

“The Rack of His Imagination”: Literature and the Psychotic Experience

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On the 20th of January of 1778, a 26-year-old German playwright by the name of Jacob Michael Rheinhold Lenz wandered out of the snow-covered mountains of the French-German border and into the devout village of Waldersbach. Lenz was in the throes of a mental breakdown. In the house of Frederic Oberlin, the village pastor who had given him shelter,

(Lenz) set his candle on the table and paced up and down, he went over the day in his mind, his journey here, the place itself, the room in the vicarage with its lights and kindly faces, it was like a shadow, a dream, and emptiness overcame him, as it had on the mountain, but he could fill it with nothing any more, the candle had gone out, the darkness swallowed everything; a nameless terror seized him, he leapt up, he ran through the room, down the stairs, in front of the house; but no use, darkness everywhere, nothing, he himself but a dream...

Soon unfamiliar thoughts began to assail him. Voices came, then “lips divine leaned down towards him, met his own and sucked at them in trembling fervor.” Frantically, he fled the vicarage, only to return. He began to wander the countryside. In waves, fear seized him. Signs appeared; he believed himself a murderer. He felt as if he were a double, then as if he alone existed, then as if he were Satan, “damned in all eternity, alone on the rack of his imagination.” In moments of anxiety, desperate to bring himself back if only through physical pain,

he tore at his flesh, and then leapt from the window in a futile attempt to take his own life.

Jacob Lenz’s suffering would likely have been lost to history were it not for Pastor Oberlin’s diary, which lay the basis for a novella written in 1835 by Georg Büchner, the 21-year-old German writer, revolutionary, and medical student who had discovered the story while still studying medicine [1]. While Oberlin’s diary remains a testament both to Lenz’s suffering and the pastor’s ministry, it is Büchner’s fictionalized version that truly transports the reader into Lenz’s fragmenting world. Not only is the work a rich descriptive phenomenology of psychosis, but the writing is built up of surging, elliptical sentences, with a so-called free and indirect narrative structure which breaks down the wall between the third- and first-person points of view, recapitulating the inner experience of losing one’s self into the very grammar of the text. One reads, propelled, lurching, through a world coming apart.

Büchner’s *Lenz* has been described as “offering the first description of schizophrenia in German literature,” [1] but for a psychiatrist encountering it for the first time, the text is so much more than this. Certainly, one can read *Lenz* and dutifully tally up the diagnostic criteria we are taught early in our training: hallucinations, delusions, a time-course, a decline. But what the story teaches is something different; in Büchner’s text, psychosis is experienced as more than the perceptual and cognitive aberrations one is trained to look for. Instead, what is most notable is the overwhelming fear, the dizzying loss of one’s mooring, the hostility brimming in even the simplest objects, the utter isolation and loneliness of being lost in madness and desperately trying to reach out.

Lenz is but one of the countless texts that can serve psychiatrists as we both attempt to understand our patients and teach trainees to approach lives different from their own with openness and empathy. The gift of this literature is

manifold. As others have argued, literature can explore the doctor-patient relationship, develop the skills of ethical reflection, and bear witness to the effects of treatments which greatly influence the way our patients view psychiatry today [2–4]. First-person accounts, such as Vaslav Nijinsky's diary, may even aid clinicians in diagnosis and treatment [5, 6]. And literature may, also, have a very pragmatic advantage in training by providing students with a single "case," accessible to all. But of all the roles that literature can play in psychiatry, perhaps the most powerful is its ability to bring us closer to the experiences of other people, a gift whose profound clinical implications can perhaps best be exemplified by the way that works like *Lenz* explore the complex phenomenology of psychosis.

Literature as Phenomenology

It could be said that the central task of psychiatry is to try to understand the lives of other people. Here, literary accounts of suffering can supplement both clinical experience and biomedical research. And while there is a rich literature of inner lives buffeted by experiences such as sadness, rage, and fear, perhaps the most useful texts are those that address the phenomenology of those experiences most difficult to understand. This is especially true of psychosis. But *can* literature aid us in understanding psychotic experience? As the poet and psychiatrist Femi Oyeboode has written [7], there is a great paradox here: if we are to take Karl Jaspers' famous formulation of the "primary" delusions of schizophrenia as "ununderstandable" [8], then any narrative of the psychotic experience is bound in some degree to fail. Yet, regardless of how one understands Jaspers' position, we *can* get closer in our understanding. And literature, both in first-person narratives, as well as fictional accounts, can guide in many ways.

