there is of developing the symptom. In the amnesic syndrome there may often be a high degree of objective disorientation, but conditions are not usually favourable for the development of perplexity.

In reactive mental disorders perplexity is hardly ever encountered. There may be situations, even in normal psychological life, which make the individual aware of his inability to cope with them and this may be experienced as something inexplicable, something that concerns his own personality. Yet it is generally only in the very early stages of such states that this gives rise to a perplexity reaction. Usually the individual does not take long to realise that the situation can in fact be met, or it is soon dealt with in some other inner way, possibly by means of a hysterical evasive reaction or some other form of psychological reaction. Even when anxiety is pronounced in such states, the patient is always aware, with a greater or lesser degree of clarity, of the experiential basis of his anxiety. It is not inexplicable to him or experienced as alien to his personality, and therefore is seldom accompanied by perplexity. Severe terror reactions, for example, are followed by, among other phenomena, a numbness of affect or by instinctive behaviour, rather than by perplexity. In hysterical reactions the whole of the patient's experience, including the histrionic activity, reflects the innermost aims of his personality, so that here again there is no experiential reason for the appearance of perplexity. Even when the condition is psychotic rather than neurotic – a psychogenic or reactive psychosis – the patient always retains an understandable relationship with the initial affect-laden experience. Similarly, in genuine reactive depressions, the retardation and mood swings, which are responsible for perplexity in endogenous manic-depressive illnesses, are absent, and perplexity does not occur.

Hypochondriacal states are accompanied by a particular quality of emotional life, quite different from perplexity. And the alienation and depersonalisation sometimes experienced by individuals with a psychasthenic personality disorder are the consequence of a tendency to introspection, which is not conducive to the development of perplexity.

Ludwig Binswanger (1881–1966)

Ludwig Binswanger was born in Kreuzlingen in Switzerland. His father was a psychiatrist and his uncle was Otto Binswanger, whose name is associated with 'Binswanger's disease', a variety of multi-infarct dementia. He studied under Bleuler and Jung, but the main influences on his psychiatric thinking were philosophical, particularly the work of the existential philosophers, Heidegger and Husserl.

Binswanger's principal claim to attention is his attempt to interpret schizophrenia in terms of existential philosophy. Some of the trends in British psychiatry in the late 1950s and 1960s owe much to Binswanger's ideas, a point which is brought out if one scans the references in R. D. Laing's *'The Divided Self'*. The following extract illustrates Binswanger's attempts to place the classical symptoms of schizophrenia within an existential framework.

Extravagance, perverseness, manneristic behaviour and schizophrenia

L. Binswanger (1956)
(Pages 188–97 of *'Drei Formen Missglückten Daseins: Verstiegenheit, Verschrobenheit, Manieriertheit'*. Tübingen: M. Niemeyer)

Extravagance, perverseness and manneristic behaviour are forms of *existential failure* in the sense that an individual's sense of the flow of life has come to a stop or been frozen. At such a point, it is no longer possible for him to continue within the framework of love and friendship. This, as I intend to show in this article, is more typical of the schizophrenic's world than of a normal person's experience. These three aspects of their existential state – extravagance, perverseness and manneristic behaviour – correspond respectively in the areas of psychopathology to *rigidity, stupor* and *splitting*. For this reason the studies I have made on existential aspects of schizophrenia should help us to understand in greater depth the phenomena of splitting and stupor. I have shown in a number of detailed case histories that, whenever the flow of a person's life is threatened or arrested, that person can no longer realise himself, no longer mature, and will lose the capacity to make rapport and emotional contact with others. This arrest of the flow of existence does not mean that an individual can no longer make sense

of his present world, but it does mean that his concept of a future for himself is severely impaired. One might say that the 'way to the future' is barred.

This state of affairs is illustrated in several of the cases that I have described. Ellen West was torn between an urge for gluttony and the ideal of being slim. In her own words, she saw 'all exits from the stage as barred'. In her ensuing despair she went to pieces at this stage, and the only 'exit' remaining open to her, the only way forward that she could see, lay in a decision to take her own life. In the case of Jürg Zünd, the arrest of true self-realisation took the form of seeking anonymity in the crowd. For Lola Voss the 'arrest' occurred when she abandoned herself to superstition and amateur soothsaying, prior to the development of frank delusions of persecution. In Suzanne Urban's case it was a surrender to a feeling of terror and fear.

Of the three characteristics of the existential state of a psychotic individual, extravagance appears at an early stage. It can be regarded as representing an extravagant or exaggerated concept of an ideal existence. *Perverseness*, on the other hand, is a manifestation of the contrariness of the world as it is seen, and is a preliminary stage of the schizophrenic 'arrest' of self-realisation. A normal person views the world as consisting of stable, symmetrical and natural relationships; it is a world where everything is straight, not crooked or awry. Not so the schizophrenic. For him it is contrary, distorted and disconnected: a sense of the future no longer appears natural, but is somehow unattainable and removed from the self. The connection between *manneristic behaviour* and schizophrenia is a particularly close one. It can be regarded as a 'loss of sparkle', a freezing and repetition of present existence, and a reflection of the intellectual side of man's nature rather than the 'free play' of individual life forces. It is as if there is an 'iron net' round the free expression of gestures, an invisible and incomprehensible force which is stifling the natural flow of life.

