupposes that he was wrong not to disvalue his condition, preferring the judgement of those people without a bizarre belief set. It is possible that Schreber chose his beliefs as the more palatable option. Schreber's thoughts on his illness are all but incomprehensible to those on the outside, but his irrationality is confined to this specific area. Given

this specific subset of irrational beliefs in a wider scheme of rational ones, the question of why Schreber came to the conclusions he did becomes relevant: what is it about these beliefs that was preferable to the ones he held before?

We will now examine Nozick's machine experiment to answer this question.³⁴⁹ Imagine that a team of astonishingly talented neuroscientists have developed a system whereby they can stimulate the brain of an individual to induce the experience of pleasure. The subject would be completely unable to tell that the experiences were artificially induced. Nozick ignores the practicalities of the experiment – who would look after the subject's body and the medical equipment while the experience was taking place? What if there was a power cut? – as unimportant to the wider point of the experiment, and asks us to do the same. He offers several possibilities: one could step out of the machine occasionally in order to map out the next space of time to maximise the pleasure gained from it by micromanaging all its aspects, or one could map everything out before the experiment took place and never emerge. The formal structure of the argument looks like this:

P1. If the most important thing to us is experiencing as much pleasure as possible, then: if an action brings us more pleasure than not doing the action, then we should do the action.

P2. We will experience more pleasure if we plug into the experience machine than if we do not plug into the experience machine.

C1. Therefore, if the most important thing to us is experiencing as much pleasure as possible, then we should plug into the experience machine.

It is, of course, not that simple, since Nozick actually believes that we ought not to plug into the experience machine. He offers three reasons for this: firstly, that we want to actually do something more than simply have the experience of doing it. "It is only because we first want to do the actions that we want the experiences of doing them."³⁵⁰ Secondly, we want to be certain sorts of people, and not merely a body in a hospital bed or flotation tank:³⁵¹ the experience machine would take

³⁴⁹ Nozick, Robert: *Anarchy, State, and Utopia*, New York: Basic Books, 1974, pp.42-45

³⁵⁰ Ibid, p.43

³⁵¹ Ibid

away our physical autonomy, although not our illusion of it. Finally, the experience machine limits us to what we can imagine: there is no possibility of experiencing any deeper reality in this scenario. "There is no actual contact with any deeper reality, though the experience of it can be simulated."³⁵² The conclusion Nozick reaches is that pleasure is not the most important thing that matters to us, and so the experience machine is not something we would choose over the experience of real life. His claim is that the thought experiment enables us to see that we would shy away from the experience machine, thus proving to ourselves that there are things more important to us than achieving the experience, but not the reality, of our heart's desires.

Berman offers a variation of the experience machine that does not include the possibility that one might be aware of the unreality of our experiences.³⁵³ For Nozick, the experience is indistinguishable from the real-world counterpart, but a person could step out of the machine to direct his or her experiences and would thus be aware on some level of their unreality. In Berman's version there is no such awareness: the machine affords a "splendid private reality" in which all our dreams might come true without our being aware that they are only coming true in this private reality and not in the wider one, either because we forget or because we just do not know the truth. On the surface, at least, we have everything to gain from choosing this option, and yet people still shy away from it. This is, he claims, because the choice entails the acceptance of a fool's paradise, and no one wants to be a fool. However, there would be no suggestion of that once within the fantasy, and we would not experience any guilt or regret because we would not be aware that we had made the choice to leave the real world in favour of a fantasy one. Berman suggests that it is a preference for the real world that causes us to reject the fantasy world, or possibly a reluctance to admit that we would prefer the fantasy world to the real world: "wouldn't it be hard for we believers in the value of science and truth to admit that, when it comes down to it, we would prefer a

³⁵² Ibid

³⁵³ Berman, David: "The Fantasy Option", in *Free Inquiry* 1995, 15:9, p.38

pleasurable fantasy to hard reality?"³⁵⁴ Being truthful about one's desires is not necessarily less noble than the admiration of truth itself; Berman admires Hume's honesty in admitting that it was the desire for literary fame and not the love of truth or of philosophy that inspired him to write philosophy.³⁵⁵ Berman implies that people's love and admiration of truth is preventing people from being truthful about their own desires: it is possible that more people than Nozick assumes would prefer to live a fantasy life rather than their real one.

What does this mean for Schreber? Certainly his life was not a fantasy one as most people would see it. He was tormented physically and mentally over a period of years. Despite this torment, he valued his state as a sign of his own importance: even God was irresistibly attracted to him, and his position in the Order of the World was assured. It is possible to argue that we can choose what to believe. In terms of religious belief, we can point to Henry VIII, whose desire to marry a younger and possibly more fertile woman led him to become convinced that God, despite dispensation from God's earthly representative, would not have approved of his current marriage because his wife had once been the wife of his brother. The choice of his subjects to make a switch in belief along with him, and then to switch backwards and forwards from Catholicism to Church of England with the same regularity as the change in monarch over the next twenty years, was also a pragmatic one. Despite the reasons for the original change and the relatively short time between the break away from Rome and the accession of Mary I, there were many people who identified so closely with the Church of England that they preferred to remain Church of England and risk being executed for heresy. We could plausibly make the claim that these beliefs are held as a matter of choice: one chooses to believe rather than believes just because one believes.

In terms of Nozick's machine experiment, it is possible to argue that Schreber's case does not constitute a true counterexample because Schreber was mentally ill and therefore not in control of his beliefs. Schreber's case is interesting,

³⁵⁴ Ibid

³⁵⁵ Hume, David: "My Own Life", in Essays, Moral, Political and Literary, London: Longmans, 1875, vol. 1, p.8, in Berman, *ibid*

however, because he was not entirely out of control of himself: once he had passed his crisis period, he was largely normal. He learned to control his urges to bellow and to dress in women's clothing, and once this was done he behaved in public much as anyone else might: his bizarre beliefs were a subset of his wider belief system, and his irrationality was confined to this small area. Here we can return to Berman's paper, and the statement "in order to determine how important fantasy is for us, we must determine how important or necessary the truth is".³⁵⁶ For Schreber, it seems that the desire to believe the voices he heard and the conclusions he drew from them outweighed all the evidence that he was wrong. There is no explicit suggestion in the Memoirs that Schreber made a scientific study of the alternative explanations of his experiences and rejected all the scenarios he considered unlikely, but he does claim that he attempted to be scientific in his recording and explanation of the events around him, and that any other explanation was "inconceivable" to him. We will discuss the possible reasons Schreber may have had for this in the next chapter; what is important here is that Schreber made the choice to reject the opinion of everyone around him in favour of his own admittedly outlandish explanation of events. For Schreber, his fantasy reality was preferable to actual reality, and he was unaware, apparently, that he was wrong.

Rationality and Delusion

What would make a man such as Schreber, who prized rationality and scientific enquiry, so completely unable to accept that he might be having hallucinations and basing his delusional beliefs upon them? Schreber appeared to be rational, once past his crisis phase, in all but a relatively small number of his beliefs. He accepted, and was able to function in accordance with, the vast majority of normal social beliefs and behaviours. Why then did this subset of delusional beliefs remain after his crisis period had passed?

³⁵⁶ Ibid

Gold and Hohwy³⁵⁷ make the claim that schizophrenic delusion ought not to be considered in the light of traditional notions of rationality. Delusions that arise as a result of schizophrenia are, they say, “brought about by a violation of a constraint on rational thought we call egocentricity,”³⁵⁸ and they wish to consider schizophrenic delusions in the light of what they call “experiential rationality”. Traditional notions of rationality tend towards the areas of either procedural rationality, where rationality is a matter of adhering to the rules. If a rule is to be universally applied, then the same premises will always bring about the same conclusion. Thus, one can be said to be irrational when one’s actions are not governed by the relevant rule or reasoning process. The procedural account minimises the importance of the content of one’s thoughts: they are not, generally speaking, relevant to the analysis of whether or not is rational. The other standard account, content rationality, claims that some beliefs or desires can be irrational, but that if the irrational desire is combined with an irrational belief then the failing lies outside the normal notions of rationality. The irrational content of these beliefs or desires is irrational precisely because it is assigned in the place of an alternative, better-fitting content. Gold and Hohwy’s response is that cases of delusion fit neither the procedural nor the content approach to rationality, drawing on Frith’s hypothesis that delusions in schizophrenia are caused by the “failure of the monitor to represent willed intentions”.³⁵⁹ Normal self-monitoring entails the awareness of one’s intentions, one’s actions and the awareness of the causal connection between the two. If I have the desire to ease my hunger, I form the intention to go to the kitchen and make a sandwich, and I will then do so. The “monitor” represents the intention-action pair, the hunger and the sandwich-making.³⁶⁰ This monitoring has the crucial effect of bringing the intention into the consciousness of the subject so that the subject is aware of the causal connection

³⁵⁷ Gold, Ian, and Hohwy, Jakob: “Rationality and Schizophrenic Delusion”, in Mind and Language 2000, 15:1, pp.146-167

³⁵⁸ Ibid, p.147

³⁵⁹ Frith, C.D.: The Cognitive Neuropsychology of Schizophrenia, Hove: Lawrence Erlbaum, 1992, in Gold and Hohwy, *ibid*, p.151

³⁶⁰ Frith, *ibid*, in Gold and Hohwy, *ibid*

between intention and action. Gold and Hohwy rely on Frith's notion here of the monitor as a "model of metarepresentation",³⁶¹ which represents the action-intention pair in the consciousness of the subject. The notion of a representationalist self-monitor is problematic, but even if we remove this layer of representation and suggest instead that direct perception of causal relations between intention and action is possible, then the end result remains the same. Monitoring these mental events directly, and creating a representation of them in the conscious mind, will bring us to the same conclusion, and so although there are potential problems of superfluity with this model, the mechanism remains largely the same and it is that which is interesting in this context.

Let us suppose now that this system of self-monitoring is defective, and so the intention is not available to the consciousness of the subject. I would find myself in my kitchen, making a sandwich, with no idea of the causal process that led me to be there. I would of course attempt to formulate an explanation for this strange occurrence: I did not (at least so far as I am aware) make the decision to do this, so why am I doing it? One possibility would be that some external force is responsible; this external force moved my body into the kitchen and surrounded it with cheese and bread for reasons of its own. This belief would of course be delusional. Assuming that I was able to be rational, I might conclude that perhaps I'd forgotten that I wanted to make a sandwich, or that I'd wandered into the kitchen and started making the sandwich without really paying attention to my actions, in the same way that I might not remember walking home because the route is so familiar that I did not have to be aware and so my thoughts were elsewhere. With my self-monitor being defective or absent, however, it is possible that such an explanation might not occur to me, or that I might reject it, thinking that there is no way that my own intentions could be opaque to me. What would happen then is that I would search for an answer that would explain the strangeness of finding myself in a place where I had not expected to be, with no apparent cause. This explanation would have to satisfy my criteria for sufficient

³⁶¹ Ibid

explanation but would not necessarily have to fit any universal criteria for rationality, depending how rigorous my criteria for a satisfactory explanation were. Assuming I was unwilling to accept that I was suffering some sort of mental disorder, I could conceivably conclude that aliens had briefly abducted me and deposited me in my kitchen instead of on my sofa for reasons of their own.³⁶² There is no evidence to the contrary, and all the evidence I have suggests that this actually happened: I started out on my sofa, and was then transported without my knowing to my kitchen. The only possible explanation that does not involve my serious mental (or possibly physical, as in amnesia) illness is that something external to me moved me there. If I am unwilling to accept that I am ill, and it is by no means certain that I would accept this, since I presumably feel quite well, then I may well accept the alien abduction scenario and thus become convinced that I had been temporarily abducted.

Further to this temporal confusion, there is an alternative scenario that is more relevant to Schreber's case: the hearing of voices. The absence of awareness of an intention-action pair can be seen here also. If I am forming the intention to go outside, it is logical to expect that I will then make the decision to perform all the steps in the process that will enable me to go outside successfully. If the first action in the process of getting ready to leave is to put on my shoes, I will, immediately after forming the intention to go outside, have the thought, "Put on your [my] shoes!" If I have this thought without being aware of having had the intention to go outside and thus contextualising the putting on of shoes within an intention-action process, I might experience this thought as having been placed into my head from outside. Frith claims that if this sort of thought occurs as inner speech, then it is experienced as a hallucination in which I am being told to catch the bus:³⁶³ the statement becomes an imperative from outside rather than an intended action on my part.

³⁶² Alien abduction is a very common delusion in schizophrenia. Lahmann, Claas: personal communication.

³⁶³ Frith, in Gold and Hohwy, *ibid*, p.152

We can see how a variation of this scenario might have occurred with Schreber. He states in the Memoirs that he did not see how it was possible that he was suffering a *mental* illness, and also that his aim was to be as scientifically rigorous in his explanations of events around him as he was able to manage. There must then be some explanation as to why he did not conclude that he was mentally ill, since this seems from the outside at least to be the most logical explanation of events. Schreber seems to have recognised that he was mistaken in some of the things he believed to be true during his crisis phase, but the core beliefs, the ones at the centre of his delusional framework, remained secure even after his release from the Asylum. If we look at the purpose of these beliefs, we may make some headway: why would Schreber have developed them in the first place?

If Schreber's ability to represent or formulate an ordered pair of intention and action was compromised or absent, then he would be in the same sort of situation as someone whose intention to go outside results in the process of preparing to go outside taking place outside the normal intention-action order. Schreber's thoughts, thus isolated from the goals to which they were in actuality causally related, were experienced as coming from outside of his own thought patterns because they did not fit within the scope of the intentions of which he was conscious. Some of Schreber's thoughts fit extremely well into this paradigm. If Schreber were not able to recognise the original intentions he had formed as having come from himself, then the shock of having this apparently unintended thought would be severe. What is interesting is that Schreber was in no doubt who he was, or that he was the one having thoughts. What he was unable to accept was that the thoughts expressed by the voices he was hearing were thoughts that he himself had had: he was the originator and the owner of these statements. These statements are, according to Gold and Hohwy, violations of egocentricity³⁶⁴ and thus are experienced as occurring outside the mind. The account goes like this: the subject is certain that the thought is present in his mind, but is unable to accept

³⁶⁴ Ibid, p.161

that he is the originator of the thought. The thought must have come from outside. The thought has a producer, but the subject is unable to accept that he *is* that producer. In Schreber's case, the experience of the thought as having been produced by someone external to Schreber goes a step further: the thoughts become externalised in a more literal sense than having been planted in his mind by some nefarious external agent: he actually experienced the thoughts as happening outside of his mind, although he did not recognise them as hallucinations.