Oyeboode and others [2] have identified numerous texts that can serve to sharpen our understanding of psychosis: Clifford Beers' descriptions of his delusions and the humiliating rituals of the asylum, John Perceval's insights into questions of capacity, Janet Frame's experience of her doctors and of the isolating effects of bearing a schizophrenia diagnosis, Daniel Paul Schreber's extraordinary narrative of his seven years of illness and institutionalization [9]. Of all these, Schreber's *Memoirs* has stood out for a century for the countless ways it can illuminate the experience of psychosis. As a phenomenological account alone, it is extraordinary, articulating phenomena such as frank hallucinations, thought insertion, and Schneiderian passivity experiences, while bearing witness to the labyrinthine reasoning by which delusions can take hold. But it is also much more than this, a profoundly moving human text, a plea for autonomy, and the return to the company of others, illustrating how common human themes of loneliness and freedom persist amidst the chaos of madness.

Even in contemporary, intensely biomedical clinical contexts, it is striking how relevant this century-old text can be. Recently, we admitted to our inpatient unit a 38-year-old man who wished to die. "Michael" was being tormented by shadowy beings who in addition to using him sexually, had surgically extracted hundreds of babies from his back, replicating him again and again until the world teemed with these other "Michaels." While a busy inpatient unit, with its large care team and short stays, is a difficult place to practice depth-oriented psychotherapy, the case of Schreber proved useful, not only by providing a source of comparison, but also in suggesting avenues for forming a therapeutic alliance with this very sick patient. This "literary" intervention complemented the standard medical and group-based treatment for psychosis (antipsychotic medication, CBT for psychosis). For example, while Michael initially rejected any psychiatric explanation or treatment, with repeated, phenomenologically guided interviews, the team was able to focus on his own experiences (rather than, for example, auditory or visual hallucinations, which he denied) and explain how we thought medication and therapy might help. And just as readers of Schreber have called attention to the possible thematic links between his wife's many devastating miscarriages and his own delusions of being impregnated by God, so was the resident able to identify themes of failure and impotence in Michael's distress. Turning the discussion to these—the failure of a relationship, the inability to hold a job—provided a space across which empathy could flow and the beginnings of a therapeutic alliance might take place.

Other works may help us understand the inner lives of others not only because of their descriptive power, but because the very act of reading recapitulates the experience itself. Such is the example of *Lenz* and how its frantic, surging, paratactic sentences suggest the very experience of fragmenting thought. Another vivid example of this may be found in Vladimir Nabokov's short story "Symbols and Signs [10]." Published in 1948, "Symbols and Signs" tells of a married couple of European refugees and their son, "a young man who was incurably deranged in his mind." Like *Lenz*, "Symbols and Signs" expands the experience of psychosis beyond the individual and into the family, vividly painting the parents' tragedy of having lost their son to his disease. Like Schreber's *Memoirs*, this fictional account also offers a rich phenomenology of psychosis. Central to the story are the boy's ideas of reference—the title's "symbols and signs." "Everything happening around him is a veiled reference to his personality and existence," Nabokov writes of the boy's delusions: "Pebbles or stains or sun flecks form patterns representing in some awful way messages which he must intercept. Everything is a cipher and of everything he is the theme."

Equally striking is the way the piece resonates with newer conceptualizations, such as psychosis as a disorder of salience.

For what are such “pebbles or stains or sun flecks” if not literary correlates to neurobiological conceptualizations of aberrant salience [11], calling out to him in their patterns? And yet the power of the work lies not just in its ability to describe, but to *produce* in the reader a similar effect. As we read, we may find it difficult to “understand” in a Jasperian sense how the boy might come to believe that man-made objects were “hives of evil, vibrant with a malignant activity that he alone could perceive.” And yet, as the novel reaches its terrifying end—and here, one must experience the text first-hand—Nabokov reproduces for us, with the single ringing of a telephone, the singular, often horrifying experience patients describe particularly with early psychosis, that “something odd but important or threatening is going on around them that they cannot quite explain [12].”