It should be pointed out that, when we talk about a 'preliminary stage' of schizophrenia, this does not mean that the characteristic triad will necessarily evolve into a florid schizophrenic illness. The existential and clinical points of view should always be kept separate. The clinical approach deals with hard *clinical facts* and the *course of an illness*. The existential analysis is concerned with unravelling what it is like to *be schizophrenic* and what it is like to change from one *mode of being to another*. For this purpose we are justified in using the language of metaphor, and to talk about the power of the 'iron net', the meaning of 'ceremony' and the role of the 'mask' and the 'grimace' in the experience of an individual. How else can we understand what it must be like to be gripped by despair and cut off from human love and trust. It was these experiences which led Ellen West to commit suicide, Jürg Zünd to seek permanent institutional care, and Lola Voss and Suzanne Urban to develop delusions of persecution.

Although I have emphasised that clinical and existential analyses should be kept separate, the existential approach can sometimes shed light on the clinical. For example, one might regard schizophrenic autism, as it is understood clinically, as a state of extreme self-sufficiency, where an individual is impervious to social influences. In fact, existential analysis has shown this to be false. It is in fact an exaggerated dependence on some aspect of the rules of society. An individual will either accept some set of rules with avid obedience, or fight against them. Either way, the nature of autism is best viewed, not as a rejection of the world of others, but either as exaggerated conformity or exaggerated opposition to it. This is clearly illustrated in the case of Jürg Zünd, who changed from being an angry fighter for society to being an extreme imitator of current social fashions.

There is one exception to the rule that schizophrenia merely causes an exaggeration of the prevailing social norms. This concerns cases of schizophrenia with a stormy onset, particularly those that begin with the 'end of the world experience' (see page 108). In such states, the 'world', as an individual knows it, disappears, and with it all the social institutions that one may live for. Even in these cases, however, the individual must rebuild his world, when the acute state is past, and he then chooses models or images which are part of his culture. This shows that schizophrenics can never 'break away' permanently from what is regarded as a 'normal' life, or achieve extraordinary artistic skills. The most that they can achieve is an extravagant, perverse and manneristic distortion of all that is typical of human existence, all that is mundane. Bleuler mentioned that one of his schizophrenic patients 'expressed trivialities in the most lofty, affected phrases, as if he were dealing with the highest interests of mankind'. Minkowski's patient (see page 201), a school-teacher who rigidly applied certain pedagogic principles without regard to whether they were appropriate, is another example of how schizophrenia desiccates and denatures existence, leaving only a shell or a mask of what life is really about.

One might say that schizophrenic existence is not only a mask of all that is real and vibrant in life, but that a schizophrenic lives behind this mask. In doing so he surrenders himself to anxiety and despair, and the world is then emptied of meaning. At an intermediate stage, when

there is neither complete immersion in the normal flow of life nor complete arrest of this process, an individual may achieve, temporarily, a precarious existence. There is no sense of happiness in just being alive, however, and no capacity for love. Instead, the individual experiences a pervasive anxiety and emptiness, and looks, to an observer, as if he is numb or distracted. Later, he can no longer 'hold out' against the power of the anxiety and dread, and sinks into the abyss of a new world, warped and denuded of all the usual landmarks. The most characteristic feature of this new world which the patient has entered is its abnormal *temporal* quality. Time virtually comes to a standstill: there is no notion of a future, and the present becomes detached from its past.

Psychopathological and existential accounts of schizophrenia differ in particular on the question of what is known as *splitting*. Bleuler used the term 'split mind' to mean a loss of associative connections. His theoretical model was that of association psychology. The term is also used in psychodynamic formulations. From an existential point of view, 'splitting' means that an individual's existence is losing its personal quality and uniqueness and becoming a mere copy of some general way of life. A person loses his individuality and becomes typical of a certain class of people. The terms 'emptiness' and 'arrest' express a similar concept, the former emphasising the loss of potentiality for participation in life that ensues, and the latter the standstill in time which occurs.

To illustrate these concepts I shall now describe the case of a 39-year-old married woman, Ilse.

> Her illness and her existential change began when she put her right hand into a burning stove in order to show her father, whom she loved passionately, 'What love can do', and in order to move him by this proof of love to alter his tyrannical behaviour towards her mother. This act was indeed *extravagant*: she climbed too high. We might say that 'she went over the top'. [Binswanger's term *Verstiegenheit*, translated here as extravagance, literally means 'climbing too high', Tr.] Ilse lacked the necessary psychological experience to see that she could achieve nothing lasting by this heroic deed in the face of one as tyrannical as her father. To pursue our metaphor, an experienced 'climbing guide', someone who knew his fellow men, would have dissuaded her from such rash mental 'scaling of the heights' and would have assured her confidently that with her lack of experience in this unfamiliar and extremely difficult field, such heroic measures would get her nowhere. He would have told her that she was 'climbing much too high'.