Closely related to this idea is the notion that the evidence a subject has for rejecting the notion that she might be hallucinating may easily become flawed. Stone and Young have suggested³⁶⁵ that patients who have Capgras delusions may ignore the evidence that it is entirely unlikely that their loved ones have been replaced by automata (or, in the case of Schreber, by fleeting-improvised-men) in favour of other kinds of evidence, such as the patient's own absolute conviction that their loved one has been replaced by an impostor. It seems that such wilful ignorance should, at some stage, become apparent to the patient: the most patient observer would become frustrated with a clear refusal on the part of the sufferer to accept what is patently obvious to those who are not deluded. There are an infinitesimal, if there is even an actual, number of cases outside of Hollywood movies where one person has been replaced by another who just happens to be identical. The chances of that happening to a person in a case where he is not acting the role of someone to whom this is happening are so tiny as to make the suggestion ludicrous. Likewise, the chances of God having become so fascinated by Schreber that the two had become entangled, and that Schreber's destiny was to become the co-parent of a superior race of humans, is so unlikely as to be hardly worth the effort of attempting to believe it. Despite this, Schreber believed it absolutely: why?

³⁶⁵ Stone, T. and Young, A.W.: "Delusions and brain injury: The philosophy and psychology of belief", in Mind and Language 12:327-364, 1997

Gold and Hohwy postulate that there is a procedural violation going on in these cases:³⁶⁶ for most people, there is a methodological principle involved in the processing and relating of intentions to actions that requires that one suspend explanation in those situations where there is no reasonable explanation available. If I return to my oft-mentioned kitchen to make a cup of tea, only to find that the milk carton is empty, I would search for an explanation, questioning the other person who uses the kitchen and making sure there was no leak in the carton. If, after my investigation, there is no apparent reason for its emptiness, I as a person with normal thought processes would suspend my explanation because I simply would not have one: the missing milk would be a mystery. It would be maximally rational for me not to infer the existence of a milk-drinking poltergeist, or believe that Schrödinger's cat had taken up residence in my refrigerator and was stealing accordingly. If I were schizophrenic, however, the option to abstain from making an explanation without full possession of the facts might, claim Gold and Hohwy, be lacking. Rather than being puzzled by the absent milk but then moving on to something more important, the schizophrenic would consider it necessary to fill in this explanatory gap with something, no matter how unlikely, and if the schizophrenic were also paranoid, then this explanation could plausibly involve some sort of attack on the refrigerator by hostile agents with the aim of damaging the refrigerator's owner.

This postulation of damage to the methodological thought processes of the schizophrenic explains the form of Schreber's delusional beliefs quite well. We can see that Schreber could plausibly have experienced his own thoughts as alien and external to him, thus externalising them into hallucinations rather than as his own inexplicable thoughts. Thus this putative methodology of schizophrenia fits well in his case, and his search for meaning in all aspects of what he believed to be his scientific exploration supports the idea that he was not able to accept that there are things in the world that are mundanely inexplicable: there is a completely uninteresting explanation, but for some reason it is unavailable. Chapter Six will

³⁶⁶ Gold and Hohwy, *ibid*, p.156

explore the possible reasons behind the content rather than the form of Schreber's delusions; for now we will make a preliminary investigation in this direction: why, given Schreber's need for explanation, did he make himself the centre of this enormously complicated network?

Romme and Self-Aggrandisement

Earlier in this chapter, we looked at Nozick's machine experiment and its various later adaptations and permutations. Nozick's intention was to use the experiment as a denial of hedonism, but as we have seen there is far more potential than that in its implications. It is not simply the pursuit of pleasure that might cause a person to step into the experience machine, or for that matter to step out of it. What is familiar and comforting to the subject is more important: there is a clear preference among the majority of subjects for the status quo. What makes a subject choose the false reality over the real one? The false reality is clearly preferable to the extent that it overcomes the status quo bias: it is preferable in a far more significant way than the hypothesised desire for reality over simulation.

In the case of undergraduate subjects, it is perhaps clear why they would prefer to remain in their respective realities, although they may think with envy of students who do less reading or of friends who have well-paying jobs to look forward to after graduation. For Schreber, the reason he would prefer his alternative version of events to reality is outwardly inexplicable. He was by his own account happily married, reasonably wealthy, highly successful in a professional sense at a comparatively young age, and was being tipped to become the youngest ever Minister for Justice. The only thing apparently missing in his life was a child, and adoption was clearly not out of the question, since he adopted a daughter after his release from the Asylum. Outwardly he had everything he could wish for; why choose a reality in which his body and soul were under attack from an invisible, omnipotent opponent and His henchmen?

Romme's suggestion would be that Schreber's vision of himself was significantly different from that of observers. At the beginning of the Memoirs, when Schreber was explaining the circumstances leading up to his second breakdown, there is no suggestion of a confident man working towards a glittering future. He was, by contrast, concerned that the other judges in Dresden were so dismissive of him that they were deliberately snubbing him by not inviting him to dinner. This lack of self-confidence could be traced, as Schatzman did, to Schreber's upbringing and his father's overbearing nature. The cause however is immaterial here; what is important is that Schreber was lacking in awareness of the magnitude of his achievements and believed himself to be inadequate. We can support this statement by looking at the events in Schreber's life that preceded his three breakdowns: ³⁶⁷ before the first of Schreber's breakdowns he failed to be elected to the Reichstag, before the second he moved to Dresden and felt socially isolated and professionally snubbed, and before the third his mother died and his wife suffered a stroke, leaving him in control of the family finances in a way that he had never been before. If Schreber believed himself to be inadequate as head of the household, then suddenly having the role thrust upon him could easily lead him into panic, which would then be responsible for his final and most serious breakdown in the same way as panic induced by his sense of personal and professional inadequacy caused the first two. If this hypothesis is correct, then it would go a long way towards explaining why Schreber preferred his delusional framework or fantasy world to reality. Schreber's reality was one of personal and professional doubt and concern over the way his peers saw him. He suffered his first illness after a failed election attempt, which to him would constitute a clear sign that the voting public disliked him. A fantasy world in which Schreber was so important that God Himself was so fascinated by Schreber that He had become so closely entangled that He could not escape would clearly be preferable, and since Schreber's status quo was not

³⁶⁷ See Appendix One

sufficient to enable him to feel comfortable with his achievements³⁶⁸ the status quo bias would be unimportant.

This suggestion is only half the issue. Schreber's insistence on publishing the Memoirs even in the face of some serious family opposition suggests a more public dimension to Schreber's desire for a better life. It was not enough for Schreber himself to believe that he and God were entangled; he wished for others to know it too. This can be seen as a form of religious evangelism, which is roughly how Schreber would have seen it: a religious convert who has had some sort of epiphany is usually far more vocal about wanting to share their new discoveries with others than one who was brought up in that religion. Schreber's avowed reasons for disseminating his experiences in book form were related to this desire to share what he saw as vitally important new information about what we might call the metaphysical world (although Schreber considered the world to be entirely physical). We can also postulate an alternative reason that is more along the lines of coping mechanism than pure evangelism.

The premise here is simple: Schreber's feelings of inadequacy led him to prefer a reality in which he was the most important person in the world, to the extent that he was able to overcome, whether on a conscious level or not, the common bias towards the status quo. The delusional system he constructed based on the evidence of his hallucinatory experiences was thus desirable to him on two grounds. Firstly, it enabled him to continue to believe that he was not mentally ill, on the grounds that his explanation of events answered, to his satisfaction at least, all the questions raised by the unusual events occurring around him. Secondly, it satisfied the desire that is implicit throughout the Memoirs, to show his importance in the world. Schreber's second illness was brought on originally by the stresses associated with his new position, but also by his feeling that the established judges in Dresden were deliberately snubbing him by not inviting him to dinner or to social occasions. Thus, a situation in which Schreber was by far the most important person in the world – the person upon whom the fate of humanity

³⁶⁸ The reasons why Schreber might feel himself inadequate are discussed in Chapter Six.

rested – would have enabled him to accept the painful “miracles” and inconvenient interruptions from the “tested souls” as being a necessary evil. For Schreber, the status quo bias was overcome by his need to cope with the events happening around him.

In Accepting Voices, van Laarhoven³⁶⁹ comments that there are cases in which a person receives an important mission, often from God, but also from some historically important person. These missions tend not to be achievable, but their effect is to make the patient feel important about themselves. If the mission is dismissed as absurd or false, the patient tends to feel misunderstood or insulted, as indeed Schreber did when his claims were summarily disbelieved. “[F]eelings of inferiority generally lie just under the surface of self-aggrandisement”.³⁷⁰ The suggested therapeutic response is to uncover the ultimate aims of the order-giver along with the patient, and to create an achievable goal in the direction of this ultimate aim so that the patient regains a sense of self-confidence. Schreber’s own psychiatrists did not do this, believing that Schreber’s delusions and his belief in them represented a chronic condition rather than one that could be cured. Had they done so, it is possible that Schreber might have come to prefer the real world to his false reality and so decided to return to it. As it was, the delusions persisted and became “fixed”. Flechsig and Weber took Schreber’s continued belief in the truth of his delusional framework as proof that he was not cured and would continue to be mentally ill for the rest of his life.

It is true that Schreber’s beliefs continued unchallenged, at least by him, for the rest of his life, but it does not follow that he was mentally ill as a result of these beliefs. If we think of an illness as requiring both a state description that might make us think that something is wrong, and a normative judgement that it is, then it is not clear that Schreber was mentally ill at all. Schreber himself would not accept that he was mentally ill, and although we could discount his judgement on the grounds that he would clearly be biased, it is possible that psychological

³⁶⁹ Van Laarhoven, “Functional Analysis”, in Accepting Voices, *ibid*, pp.152-162

³⁷⁰ *Ibid*, p.160

practitioners such as Romme or van Laarhoven would support him. The creation of a belief framework that explains his experiences and allows him to resume an almost normal life is hardly the sign of a hopelessly mad person, they would claim: it is a mechanism that allows him to accept his hallucinated experiences as though they were real, while at the same time maintaining a reasonable level of social cohesion. Schreber's hallucinations were initially massively disruptive, but the delusional framework he created enabled him to minimise their impact on his life. He was able to control his urges to "bellow" and to confine his transvestism to evenings when he was alone. It seems absurd to suggest that a system that allows him such leeway and to attain such a degree of control over his compulsive behaviour should strictly be considered an illness, especially when we consider that medicine at that time would have precluded a cure through medication, and his psychiatrists were unwilling or unable to engage in any form of talking therapy. The situation following Schreber's crisis period is of the best-of-a-bad-situation sort, an undesirable event that was nonetheless preferable to the manic, suicidal alternative it replaced. Even if we use Wakefield's notion of illness as "harmful dysfunction", it is by no means clear that Schreber was suffering an illness at all. The crisis period Schreber suffered was indeed both harmful and dysfunctional, but once the crisis had passed can we really say that Schreber was being harmed by his experiences?

Wakefield and Schreber

The notion of illness as harmful dysfunction is clear: a bodily or a psychological state is an illness if it is a dysfunctional state and if it is also harmful. It is clear that delusional beliefs based upon hallucinations are usually to be considered dysfunctional states. What is not clear is that they were, for Schreber, harmful. If Schreber's illnesses developed as a result of situational stressors, as the

evidence suggests they did,³⁷¹ then the delusions he had can easily be seen as a means of reconciling his hallucinations with his pre-existing beliefs about the world and his pre-existing urge to adhere closely to behavioural and social norms. Thus, they were not harmful; rather they were a mechanism that enabled him to function in a way more closely approximating what Wakefield would call normal function than was possible for him without them.

Wakefield addresses this problem, asking “what do we mean when we say that a problematic mental condition ... is not merely a form of normal, albeit undesirable and painful, human functioning, but indicative of psychiatric disorder?”³⁷² He is explicitly aware that there is no “gold standard” for determining what is and what is not a disorder, and that the diagnostic tests available are both reliant on some implicit concept of disorder and changing all the time. The problem is that the various tests available are not capable of determining whether a state is a disorder, although they can be determined from other states. The current test, says Wakefield, is role impairment: if a mental state prevents a person from fulfilling his or her normal behaviour, then we should consider it a disorder. However, the problem here is that there are normal states that preclude normal behaviour and which are furthermore designed to do so, sleep and fatigue being the obvious examples. The tests that are applied to determine whether or not a state is a disorder can be failed by various normal, non-disorder conditions, leaving us in the confusing situation where everything that passes the test is not a disorder, but everything that fails it is not necessarily a disorder. We are able to understand what is normal among those states that fail the test because they are biologically or, possibly, socially determined to do so. We know from our own experiences, from empirical studies that have been performed and from observation of others that fatigue is a state that significantly slows down

³⁷¹ There could also be a hereditary predisposition to mental illness in line with the Diathesis-Stress model: Schreber’s grandfather, father and brother were all sufferers to some degree. See Chapter Two.

³⁷² Wakefield, Jerome C.: “The concept of mental disorder: diagnostic implications of the harmful dysfunction analysis”, in *World Psychiatry*, 2007 October; 6(3): 149–156, p.149

mental processing, and that it is a normal biological function that both prevents us from overworking our bodies and reminds us that it is time to take a rest. In the case of similar socially determined states, we can think of the habit of nice Victorian ladies of fainting away upon receipt of bad news or shocks. While efforts would of course be made to make the lady comfortable, this was not considered an unusual or abnormal effect of a shock and so would not be considered a disorder. A lady who did not faint might conversely be considered less ladylike because of her unexpectedly robust reaction. Thus we need to take more than the bodily or mental state of a person into account when talking about whether or not that person is disordered.

Schreber's mental and physical state was, at the beginning of his illness, extremely poor. He was suicidal, suffering inexplicable somatoform pains, and subject to hallucinations and, for a time, a Capgras delusion. More important for Wakefield's point here is that he was unable to function in a professional capacity, and his state was not normal-in-the-case-of anything except the case of being mentally disordered. Thus we can say with certainty that at this time he was indeed disordered. With the addition of the delusional framework, however, the case becomes more complicated. The Capgras delusion and the suicidal ideation were gone, but the hallucinations and the somatoform pains remained, along with the delusional beliefs that explained them in a way that satisfied Schreber. As Weber put it, the delusion "fixed", so that Schreber's reality became circular, accounting both for the hallucinated events and the attempts of others to convince him that he was mistaken. It is less clear, once the delusions had "fixed", that Schreber was disordered: the pains he experienced were indeed harmful, but they did not prevent him from normal physical functioning. On the mental level, he suffered no significant dysfunction: his false beliefs were not all encompassing, and they did not affect his functioning in public. His nocturnal transvestism and continued hallucinatory experiences did not cause him any difficulty when behaving in a socially acceptable manner, and his delusional beliefs were confined to the specific sphere of his relationship with God; they did not interfere with his

everyday life. His false beliefs were confined to a specific subset or pocket of beliefs and did not contradict any of the beliefs necessary for normal functioning. According to Wakefield's own statement of the constitution of "harmful", "A condition is a mental disorder only if it is harmful according to social values and thus at least potentially warrants medical attention,"³⁷³ Schreber's case cannot strictly be considered disorder at this time: it did not require additional medical intervention, as evidenced by his release from the Asylum, and it was not harmful according to current social values.