Beyond Diagnostic Criteria

In some ways, *Lenz's* greatest gift is its messiness. It could be said that the psychiatric interview approaches psychosis as one might mushrooms in a forest, searching for a symptom, at first in the open, but then if one does not find it, digging deeper in the darker crevices of conversation, hoping to bring it out into the light. Not that such sleuthing is not important; lives are saved by casting light on dangerous delusions, or on a secret plan to hurt oneself or someone else. But *Lenz*, in its explosion of experience, suggests a range of symptoms well beyond those provided by a standard checklist. In place of “hearing voices” it tells of the slippery way hallucinations may shift between auditory phenomena and much subtler qualities of “otherness” in thought and feeling. It threads the shifting boundaries between beliefs and feelings. It breaks down the walls between thought and mood.

A similar example may be found in the character of Septimus Smith in Virginia Woolf's *Mrs. Dalloway* [13]. As described in Woolf's own diaries, *Mrs. Dalloway*, was, among its many other achievements, a phenomenological effort. In setting forth on the project, Woolf, who suffered repeated bouts of severe mood changes and psychosis, famously wrote that she sought to “adumbrate here a study of insanity & suicide: the world seen by the sane & the insane side by side [14].” The novel follows the inner experiences of several characters over a single London day. On a crowded street, we are introduced to Septimus, a veteran of the First World War, and his wife Rezia. Like Jacob Lenz, Septimus is in a state of acute crisis. And as with Lenz, it is possible to identify familiar psychotic symptoms in Septimus' exquisitely painful inner world, from auditory hallucinations...

A sparrow perched on the railing opposite chirped Septimus, Septimus, four or five times over and went on, drawing its notes out, to sing freshly and piercingly in Greek.

...to an idea of reference produced by the skywriting of an aeroplane:

So, thought Septimus, looking up, they are signalling to me. Not indeed in actual words; that is, he could not read the language yet; but it was plain enough, this beauty, this exquisite beauty, and tears filled his eyes as he looked at the smoke words languishing and melting in the sky and bestowing upon him in their inexhaustible charity and laughing goodness one shape after another of unimaginable beauty and signalling their intention to provide him, for nothing, for ever, for looking merely, with beauty, more beauty!

What is so striking about this depiction is not simply the vividness of the idea of reference itself, but its description as not just a cognitive, but an *affective* experience. With these words, Woolf's text helps call our attention to the mix of both misery and exaltation that may accompany these sensations, teaching how a strict division between thought and mood, while useful for conceptualization, risks missing something. When the novel reaches its tragic climax, Woolf has so vividly painted Septimus' inner world that we are devastated, but not surprised, by the terrible logic that leads Septimus to take his life.

Literature as Invitation

These are but examples of a handful of texts and the ways they might help us understand the specific experience of psychosis. Other texts bear other lessons, for both treatment and instruction, and there is a growing literature, both in the pages of this journal and elsewhere, which can help guide our choices.

It is important to acknowledge, however, that just as there are arguments for the role that literature—and the humanities broadly—can play in the practice of psychiatry, there are also valid reasons to be cautious about such claims. Skeptics are correct to question sweeping assertions that somehow art or fiction might solve the many problems confronting modern medicine. There are other forces at play than the oft-described struggle between the technological and humanistic, including intransigent political and financial structures that threaten the relationship between doctor and patient. Similarly, we should be circumspect regarding claims that the humanities alone can create more ethical doctors (or people, generally); there are enough historical examples of barbarism committed by societies of great humanistic learning to prove the arts are no inoculation against evil.

Ultimately, anecdotes, including those above, must be taken as just that. And yet clinical psychiatry is made of such encounters. As psychiatrists, we are built of the patients we have seen.

The goal of psychiatric training, or any medical training, could be said to be twofold: to introduce core concepts that all must learn, but also to expose students to a range of intellectual traditions from which they will construct themselves. Many, myself included, would argue that elements of the humanities, carefully selected, belong among the core. But the value of the more modest goal of introducing students to new perspectives should not be underappreciated, especially regarding perspectives as diverse as those offered by literature or other branches of the humanities. Education is an invitation. Some students perhaps will find little use the story of an eighteenth-century playwright lost in the mountains. Others may see it as something useful, perhaps informing future interviews, or suggesting novel avenues for treatment, even research. Others may find themselves enticed further, to discover that literary—or artistic, or historical, or philosophical—frameworks change the way they understand illness, diagnosis, treatment, and ultimately themselves.

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Compliance with Ethical Standards

Disclosures The author states that there is no conflict of interest.

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