The action may also be described as *perverse*, in that the daughter wants to make a loving approach to her father, but estranges him immediately by her choice of method. The tortured logic of her theme, namely that she will move her father and make him change his attitude and behaviour, is apparent when we consider that the action, instead of being a pure proof of love, becomes something tyrannical or violent, exercising pressure or compulsion on the father. Ilse wants to force her father to treat her mother better. 'If I take such pain upon myself', she wants to say to him clearly 'then you must treat mother better'. The rationale that equated proof of love with change of attitude on the part of her father is thus perverted into its exact opposite – into an alarming shock.

The clinical development of the case consisted in a sudden transformation of her love for her father and her sacrifice for him into acute delusions of love, reference and influence. Recovery saw a restoration of her love. The ordeal by fire, the sacrifice, was in fact the preliminary stage of a schizophrenic psychosis that lasted a year. By this I do not mean that the perverseness went on to become, in the clinical sense, a schizophrenic psychosis. I am trying to show, in existential terms, how a change took place from a world that was distorted or upside down to an actual delusional world, how an existence which was threatened by alien powers became one in which existence was overwhelmed by these powers.

Turning to the ordeal by fire viewed as *manneristic behaviour*, I should first point out that an individual who follows the traditions of his culture is not necessarily being manneristic. An artist may emulate a certain style in painting because he admires it and wants to make others acquainted with it. Ilse's behaviour, however, cannot be seen as a personal statement freely communicating her beliefs or values in this way. It was merely an act calculated to produce an effect, to appeal and even to alarm. Nor was it a freely made decision, but to a large extent carried out under the compulsion that she had to play the role of a martyr. Yet she explained to her husband, who knew of her intention, that she had to free herself of an overwhelming compulsion to carry out the ordeal by fire. What we have here is therefore a desperate attempt to play a role of her own within the confines of an existential threat caused by her fear of madness. It is this role-playing which is the essence of manneristic behaviour.

The content of her subsequent delusions support this analysis. She mentioned at this later stage that doctors were using the 'tools of martyrdom' in her treatment, that she was being exposed to the scorn and mockery of others, and that her arms were becoming cold like clay. This shows that the development of delusions can be seen as the martyr's role having, so to speak, 'got out of hand'. Whereas in the

preliminary stage of the psychosis she surrenders to the mask or role while continuing to exist behind the mask, in the delusional stage it is only as a mask or a role that she does exist.

I hope that by this example I have succeeded in demonstrating the psychiatric meaning and purpose of our three concepts. I hope that I have been able to show how an existential analysis can elucidate the clinical concept of autism in terms of the flow of events that is human existence. And I hope that I have been able to explain the mechanisms whereby disturbances in this flow lead to the clinical condition known as schizophrenia. A thorough knowledge of what is happening to an individual who is overtaken by these events should help us in our practical and theoretical endeavours on their behalf.

Paul Matussek (1919–)

Paul Matussek was born in Berlin and studied theology, philosophy and psychology before turning to medicine and psychiatry. His main psychiatric training was under Kurt Schneider in Heidelberg, and he then moved to the Max-Planck-Institute in Munich. He worked briefly with H. J. Eysenck in London in the early 1950s and in 1965 he became head of the section on psychopathology and psychotherapy in the Max-Planck-Institute, where he still works.

His article illustrates the influence exerted by *Gestalt* psychology on theoretical accounts of the psychology of schizophrenia, and sheds new light on the much debated issue of delusional perception.

Studies in delusional perception

P. Matussek (1952)
(Untersuchungen über die Wahnwahrnehmung. *Archiv für Psychiatrie und Zeitschrift Neurologie* **189**, 279–318)

Introduction

A delusion is a symptom that can occur in the most diverse conditions. But while there has been a lessening of interest in its psychopathology in organic settings (e.g. General Paralysis of the Insane, encephalitis), there is still some interest in the psychopathology of delusions in the functional psychoses although, even here, the biological approach is growing in importance to the detriment of the psychopathological. This might suggest that psychopathology has little or nothing to contribute to the study of delusions, particularly with regard to differences in type which occur in various clinical conditions.

This trend, however, has implications for psychiatric research. At some future time, clinicians may be in a position to dispense with psychopathological research altogether, but at present this can only have serious consequences.

For quite apart from the clinical and diagnostic difficulties which result from inadequate psychopathological knowledge, biological research also suffers from the imprecise nature of the material it sets out to investigate. In a case quoted by Speijer, for instance, six different diagnoses were made in the course of time. Biochemical investigations, aimed at correlating such results with specific clinical entities, are of very limited value.