A purely practical objection could be made here. It could be claimed that Schreber did indeed suffer harm as a result of his false beliefs: it was because of his mental disorder that he was unable to return to his job in the Dresden courts. This is true in letter but not in spirit: he was unable to return to work once he left the Asylum because of the order of tutelage placed upon him rather than his actual illness. Having been legally branded incapable of taking care of his own affairs, he became legally disbarred from ever again presiding over a court. Thus it could be argued that his illness was the direct cause of his being unable to return to work. This is true, but only in the sense of leaving a stigma attached to him; he was legally considered to be entirely capable, but as a former involuntary Asylum inmate he was ineligible to preside over a court. The lingering effects of having been an Asylum inmate are not the same thing as being currently disordered, and this distinction is crucial here: Schreber lost his position because he had been disordered, not because he remained so.

What, if any, lingering effects did Schreber suffer as a result of his illness, and can we really consider them to be harmful? The loss of his position would have been a major loss to him, although it is not clear whether or not he would have considered it a harmful one.³⁷⁴ Other than the end of his legal career, the changes that occurred as a result of Schreber's illness were the ones described in the Memoirs, the continued hallucinations and somatoform pains, and of course

³⁷³ Ibid

³⁷⁴ See Chapter Six.

his delusional framework. As we know, Schreber did not consider them to be harmful at all. He believed them to be the inevitable result of his privileged position within the Order of the World, and as such did not consider them to be harmful. Furthermore, they did not harm anyone else, since he only indulged the unusual behaviour brought on by these beliefs in private and did not involve anyone else in his transvestism or “bellowing”. The publication of the Memoirs was a source of concern to his family, since it was thought that it may prove embarrassing and therefore harmful, and so the contentious chapter three was removed and destroyed prior to publication.

Earlier in this chapter, we allowed that it is possible to dismiss Schreber’s own viewpoint on the grounds that, if he was in fact mentally ill, he would not be a reliable witness. It may be possible, but it is not clear that it is appropriate to do so. It is commonly accepted that, under most normal circumstances, a person who is experiencing an event is in the best position to talk about the effect it has upon them. The situation is not so clear-cut in cases of mental disorder since insight is the key issue. A person who is not disordered who is experiencing an event is the key source of information about the effect it has upon him, and under normal circumstances is expected to, and usually is, insightful enough to give an accurate statement of that effect. Insight is often lacking in cases of mental disorder, however, and it is entirely possible to claim that its absence precludes that person’s own point of view from being accurate. Is it appropriate to make the claim that insight into one’s mental states is required for a person not to be considered disordered, and is it necessary for recovery? The next section will claim that, on both counts, it is not.

Insight and Schreber

In psychiatric terms, insight is defined as the ability to recognise that one has a mental illness or is experiencing symptoms that are commonly associated with one. Lack of insight is commonly associated with a poorer prognosis for

recovery,³⁷⁵ but is it actually essential for recovery? Since the claim here is that Schreber was recovered at the time he left the Asylum, and at this time he was still maintaining the truth of his delusional beliefs, we will obviously be arguing here that it is not. Schreber himself managed to recover sufficiently to return home with only minimal insight into his illness. He accepted that there had been times in the past where he had believed things that were false, but did not accept that he was currently doing so. What, then, are the qualities associated with insight to make it such a desirable prospect for someone with a serious mental disorder?

The studies associated with insight are unclear in their results. Some show that insight is the sign of some neurological deficit,^{376, 377} whereas others do not.³⁷⁸ It has been variously examined as being either categorical³⁷⁹ or continuous,³⁸⁰ with each option having associated problems. The briefest assessment of the problem seems to be as follows: the studies of insight appear to fail to create specific, defining characteristics of the phenomena, insight, lack of insight or partial insight, which are the very phenomena they are attempting to show. Also, the definition of insight used in these studies is the narrowest one, simply being able to recognise that one is suffering from a mental illness. There is, however, an alternative study based on a wider notion of insight, which seems to be more appropriately applied in this case.^{381, 382}

Marková and Berrios base their scale for measuring insight on “a wider concept of insight as a form of self-knowledge the patient has about his/her illness

³⁷⁵ Husted, J.R.: “Insight in severe mental illness: implications for treatment decisions”, in Journal of the American Academy of Psychiatry and the Law, 27:1:33-49, 1999

³⁷⁶ Young, D.A., Davila, R. and Scher, H.: “Unawareness of illness and neuropsychological performance in chronic schizophrenia”, in Schizophrenia Research 10, pp. 117–124, 1993

³⁷⁷ Marks, K.A., Fastenau, P.S., Lysaker, P.H. and Bond, G.R.: “Self-Appraisal of Illness Questionnaire (SAIQ): relationship to researcher-rated insight and neuropsychological function in schizophrenia.” in Schizophrenia Research 45 pp. 203–211, 2000

³⁷⁸ Cuesta, M.J. and Peralta, V.: “Lack of insight in schizophrenia” in Schizophrenia Bulletin 20, pp. 359–366, 1994

³⁷⁹ See *ibid*

³⁸⁰ David, A.S.: “Insight and psychosis”, in British Journal of Psychiatry 156, pp. 798–808, 1990

³⁸¹ Marková, I.S., and Berrios, G.E.: “Insight in clinical psychiatry: a new model”, in Journal of Nervous and Mental Disease 183, pp. 743–751, 1995a

³⁸² Marková, I.S., and Berrios, G.E.: “Insight in clinical psychiatry revisited”, in Comprehensive Psychiatry 36, pp. 367–376, 1995b

and how this might affect his/her ability to function and interact with the environment".³⁸³ This version enables the patient to show awareness of and to articulate the changes taking place in their subjective experience, rather than requiring the patient to say unequivocally, "I am ill." This aspect of insight is kinder to a situation like Schreber's, since it does not require any delving into the patient's attitudes or beliefs about those changes; it merely requires an acknowledgement that they have taken place.

Marková and Berrios claim that this is a more reliable and stable scale since it allows for fewer variables to confuse the issue.³⁸⁴ Furthermore, Marková and Berrios highlight an issue related to the way we view insight that is pertinent to the Schreber case. Discussion of attitudes and beliefs about changes that a patient may find in their subjective experience is precisely where there is likely to be a massive discrepancy between the view of the patient and the view of the therapist. This discrepancy hinders rather than elucidates the issues at hand, since there is likely to be an inability on the part of the therapist to truly understand the full implications of a hallucinated or a delusional scenario for the patient. To a degree, it is possible to empathise with almost anything: if one has never experienced the death of a parent, but has lost a grandparent, one may be able to infer some approximation of the experience of a friend whose parent has recently died. There are, however, situations to which this sort of empathy by extension cannot be applied, as Akeret found when treating "the man who loved a polar bear".³⁸⁵ There are some aspects of a person's mental life, particularly in cases of mental disorder, that cannot be completely understood by another. Schreber, of course, is another paradigm case: we know what it is like to have beliefs about religion, even if those beliefs are that there is no God and that those people who have religious beliefs are mistaken. It is virtually impossible to empathise with Schreber in this specific area of his belief system: we cannot say that we understand what it is like

³⁸³ Marková, I.S., and Berrios, G.E.: "Assessment of insight in psychosis: a re-standardization of a new scale", in *Psychiatry Research* 119:1-2, pp.81-88, 2003

³⁸⁴ See Marková and Berrios, 1995a

³⁸⁵ Akeret, Robert: *The Man Who Loved A Polar Bear*, London: Penguin, 1997

to believe that we are chosen by God and that He is physically entangled with us. What is interesting, however, is that it is entirely possible to empathise with Schreber in other aspects of his life. We are likely to know or to be able to understand by inference what it is to be in love with a partner, to have no children and wish for them, to be afraid of being proved unworthy of something that we wish to keep. Schreber's case thus illustrates how the discussion of insight in terms of attitudes and beliefs can cause difficulties in determining whether or not a patient has insight into their own condition. A simpler alternative would be far more convenient.

The suggestion that Marková and Berrios make is that insight ought to be considered in terms of self-knowledge: one can be said to be insightful if one is aware of one's subjective experience and how it is changing or has changed. The aim is an increased sensitivity to a patient's mental state, which they claim would be invaluable in determining more about what the patient has experienced and is experiencing without the complicating factor of how the clinician feels about the patient's experiences. There are other measures of insight that examine the patient's feelings about his illness, and the attributions related to it that he makes,³⁸⁶ but these are, Marková and Berrios claim, less efficient than a scale that ignores evaluative statements and concentrates on the objective statements of what has happened to the patient in the past, and whether and how these states differ from the events and states the patient is currently experiencing. They do not deny that these evaluative statements are important, but they recognise that they complicate the pragmatic medical issues at hand. In this, Marková and Berrios' scale is similar to the notion of health we discussed in previous chapters: ignoring the normative or evaluative statements made by a patient is inappropriate, but it is also inappropriate to allow the pendulum to swing so far in the direction of normativity that the non-evaluative statements made by the patient become obscured. Thus, a separation of the two is indicated: the statements of fact that a

³⁸⁶ McGrath, K.O., and Wong, S.P.: "Forming inferences about some intraclass correlation coefficients", in *Psychological Methods* 1, pp. 30-46 and correction 1, 390, 1996

patient makes are to be examined in the attempt to determine the level of insight a patient has into their disorder. Statements of evaluation, which are analogous to what we called “normative statements” in the discussion of health above, are not useful in this context but have their place in a therapeutic context: how a patient feels about what they are feeling is important in some but not all aspects of treatment.

Chapter Six

Analysis

Thus far we have examined the notions of health and disease, and discussed the idea that the symptoms of what we usually consider to be mental illness might actually be positively toned: like a security blanket, they are undesirable in themselves but prevent a worse scenario from taking place. The familial and social context of a patient is interesting in this context: various studies show that disruption in childhood³⁸⁷ or trauma in adulthood³⁸⁸ can lead to mental illness, and that it is possible for people who are experiencing mental disorders to learn coping mechanisms to prevent them from getting worse, if not remove the symptoms altogether.³⁸⁹ The questions to be answered in this chapter are these: how might consideration of Schreber's situation have affected his treatment, and ought we still to consider someone mentally ill if their alleged illness is preventing a worse one?

Flechsig and Weber failed to consider the situational traumas Schreber had suffered in favour of placing blame on his "tainted heredity."³⁹⁰ It is not too strong a statement to say that by doing this they unwittingly doomed Schreber to become a chronic rather than an acute but curable patient. By not giving him the human care and attention, and the ability to create alternative coping mechanisms outside of his delusional belief system that would have enabled him to be cured, Flechsig and Weber are in a way responsible for the negative progression of his illness. Related to this, we can also ask: how might a treatment method that took into account the possibility of Schreber's delusional beliefs as having come from his feelings of inadequacy and anxiety have affected Freud's interpretation of the

³⁸⁷ Everett, Barbara and Gallop, Ruth: The Link between Childhood Trauma and Mental Illness, California, Sage Publications, 2003

³⁸⁸ Horesh, N., Ratner, S., Laor, N., Toren, P.: "A Comparison of Life Events in Adolescents with Major Depression, Borderline Personality Disorder and Matched Controls: A Pilot Study.", in Psychopathology 1;41(5):300-306, 2008

³⁸⁹ Romme, 1993, *ibid*

³⁹⁰ Schreber's hospital chart, in Lothane, *ibid*, p.470

Schreber case? As we see from Freud's own letters, he chose to publish his analysis of the Schreber case precisely because it fit so closely with his nascent theory of dementia paranoides³⁹¹ and was therefore the perfect vehicle with which to showcase it. We know also that Freud had very few dealings with psychotic patients because by the very nature of their illness they are not amenable to psychoanalysis,³⁹² although his lack of direct interaction with Schreber might have mitigated in favour of the analysis. Had Schreber been cured quickly and his delusions accepted as a necessary aspect of his recovery, his Memoirs might still have been fascinating enough for Freud to become intrigued and to produce an analysis. Certainly paranoia is a central feature of Schreber's psychosis, and despite the criticism of over-sexualisation often levelled at Freud's work, Schreber's sex, if not perhaps strictly his sexuality, plays an extremely important role.

An analysis of Schreber from this perspective might therefore include many of the features of Freud's own analysis, and this chapter will offer an alternative analysis of Schreber that takes the previous analyses into account whilst also keeping in mind the different starting point of his illness. With this different diagnosis, different aspects of Schreber's delusion will become more important than Freud believed them to be, and the questions that Freud left unanswered – like the relevance of soul murder to Schreber – may be answered.

Laing and Schreber

To begin this analysis, we will look at the theories of Laing, whose work has the emphasis on the family as the root of mental illness that is appropriate for a study of Schreber. For Laing the family unit is the place where one finds the disease, and the person exhibiting symptoms of this disease is merely the family's weakest link. It is interesting to note that to date no one has used R.D. Laing's

³⁹¹ Freud, 2002, p.x

³⁹² Ibid, p.ix

notions of mental illness to analyse Schreber's case, although a possible explanation is that Laing's method relies on the notion that a patient should be considered and interviewed in various social contexts: the patient alone, the patient with each parent and with both, with siblings individually and together. Since Schreber and his family are unavailable to take part in these discussions the practical applicability, and arguably also the utility, of this method is limited. While the method of Laingian analysis is impossible in this situation, the spirit of it is not, and we have first-hand testimony of Schreber's experiences and what he believed to be the causes of his illness, the testimony of his sister and adopted daughter, and the educational literature produced by his father. In addition, since the Freudian psychoanalytic method generally requires in-person interaction between analyst and patient, which also was absent in the Schreber case, we can argue through the illustrious precedent of Freud's own analysis that such interviews are unnecessary, and indeed that the greater wealth of information that has become available since Freud's analysis and so an analysis undertaken this way would be more comprehensive than the Freudian one.

Campbell wrote in Myths to Live By³⁹³ in 1972 that the journey of the schizophrenic often mirrors that of the mythological hero, and if we look at Schreber's pathology we can see that he also follows the hero archetype in separation, initiation and return. Schreber became separated from the world in his temporary retreat from those around him, who became as "fleeting-improvised-men." Schreber was then initiated or made aware of the quest to restore balance to the "Order of the World," which was in chaos following Flechsig's interference but which he felt would be accomplished when he was transformed into a woman so as to bear the children of God and share in the founding of an improved race of human beings. This moment, when Schreber came to recognize the meaning of his suffering as a function of his personal quest, was when he saw that there was a definite goal at the end of his mission. He was therefore able to plot his return and then to achieve it through winning his appeal to have the order of tutelage

³⁹³ Campbell, Joseph: Myths To Live By, New York: Viking, 1972

rescinded and rejoining the world. The identification of himself with the hero of mythology might not be, strictly speaking, a choice for Schreber, but it was an event that caused the crisis phase of Schreber's illness to end and a calmer fixed period of delusion to begin and so it was a welcome identification. Once Schreber was convinced of his own heroism and by extension his masculinity then he was able to begin the process of return from what Laing would call the abyss.

We can also apply Laing's notion of ontological insecurity to Schreber's case. According to Laing, the person who is ontologically secure is centred in his or her own body in which he or she understands themselves as real, alive, whole, substantial, and continuous. In contrast, the ontologically insecure person may feel "more unreal than real" or "more dead than alive" and experience himself or herself as insubstantial. Unlike the ontologically secure person, the individual who is ontologically insecure has difficulty experiencing the *world* as real, alive, whole and continuous, as well. In turn, he or she feels disconnected from the world and others. Since the ontologically insecure person lacks a sense of autonomy, he dreads relating to others in fear that his identity will be lost as it is engulfed by the other. In an effort to preserve his identity, he seeks isolation. In his isolation, the person begins to feel a sense of emptiness. Those ontologically insecure who experience themselves as disembodied become engaged in a vicious circle. They need to be with others to fill up the vacuum of their isolated experience, yet they see others as a threat. The alternative becomes the presentation of a false self to others that is identified with his or her body and behaviour. Through this process, the person attempts to achieve omnipotence by engaging in the freedoms of his or her fantasy world. In time, the disembodied person realizes this is an impossible task and eventually the world of fantasy becomes unable to sustain itself since it is, as Laing describes: "unable to be enriched by outer experience."

As Laing points out, even a normal person sometimes experiences their actions as that of a false self, with the most common manifestation of this experience being through an action appearing mechanical. However, under these circumstances, the false self does not begin to take on a life of its own or prevent

spontaneity. The schizophrenic on the other hand develops a false self in order to uphold outward compliance with the real or imagined expectations of others while simultaneously maintaining an inner, secret, withholding of compliance. In Schreber's case, his attempts to achieve professional advancement through his bid for election to the Reichstag – despite the unlikelihood of success – can be viewed as a way of bolstering his appearance even though he was already concerned that he was unable to measure up to the ideal inculcated in him by his father – an ideal based on masculinity and its attendant power. In this sense, Laing's point shows how the experience of schizophrenia is terrifying because it is an existence in which the self itself deteriorates, and yet it can also be a method of liberation from what is possibly an even more horrible existence. Schreber's schizophrenia, in this sense, can be seen as his path to liberation. This is not to say that he does not suffer, nor does it romanticize his mental illness as a structure of suffering or a blessed martyrdom. It does however free him from the obligation of providing a false self to act as a mask for his own insecurities. The mask-self and the ontological insecurity of the true self can both be viewed as arising from Moritz Schreber himself: not necessarily the methods that the critics we mentioned in earlier chapters label sadistic, but rather his embodiment for Schreber of the absolutely essential personal and professional criteria of masculinity and his simultaneous emasculation of Schreber in rendering his son unable to achieve them. Moritz Schreber required both his sons to be paragons of masculinity, but neglected to allow them to develop the prerequisite tools to develop it.

If the delusions of his changing sex are not related to Schreber's desire to have sexual intercourse free from guilt with a man, then to what are they related? We could argue that Freud's mistake in categorising delusions in a universal form is problematic because it takes no account of a patient's specific thoughts and desires. Instead it places all objects of a certain type into the same box regardless of the patient's own thoughts and surroundings. Schreber's delusions of changing sex were not related to his latent homosexuality but were literal, as his descriptions are literal. He had a wish, conscious or otherwise, to change sex and

so, he believed, it would necessarily come to pass. Schreber's thoughts of changing sex were not motivated by the act of sexual intercourse but by what was represented to him by femininity and masculinity. His fears were not sexual; the fact that his crises occurred primarily at times of professional stress rather than being precipitated by, say, his wife's miscarriages, suggest that his difficulties lay outside the wholly personal sphere.

For Schreber, masculinity was to be equated with power and femininity with submission. Masculine and feminine roles were active and passive respectively, and so Schreber's desire to rid himself of the burden of power was manifested in his desire to rid himself of the source of his power, his masculinity. While Schreber's desire appeared to be related to sexual activity, it was in fact a desire to be passive, to be controlled rather than in control, to be submissive rather than dominant. This argument is based on Schreber's circumstances rather than an argument that a certain behaviour pattern or symptom is necessarily caused by a particular desire. Schreber was the son of a hyper-masculine father, who was well respected by his professional peers, strong to the point of having been labelled authoritarian and tyrannical and who, in Schreber's eyes, embodied the perfect man. While Schreber's personal difficulties, like his inability to father a child that came successfully to term, caused him great personal stress, it was those events that damaged his *public* persona and not his private tragedies that caused his nervous crises. Thus we can argue that Schreber was troubled by his appearance to the outside world and his fear that he would not be able to live up to the expectations and the example of his father rather than by his internal desires, and so the content of his delusions is particular to his situation rather than a manifestation of a universal theme.

Schreber's Paranoia

If Schreber presented originally with symptoms of paranoia, then we must attempt to find the root cause of this paranoia. Why would he become paranoid to the point of believing that his colleagues believed him to be inadequate just at the point at which he had achieved unprecedented professional success as the youngest ever *Senatspräsident*? It is likely that the reason for this paranoia is a similar reason to those reasons that caused his other two outbreaks of illness: a personal or professional upheaval that caused him feelings of anxiety and inadequacy. The first bout of illness that Schreber suffered was immediately after his failed attempt to be elected to the Reichstag, a professional blow that obviously caused him great distress. The third followed the death of his mother and his wife's incapacitating stroke, occurring within a short time of each other and leaving Schreber in the role of head of his family, a role that his female relatives had wrested from him by placing him under tutelage, a mental incompetent, at the time of his second illness. The second illness Schreber suffered is on the surface unlike the others: he had achieved precisely what he had set out to do and become outwardly successful rather than suffering public humiliation. Before Schreber's second illness there were even murmurings in high places of his future as a government minister; Schreber's success was not in any doubt at this point, at least among those of the population who were not Schreber himself.

What, then, was the cause of this illness when it was apparently unlike either of his other episodes? Despite the outward dissimilarity there is a possible underlying cause common to each, and that cause may have deeper roots than originally thought. Freud's analysis suggests that the root of Schreber's case is his homosexual anxiety, and extends this diagnosis to all cases of paranoia through inductive reasoning: if it happens in this classic case, it must happen in all cases. When he came across a case that showed no apparent homosexual anxiety and yet

was a clear case of paranoia,³⁹⁴ he simply searched more deeply until he found the homosexual anxiety. The female patient discussed in this case was spending time with a man, but became convinced he was recording her during sex. Freud determined that she had met a woman in her lover's apartment building who reminded her of her mother, and this event sparked the paranoia. Although we are not adopting Freud's diagnosis, we may borrow his method and search more deeply to discover the actual underlying cause of Schreber's mental illness. What, then, did the three outbreaks of Schreber's illness have in common?

The first and third of his episodes were immediately preceded by what Schreber perceived as a public loss of face: the devastating newspaper article headlined, "Whoever Heard of Doctor Schreber?" and the difficulties Schreber faced over the administration of his mother's estate after her death.³⁹⁵ In each case Schreber's public persona was damaged. From his own account in the Memoirs, we can see that a similar process was occurring, although it was not his public persona *per se* but his own self-image that was suffering. Schreber and his wife had relocated to Dresden, but were not receiving the sort of social invitations that Schreber felt were to be expected considering his position. He experienced this apparent lack of welcome as a personal social snub, and as a result became concerned that those around him were not impressed by him and were using the refusal of social contact to make their disdain apparent. Considering the professional esteem in which Schreber was being held at this time, the disdain Schreber was perceiving in their behaviour is unlikely to have been real. Since Schreber had just moved to a new city, and his colleagues were many years older than he himself, it is likely that they simply did not think at first to include the Schrebers in their social activities, considering them perhaps too young to enjoy them. It is however possible that the perceived social isolation was real, but rather

³⁹⁴ Freud, A Case of Paranoia Running Counter to the Psycho-Analytic Theory of the Disease, SE XIV

³⁹⁵ Lothane, *ibid*, p.88

than being directed at Schreber it was aimed at his wife, who was regarded as a definite step beneath the appropriate social standard of her husband.³⁹⁶

Regardless of the cause, of which there are several possible and none definite, Schreber's experience of a reasonably normal, although possibly rude, social situation was skewed in a decidedly paranoid fashion. This sort of behaviour is paranoid in tone, but is not necessarily pathological or dangerous: it is widely prevalent and may reflect a low-level insecurity: if a person is unsure about his appearance, then anyone he sees whispering to another person must surely be commenting unfavourably on it and could not possibly be discussing anything else. It is not perhaps the behaviour of a perfectly-adjusted person, but certainly not enough for witnesses to become concerned. If it is the sort of behaviour associated with mental illness, it is not generally the sort that matters. For Schreber however the conviction that led him to believe that his colleagues and their wives were deliberately snubbing him, and that their social reticence was symbolic of their disdain for him, was only the first of his various mad behaviours. What caused Schreber to experience it as a personal attack on his professional suitability, and an attack that had such power that it led him into madness?

The answer to this question can be found elsewhere in the Memoirs, where Schreber betrays his sense of the importance of the family name and his worthiness, or otherwise, of it.³⁹⁷ Schreber was brought up with a keen awareness of the importance of being a good child and a successful adult, yet a simultaneous and paradoxical awareness that he was forever and inevitably a lesser being than his father. Thus he spent his adult life striving for success whilst feeling himself unworthy of attaining it. The point at which he became outwardly successful was the point at which he felt most strongly that he was neither able nor worthy, and was thus the point of the crisis. As Santner commented:

³⁹⁶ Lothane, *ibid*, p.27

³⁹⁷ Schreber, *ibid*, p.35

[When] one is “pronounced” husband, wife, professor, Senatspräsident, one is invested with a symbolic mandate, which in turn compels a regulated series of social performances, rituals, behaviours that corresponds to that symbolic position in the community.³⁹⁸

The act of investiture as Senatspräsident was enough to send Schreber into the beginnings of panic because the ceremony provided him with a sense of the importance of his investiture and the level of responsibility he had been given. The panic was the result of his feeling of personal inadequacy given the central tenet of his upbringing: that he was inevitably inferior to his father and must be submissive to him in all things. This was an interpretation that Freud did not and could not have produced, considering his lack of information about the intricacies of the Schreber family life as well as his policy of discretion when there were reputations at stake. Thus Freud’s reference to Moritz Schreber is coloured entirely by the latter’s reputation as a respected pedagogue, and the sort of cruelty alleged by Schatzman³⁹⁹ went undiscovered until much later.

We do not even need to accept that Moritz Schreber was a household tyrant in order to argue that his methods of child-rearing created both a pathological need and an inability to feel successful in his children; there need not have been any deliberate and overt child abuse to instil the overwhelming need for professional success and simultaneous self-doubt. If Schreber were predisposed to believe himself unsuitable, he would have a heightened sensitivity to signs that others also believed him unsuitable, in the same way that a thief might believe he saw plain-clothes police everywhere. The level to which this conviction unsettled him is a sign of the power of his belief that he was under-qualified and inadequate to hold the position of Senatspräsident. If he had been experiencing a normal level of nervousness considering his relative youth, he might have been uncertain for a period of time, but taken comfort in the two social occasions to which he and his wife were invited. He might also have been able to rationalise that, having just

³⁹⁸ Santner, *ibid*, p.11

³⁹⁹ Schatzman, *ibid*

moved to a new town, it was unreasonable of him to expect that he should be immediately thrust into a social circle as wide as the one he had left behind in Leipzig, a social circle that had been built up over many years and supported by family as well as friends. That he did not manage to calm himself, and that he believed this apparent social exclusion to be so important that he mentioned it in the Memoirs, is proof of the depth of his conviction that he was personally inadequate and that his colleagues knew it.

The power of the experiences of Schreber's childhood was uncovered by Niederland in his drawing of parallels between Schreber's "miraculous" experiences and the educational devices used on him by his father. If the painful miracles upon Schreber's body were remnants of his childhood experiences, why should his non-physical experiences not be equally apparent? Freud, although apparently knowing little about Schreber's father – or possibly preferring to keep any potentially damaging assumptions out of the public eye considering the number of Schreber's relatives still alive at this time and the reputation of Moritz Schreber – commented that this case fell within "the familiar ground of the father complex,"⁴⁰⁰ and although there may be some doubt as to the truth of Freud's belief in Schreber's homosexual attachment to his father it is certainly the case that Moritz Schreber was at the root of his son's psychosis. Niederland took care to explain the physical manifestations of Schreber's "miracled-up" experience in terms of his father's machinery for ensuring correct posture at all times; the Geradehalter and Kopfhalter can be related respectively to the miracles of compression of the chest and head. This is an argument that Freud himself may have accepted. Freud considered delusions to be related to the self's past history:

Delusion owes its convincing power to the element of historical truth which it inserts in the place of the rejected reality ... those who are subject to [delusions] are suffering from their own reminiscences.⁴⁰¹

⁴⁰⁰ Freud, 2002, p.43

⁴⁰¹ Freud, Sigmund: Constructions in Analysis, SE 23, p.268

Although Niederland never explicitly contradicted Freud, he took a different slant in his interpretation of Schreber's case, and argued that Schreber's illnesses arose from terror at being expected to defy his father, or any instantiation of the father figure. For Niederland, the first illness was precipitated by Schreber's standing for election to the Reichstag, at that time tantamount to declaring himself "a rebellious son in opposition to the awe-inspiring Bismarck,"⁴⁰² and the second by his accession to a court over which he was expected to preside.⁴⁰³ This seems to be closer to the truth than a homoerotic attachment to the father, and certainly more in keeping with what we know of Schreber's upbringing, but it perhaps does not go far enough. It was not that Schreber was merely afraid of taking a masculine role, but that he was actively incapable of doing so. Niederland's argument implies a sense of deliberate action about Schreber's illnesses; he states:

illness, then, was the only way out, and with a lifelong position of this kind as a permanent threat before the patient, it could not be of short duration.⁴⁰⁴

It seems clear that Schreber's illnesses, although brought on by extreme anxiety at the thought of being expected to take on the active masculine role, were not desired or desirable to the patient himself. He found himself during at least the first two of his illness in great pain and distress to the point of attempting suicide, which seems to point more clearly to a wish to succeed and frustration at his inability to do so, rather than, as Niederland seems to believe, a desire to fail.

For Schreber, his passivity was at times a religious duty rather than a desirable escape route. As we noted in Chapter One, seeing for Schreber became a two-stage process: first he saw, but his action was not complete without the second stage of obsessive reflection on that visual experience to be sure that all its meaning had been uncovered. "There is my psychiatrist Flehsig, but why is he called Flehsig? Why does he look at me in that way?" Schreber might have experienced thousands of similar mental events during the course of one day. This

⁴⁰² Niederland, *ibid*, p.41

⁴⁰³ *Ibid*

⁴⁰⁴ *Ibid*, p.43

obsessive reflection is conditional upon Schreber's immobility: he could not multi-task, as it were; he was obliged to concentrate on seeing and reflecting on what he saw in order for him to be certain that he had actually seen it. It was through this combination of fierce mental activity and physical passivity that his impressions – and hence his beliefs – became clearer to him. Standing immobile in front of the mirror for hours on end provided him with the clearest impressions and hence a firm conviction of his own burgeoning femininity, and his delusional framework became closed or “fixed” through his acceptance of this and other such convictions. The trouble that becomes apparent in this reading of Schreber is that he is clearly guilty of *mauvaise foi*: his unconscious would not allow him to accept the possible falsehood of the beliefs or experiences he was experiencing and reflecting upon, and so he was obliged to create a complex system around them to explain them away. There are suggestions of this throughout the Memoirs; he spoke of the loss of various organs and body parts with a curious lack of affect. Did he experience these losses in a figurative rather than a literal sense but retrospectively place them in the experiential realm in order to add support to his assertions? It would be impossible to say with certainty, as his delusional system was, by the time questioning could have taken place, fixed and therefore he would have been unable to provide an answer.

Sass argues that Schreber equated the notions of masculinity and femininity with subjecthood and objecthood⁴⁰⁵ as well as with activity and passivity. God's rays, believed Schreber, were masculine, but the things with which they came into contact were feminised because the property of attracting attention or being observed is exclusively feminine. The masculine role is to look; the feminine is to be looked at. Thus when God's rays drew closer to Schreber their proximity increased his appearance of femininity. Furthermore, the property of being observed cannot properly be described as an action because it involves passivity. Schreber experienced his role as a purely passive one; in the Memoirs he suggested that the “total mental life of a human being” is the result of actions by

⁴⁰⁵ Sass, *ibid*, pp.121-122

external beings rather than being under control of the human being in question.⁴⁰⁶ Thus he extended his sense of himself as passive to cover all other human beings, although this inductive step is not as all-encompassing as it might sound: by the time Schreber made this observation, he was the only human being left.

If we take this notion of Schreber's inability to take on the active masculine role, the ideas of femininity in his delusional system become clearer. Schreber's belief that he is being turned into a woman arises not because he wishes to become sexually unified with his father; his transformation from male to female is a literal embodiment of his desire to move wholly away from the expectations of active masculinity that have been placed upon him and move instead into the passive, female role. Niederland commented on the fact that, of Schreber's siblings, only the males appear to have been negatively affected by their upbringing. The females managed to escape psychological disaster, perhaps because there was no conflicting information given to them: they were placed in the passive role as children and expected to remain there as adults. For the two Schreber sons as for their sisters, their upbringing was characterised by an intense indoctrination into the passive role in the household. The children were the lowest in the familial hierarchy, ranking even below the servants and deliberately afforded little independence and no privacy. Deprived of the tools that children require in order to become independent, the brothers were thus left unprepared for their eventual adulthood, when the expectation was that they become successful masculine role models, worthy of the illustrious Schreber name.

This assertion is supported by the fact that Gustav Schreber's suicide, after an apparent psychotic break, immediately followed his promotion to the position of judge at a court in Bautzen,⁴⁰⁷ and may also have been preceded by the finalisation of arrangements for his marriage.⁴⁰⁸ The same situation of enforced professional advancement appeared in the lives of both brothers, and both were unable to deal with it in a normal way. It is highly significant that both Schreber

⁴⁰⁶ Schreber, *ibid*, p.45

⁴⁰⁷ Niederland, *ibid*, p.97

⁴⁰⁸ Lothane, *ibid*, p.23

brothers responded in such similar and pathological ways, even considering the similarity of their upbringings. Siblings raised by the same parents normally develop their own personalities as they grow; the Schreber brothers displayed remarkably similar personalities in their writings and in their responses to crisis situations. The Schreber sisters too shared the tendency to deify their father and inability to accept that his choices for them might have been unwise. As we have noted, Moritz Schreber prided himself on his ability to remove any impetus to challenge the parental authority from his children, without realising that the testing of parental boundaries is necessary to allow children to develop independence. Without the psychological wherewithal to rise to the Herculean challenge of becoming independent almost overnight with no idea how to do so, it was no wonder that neither of the Schreber sons managed to live out sane, successful adulthoods.

If Schreber's anxiety was not rooted in repressed homosexual desire for his father, then why did he develop such a strong attachment towards, and then antipathy for, Professor Flechsig? The answer may be found elsewhere in Freud's writings on paranoia, in his linking of paranoia with jealousy. Schreber saw Flechsig as the archetypal symbol of the successful male: successful in his profession, head of a complete and happy family, and charming enough to induce Sabine Schreber to keep his picture on her desk for a period of years. Freud believed Schreber's relationship with Flechsig was a repressed and distorted homosexual attachment, part of the four-stage process explained in the last chapter and beginning, "I love him," and ending, "I hate him because he persecutes me." We could argue instead that, since Schreber's illness was caused by his feelings of sexual and non-sexual impotence and inadequacy, he was jealous of Flechsig in a wholly different way than Freud supposed: Schreber's desire was to be *like* Flechsig, not to be *with* him. Freud may indeed have been correct in equating Flechsig with the father and the sun since for Schreber his father was the perfect example of masculinity, but the relation Schreber had in mind was not a sexual one. The point at which Schreber became a chronic patient

was during the time his wife was away on a visit to her father, during one night of which time Schreber had a series of nocturnal emissions. Freud used this as a sign of Schreber's homosexual desire. It can also be read as a sign that the outburst of hitherto-repressed libido merely deepened the cracks in Schreber's defences and allowed the illness to worsen. It was not that Schreber desired Flechsig and his wife's absence left him unable to resist his urges in that direction, but rather that his libido, while his wife was absent, had no outlet: Schreber was unable to masturbate because of the proscriptions placed upon it by his father early in life, and the absence of his wife left him with nowhere to release his sexual energy.

After Schreber's first illness was cured successfully enough for Schreber to resume work, Schreber went back to work satisfied that the crisis had passed. The second illness was preceded by anxious dreams and thoughts that his first illness was returning, showing that the two were powerfully linked in his unconscious mind. It was also at this point that his misleading half-waking thought that it would be nice to be a woman submitting to sexual intercourse occurred. The key issue in this sentence is not the change of gender, although that is certainly important. It is Schreber's specific use of the word *submission*. Schreber was thinking about his own submission to his inability and inadequacy in the face of the highly prestigious position he had been given, and the agent of submission was his change of gender. It is the transformation into a woman with its various themes of emasculation and castration, loss of virility, literal as well as figurative impotence in professional life, as Freud noted,⁴⁰⁹ that is the primary delusion. The delusion Schreber had of himself as a sort of Saviour of the World comes later, and is of a different significance altogether. Freud's conviction that Schreber's gender delusion was a defence mechanism to render his sexual desires for Flechsig acceptable is incorrect. Schreber's delusion of burgeoning femininity was a defence mechanism against a non-sexual fear of failure or even, possibly, a desire for failure: femininity would have allowed him to assume the passive role in public life without fear of failure, because for a female the passive role was the

⁴⁰⁹ Freud, 2002, p.11

expected one and only through becoming female could he step out of public life without admitting professional failure and thereby humiliating himself further. Schreber, experiencing himself as a failed man because of his sense of his own lack of virility and masculinity, could only succeed in his own eyes by becoming a woman. Since he felt bound to succeed by the expectations of his father by any means possible he took the path of least resistance, becoming female instead of trying to become more masculine. This assertion is supported by the progress of his illness: Schreber's crisis period began to calm almost as soon as the attempt to have an order of tutelage against him was begun:⁴¹⁰ since passivity had been forced upon him, Schreber was now free to be passive without any sense of turmoil at having failed.

The interpretation of Schreber's illness as being about his repressed desire for submission and simultaneous fear of becoming a failure in the eyes of his father, rather than homosexual desire, also explains the concept of soul murder, of which Flechsig (God, Schreber's father) was the agent. The concept of soul murder, largely ignored by Freud, implies emasculation and the forcible taking of Schreber's reason. Through the metaphorical emasculation comes castration; the change of gender is the *ad absurdum* logical conclusion to Schreber's sense of being emasculated, insofar as his internal logic makes sense within the context of Schreber's delusions. Schreber felt emasculated by his lack of self-worth and the sensation that his colleagues felt him unworthy. His identification of Flechsig with his father and then with God led him to envy: Flechsig was successful while he, Schreber, was not. Flechsig thus became the proxy agent of Schreber's destruction, and his sense of metaphysical emasculation became in Schreber's delusion an actual, physical attempt at castration. It is interesting to note that there may have been a more prosaic reason for Schreber to fear castration: Professor Flechsig was a proponent of castration as a cure for various mental illnesses, although in his published literature he referred only to actual cases of clitoridectomy rather than male castration. He stated no reason, however, why castration should not also be

⁴¹⁰ Lothane, *ibid*, p.56. See also Appendix One.

efficacious in the treatment of chronic male cases as well as female.⁴¹¹ Thus Flechsig was not only the embodiment of all that was desirable yet unachievable, but he also held the power over Schreber's physical as well as metaphorical masculinity. There is no proof that Schreber ever read Flechsig's treatise on the utility of castration as a treatment method, but as a voracious reader⁴¹² with a personal interest in the career of Flechsig it seems likely that he did read it, and that its implications remained in his mind. Thus the fear of the father's influence and the fear of actual, physical castration combined with the notion of soul murder: emasculation is literal, in that Schreber was to be turned into a woman through the deliberate manipulation of his body, but metaphorical in that he remained under the influence of a highly virile and malevolent male with ultimate power over him.

If the above is true, then Schreber's paranoia becomes perhaps not entirely – or at all – misplaced. He found himself in the power of a man who embodied the success he felt a man should attain – a father figure – and moreover one with the literal and metaphorical (through the threat of tutelage, the potentially permanent removal of his rights as a free and legally sane man) power of castration. Given his feelings of ambivalence towards his own father, this would have been an undoubtedly terrifying situation, especially when it became obvious that his wife was colluding with Flechsig in the matter of tutelage, actively conspiring to keep him incarcerated. Schreber took his revenge on his wife by metaphorically killing her off in a delusion,⁴¹³ although he was not able to go so far as to explicitly condemn her actions. He comments on them in the Memoirs, but takes the sting out of them with a rose-coloured interpretation that her perfidy in conspiring Flechsig and Weber was all for Schreber's own good. It was not such an easy matter to rid himself of his father in the person first of Flechsig and then of God. The revenge Schreber took upon his father was more complicated: he allowed his largely unconscious awareness of the paternal wrongdoings to be implied in one

⁴¹¹ Niederland, *ibid*, p. 104

⁴¹² Schreber, *ibid*, footnote p.70

⁴¹³ "I no longer considered her a human being." Schreber, *ibid*, p.53

of the central tenets of the delusion: that the soul murder that was being attempted upon him was inevitably doomed to failure *because it would go against the Order of the World*. Schreber remained the unwilling but resigned focus of various ongoing attacks and indignities inflicted upon him by the malicious God-Flechsig-father in the form of “miraculous” physical attacks that in many instances were related to the educational devices of Schreber’s childhood, and the constant dismissive commentary by the chorus of “tested souls” on all of his actions and inactions. Despite these constant psychological skirmishes, Schreber managed to win the war without actually giving battle, by rendering these attacks harmless and ultimately petty because his destiny was assured regardless.

The change of gender complex was the first in the progression of Schreber’s delusional framework; the Redeemer complex, in which Schreber came to consider his transformation into a woman not only inevitable but even desirable for the Order of the World, was a later inception. It is interesting to note that around the time when Schreber began to believe himself specially privileged in this manner, his delusions began to “fix,” and he became considerably calmer and happier. Weber considered the “fixing” of Schreber’s delusional system a negative sign: it meant that Schreber was unlikely to return to any normal state of mind and would in all likelihood remain in his delusional state for the rest of his life. The evidence of his adopted daughter, Fridoline, suggests that this was so: she frequently observed her father with his head cocked, intently listening to no one. It does not follow based on this evidence that the “fixing” of the delusion was in any way a worsening of Schreber’s condition: it was only after Schreber became comfortable with his new belief system that he was able to begin his recovery process. It is possible to go even further, however, and argue that his delusions were *part* of this recovery process and that without them he would never have been able to function comfortably again.

For Schreber, his anxiety stemmed from his inability to succeed because of his experience of himself as less than masculine, and his concomitant desire to be worthy of the Schreber name. As a woman whose progeny with God as their

father would become the future race of superior human beings, Schreber could and would be eminently successful. Thus, this delusion represents a way in which he could fulfil what he saw as his destiny within his own limitations. It was also a way for him to fulfil his more personal desire: if he was unable to father children as his and his wife's history of attempting and failing suggested, he could mother them instead. Far from being a sign of illness, Schreber's delusion is helpful, although the price of it is high, in alleviating Schreber's anxiety by allowing him to work within the limits imposed upon him by his father and to be successful. The "fixing" of the delusion was vital, because to admit that he was deluded would mean that he would have to accept his failure in his quest for masculinity, and send him spiralling back into his experience of himself as inadequate and emasculated, rather than adequate and feminised.

The depth of Schreber's delusion was also cause for concern among his psychiatrists, but that depth can be read as the necessary defensive behaviour of his unconscious mind in the face of his naturally enquiring and intelligent mind. The delusion itself was a form of *mauvaise foi* – Schreber may have had an unconscious awareness that he was ill rather than divinely privileged, as evidenced by his acceptance that his first outbreak of illness was a genuine illness and his linking of the first and the second illnesses in the dreams immediately preceding the second. However, his unconscious mind worked extraordinarily hard to explain away the numerous incongruities he perceived between his burgeoning belief system and his experience of the world. These incongruities were noticed, but were not allowed to be consciously recognised as incongruous as a protective measure against discovery on the part of his unconscious mind. When Schreber began to examine his body for external signs of the miraculous transformation of gender taking place within, he was unconsciously aware that there were no such signs. To protect his belief from his natural spirit of enquiry, which by training insisted on strong empirical evidence as proof for any and all beliefs, Schreber took to covering his naked torso in feminine adornments, removing his facial hair, and looking at himself by candlelight. This unconscious

humouring of the conscious mind's desire for proof allowed him to maintain his delusion and thus alleviate his anxiety. Schreber's delusions were related to his childhood experiences, and Schreber believed them partly because their historical precedent allowed them a greater measure of truth than they might otherwise have been afforded. He also made an unconscious choice, a *mauvaise foi* choice, to support these beliefs with legerdemain. Schreber's logic is recognisable as a closed circle: I know these things are true because I see them, and I see them because I know they are there, unlike those others who do not see them. It is however internally consistent, and it was this internal consistency that Schreber required in order to maintain his delusions and hence to prevent himself straying back into the painful or anxious state of the crisis period.

Thus the specific symptoms of Schreber's experience following his crisis period can be explained as a healing mechanism. These detailed hallucinations served to prove to Schreber that he could continue to live rather than "take the poison that was intended for him"⁴¹⁴ or otherwise commit suicide, the option that in the depths of his depression he felt was the only way out. They provided Schreber a means of being both passive and successful at the same time, and in so doing fulfilled the criteria for success he had internalised from his father's teaching while allowing him to remain within the limits in which he felt confined. It is here that we need to return to the notion of positive madness, where positive madness is a sign of eccentricity or abnormal beliefs without any concomitant danger to the believer or those around him. The alternative, which falls under our definition of disorder, would involve abnormal beliefs and behaviour where there is such a danger present. There is no doubt that Schreber was not sane; he was suicidal, hallucinating frequently and delusional to the point of being out of the context of normal society and normal logical rules. According to this explanation, however, Schreber was not mentally ill, strictly speaking, because his delusional framework was not negatively toned after the point at which his delusion became "fixed" and he became calm once again. Schreber certainly experienced the

⁴¹⁴ Lothane, *ibid*, p.472

hallucinations in a negative way, considering the pain and indignity involved with them, but since they enabled him to regain control of himself and to provide a healing mechanism to keep him from suicidal despair they were not in any comprehensive sense a negative experience.

The process by which Schreber reached his conclusions was not even a necessarily abnormal one: various mythologies have similarly fantastic stories in place to offer explanations for hitherto inexplicable experiences: thunder is caused by Thor wielding his hammer as he races his chariot through the heavens, or it is caused by Zeus's rage. The only difference between the cosmology Schreber created for himself and the ones created by the ancients is that of shared versus individual experience. The ancients experienced external events like thunder and lightning together: there was a commonality of experience that led someone to make an inferential explanation. There is a noise in the sky that sounds like a hammer beating against metal, and it is accompanied by a flash of light akin to the sparks we see when metal strikes metal. This must be happening on a massive scale to produce an effect so much larger than we can, so a god must be responsible. Only a warlike god would carry such a hammer, therefore the god of war must be responsible. The process of inductive reasoning itself is an acceptable means of creating a belief set, and from it we can make a series of inferences towards the best possible explanation for any event or series of events. This is precisely what Schreber did for himself,⁴¹⁵ and where he differs from others⁴¹⁵ is in the fact that his experiences were not empirically sound; they were part of his personal cosmology and were not repeatable or observable by outside sources. An obscure prospect of physics like Brownian motion, in which the movement of pollen on the surface of a body of water can be explained by the movement of water molecules, is a belief set that is not widely known outside the realm of

⁴¹⁵ Schreber's explanation was that the events around him were the result of God's excessive interest in him and the resulting imbalance in the Order of the World. Schreber considered the possibility that he was mentally ill, which to observers would have been the more logical explanation, and discounted it on the grounds of his empirical observations, which he believed to be so many and so real that he could not possibly be imagining them.

physics. It is however empirically observable and testable, and this testability or falsifiability is where Schreber's experiences differ from other belief sets that have received the same treatment.

The conclusion from the reading of Schreber's delusions as a healing mechanism rather than a sign of hopeless mental illness is simply that, at the point where Schreber's delusions enabled him to maintain a normal social context and to interact with other people in a reasonable fashion he ceased to be a danger to himself or to his orderlies and could no longer be said to be truly mentally ill. In this reading, our earlier question about whether insight into the existence of a mental illness is necessary for a person to be considered cured is answered. Schreber's behaviour in accepting these delusional beliefs as true, if accepting them meant that he was able to resume a close approximation of his previous life, was reasonable and rational in the context of his illness. For someone who had not experienced his specific anxieties and the crisis period immediately preceding his development of his delusional framework, announcing his belief that God had chosen him to mother the new race of human beings would be absurd and cause for concern. For Schreber, these beliefs enabled him to fit reasonably well within his social framework, which can only be considered a vast improvement on the previous state of Capgras delusion and suicidal ideation. It is doubtful that anyone would consider Schreber "cured" *per se*, but it is reasonable to consider him "cured enough", where "enough" allows him to leave the Asylum and resume control of his own affairs without implying a return to his pre-illness state.

Schreber's "bellowing-miracles" continued at this time, but do not constitute a true counter-example: he considered them a normal bodily function to be taken care of in private. In earlier chapters we discussed the possibility that Schreber was mentally ill throughout the period of his hospitalisation up until the point that he began to calm himself and to be able to interact with people outside the medical staff in a reasonable and not alarming manner. This account supports that assertion: Schreber was disordered during the period in which he was having suicidal thoughts and making suicidal attempts, and for some time afterward

when he was a hazard to his orderlies and believed himself to be under attack by those in power, who would emasculate him and abandon him to hopeless insanity and eventual, ignominious death. He became mad in the positive sense – not-sane but not-insane – during the period in which his delusions fixed and he was able to take his place in limited normal society without causing consternation, but his beliefs remained with him as strongly as ever, and he continued to require certain allowances to be made for him.

We could go so far here as to draw an analogy between Schreber's hallucinations or delusions and cases of obsessive-compulsive disorder. In OCD certain behaviours must be repeated to keep the patient from distress. Many patients fear disaster if they do not check that their doors and windows are locked a certain number of times before they leave their homes. The behaviour is definitely outside the normal social context even if only in terms of an unusual number of repetitions, and the patient is aware that the behaviour is not normal. The key issue is that, despite the obvious abnormality, the patient is still compelled to perform the actions in a certain specific way. Schreber comments in the Memoirs that he was aware of how strange his behaviour might appear to those unfamiliar with his circumstances, but that he hoped his explanation might enlighten them as to its necessity. This is not an exact analogy because OCD and schizophrenia are not the same illness and do not perform in precisely the same way, and Schreber was not a sufferer of OCD. His illness certainly comprised obsessive-compulsive features: if he did not behave in certain ways⁴¹⁶ the Order of the World might be compromised and Flechsig's marauding hordes of "tested souls" might win a skirmish or two. The "necessity" that Schreber ascribed to his actions shows that Schreber was not an OCD sufferer: Schreber's compulsions were psychotic rather than neurotic because to him they were perfectly rational: the true OCD sufferer would be aware of their irrationality. Also, unlike the true sufferers of OCD, Schreber was already assured of success; terrible things might happen if Schreber were to fail to perform some specific action, but they would

⁴¹⁶ Schreber, *ibid*, p.249

only be comparatively minor terrible things. The “tested souls” might win the occasional battle and in so doing cause Schreber some physical or mental pain, but victory in the war was inevitably his.

Schreber and Philosophy

Schreber’s psychology is a fascinating subject, but it is not only the psychology of Dr Schreber under discussion: what does Schreber have to offer philosophy? This is a question first visited in Chapter One, and as noted there are several branches of philosophy into which Schreber might loosely fit or might have considered that he fit himself. These range from a sort of esoteric mysticism to the philosophy of language per Lacan, or the philosophy of science through his insistence on the primacy of empirical investigation, and obviously the philosophy of psychology and psychoanalysis via Freud. Regardless of which branch of philosophy in which one may attempt to place Schreber, the method of placement remains the same: the Memoirs must be interpreted in order to place him. So what precisely *is* Schreber in philosophical terms? His writings exhibit a strong moral tone, but he offers no moral code by which to live, and his paranoid and delusional tone precludes his being taken seriously as an ethicist: Schreber might easily mistake the apocryphal axe-murderer at the door for a “fleeting-improvised man” and let him in to commit bloody mayhem upon his hapless victim.

It might seem an obvious choice to suggest that Schreber was a philosopher of religion. His discourse on the nature of God is comprehensive, and his argument that God’s properties are unknown to most human beings because God is simply beyond their comprehension is a reprise of Aquinas’ own argument for the mysterious nature of God. The problem here is the circular argument Schreber offers as proof: God is proven to exist because of the miracles experienced by Schreber, and Schreber experienced these miracles because God or His minions caused them. The added complication here is of course that only Schreber himself can see the proof because of his privileged position in the Order of the World:

anyone else must simply trust that Schreber is telling the truth in spite of the circumstantial evidence of his asylum incarceration that might count against him. Any atheist philosopher of religion could easily refute this argument in the same way that other circular arguments for the existence of God have been rejected.

Is Schreber a philosopher of action? He might be more properly said to be a philosopher of *inaction*: his world-view is entirely circumscribed by his own lack of initiative and deliberate choice. He has merely to keep going in order to be successful, although his continued inaction does not necessarily procure him happiness. This extreme, fatalistic determinism is sufficient for Schreber himself in virtue of his privileged position in the Order of the World, but it could hardly be offered as a means for the majority to live by. Is he a philosopher of the self? Perhaps he is a philosopher of *himself*, but his obvious psychological abnormality makes him a poor model from which to draw conclusions about the majority and thus his philosophical value in this sense is limited. His voyage of self-discovery, almost but not quite Cartesian in his *soi-disant* rigour in determining the truth of events around him and searching for logical form and reason in the midst of these strange events, could be philosophical, but the chasm between his internal logic and the external logic of the non-hallucinatory world preclude his being taken seriously in this way.

The question of Schreber's self-image and the extension of his self-experience into the external world is however one of the most interesting questions his Memoirs raises. Although Schreber himself may not be a philosopher *per se*, this does not necessarily mean that his Memoirs have no philosophical value. They are certainly of great import to the study of psychology: such an insightful discussion of an experience of psychological abnormality is fascinating and revealing. Assuming that Schreber himself is no philosopher, or at least not one who can be taken seriously because of the holes in his implicit arguments, the question becomes: what do the Memoirs reveal to us as philosophers?

The obvious area in which Schreber's experiences and writings are of value is in the philosophy of psychology: Schreber exemplifies the possibility of the existence of absolutely consistent internal logic of the psychotic and provides incontrovertible proof of the difficulty in convincing a psychotic patient that he or she is mistaken. He was unshakable in his conviction that his overall world-view was correct, even when he was calm enough to make the concession that he had been mistaken in some of his original beliefs. This, presumably, is the reason Freud took such a dislike to psychotic patients and did not treat them: they are not amenable to being treated because to accept the truth as explained by the analyst or psychiatrist is to accept that they were incredibly wrong. Schreber, the psychiatric patient *par excellence*, provided an insight into the mind of one whose mind seemed lost. More than this, however, an alternative analysis of Schreber's illness allows for the development of an alternative notion of the continuum of sanity, positive madness and mental illness. To be mad in this positive sense may be the mind's reparation of physical or non-physical damage so great that no such reparation would leave the owner of the mind hopelessly insane. "Hopelessly insane" in this sense is not merely a figure of speech: in the case of Schreber, the control he created for himself over his psychosis provided hope.

The question of mental health versus mental illness is in the 21st century primarily a medical question: most of the illnesses that appear in the DSM-IV have some sort of medication associated with their treatment, and research into genetic and biochemical causes of various such illnesses is ongoing and promising. Those people hearing voices or experiencing dangerous urges against themselves or others take anti-psychotics; children who cannot sit still are medicated to boost their attention levels and enable them to focus; the depressed are given anti-depressants to allow them to function. There is no doubt that these medications work for the majority of the people who take them regularly and according to the instructions. The reduction of mental illness to brain illness, however, is precisely the angle that Flechsig and Weber took when dealing with Schreber, and Schreber at least found this reduction to be deeply unhelpful. Modern psychiatry treats

mental illness as brain illness without neglecting the emotional distress that such an illness might cause: it is not enough to prescribe pills when the patient is too distressed to take them reliably.

Father A in Drury's account was 54 years old when he began to worry about the way in which his life had gone. A priest, he began to visit his brother's house and to be convinced that he too should have married and had children. He began to experience insomnia and hypochondria, convinced that he had cancer in his stomach. He hoped that his conviction was true, and that he would soon be dead, and was not comforted when tests proved that there was no organic illness in his body. He was diagnosed with depression, and when referred to Drury in the capacity of psychiatrist he was suspicious, feeling his spiritual crisis to be no business of the psychiatrist's.

Father A was approximately the same age as Schreber when he was diagnosed with depression, and Schreber shared all of his symptoms as well as having many more of his own.⁴¹⁷ If Schreber had seen Drury instead of Flechsig would his initial diagnosis have been different? Drury was a believer in the individuality of mental illness, and would presumably have taken the time to ascertain Schreber's circumstances and feelings before prescribing him drugs or electric shock therapy and a protracted stay in the asylum.⁴¹⁸ Drury wrote:

We have been discovering these last thirty years to what extent these disorders can be cured by purely physical methods of treatment. But I think the very success of these methods are to some degree a danger to those who employ them ... there is, and always will be, a mystery about mental ill-health which makes it different from any disease of the body.⁴¹⁹

Thus Drury is diametrically opposed to the fully mechanistic view espoused by Flechsig and Weber. It is clear that Drury would have dealt differently with Schreber, since he commented that "restraint and seclusion are things of the past, and duration of stay in hospital is measured in weeks rather than in months or

⁴¹⁷ Father A did not experience hallucinations or delusions.

⁴¹⁸ We can assume as much from the wealth of detail offered about his case studies in The Danger of Words, *ibid*

⁴¹⁹ *Ibid*, p.89

years.”⁴²⁰ Would Drury, at least at the time of his first presentation, have diagnosed Schreber differently? If he was happy to accept the diagnosis of depression that was given Father A, then surely despite his acknowledgement that each case of mental illness is different he would have been comfortable placing Schreber in the same ballpark, if not necessarily on the same team. Indeed, the first three of the four case studies he presented he considered fairly routine, since “any busy mental hospital could produce similar ones”.⁴²¹ It is worth remembering that Schreber did not experience any truly psychotic symptoms until after Christmas 1893 when his wife took her four-day holiday, so he would have presented to Drury as a new patient suffering the symptoms of severe depression with as yet no delusional complications. Drury treated Father A with electro-convulsive therapy, ostensibly to help the insomnia and stomach pain since the patient did not wish for medical intervention in what he saw as a purely spiritual and therefore personal crisis. The ECT alleviated the physical symptoms, but the “spiritual crisis” also dissipated, and Father A returned to work under strict instructions to ensure that he got enough rest.

Drury’s question in the chapter “Madness and Religion” was concerned with the ethical implications of treating patients who complained of symptoms relating to depression. He compared the case of Father A with a man who complained of feeling that his life had stopped, that “an invisible force impelled [him] to get rid of [his] existence”.⁴²² He did not see it in terms of suicidal ideation because it felt to him as though it came from outside; the feeling was too large and pervasive to be merely his own personal suicidal impulse. He compares this man’s reported symptoms with those of Father A and finds them to be similar. He goes on to imply that he would consider prescribing the same treatment for this man as for Father A. “Having seen several such cases recover with the same treatment that I gave Father A, I cannot help concluding that had such treatment been

⁴²⁰ Ibid, p.115

⁴²¹ Ibid, p.116

⁴²² Ibid, p.118

available in those days this man's two years of suffering could have been terminated in as many weeks."⁴²³

Schreber himself calls into question Flechsig's handling of his case, since it seemed to him that Flechsig's plan was to force Schreber to reach the absolute nadir of his illness before he could properly begin to recover. While we could argue that this was simply an early sign of Schreber's paranoid reaction against Flechsig, it is equally if not more plausible that Schreber's wonderment was perfectly reasonable given the circumstances. Schreber had sought help from a psychiatrist; his problem was a feeling of suicidal misery and his misery was being enhanced and not alleviated. Drury also clearly disapproved of the isolation of asylum inmates and the method of leaving recovery "to time and chance".⁴²⁴ He would not have left Schreber's symptoms untreated for the months of November and December 1893, and since Schreber would have received treatment at this time perhaps his wife's holiday would not have been as significant a crisis in enhancing Schreber's sense of isolation to the extent that he suffered such an alarming deterioration. This then raises the question that Drury asked in "Madness and Religion": given Schreber's utility for students and analysts in both psychology and philosophy, would it have been appropriate to treat him when to do so would have lost significant psychological and philosophical insights? Had Schreber been treated in a manner timely enough to prevent his crisis, he would never have produced the cosmology to explain the delusions that he would never have experienced. The answer Drury would offer is that, while Schreber's work and the work produced on Schreber is fascinating, the ethical impetus to avoid treatment would only ever be questioned if the lack of treatment might positively affect the patient him- or herself.⁴²⁵ Since Schreber would undoubtedly have had

⁴²³ Ibid, p.119

⁴²⁴ Ibid, p.115

⁴²⁵ In the hypothetical situation that Drury had had the opportunity to treat Schreber before his crisis, he would have done so and thus prevented the crisis. If he had been faced with Schreber post-crisis, once the cosmology that explained delusions had become "fixed", the removal of Schreber's cosmology would have returned him to crisis and hence the treatment would have been counter-productive and therefore to be avoided.

an infinitely higher quality of life outside the asylum the answer to Drury's question in his case would be unequivocally No.

Madness, as contrasted to the notions of "health" and "disease" discussed earlier, is a largely social construct. It denotes context-incongruent behaviour or belief that may not be damaging to the individual performing it or to those around him but that nevertheless betrays that individual's psychological or psychiatric *otherness*. If a person were to stand on a street corner and engage in jerky, repetitive bodily motion without the obvious appearance of seizure, passers-by would assume some form of mental illness and more than likely cross the street to avoid it. The same behaviour in a dance club or a meeting of the Society of Friends might not occasion so much as a second glance because in those contexts it would denote intense enjoyment or spiritual fulfilment; it would not denote mental illness. There is a definite, although usually unarticulated social context that underlies social behaviour and social engagement, and the involuntary⁴²⁶ breaking of these social mores is a major part, if not precisely the whole, of what constitutes madness. As we saw in Schreber's case, positive madness may also be voluntarily expressed (in Schreber's case, in the form of donning female clothing in such a way that the social mores were observed while allowing him to behave in accordance with his mad beliefs), but there appears to be a sense of compulsion among the majority of mad behaviours. Further, as we learned from the Schreber case, madness may represent a relatively safe passage from insanity along the road back to the realm of the sane. The DSM is a tool that highlights these social mores in negative terms: a patient is suffering a specific disorder when they exhibit symptoms that contravene these norms. It is an insufficient tool, however, in the treatment of mental illness: it provides a qualitative assessment but

⁴²⁶ Mad behaviour is largely involuntary; even in cases of obsessive-compulsive disorder where the sufferer chooses to perform certain repetitive actions, she does so under compulsion, in many cases believing or fearing that something will happen if she does not. We see this compulsion in Schreber's case too, although he also embodies the voluntary aspects of madness in choosing to dress in female clothing and accoutrements in spite of the social prohibition on such transvestism.

inevitably cannot take the context and utility of the patient's behaviour into account.

Positive madness in Schreber's case consists of the application of normal principles of inductive reasoning to an abnormal situation in order to achieve a desire that is eminently normal: Schreber was following his desire to make sense of his surroundings. Mental illness cannot according to this model be the unequivocally organic or chemical construct requiring intervention in kind that Flechsig believed. We can assert this with confidence, since Schreber was able to free himself from the most dangerous point of his illness through the development of a complex delusional system – a definite sign of mental illness according to Flechsig's position – that permitted him to begin to heal himself to the point where he was able to leave the asylum and live in normal society with only minimal behavioural eccentricity and none that was involuntarily expressed or uncontrollable. This is not to say that Schreber was not suffering any form of biochemical imbalance, merely that his self-treatment was not biochemical and that he managed to rid himself of his mental illness without engaging in any biological or chemical treatment. It is possible that Schreber's improved sense of wellbeing caused a biochemical shift, but this does not counter the argument: Schreber's self-cure was not rooted in the biochemical or the strictly biological, which is what Flechsig would have argued would be necessary.

Questions of mental illness versus positive madness raise further questions of moral agency: at what point does a patient cease to be responsible for his actions when his sanity is in doubt? Schreber's case is a useful example of these questions not only because of the involuntary nature of so many of his actions but also because of the complexity of the delusional system that coloured his decisions concerning his voluntary behaviour. Schreber may have chosen to attack his orderlies rather than have been compelled to do so by external forces, but since his attacks were the cause of his belief that they were intending to do him harm can he be held responsible for having committed them? Since Schreber was not rational in any sense that coheres with the world he cannot be said to be rational and

therefore cannot be thought of as strictly responsible at that time. Further still, Schreber's case alerts us to the importance of ethical treatment of patients in psychiatric care: Schreber himself was treated with contempt by his orderlies and so his feelings of inadequacy, and hence the severity of his condition, were exacerbated. In the 1960s Laing showed that attuning oneself to the patient can lead to astonishing results, as with the patient who sat, silent, in his cell. After a time of sitting quietly beside him for gradually increasing periods of time, Laing managed to coax him into conversation and thus his recovery began.⁴²⁷ Schreber's is a cautionary tale, an articulate and articulated example of what might happen if such lessons are ignored.

⁴²⁷ Laing, Adrian: R.D. Laing: A Life, London: Harper-Collins, 1997, pp.49-50

Conclusion

We have discussed the main theories of health and disease and applied them to Schreber's case. The difficulty of this case, and the changes in his prognosis and experiences throughout his illness, make it an extremely interesting case through which to examine these theories. In terms of philosophical value, the question of whether Schreber was healthy or not at different times appears at first glance to have little impact. This question can be answered on two different levels, that of content and also that of its wider implications. The internal logic that is apparent in Schreber's text is consistent and cohesive; the content of Schreber's beliefs can be related to his history, experiences and surroundings. In this sense it offers a remarkable insight into the idiosyncrasies of belief that arise when circumstances conspire to allow it. Inductive reasoning allows us to widen the application of the phenomenon exhibited by Schreber: if Schreber drew on his past experiences to explain the otherwise inexplicable, this may be a predictable mechanism that can be applied to others.

On the face of it, this is a vacuous observation. It is commonly observed that we are likely to relate our experiences to the things that are uppermost in our minds: shoplifters see shop staff everywhere, women attempting to become pregnant see babies wherever they go. The difference with Schreber is that, with the breakdown in his normal behaviour, the explanations that came to mind came from lower in his archaeological pile of previous experiences than the above examples, and he used them because they were the set of explanations that allowed him the most comfort. In philosophical terms, this suggests an element of choice to belief. Schreber believed that he was chosen to procreate with God and beget a new race of human beings, because it was preferable to think of himself in these terms than to accept that he was in an asylum because he was mentally ill. His cosmology evolved to explain all of the details of his experiences within this framework, to the extent that it would have been illogical to think anything else.

Schreber believed his own assertions because they explained all of the strange events surrounding him, but also because they were preferable to believing the alternative. This choice itself displays an element of rationality: it is rationally preferable not to perceive oneself as mentally ill, although some argue that the acceptance of mental illness is required before a cure can be brought about.

This question of acceptance of mental illness, or what some people would consider insight, as a necessary tool for recovery is precisely what is most interesting about Schreber's case: he chose to reject the label of mental illness, and yet his alternative belief set, apparently instantiating the lack of insight that precludes recovery, was what enabled him to begin to recover. As we know from the Memoirs and his later medical records, his recovery was neither complete nor permanent, but considering that he had been moved to an institute specialising in chronic cases and been placed under an order of tutelage, any recovery that allowed him to resume his life outside the asylum is remarkable. The point at which Schreber began to make a coherent structure out of his abnormal beliefs marked the beginning of his recovery, and yet it cemented his permanent lack of insight in this sense. An alternative notion of insight was offered in which the patient is required only to recognise that things have changed in the patient's experience, and in this sense Schreber can be said to be insightful.

Discussion of Schreber's belief system is in general largely psychological, since he has been considered a psychiatric curiosity rather than a religious guru or a philosopher. This is not to say that he does not have philosophical merit. A philosophical application of Schreber's writings is possible, as discussed in Chapter Six. There is also the obvious religious dimension to Schreber's case, although his delusional framework is not religious in the normal sense because he is the only believer. The theological connotations of Schreber's delusions are interesting because of what they reveal about Schreber's relationship with his father and Flechsig but also because of Freud's own ideas of religion as a crutch that prevents a tendency towards madness becoming an outright problem. Freud would have preferred that the religious, for example, gave up their infantile

insistence on a supreme Being because that insistence betrayed their mental state as being less than healthy:

In point of fact I believe that a large part of the mythological view of the world, which extends a long way into the most modern religions, is nothing but psychology projected into the external world. [T]he analogy with paranoia must come to our aid - in the construction of a supernatural reality, which is destined to be changed back once more by science into the psychology of the unconscious.⁴²⁸

For Freud, religion was many things: a widespread obsessional ritual imbued with the mystical power to avert disaster if only the correct procedures were followed, a desire to return to an infantile state in which the believer's needs were met and his safety was guaranteed by a more powerful being, a mass delusion or a paranoid wish-fulfilment exercise on a grand scale. None of these things fit in with normal psychological development, and Freud regarded those who had transcended these needs as being more psychologically evolved than those who clung to them like a child with a security blanket. That is not to say that he advocated the wholesale rejection of religion; it was to be regarded as a tool for ensuring continued psychological health among those who needed it. Schreber's mental health was obviously below reasonable expectations, as evidenced by his clinging to these beliefs even after he had ostensibly passed the crisis point during which they were necessary. Since they were so useful in keeping Schreber at the point at which he was able to function reasonably normally, however, Freud would presumably have accepted them as a necessary evil. Dressing in female clothing in the privacy of one's home at night is, then, no more absurd than visiting a draughty building to pay one's respects to a non-existent deity, when one considers that both pursuits share a common purpose. Since Schreber's illness is readily explicable in terms of behavioural incongruity, and this explanation can cover the span of the years about which we have information, Schreber is the perfect case for such an investigation. The criticism often levelled at Freud that interaction is necessary for successful analysis does not apply here: this

⁴²⁸ Freud. The Psychopathology of Everyday Life, SE VI, 1960, p.258

examination is a second-order analysis based upon Schreber's own interactions with the world, and since these are well documented it is enough to be aware of how Schreber strayed from the path of normal, expected behaviour during his crisis and latent periods and how these forays into eccentric or bizarre behaviour affected him.

Aside from the question of Freud, whose initial analysis was one of the factors that thrust Schreber's Memoirs into the limelight, we examined the more modern theories of health. Naturalist theories like that of Boorse, normative constructs like Engelhardt, and Wakefield's hybrid "harmful dysfunction" theory, all seem to be missing something in this case. The problem for Boorse and Engelhardt is the same problem from different angles: if a person does not consider himself to be mentally ill, but the person's doctors do, then how are these dichotomies to be reconciled? Some reference to the subjective experience of the patient is required, however an outright bowing to the patient's own opinion allows for people in need of treatment to go untreated, and a rejection of the experiencer's own thoughts about their symptoms also creates problems in allowing for an excessively reductionist notion of mental illness. It is, as we said earlier, appropriate to be a reductionist about the body but not necessarily about the mind. The additional complexities that come into play when discussing mental illness cause problems for the major theories for health and disease. Wakefield's hybrid version is the least affected of the three main theories, so Ereshevsky's alternative hybrid theory was examined and found to be a closer approximation of what might work. This version is still not perfect, but it comes closer to answering the various conundrums that cannot be adequately covered by the main three. The separation of statements of fact, or "state descriptions", and normative statements about those state descriptions, allows the two to be discussed in a meaningful way without unnecessary conflation. In such a way we can account for the phenomena of an abnormal experience for which we would normally advocate treatment taking on a coping or a healing role, and thus being desirable in the specific context of this patient and this experience.

In earlier chapters we noted that Dr Weber considered the “fixing” of Schreber’s delusions an ominous sign and yet it seemed almost paradoxically to act as a calming mechanism. The point at which Schreber began to place the various events he experienced into one cohesive whole was also the point at which he ceased to be a danger to himself or others. He was no longer suicidal and no longer attacked his orderlies for perceived slights. He acquired instead less harmful habits, such as his transvestism and his “bellowing”, which he eventually managed to control. If we think of Schreber’s behaviour as a response to his beliefs, we can see that transvestism and bellowing are perfectly coherent responses within the framework in which Schreber was working. If nocturnal transvestism is a protective measure that both ensures the continued harmony of the Order of the World and Schreber’s own survival, then it is a logical action for him to take. While transvestism is obviously not universally applicable as a socially acceptable or even a sensible action, within Schreber’s universe it belongs to the same class of actions as touching a mezuzah on the way into one’s home, or checking all the windows and doors a certain number of times before leaving the house.

In addition to Schreber’s actions being readily explicable in terms of context, we can also apply the theory to Schreber’s creation of his own cosmology. Schreber was, in his crisis phase, experiencing the most terrifying hallucinations and driven by them to the point of suicide. The process Schreber used to develop his belief system was logically coherent and consistent. He behaved in a scientific manner, recording his experiences, forming a series of working hypotheses and testing them. When he found a hypothesis that fit his experiences and was testable he considered that his enquiry was complete: his theoretical framework explained all of the unusual events around him in terms that he found acceptable both in the context of his scientific enquiry and his desire to be free of the responsibilities that his unwelcome professional success had thrust upon him.

Thus Schreber’s Memoirs were useful not only in terms of psychology and psychoanalysis but also in philosophy. Schreber’s philosophy, while failing the Popperian test of falsifiability, provides an example in which it is possible to see

how a series of beliefs may be internally consistent and logical, and at the same time completely at odds with the commonly accepted view of the world. Epistemologically speaking, Schreber was doing the best he could: he sought and achieved justification for his beliefs, and he believed them because he believed them to be true. Since they were derived from his hallucinations, his beliefs have no external justification. They were however the best that Schreber could produce, and given the evidence he was right to believe them. Schreber provides, at least in his own mind, a bridge between the realms of fact and faith: he was not a religious guru and considered himself a scientist, but his beliefs owed more to religion than to science in both purpose and structure.

Schreber's value to the philosophy of psychology is also notable: psychoanalysis at the time Freud produced his analysis was in its infancy, but the writings Schreber left behind enabled a century of writers to look at his work in the context of Freud's, and then make their own decisions and advance their understanding of the workings of the mind. Schreber's latent and crisis periods, and the external factors that seem to have precipitated the latter, suggest, although there is no proof, that he had suffered no physical or organic damage to the brain that caused his illnesses. He may have had a biochemical disorder that threw him into crisis when his emotions were particularly disturbed, but the lack of obvious organic illness suggests that his physical disturbances were somatic. The possibility that the mind may create such events, and then use their occurrence to explain the problems that led to their creation, has been explained here with reference to Schreber's particular case. This logical circularity is characteristic of Freud's notion of religion, and Schreber's attempts to make logical sense of his situation are religious in their content if not necessarily their context. It appears that, however unwittingly, Schreber may have been a religious guru of sorts after all, albeit a more unorthodox one than even he intended.

Appendix One

Timeline of Schreber's Illness

This timeline includes important events in Schreber's life that are not correlated with outbreaks of "nervous illness" as well as those that are. This shows the difference that Schreber felt existed between situations of great stress in which he had familial support and those in which he felt isolated.⁴²⁹

Events in Schreber's External Life	<i>Year</i>	<i>Events in Schreber's psychological life</i>
Schreber was born	1842	
Moritz Schreber suffered a head injury	1851	No symptoms recorded, although Schreber's reference to it in a poem ⁴³⁰ suggests its importance to him
Moritz Schreber's death	1861	
Schreber took the judicial oath (<i>Richtereid</i>)	1865	
Schreber served as a judge in the Franco-Prussian war	1871-72	No symptoms recorded, although Schreber made reference to the vice-president of the Prussian Chamber of Deputies in the <u>Memoirs</u> ⁴³¹
Schreber's brother Gustav committed suicide by gunshot during an apparent psychotic break	1877	Schreber's response is not recorded, but the <u>Memoirs</u> contain references to Schreber's desire to "put a bullet in [his] head or chest". ⁴³²

⁴²⁹ "[t]here was almost no opportunity for social distraction which would certainly have been very much better for me" Schreber, *ibid*, p.47

⁴³⁰ Lothane, *ibid*, pp.14-15

⁴³¹ *Ibid*, p.58

⁴³² *Ibid*, p.255

Schreber married Ottilie Sabine Behr 1878

Schreber suffered a mild bout of hypochondria related to depression during 1878, the year of his marriage. Zvi Lothane postulates this as a manifestation of guilt at his success in the light of his brother's failure⁴³³

Schreber achieved headship of the civil court of Leipzig 1879

No symptoms recorded at this time. Schreber's promotion did not lead to any sort of "nervous illness", perhaps because he was at home in Leipzig and did not feel socially isolated

Schreber failed in his attempt to be elected to the Reichstag 1884

Schreber was hospitalised for the first time, suffering from hypochondriasis without paranoia or delusional or "supernatural" elements. Schreber himself never discussed his failed attempt; the Memoirs refer only to his candidature without mentioning the result.⁴³⁴ Hospital records are sketchy, but they refer to his fear on admission that he would suffer a fatal heart attack, tearfulness, melancholy and restlessness, a fear that his illness was incurable, insomnia, and occasional complaints of hypersensitivity to noise

1885
(30th
January)

Schreber attempted suicide⁴³⁵

⁴³³ Lothane, *ibid*, p.24

⁴³⁴ Schreber, *ibid*, p.44

⁴³⁵ Baumeier, 1956, p.62

Schreber was released from the asylum	1885 (June)	No further symptoms; Schreber was pronounced "improved" and sent to convalesce. On the last day of his stay in Flechsig's Asylum, however, Schreber complained that he had lost 30-40lbs, when in fact he had gained 4.5, and that he was being deliberately deceived
Schreber returned to work	1886 (January 1 st)	
Schreber was promoted to Senatspräsident in Dresden	1893 (October)	Insomnia and anxiety dreams that his illness had returned. The beginning of the crisis period was marked by the half-dreaming thought that it must be nice to be a woman submitting to sexual intercourse ⁴³⁶
Schreber was admitted to the Leipzig University Hospital	1893 (November)	Suicidal feelings, auditory and visual hallucinations, beginning with a crackling sound in the walls of his house preventing him from sleeping
Schreber was "pulled from [his] bed by two attendants" and taken to an isolation cell; on the way a fight ensued as Schreber tried to resist	1893 (November 24 th -25 th)	Schreber had been agitated during the evening, and thrown around his furniture. The removal to the isolation cell resulted in his greater agitation, wakefulness for the duration of the night and finally an attempt at suicide using his sheet. ⁴³⁷ Flechsig denied that the fight had taken place, causing Schreber to begin to mistrust him

⁴³⁶ Lothane, *ibid*, pp.42-43

⁴³⁷ From Schreber's hospital records, in *ibid*, p.48-49

Sabine Schreber, who had up until this point visited Schreber daily, left for a four-day visit to her father	1894 (February)	Schreber's condition worsened; he became outright schizophrenic rather than depressed. ⁴³⁸ The auditory hallucinations continued and for the first time visual hallucinations were recorded. Schreber experienced compulsions, violent outbursts and delusional beliefs that formed the basis of his philosophical system as outlined in Chapter One
Schreber attempted suicide in the bathtub	1894 (April)	
Schreber began to refuse to sign remittances allowing Sabine Schreber to collect his monthly paycheque, causing Sabine and Flechsig to begin the process of obtaining an order of tutelage against Schreber	1894 (April)	
Schreber visited a fellow patient and played board games with him	1894 (June 13 th)	This is the first sign of voluntary interaction and might have been the turning point towards recovery
Schreber was certified "incurable" and moved to Lindenhof	1894 (June 14 th)	Although by June Schreber was no longer considered an acute patient, two weeks in this asylum rendered him one. He arrived in a suicidal state, and his hallucinations reached their peak at this time ⁴³⁹

⁴³⁸ Ibid, p.51

⁴³⁹ Schreber, *ibid*, p.102

Schreber was moved once again to the Sonnenstein Asylum	1894 (June 29 th)	The transfer was highly traumatic; Schreber was “markedly agitated, at first quite inaccessible, sullen, melancholy... He hallucinated severely... In the garden it was noted that he held his hands to his ears as if listening.” ⁴⁴⁰ He also suffered tremors of the hands and face and nervous sweating. In July he attempted to escape
Following Schreber’s continued refusal to sign remittance cheques so that his wife could draw his paycheque, a temporary order of tutelage was granted	1894 (November)	Lothane comments that Schreber had every right to feel unmanned. ⁴⁴¹ He responded by becoming accepting of the delusion of his increasing femininity; although he disliked the notion of “unmanning” the idea of feminine voluptuousness gave him peace of mind
Schreber’s outward conditions became “more bearable,” perhaps because of the calming effect of his delusions of femininity	1895 (Spring)	Schreber still refused to write to his wife because he no longer believed that the outside world existed, but he became calmer and happier
Schreber turned 53, the age at which his father died, in the month in which Moritz Schreber died	1895 (November)	Schreber considered this a period of change and embraced his femininity and his new existence. His hospital chart read “More talkative and more accessible. Reads more.” ⁴⁴²

⁴⁴⁰ Lothane, *ibid*, p.59

⁴⁴¹ Lothane, *ibid*, p.57

⁴⁴² *Ibid*, p.66

Schreber joined Dr. Weber's family for Christmas, received a letter from his sister-in-law, and glimpsed a children's procession from his window	1895-6	These three events caused Schreber to reconsider his previous conviction that the rest of the world had ceased to exist
Schreber began to keep notes and eventually a series of diaries recording his experiences. He also began corresponding by letter once again with his wife and other relatives	1896-7	His attacks of bellowing decreased in frequency but correspondingly increased in severity
Schreber's temporary order of tutelage was made permanent following Weber's highly negative report, despite Schreber's legal essay challenging the order	1899 (October) – 1900 (March)	It is interesting to note that Schreber did not respond negatively or with paranoia in spite of clear evidence that his psychiatrist was working against him
Schreber informed Weber that he intended to appeal the decision	1900 (March)	To this end he mounted a legal campaign and completed the <u>Memoirs</u> as evidence of his sound mind. Schreber's delusions were 'fixed': he still believed the majority of them were true, but he was no longer violent or subject to uncontrollable impulses
The intermediate court of appeal upheld the order of tutelage	1901 (April)	Schreber responded rationally, by dismissing the lawyer he felt was inept and handling the case himself. Schreber appealed again in July of this year
Schreber's order of tutelage was rescinded	1902 (July 14 th)	Schreber remained at the asylum as a voluntary patient until December 20 th

The <u>Memoirs</u> was published in spite of family opposition	1903	Schreber persisted in private transvestism and was not re-employed, but otherwise had good social function. There is no evidence of overt mental dysfunction in the poetry he wrote at this time and up until 1907, and his family life was normal. The voices never completely disappeared, although he experienced them as a dull buzzing and did not distinguish individual voices. He never spoke of his illness
Schreber and his wife adopted a daughter, Fridoline	1906	Fridoline referred to Schreber as "more of a mother to me than my mother" and "loving, just and kind and extremely knowledgeable", ⁴⁴³ suggesting the closeness of their relationship
Schreber's mother died	1907 (May)	Schreber instructed Fridoline to contact his new psychiatrist immediately she suspected a problem, but he was not in any difficulty until November, when he became "agitated" and "gave up interest in life" ⁴⁴⁴
Schreber was forced to resolve disputes within the Schreber associations founded by his mother	1907 (May onwards)	
Sabine Schreber suffered a stroke, and although she recovered she lost her speech	1907 (November)	

⁴⁴³Ibid, p.87, 88

⁴⁴⁴ Ibid, p.89

Schreber was hospitalised for the third and final time, entering the Dösen Asylum on November 27th

1907
(November)

Schreber was admitted looking pale and, although oriented and aware of his surroundings, refusing to engage with them. He became withdrawn, regressed, and incontinent and spent most of his time in a depressive stupor punctuated by intermittent screaming and laughter. He again experienced delusions that his stomach was missing and that his intestine was removed by miracle⁴⁴⁵

Schreber died of heart failure in the asylum

1911

His condition had not changed since his admission; his hospital records repeat the same hallucinations, delusions and lack of affect

⁴⁴⁵ Ibid

Appendix Two

Glossary of Terms

Anterior realms of God ⁴⁴⁶	The area of God populated by purified souls
Approximate truths ⁴⁴⁷	Loosely metaphorical statements designed to allow for some measure of truth to be attained when the whole truth is beyond normal human understanding
Ariman ⁴⁴⁸	The lower God, particularly attracted to Semitic peoples
Blackening ⁴⁴⁹	The physical damage done to human nerves by sin
Bellowing-miracle ⁴⁵⁰	The compulsion Schreber felt to bellow, forced on him by the tested souls. Schreber eventually learned to control the urge to bellow in the same way he did any other bodily function
Compulsive thinking ⁴⁵¹	The act of being forced to think incessantly
Eternal Jew ⁴⁵²	The human chosen to be unmanned in accordance with the Order of the World, to secure the continuation of the human race when it became too decadent to sustain itself
Flehsig	Schreber's psychiatrist during his first illness and the first part of his second. Schreber came to believe that Flehsig's soul had split into two, and that the part that was not inhabiting his body was responsible for colluding with God to prolong the disturbance in the Order of the World.
Fleeting-improvised-men ⁴⁵³	Beings sent by God or "tested souls" to trick Schreber into thinking they were real in order to render him demented

⁴⁴⁶ Schreber, *ibid*, p.30

⁴⁴⁷ *Ibid*, p.16

⁴⁴⁸ *Ibid*, p.30

⁴⁴⁹ *Ibid*, p.25

⁴⁵⁰ *Ibid*, p.188

⁴⁵¹ *Ibid*, p.55

⁴⁵² *Ibid*, p.60

⁴⁵³ *Ibid*, p.61

Forecourts of heaven ⁴⁵⁴	The outer edges of God, where purified souls gathered to rejoice in the voluptuousness of God's presence
Forsaking ⁴⁵⁵	The giving over of a soul-murdered human to another human to be used for sexual pleasure and then to be discarded
Fridoline Schreber	Schreber's daughter, adopted after his release from the Asylum
Frivolous human being ⁴⁵⁶	A human being given only to the pleasures of the moment; one who is unable to resist the lure of voluptuousness. Schreber believed that the withdrawal of God's rays would leave him in this undesirable condition
Nerve-language ⁴⁵⁷	An unspoken language in which nerves "vibrate in the way which corresponds to the use of the words concerned" ⁴⁵⁸
Order of the World ⁴⁵⁹	The desirable state in which everything is happening according to God's plan. God's misunderstanding of it and his desire to "forsake" Schreber has caused the crisis in His realms named in the first chapter of the <u>Memoirs</u>
Ormuzd ⁴⁶⁰	The higher of the two Gods, attracted primarily to Aryan peoples
Posterior realms of God ⁴⁶¹	The section of God in which dwelt Ariman and Ormuzd
Rays of God ⁴⁶²	Divine nerves with which God comes into contact with tested souls and with Schreber

⁴⁵⁴ Ibid, pp.24-25

⁴⁵⁵ Ibid, p.63

⁴⁵⁶ Ibid, p.138

⁴⁵⁷ Ibid, p.54

⁴⁵⁸ Ibid, p.54

⁴⁵⁹ Ibid, p.66

⁴⁶⁰ Ibid, p.30

⁴⁶¹ Ibid, p.30

⁴⁶² Ibid, p.21

Satans, Devils, Assistant Devils, Senior Devils, Basic Devils ⁴⁶³	The various grades that are assigned to tested souls, based on their relative levels of damage. Basic Devils are the lowest and dwell in the Underworld, although even they are not beyond redemption
Soul murder ⁴⁶⁴	The act of destroying a person's desire to live, either through removing the soul from its body or preventing the achievement of that person's personal goal or destiny
State of blessedness ⁴⁶⁵	The state attained by souls that had completed the process of purification
Tested souls ⁴⁶⁶	Those souls in the process of being purified
Transmigration of souls ⁴⁶⁷	The punitive reincarnation of severely damaged souls into bodies on a new planet
Unmanning ⁴⁶⁸	The transformation of a man into a woman
Voluptuousness ⁴⁶⁹	A state akin to female sexual pleasure that is prevalent in souls that have achieved closeness with the rays of God
von W ⁴⁷⁰	An orderly at Flechsig's Asylum, believed by Schreber to be in league with Flechsig against him
Weber	Schreber's psychiatrist after his move from Flechsig's Asylum

⁴⁶³ Ibid, p.26

⁴⁶⁴ Ibid, p.38

⁴⁶⁵ Ibid, p.29

⁴⁶⁶ Ibid, p.26

⁴⁶⁷ Ibid, p.27

⁴⁶⁸ Ibid, p.60

⁴⁶⁹ Ibid, p.249

⁴⁷⁰ Ibid, p.28

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